



Save the Children



**PUBLIC INTEREST
FOUNDATION**
HELPING GOOD THINGS HAPPEN
FOR A BETTER INDIA

SAVE THE CHILDREN-PIF STUDY

on



Communities for Children

Selected Good Practices in Improving Children's Well-being
through Community Participation



Save the Children-PIF study

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About Save the Children

Save the Children is a leading independent organisation working to ensure the rights of children in India, and in over 120 countries around the world. Save the Children India (Bal Raksha Bharat) is a member of the International Save the Children Alliance. In India, Save the Children works in 11 states focusing on strengthening child rights in the key areas of inclusive education, child protection, health and nutrition, and emergencies. Through our programmes so far, we have brought about positive changes in the lives of over 3 million children and their families in India.

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About the Public Interest Foundation

The Public Interest Foundation has been set up by a group of self-conscious people to focus on issues that concern, and impact the welfare and larger interests of society. The Foundation seeks to actively follow the execution of public policies and programmes with a view to bringing about change in governance and for maximising public welfare.

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Foreword

BIMAL JALAN, *Chairman*, PIF



The Public Interest Foundation (PIF), which was launched on Republic Day 2008, aims to bring a change in governance and seeks ways and means to create the right social environment within which public programmes can be executed for maximum common good.

It has been the experience in child development programmes that chances of success improve significantly with the active participation of the community which brings about a sort of community trusteeship over the programmes meant for children and results in better management and efficient delivery of outcomes.

I am happy that 'Save the Children, Bal Raksha, Bharat' has undertaken this study, with support from PIF, to document 'Selected Good Practices in Improving Children's Well-being through Community Participation'. On behalf of PIF, I offer my compliments to the study team for this well-researched documentation. It is our hope that the findings, observations, and lessons from this study will encourage others to adopt similar good practices.



Foreword

ARUN MAIRA, *Chairman*, Save the Children, India



Save the Children

Children are the future of humanity. According to economists, India's huge numbers of children are expected to be the resource that will propel its economy to rank with China and the US amongst the three largest economies in the world. However, the condition of its children is also India's biggest problem. India has the largest number of malnourished children in the world. A significant percentage of its children are not even in school. Unhealthy and uneducated children cannot be a resource; they are a liability. Therefore, the country must devise and implement solutions to deal with this massive problem more effectively than it has been able to so far.

The UN Millennium Development Goals (MDGs) that were adopted by the nations of the world in 2000 require rapid improvement in the condition of people and the environment by 2015. Improvement in the condition of children is one of the principal objectives of these goals. Sadly, progress has been very slow against these goals. Last year, the World Economic Forum brought together experts from around the world into several Global Agenda Councils to assess the situation and devise more effective solutions. They concluded that new approaches are needed. They said, 'While a global model is needed, solutions are ultimately local and should engage the community as the central driver of the solution.'

There are many inspiring examples of local solutions, from India and around the world, to inter-related problems of income generation, education, empowerment, health, and environmental care. The challenge is to 'scale up' and rapidly multiply such successes in India, and indeed across the world. In the old ways of thinking and organising, 'scaling up' would require a large organisation under a central authority. Invariably large bureaucracies creep in with this way of organising—in Governments, multilateral organisations, and large corporations. They waste energy, smother local initiatives, and do not deliver the required results. Rajiv Gandhi, a former Prime Minister of India, said that only 15 per cent of what is intended by such large programmes is actually delivered.

Therefore, to increase the scale of successful solutions with the involvement of the local community, what is required is not to scale up an organisation to implement solutions; rather, the number of successful solutions on the ground must be multiplied. Hence, the lessons learnt from success stories must be 'splashed around', rather than 'scaled up'. Communities, and those who assist them—in Government, non-governmental organisations (NGOs), and corporations, must learn from others' successes, as well as from their failures.

For this purpose, the Public Interest Foundation (PIL) has partnered with Save the Children in India to distil lessons from some successful stories in the country, and propagate them. Save the Children is an international NGO devoted to the cause of children. It works in partnership with local NGOs and local Governments. It believes that solutions must be for the community and by the community if they are to be effective and sustainable. It is grateful to the Public Interest Foundation for this opportunity to pause and learn from others. Whereas the examples it has researched are all related to children—their health, education, and security, it expects that its analysis of what makes community-centred interventions successful may be applied to other areas too such as poverty reduction, women's empowerment, local economic stimulus, and environmental care, where the involvement of the community is essential.

Acknowledgements

Community participation is central to sustaining any initiative in social development and this is also true of programmes related to children's well-being. I would, therefore, like to thank Dr Bimal Jalan, Chairperson Public Interest Foundation (PIF) and Mr Arun Maira, Chairman, Save the Children, India, who is also a Governing Council Member of PIF for conceiving this research project on documenting good practices in children's well-being that have been achieved through community participation. I would also like to thank the Governing Council of PIF and its Director Mr Anil Kumar for financial support to this project.

Dr Sarala Gopalan IAS, former Secretary, Women and Child Development, Government of India; Dr P.M. Nair, IPS, IG Operations, CRPF and an expert in child protection; Mr Vinod Raina, co-founder of Eklavya and Bharat Gyan Vigyan Samiti, and a well-known activist in the education sector; and Dr Almas Ali, Senior Health Adviser, Population Foundation of India, and an expert in Women and Child Health suggested various good practices in Education, Child Protection, and Health and Nutrition. I would like to thank them all for sharing their valuable time for discussions on listing the various good practices.

Ms Madhu Roy of the Institute of Social Sciences assisted by Ms Monorisha Mukhopadhyay and two other Project Assistants conducted this research with technical guidance of Save Children. Dr George Mathew a renowned expert in Panchayati Raj and Director, Institute of Social Sciences, took a keen interest in the project, participating in several of its review meetings, which I thankfully acknowledge.

I would also like to take this opportunity to thank all my colleagues from Save the Children who supported this study at different stages. Save the Children (SC), India, oversaw the progress of this report at different stages. Dr Alex George, Policy & Research Manager, SC, India who provided technical guidance to the project needs special mention.

This research would not have been possible without the active participation of development practitioners from the various NGOs and the Government who have conceived and implemented these good practices. We are grateful to all development practitioners including our State Programme Managers, who shared information for this study.

I hope that this documentation of good practices will be a useful guide towards implementation of rights based interventions for children in education, child protection, and child survival based on community participation.

THOMAS CHANDY

Chief Executive Officer

Save the Children, India

LIST OF ACRONYMS

AE	Alternate Education	FGD	Focus Group Discussion	NMR	Neonatal Mortality Rate
AEP	Alternate Education Programme	GIM	Global Impact Monitoring	NORAD	Norwegian Agency for Development Cooperation
AIE	Alternate and Innovative Education	GSS	Gram Sampark Samooch	NRHM	National Rural Health Mission
AMIED	Alwar Mewat Institute of Education and Development	HBNC	Home Based Newborn Care	NTT	Nursery Teachers Training
ANC	Antenatal Care	HMIS	Health Management Information System	ONH	Operation New Hope
ANM	Auxiliary Nurse Midwife	ICCHN	ICCI Centre for Child Health and Nutrition	PCPNDT	Pre-conception Prenatal Diagnostic Technique
ASAT	Anchal se Angan Tak	ICDS	Integrated Child Development Services	PD	Positive Deviance
ASHA	Accredited Social Health Activist	ICMR	Indian Council of Medical Research	PHC	Primary Health Centre
ATC	Anti-trafficking Committee	IEC	Information Education Communication	PNC	Postnatal Care
ATSHG	Anti-trafficking Self-Help Group	IFA	Iron and Folic Acid	PPP	Public-Private Partnership
AWC	Anganwadi Centre	IIT	Indian Institute of Technology	PRA	Participatory Rural Appraisal
AWH	Anganwadi Helper	ILO	International Labour Organisation	PRI	Panchayati Raj Institution
AWW	Anganwadi Worker	IMNCI	Integrated Management of Newborn and Childhood Illnesses	PSS	Prayas Samudai Samiti
BBA	Bachpan Bachao Andolan	IMR	Infant Mortality Rate	PTA	Parent Teacher Association
BCC	Behaviour Change Communication	INGO	International Non-Governmental Organisation	RACHNA	Reproductive and Child Health, Nutrition and HIV/AIDS
BMG	Bal Mitra Gram	INHP	Integrated Nutrition and Health Project	RCH	Reproductive and Child Health
BSS	Bodh Shiksha Samiti	IPEC	International Programme on the Elimination of Child Labour	RWA	Residents Welfare Association
CA	Change Agent	KABP	Knowledge Attitude Behaviour and Practice	SBT	Salaam Balak Trust
CACL	Campaign against Child Labour	KBM	Kishori Balika Mandal	SDMC	School Development and Management Committee
CBO	Community Based Organisation	KGVK	Krishi Gram Vikas Kendra	SEARCH	Society for Education, Action and Research in Community Health
CCEP	Continuous Comprehensive Evaluation Programme	KP	Kishori Panchayat	SECMOL	Sudents Educational and Cultural Movement of Ladhakh
CCS	Community Cottage Schools	LAHDC	Ladhakh Autonomous Hill Development Council	SHG	Self-Help Group
CDPO	Child Development Project Officer	LBW	Low Birth Weight	SHRC	State Health Resource Centre
CDW	Child Domestic Worker	LRP	Local Resource Person	SMCS	Safe Motherhood and Child Survival
CHW	Community Health Worker	MCH	Mother and Child Health	STOP	Stop Trafficking and Oppression of Children and Women
CIDA	Canadian International Development Agency	MCHN	Mother and Child Health Nutrition	TBA	Trained Birth Attendant
CINI	Child in Need Institute	MDG	Millennium Development Goal	TIPS	Trials of Improved Practices
CLICS	Community Led Initiative for Child Survival	MDM	Mid-day Meal	TLM	Teaching Learning Material
CPC	Child Protection Committee	MHRD	Ministry of Human Resource Development	TVM	Total Village Management
CPU	Child Protection Unit	MIL	Mother-in-Law	UNCRC	United Nations Convention on the Rights of the Child
CRC	Catholic Relief Services	MIS	Management Information System	UNDP	United Nations Development Programme
CRC	Cluster Resource Centre	MMR	Maternal Mortality Rate	UNESCO	United Nations Educational Social and Cultural Organisation
CREDA	Centre for Rural Development and Education	MO	Medical Officer	UNICEF	United Nations Children's Fund
CRPF	Child Rights Protection Forum	MoHFW	Ministry of Health and Family Welfare	UNIFEM	United Nations Development Fund for Women
CRY	Child Rights and You	MoWCD	Ministry of Women and Child Development	UNODC	United Nations Office on Drugs and Crime
CSE	Commercial Sexual Exploitation	MSDF	Michael and Susan Dell Foundation	UPE	Universal Primary Education
CVG	Community Vigilance Group	MSJE	Ministry of Social Justice and Empowerment	USAID	United States Agency for International Development
DCM	Department of Community Medicine	MVF	MV Foundation	VCC	Village Coordination Committee
DFID	Department for International Development	NCCS	Nutritional Counseling and Childcare Sessions	VDC	Village Development Council
DIC	Drop in Centre	NCLP	National Child Labour Project	VEC	Village Education Committee
DoE	Department of Education	NGO	Non-Governmental Organisation	VHC	Village Health Committee
DPEP	District Primary Education Programme	NHD	Nutrition and Health Day	VHW	Village Health Worker
DRGI	Deputy Registrar General of India	NHSRC	National Health Systems Resource Centre		
DWCD	Department of Women and Child Development	NIOS	National Institute of Open Schooling		
ECD	Early Childhood Development				
EGS	Education Guarantee Scheme				
ERTC	Education Resource and Training Centre				

Executive Summary

Children are the true wealth of a country and the embodiment of its dreams and hopes. In India, despite its growing economic and global clout, more than a 100 million children live in extreme poverty and difficult circumstances. Moreover, they continue to be discriminated against on the basis of poverty, caste, ethnicity, and gender due to which they are less likely to access education and healthcare services, and more likely to be victims of exploitation and abuse.

The aim of this study is to identify and document a number of good practices in improving children's well-being which has been achieved through community participation in the focus areas of children's education, protection, and survival. The significance of the study lies in promoting the cause of neglected and underprivileged children in the country by facilitating the replication of successful models without wasting scarce resources in experimentation, and by encouraging the efforts of civil society and the Government. The benefit of the study lies in identifying major processes of community participation in the selected good practices for bringing about a positive change in the lives of this vulnerable section of society.

Towards this, ten good/promising practices in the three thematic areas of education, protection, and health and nutrition were selected in consultation with project advisors and Save the Children, and through a literature review. The methodology of the study focused on identifying major community participation, as well as good practice components and their criteria for describing important and relevant strategies and activities involved in the practices which categorise them as good community interventions.

The selected good practices have been implemented in different scales in various regions of the country by the Government and the non-governmental organisation (NGO) sector. Some are small such as Community Empowerment through Outreach, Stop Trafficking and Oppression of Children and Women (STOP) by the Ramola Bahr Charitable Trust in Delhi and the Alternative Education Programme Digantar in Jaipur; some are medium such as Non-formal Education Centres, CINI (Child in Need Institute) Asha in Kolkata and community based Motivational Centres Mahita in Hyderabad.

Others are medium to large and large, spread over various States like the community supported Pre-school Programme by Pratham, community based Alternative Education by Prayas, the Integrated Nutrition and Health Project II of CARE India, and some statewide Government health and nutrition endeavours under the Integrated Child Development Services (ICDS) such as Kano Parbo Na in West Bengal, Anchal Se Angan Tak in Rajasthan, Dular in Jharkhand, and Mitani in Chattisgarh. Two promising practices have also been included: Mainstreaming Behaviour Change Communication, Catholic Relief Services (CRC), which was implemented for a short duration in its ongoing Safe Motherhood and Child Survival programme in Hyderabad, Patna, Rae Bareilly, and Ajmer; and the residential programme Holistic Education for Rural and Tribal Children, Jyothi Development Trust established by the alumni of the Indian Institute of Technology (IIT) Kharagpur within its campus. These are good examples but they did not produce the desired results; nor could they be replicated due to certain limitations.

Community Participation: The selected good/promising practices exhibit variable forms and extent of community participation. Though a quantitative assessment is beyond the scope of this study, several community participation criteria were identified (Annexure II) to facilitate a qualitative sketch of the essential aspects, and to guide interviews and focus group discussions (FGDs) with different members of the community and with key informants. In the special context of this study, which focuses on the marginalised and disadvantaged sections of society, community participation would be relevant only if it has representation of vulnerable



groups such as women and children whose views and feedback into the programme could help ensure benefits to those who have been traditionally excluded from decision making.

Through the combination of a literature review and field work, the study documents community involvement in these practices and attempts to highlight major processes of good community participation across the three thematic areas. The study identified **ten key processes** that build social capital and enable, improve, and sustain community participation across all areas of children's education, protection, and health to variable extents. Only one example is cited below for each of the key processes. However, this does not imply that the process was followed by only that particular good practice.

1. Generating awareness and raising demand for services:

Community awareness and sensitisation provide information and improve the understanding of issues which in turn create a demand for services and resources. From generating awareness to creating mass movements, this process can be effectively used to persuade and orient communities towards general and specific issues. In Uttar Pradesh, the Centre for Rural Education and Development Action (CREDA) used it extensively in its campaign, 'Eradicating Child Labour through Education', to withdraw helpless and suffering child workers engaged in the carpet looms in the region.

2. Mobilising communities and sharing responsibilities:

Communities can be mobilised to participate in the improvement of their children's well-being in terms of education, health, and protection for suitable action. The process encourages community responsibility for carrying out the required tasks, and ownership for taking activities forward with the help of local leaders. In the remote areas of Leh a dramatic transformation was made possible when the local people were motivated to manage and monitor the failing public school system in the State to bring about a positive change in the education of their children.

3. Sustained engagement and confidence building:

Communities need to be involved on a sustainable basis for any programme to show appreciable results. It is also important to build a relationship of trust with members for creating responsive communities through a transparent and participatory approach. For the Alwar Mewat Institute of Education and Development (AMIED), convincing the extremely backward and orthodox Meo Muslim community in Rajasthan to educate its girls required working in difficult circumstances. This was made possible only by a continuous and patient process of dialogue and confidence building over time.

4. Establishing strong community based organisations: Many practices in the study have promoted the establishment of strong Education, Health, or Protection Committees to strengthen the community's involvement for sustained participation and

action. Several Anti-trafficking and Child Protection Committees established in both source and destination areas to repatriate and rehabilitate vulnerable children by Save the Children, West Bengal in its campaign against child domestic labour have formed a network and collectively thwart the attempts of trafficking agents.

5. Building capacities and providing support: It has been

seen that programmes that maximise the utilisation of human resources within a community have a more sustainable and meaningful participation. In this process it is essential to have an ongoing programme for upgrading individual skills and group capacities which can facilitate improved participation by community members in planning, monitoring, and even managing the funds of the programme. The cadre of local Community Health Workers (Sahayiyas) and Village Health Committees (VHCs) established, supported, and trained by the Krishi Gram Vikas Kendra in two blocks of Ranchi district not only helped in creating a demand for health services and supplies but also prompted the community to become involved in managing its own healthcare needs.

6. Involving and strengthening local governance: Good

governance at the local level is necessary to affect changes and for their implementation in an organised, acceptable, and accountable manner. Involving Panchayats and Municipalities encourages decentralisation and ownership of the processes. Bachpan Bachao Andolan (BBA) has made efforts to convert villages across the country into rights based child friendly democratic platforms by helping in the formation of active Children's Panchayats and linking them with the village Panchayats for their voices to be heard and their needs fulfilled. It also provides support to these local governance groups for greater access to resources and services to ensure child rights.

7. Addressing inequities and improving access: Creating

an enabling environment, where economic, caste, class, and gender inequalities do not block access to common resources and services, as well as facilitating equal opportunities and the right to be heard, ensures inclusive community participation. Loreto Day School, Kolkata in its role as a model inclusive school has facilitated the integration of deprived children of the area with its regular students, and has created possibilities for their empowerment and mainstreaming through equity and inclusion.

8. Empowering women and encouraging their active involvement: Apart from facilitating the participation of women

to resolve gender inequity, any development programme aimed at benefiting the children requires the involvement of women for better implementation and outcomes. In this regard, women's self-help groups (SHGs) have been the most popular and viable community based organisations (CBOs) which have helped them become self-reliant and improved their status in

the community. Apne Aap Women Worldwide has helped in establishing special Anti-trafficking Self-Help Groups that empower women of disadvantaged communities caught in the intergenerational sex work trap to break the vicious cycle of poverty and human trafficking, and in equipping them with skills that make it possible for them to live a life of dignity with their children.

- 9. Involving children and incorporating their views:** Child participation is integral to addressing child rights and requires that their views, perspectives, and priorities be addressed by the programme of which they are the chief beneficiaries. Mahita, a Hyderabad based NGO has been working in the minority occupied slums of the city to facilitate the education and empowerment of girls and in bringing about a community movement for change and progress. Apart from other activities, it has facilitated the formation of strong Child Clubs that participate in various forums and present their demands and needs and also help other children to access the benefits.
- 10. Engaging all stakeholders and creating partnerships:** All stakeholders of a particular project area need to be identified and involved to solicit support from the very beginning to create strong partnerships and for better sensitisation to issues. In its campaign against child labour, MV Foundation (MVF), Hyderabad has made concerted efforts to engage all stakeholders at various levels and created partnerships and synergy to successfully withdraw children from bondage and work so that they can be enrolled in schools.

Apart from these key processes, the study draws attention to major observations in each of the thematic areas in terms of implementation, which may affect community participation. Essentially, what is required is a holistic approach for the education of disadvantaged children which facilitates social change and helps in improving the overall condition of the community; dealing with the root cause of the problem and addressing the specific needs of the community for protection of vulnerable children; and concerted efforts at behaviour change through the life cycle approach where health interventions are designed not only for children but also for girls and women throughout their reproductive life to prevent and reduce child mortality and malnutrition.

Learnings

- Community participation should be seen on a continuum that consists of the mere presence of members and information sharing on the one end, and of empowerment and responsibility for active involvement in the programme on the other.
- Practices need to develop a long term strategy that actively solicits and encourages creative ways of community participation together with an inclusive attitude which strengthens socially disadvantaged groups and facilitates their representation in all the activities.
- Apart from providing supervision and support, there should be a readiness to share power and stay away from tokenism and manipulation.
- Community participation is a dynamic process where the goals and needs of the members change over time and can be affected by various factors.
- Replicating these processes requires an understanding of the underlying issues within the socio-economic context, and prioritising and planning strategies and activities according to the needs of the region and its people.



Introduction

1.1 BACKGROUND

The Save the Children-Public Interest Foundation (PIF) study on 'Communities for Children: Selected Good Practices in Improving Children's Well-being through Community Participation' was launched against the backdrop of dismal statistics of deprivation faced by children in the country and the successes and failures of existing Government schemes towards its commitment to their cause.

Although in response to the National Charter for Children, 2003 and its obligations towards the Millennium Development Goals (MDGs), the Government has initiated several large scale initiatives like the Sarva Shiksha Abhiyan (SSA), Integrated Child Development Services (ICDS), and the National Rural Health Mission (NRHM) to provide education, health, and protection for all children, they are far removed from ground realities and have failed to deliver, especially for the most vulnerable and marginalised groups. However, it has been seen that in certain areas the involvement of the community and local governance bodies in welfare efforts have proved to be rewarding and have provided successful examples of ensuring health, education, and protection to the local children.

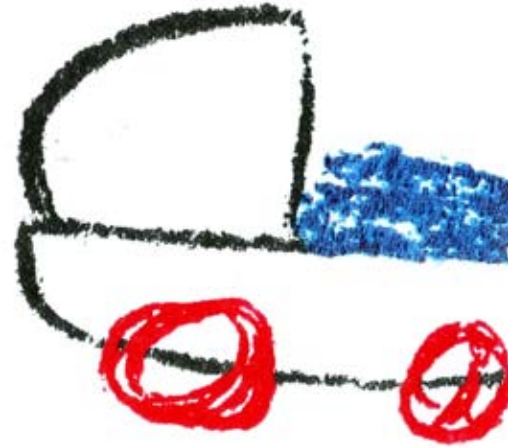
In order to learn from these successful models and to achieve wider change through their feasible replication, avoiding unnecessary duplication of efforts, and wastage of resources, this research study aims to:

- Document the impact of community participation in improving access and quality of elementary education (including pre-school), protecting vulnerable children at risk of exploitation and abuse, and improving child health and nutrition.
- Document good processes for involving communities in bringing about positive changes in the above mentioned areas.
- Throw light on certain strategies in community participation that did not really produce the desired results, but were otherwise good examples.

The methods outlined in the terms of reference (TOR) to achieve these objectives are:

- Desk Review. This includes all documented material on identified good practices produced by organisations which have implemented them.
- Focus Group Discussions (FGDs) with children and parents/community members in the areas of identified good practices to gather the children's and the community's perspective on the good practices.
- Interviews with relevant stakeholders and duty bearers including those from the Government, non-governmental organisations (NGOs), Panchayati Raj Institutions (PRIs), community based organisations (CBOs), various committees, urban local bodies, and self-help groups (SHGs).
- Tracking Case Stories. This involved tracking the experiences of specific children and their families in the operational area of an identified good practice to show how the practice works in their lives.

The methodology included developing parameters by the research team for defining good practices including common indicators applicable to all the three areas such as replicability,



sustainability, cost effectiveness, community participation, child and women participation, as well as developing other specific parameters applicable for each of the thematic areas.

1.2 DEFINITIONS OF GOOD PRACTICES

Though there is no universally accepted definition of good or best practices, one of the core definitions terms best practices as ‘An examination of the methods by which optimal outcomes are achieved’ (USAID 1999). This definition has been further elaborated upon in terms of approach and impact by UNESCO in the ‘Social and Human Sciences/Social Transformation’ section of its website as:

*Best Practices are defined as successful initiatives which have a **demonstrable effect** and **tangible impact** on improving people’s quality of life; are the result of **effective partnership** between the public, private, and civic sectors of society; are socially, culturally, economically and environmentally sustainable.*

UNESCO equates the term ‘best practice’ with **good practice** and draws attention to its parameters of sustainability and replicability. ‘A “best” or “good” practice can be defined as a creative and **sustainable** practice that provides effective response based on the idea of direct knowledge utilization, which can have potentials for **replication** as “inspirational guideline” and contribute to policy development.’

Thus, apart from other criteria, a practice/programme to be considered best/good must have substantial evidence of positive impact, be sustainable, and should be able to be successfully replicated in various settings. This report has adopted the UNESCO definitions to guide its study on community based **good** practices in the area of children’s education, protection, and health.

However, there may be many practices which are good and successful but which lack evidence. Keeping this in mind, ‘Advance Africa’, a reproductive health service delivery project funded by USAID categorises practices in one of the two levels:

*A **best practice** is a specific action or a set of actions exhibiting quantitative and qualitative evidence of success with the ability to be replicated and the potential to be adapted and transferred. A **promising practice** is a specific action or a set of actions exhibiting inconclusive evidence of success or evidence of partial success. It may or may not be possible to replicate a promising practice in more than one setting.*

‘Advance Africa’ also provides a continuum along which promising practices, as they are adapted to different contexts, move towards becoming best practices through the lessons learnt leading to the development of increasingly successful practices.

Good practices can consist not only of programmes and interventions, but also of models, technologies, tools, frameworks, and other strategies and activities.

Operational Definitions Adopted in the Study: For the purpose of this study, the successful practices are called ‘good’ practices. They are based on strength of evidence about the practice and its replicability.

The rationale for adopting the nomenclature of ‘Good’ as against ‘Best’ practices is that categorising a practice as ‘best’ amounts to making a statement about its capacity for further growth and gives the impression that no more improvement of such a practice is possible. Therefore, the team was of the view that the term ‘Good Practice’ is more appropriate and has followed it in the study. In the case of practices where inadequate or no evidence is available and the possibility of replication is not established, but it satisfies some other criteria of ‘Good Practices’ (as discussed in Chapter 2), these are referred to as ‘Promising Practices’.

1.3 THE THEMATIC AREAS

Education, protection, and health are the three focus areas of the study identified in the terms of reference (TOR), which essentially constitute the core of children’s well-being. Good practices in these areas would then consist of promoting those sets of processes and activities that are consistent with the universal beliefs, values, and goals of children’s well-being.

In this context, the Universal Charter for Children, 2003 of the Government of India, which forms the basis of the National Plan of Action for Children, 2005, enshrines the values of the international Convention on the Rights of the Child. The following are some of the broad goals and beliefs, adapted from the Charter, which are relevant to the study of good practices. The document gives special emphasis to the inclusion of vulnerable and marginalised children, as well as the participatory role of the community (National Charter for Children, 2003, notified by the Government of India, in the Extraordinary Gazette of India on 9 February 2004).

EDUCATION

Early childhood education for all children and programmes which will stimulate and develop their physical and cognitive capacities; access to education for all children up to 18 years, i.e., pre-school, primary, upper primary, and secondary education; ensuring that all children are enrolled, retained, and participate in schooling; and providing child-centred and meaningful education and ensuring that it is sensitive to children of varied backgrounds, particularly for vulnerable groups.

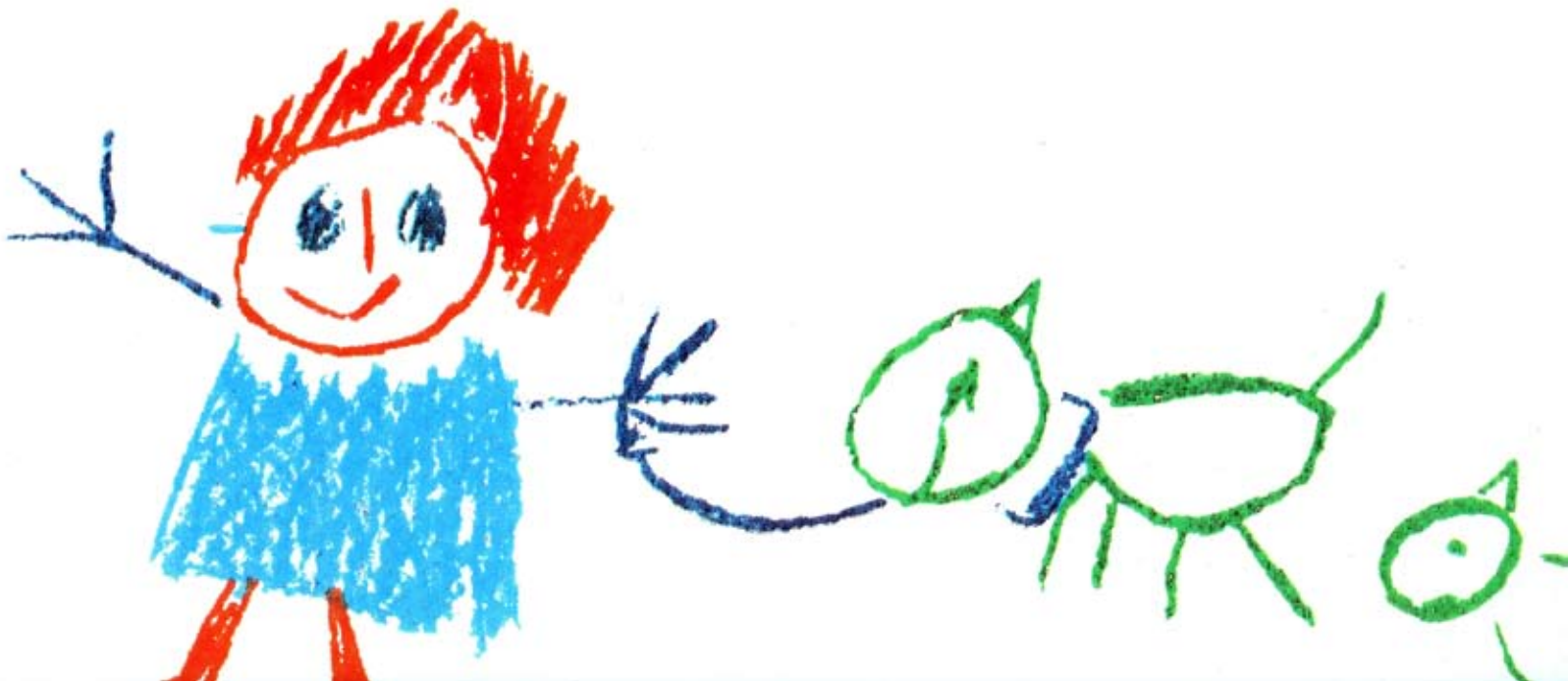
CHILD PROTECTION

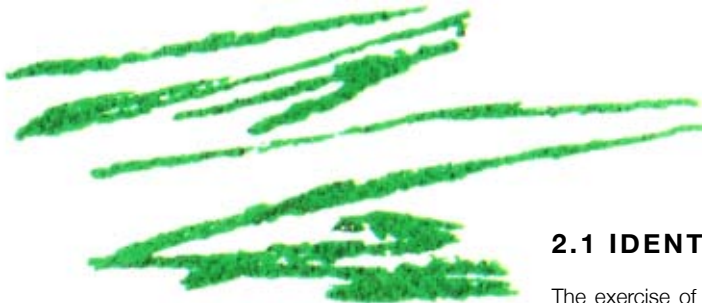
Protection of children up to 18 years from economic exploitation and from performing tasks that are hazardous to their well-being; protection of their rights and moving towards a total ban on all forms of child labour; and protection against neglect, maltreatment, injury, trafficking, sexual and physical abuse of all kinds, corporal punishment, torture, exploitation, violence, and degrading treatment.

HEALTH AND NUTRITION

Highest attainable standards of health, preventive and curative facilities at all levels for the health of children including adequate prenatal, delivery and postnatal care for mothers, neonatals, infants, and childcare for the 0-5 years age group; adequate nutrition and immunisation against preventable diseases; and prevention and treatment of physical and mental health problems of children up to 18 years as defined by the United Nations Convention on the Rights of the Child (UNCRC).

This report is a documentation of ten selected good/promising practices in each thematic area that are described using identified criteria and tools detailed in the Methodology section. The report also outlines the process of selection of good practices and the collection of information on them. It is based on a review of literature, as well as field work carried out for the maximum number of practices that could be contacted and visited in the limited available time. The documented practices are organised as separate sub-sections on Education, Child Protection, and Health and Nutrition and are presented in Chapter 3 of the report.





Methodology

2.1 IDENTIFICATION OF GOOD PRACTICES

The exercise of identifying community based good practices, and subsequently preparing comprehensive lists in the three thematic areas consisted of meetings with project advisors, search of sources by researchers, and discussions with Save the Children. In this connection four meetings were held with the advisors of the project: Dr Sarala Gopalan IAS (Overall Advisor), Mr Vinod Raina (Education), Dr P. M. Nair IPS (Child Protection) and Dr Almas Ali (Health and Nutrition), who apart from identifying practices and secondary material also provided information on contact persons and the organisations associated with the practices.

Some focus areas that strongly emerged during the discussions in each of the thematic areas in children's well-being were:

- Pre-school, primary, and non-formal education.
- Survival and health and nutrition of prenatal and neonatal children, and those up to five years of age.
- Child labour, trafficking, and child abuse.

Based on these, along with a follow-up and further exploration by the research team, comprehensive lists of good/promising practices in each thematic area were prepared which included contact details of the organisations implementing the various programmes, campaigns, strategies, and interventions. An inventory of good practices prepared from various sources on Education, Child Protection, and Health and Nutrition are given as Annexure VII, VIII and IX respectively.

2.2 COLLECTION OF LITERATURE

Using lists of identified good practices in each of the three thematic areas, the research team contacted the respective organisations to collect information and literature about them. The implementing organisations were requested to provide information brochures, reports, and other related published or unpublished material, which they were willing to share to ascertain the required components of the identified practice. Initially the research team visited Delhi based offices of non-governmental organisations (NGOs), international non-governmental organisations (INGOs), bilateral organisations, UN bodies such as UNICEF, UNAIDS, UNODC, ILO, and other Government bodies such as the Ministry of Women and Child Development (MoWCD), Ministry of Health and Family Welfare (MoHFW), National Commission for the Protection of Child Rights, and the National Health Systems Resource Centre (NHSRC). In addition, the research team accessed the websites of the organisations and other reputed websites that could provide programme and assessment information. Supplementary material was collected on the selected practices during the field work.

2.3 SELECTION OF GOOD PRACTICES

The selection of good practices in each thematic area was made on the basis of certain situations and considerations. The most important and overarching criterion for selection was the presence and involvement of the local community and community based organisations (parameters for which are outlined in section 2.5). Apart from this, the selection was firstly based on the availability and collection of material about specific identified practices in the stipulated time. Secondly, within the available literature, the chosen practices should have

evidence of the ‘Common Good Practice Criteria’ as defined in section 2.4. Thirdly, an effort was made to focus on different aspects of children’s well-being within the specific themes (as mentioned in section 2.6). Fourthly, these good practices were selected, as far as possible, from organisations based in different regions of the country or those which have a wide coverage. Finally, an attempt was made to include efforts of various sectors of society—NGOs, as well as the Government.

2.4 COMMON GOOD PRACTICES CRITERIA

The research team, in discussion with the project advisors and Save the Children, and after reviewing relevant literature identified five major criteria based on the earlier mentioned definitions of good/promising practices for their assessment in all the thematic areas.

Evidence Based

As defined in section 1.2 any practice to be considered good should exhibit quantitative and qualitative evidence of success and replicability; have a positive impact; and/or successfully meet its programme objectives. If a practice seems to be working well but evidence of success or transferability is lacking it may be considered a ‘promising practice’.

Sustainability

The goals of sustainability require the services to be a permanent part of the community even after the projects/programmes come to an end. This requires investment in human capital in terms of skills, abilities, and education of local people; investment in social capital in terms of formation of strong local networks and forums; and measures for economic sustenance.

Replicability

The replication potential of a programme depends on the transferability of key aspects together with the presence of adaptable components which require an understanding of what works best under what conditions. A good practice must have evidence of replication in different geopolitical and cultural settings with successful outcomes.

Integration with the System

This requires provision of long term strategies for mainstreaming processes into national and State Government systems thereby establishing their priority and recognition. It also necessitates linkages with State/national policies and plans and the presence of an assimilating line of action.

Cost Effectiveness

Cost analysis provides a comprehensive picture of what a programme is doing with its resources. For effective use of limited resources, any evidence based practice should not only look at what works best but what works best at the least cost without sacrificing quality. To this effect, the research team tried to document the cost components of the programmes and compare them with available outcome measures to attempt a cost effectiveness analysis.

2.5 COMMUNITY PARTICIPATION CRITERIA

Community Participation

This is the process of engaging and involving local communities and community based organisations (CBOs) actively in the process/programme cycle from planning to monitoring

and evaluation. The contributions of the community range from individual to collective action culminating in ownership—the highest form of community participation—in which local people initiate action, set the agenda, and work towards a commonly defined goal, managing and monitoring the programme.

CBOs, which are formal or informal registered organisations, managed by their members, provide a grassroots and democratic experience of operating systems locally, avoid conflicts by people's localised resource allocation, and build local awareness, capacity, ownership, and benefit as well as pride.

Children's Participation

This refers to the involvement of children, the primary beneficiaries of the practice/programme, with a clear purpose in the activities ensuring that they are active participants and are able to express their views in matters that affect them, which are reflected in the programme and its policies.

Women's Participation

This requires facilitating adequate involvement of women and Women's Groups in programme/policy development and its implementation and monitoring despite social and cultural barriers. It also requires monitoring of practices to ensure gender sensitivity for an optimum level of women's contribution to all the processes.

The research team followed up the identification of criteria for community participation with the formulation of meaningful indicators for assessing these criteria with regard to specific practices. The selected good practices in each of the three thematic areas are described with the help of criteria as per the indicators formulated.

The indicators that guided the study in terms of the Community Participation criterion are given in Annexure II of this report.

2.6 THEME SPECIFIC GOOD PRACTICE INDICATORS

In addition to identifying common parameters for good and promising practices, and criteria and indicators for community participation across all thematic areas, the research team also identified a list of core indicators in education, protection, and survival to help describe the impact of the specific practice in these thematic areas.

Theme specific core indicators on Education, Child Protection, and Health and Nutrition are given in Annexures III, IV, and V respectively.

2.7 PREPARATION OF TOOLS

The research team then integrated these concepts into three study tools (Annexures I-V) to facilitate a focused Desk Review. The tools prepared are:

- Screening Form for Selecting Good/Promising Practices.
- Community Participation Assessment Criteria for all the thematic areas.
- Theme Specific Good Practice Core Indicators for Education, Child Protection, and Health and Nutrition.

2.8 DESK REVIEW

The Desk Review process initially used the screening form for presenting the identified good practices for selection and then employed the other two tools to further describe the selected practice as a good/promising practice with respect to community participation (including women and child participation); it also used the identified thematic criteria in the areas of Education, Child Protection, and Health and Nutrition.

A number of selected practices in each thematic area were examined and presented through the screening form of which 30 were further chosen through consultations with Save the Children and depending on their level of community participation within the practice in terms of child well-being. It may be noted here that the extent of the literature review of identified criteria was limited to access and availability of information in the public domain and what was provided by the implementing organisations.

2.9 FIELD WORK AND FURTHER DESK REVIEW

Field work was undertaken for 15 of the documented 30 practices, covering all thematic areas including practices from NGOs, as well as from the Government and located in different geographic zones of the country, that were selected according to their accessibility and availability during the stipulated time (Annexure VI).

During the field trips, efforts were made to observe programme activities and to interact with as many stakeholders as possible. More literature relevant to the practice being studied was collected from the sites for a further desk review. For those practices which could not be visited, efforts were made to contact key informants and collect more information/material through hard/soft copies.



Documentation and Report Presentation

This section of the report documents ten good/promising practices that were selected in each of the three thematic areas and researched using the methodology mentioned earlier.

These are presented in separate thematic sections: Education (3.1), Child Protection (3.2), and Health and Nutrition (3.3).

For each documented practice, the essential features of its **major components** in terms of its key objectives, activities, and the monitoring and evaluation (M&E) methods used are listed. Subsequently, an effort has been made to highlight the participation of the community, children, and women in its implementation and activities, which is central to the objectives of the study. This is done with the help of the criteria identified in the **community participation tool**.

The practices are then briefly evaluated against the identified **good practice indicators** described earlier (evidence, sustainability, replicability, integration with the system, and cost effectiveness). It may be noted here that for some practices cost data was not available, while limited cost data was available for some other practices. However, an attempt has been made to present the cost effectiveness of each practice with the help of available quantitative and/or qualitative data.

The report presents some of the **advantages, challenges, and lessons** relevant to the study to present a holistic view of each practice. An effort has also been made to include informative and human interest stories in the form of brief **case studies** which track the effect of the practices on the lives of their beneficiaries, or provide related information that may help in creating a better understanding of the practices and their situational realities.

The concluding chapter discusses the **findings** in terms of major processes of community participation which emerge from the study; **observations** to understand the needs and challenges of community participation in each thematic area; and the **learnings** that could help facilitate implementation and replication of good practices with the involvement of the community.

Education



COMMUNITY-BASED ALTERNATIVE EDUCATION

PRAYAS, DELHI

Using education as a tool for community empowerment, Prayas has enlisted the participation of all stakeholders to establish Alternate Education Schools/Centres for marginalised children based on the concept of joyful learning and flexible educational opportunities. Every year, thousands of neglected and abused children are enrolled in Government/formal schools from these centres or they continue their education through affiliations with the National Open School system, and learn vocational skills so that they can be mainstreamed into society.

Major Components

Key Objectives

- To enhance the quality of life among the disadvantaged and marginalised children through gender sensitive community based alternative education and child-centred programmes through local initiatives in rural and urban areas; and
- To address their requirements holistically and cater to their long term needs of earning a decent livelihood.

Key Strategies

- Prioritising education for the disadvantaged with the sustained involvement of parents and communities.
- Imparting quality alternative education to out of school children and dropouts and mainstreaming them through formal schools.
- Creating an encouraging environment to help children overcome difficult situations and making use of opportunities for a productive life.
- Designing an easily accessible and flexible system of education in terms of timings, curriculum, and periodicity to allow dropouts or out of school children to learn at their own pace.
- Providing quality curricular processes and child-centred techniques, as well as active pedagogic interventions with emphasis on creative learning.
- Making education useful through vocational training and capacity enhancement through rigorous trainings and reflective practices.

Thematic Area	Education
Programme period	1988 onwards
Location/s	Delhi, Bihar, Gujarat, Assam, Andaman & Nicobar Islands, Haryana, and Arunachal Pradesh
Target group	Dropout children between the ages of 3-19 years, victims of socio-economic deprivation, runaway children, and child labourers
No. of beneficiaries	More than 55,000 children throughout the country
Costs	Rs. 4512 per child per year
Donor/s if any	NORAD, SUAS, CIDA, UNESCO, UNICEF, UNDP, CRS, USAID, etc.
Contact person	Mr H. N. Sahay, Director
Organisation	Prayas Institute of Juvenile Justice
Address	59, Tughlakabad Institutional Area, New Delhi-110062
E-mail	ertc.prayas@gmail.com
Phone/s	011-29955505, 29956244

Key Activities

- Early Childhood Care and Development: A provision for crèche and pre-primary schooling for 3-6 year olds has been made for improving attendance of girl children in the Alternate Education (AE) Centres.
- Basic Course in Education: An integrated basic education programme is provided to children of 6-14 years which encompasses learning, childcare, counseling, basic amenities, and healthcare support.
- Bridge and Remedial Courses: AE Centres are implementing especially designed six month bridge courses for children who are either dropouts or have never been to school to facilitate their enrollment in formal schools. Remedial courses are organised for potential dropouts to improve their performance in certain subjects.
- Bal Sabhas: These are held regularly to provide a platform for exploring the creativity of children in the fields of music, dance, painting, etc.



Women involved in a discussion at an Alternative Education Centre.

- **Recreational Facilities:** These are provided through fine arts which facilitate counseling and creative expressions through arts and crafts, music, and theatre.
- **Life Skills:** Vocational training for children older than 14 years, who are not interested in regular studies, is made available through short and long term courses in traditional and modern economy based trades.
- **Exposure Visits:** These are organised twice a year to provide a platform for fun and learning for the children.
- **Training of Teachers:** Capacity building of teachers through nursery teachers training (NTT) and other professional development courses undertaken together with curriculum development and publication of books for children.
- **Field and Academic Support:** The Education, Resource and Training Centre (ERTC) team of Prayas extends support for various activities on the field and with children and allied issues.

Monitoring and Evaluation methods used

Monitoring of the AE Centres is being done by the Prayas Samudai Samiti (PSS), a representative community body. The educators at the AE Centres closely liaise with the parents through PSS community meetings. Such liaison helps the parents in monitoring their children's progress and promoting a deeper understanding of the social environment and its impact on the children. Monitoring of project activities is carried out by Prayas on a regular basis. Besides Review and Planning Meetings are held every fortnight and a monthly progress report is presented by the field units to the central office. The project office staff makes periodical visits to the field units to assess achievements and extend support. Programme Coordinators review the various activities and share information which is evaluated during half yearly workshops.

Community Participation

Prayas operates on the philosophy of working with people rather than working for them and has consistently strived to ensure community participation through its programmes—from starting a centre to its running and monitoring.

PSS which consists of parents, stakeholders, professionals, community leaders, and Government officials is a body which essentially provides support to the AE programme in the slums through the management of educational programmes and the monitoring of children's progress. PSS also provides counseling to dropouts, maladjusted, and abused children. Each of the Prayas AE Centres has a PSS to support its activities and members hold meetings at least once a month and interact with the families of the children on a regular basis.

Prayas social workers interact with community members and spread awareness on issues related to child rights, education, health and hygiene to overcome anti-social practices such as alcoholism and domestic violence. Community members also participate in capacity building programmes on addressing child labour, abuse, and exploitation.

Community libraries have been established for developing reading habits among children and other community members. AE Centres which are located within walking distance from the children's homes are managed by the community, and parents extend support for their efficient functioning and improved attendance rates.

Some of the other ways in which the community is involved are:

- Interface, support, and multiple partnerships with local non-governmental organisations (NGOs), urban Residents Welfare Associations (RWAs), village groups, and business communities.
- Participation and interaction of influential local people with local authorities and departments.
- School community interface which provides support to families to strengthen the educational programmes.
- Formation of groups to deal with child protection and development issues.
- Designing, implementing, and monitoring of projects by area communities.



Children's Participation

Bal Sabhas and peer group monitoring are essential components of the AE Centres. These act as forums for child participation where children get an opportunity to put forward their views and discuss various issues affecting their development.

Women's Participation

Prayas has facilitated the formation of 175 self-help groups (SHGs) with more than 6,000 women to foster entrepreneurship through micro finance and income generating activities. These forums also interact with one another, share their experiences, and voice their views. They hold discussions on diverse issues concerning the education of children and initiate collective action. Support from these SHGs is forthcoming for the development and running of the AE Centres.

Good Practice Indicators

Evidence

- No. of AE Centres established: 107 (Delhi)
- No. of children enrolled in AEs: 5,500 (Delhi)
- No. of children mainstreamed: 2,000 children per year (Delhi)
- Total no. of AE Centres: 225 (India)
- Total no. of children enrolled in AE Centres: 7,500 (India)
- Percentage of students mainstreamed: 85% boys, 70% girls

Source: Prayas (www.prayasonline.org).

Sustainability

Apart from creating a strong community base and an income generating component, the AE programme invests in the formation of various committees such as State Level Steering Committees and Project Level Committees. The Education Resource and Training Centre was established to promote AE programmes in partnership with the community and civil society. It has developed strong institutional partnerships and networks for the participation of the concerned Government and NGOs.

Replicability

AE Centres have been set up in major slum colonies of north-west, east, south, and central regions of Delhi. The programme has also been implemented in several States across the country and is in the process of being standardised to be used by other NGOs as a replicable model.

Integration with the System

Despite a large network of learning centres, the organisation does not run a parallel system of schooling. The focus of the AE programme is on mainstreaming marginalised children into the formal education system, and making the National Open School system available for those who cannot enter the formal stream. Prayas has integrated the programme with several national level Government schemes and plans like the National Institute of Open Schooling (NIOS), the Education Guarantee Scheme (EGS), Alternate and Innovative Education (AIE), and Integrated Child Development Services (ICDS) to help absorb these children into the normal stream of life.

Prayas actively engages State and Central Governments to forge strategic partnerships for child development and advocacy. It is a partner with the Government of Delhi in the implementation of the Sarva Shiksha Abhiyan (SSA) through the medium of community based alternative education. It has also been chosen as a major partner of the Department of Elementary Education and Literacy in the Ministry of Human Resources and Development (MHRD) for empowering children who are 6-14 years old through community owned Bridge and Remedial Education Courses. Prayas Jan Sansthan and the Prayas Institute of Economic Empowerment run 50 vocational courses to create opportunities for vocational mainstreaming. They collaborate with various national agencies to make vocational training job oriented, and network with different cooperatives to create job openings.

Cost Effectiveness

Prayas has set up an extensive programme of alternative learning which includes education, protection, guidance, health, vocational and life skills training. It has integrated it into the socio-economic empowerment process and enlisted community support for setting up neighbourhood AE Centres. It spends Rs. 4,512 per child per year for providing basic needs in each centre which includes stationery, books, uniforms, and the mid-day meal (MDM). Apart from this, it spends Rs. 98,817 per year on a centre with 40 children, for teaching learning material (TLM), teachers' salaries and training, rent, and electricity. Although it has linked with SSA which supports its infrastructure development, the programme remains cost intensive in terms of providing quality holistic education.

Data source: Education, Resource and Training Centre Unit (ERTC) of Prayas JAC Society.

Conclusion

Advantages

The AE Centre programme is a child friendly and empowering programme which is flexible and creative. The programme also has a provision for mid-day meals, health check-ups, counseling, and vocational and life skills development for a holistic approach towards mitigating the problem of out of school children. Good basic amenities like ventilation, seating, drinking water, and toilets are available in the centres. The programme operates in an area on a long term basis and goes beyond merely imparting basic education to these children—it attempts to equip them with vocational skills to enable them to earn a livelihood and become productive citizens.

Challenges

As the programme expands, meeting the growing expectations of the communities with limited resources is a challenge. Moreover, it is unable to scale up its activities in response to increasing demand due to lack of adequate space.

The children who come to the centres are mainly from deprived squatter settlements with poor healthcare and nutrition. Their parents frequently move in search of jobs and the children often stop coming to the centre when they shift somewhere else.

Government school systems are not adequately strengthened; nor are they stimulating. As a result, children from the AE Centres who are mainstreamed lose the incentive to go to school.

Lessons Learnt

Education cannot be imparted as an isolated activity. Children's needs should be viewed in the context of the family and the family's needs in the larger context of the community. Concomitant factors like child protection, care, health, development, and socio-economic empowerment also need to be considered. For marginalised children, educational mainstreaming together with socio-economic mainstreaming makes it more relevant and meaningful.

On the Road to Knowledge and Success

Born in Bangladesh to very poor parents who migrated to India during the Pak-Bangla war in 1971, Arjun settled in Jamuna Bazaar and later shifted to Jahangirpuri. He is the eldest of three brothers and two sisters. Since his father was unemployed, the family lived on his mother's earnings who worked as a maid in different homes. It was difficult to make ends meet and often the family went to sleep on empty stomachs. To feed his younger siblings and to support his mother, Arjun spent 14 years of his life as a rag picker.

In 1990, Prayas reached his home during a community mobilisation programme and motivated his parents to educate Arjun and his siblings. Kalachand, his youngest brother was sent to Prayas' Alternative Education Centre. During that time, Arjun, a dropout student who had completed Class IX without any intention of studying further, would play cricket and volleyball in the streets whenever he got time from rag picking. However, he often visited Prayas to meet Kalachand where the Prayas counselor finally convinced him to continue his studies.

After completing Class X, Arjun got enrolled in vocational classes and learnt screen printing and electronics. He worked for Prayas and the community, earning Rs. 2,000–2,500 per month and continued his studies to complete Class XII from the Central Board of Secondary Education (CBSE), his BA from Hindu College, Delhi University, and MSW from the Indore College of Social Work. Now Arjun wants to do a course in Journalism and Mass Communication.

During his college days, Arjun received awards for best scholar, best athlete, and best NSS volunteer; he also won various other prizes. Prayas gave him an award for the best social worker of 1998. He was instrumental in educating all his siblings—his sister is studying in BA second year, one of his brothers is studying in Class XII, another is working in Prayas' railway project, and his mother works as a caretaker in the Bawana project.

Today, Arjun is a Project Manager with Prayas. Throughout this evolution, Arjun's journey towards success was facilitated by Prayas workers and counselors. One of his childhood dreams was to be a counselor like the one who motivated him to continue his studies and explore his skills. When he first joined Prayas, Arjun worked as a counselor and brought hope and happiness to many children like himself.

Now he dreams to be a hard core journalist to sensitise the Government about its role in the lives of children from marginalised sections of society.

Source: Prayas Juvenile Aid Centre

A MODEL INCLUSIVE SCHOOL

LORETO DAY SCHOOL, KOLKATA – SAVE THE CHILDREN, WEST BENGAL

For the thousands of underprivileged street children of Kolkata living and working in inhuman conditions, and deprived of their rights to education and protection, Loreto Sealdah is a valuable inclusive school that runs an innovative programme to address the inequalities of the system. Coined 'Rainbow', the programme is a non-formal system of education within the regular school, where quality education is provided to urban poor children with the participation and support of its teachers, children, parents, and the local community thus reintegrating underprivileged children into the mainstream.

Major Components

Key Objectives

- To provide shelter, care, and quality education to children at risk, to reintegrate them into mainstream society, and make them capable of being productively employed; and
- To be a resource centre for the community, and create a sense of belonging within the school and a desire to reach out to the poor and marginalised in the process.

Thematic Area	Education
Programme period	1985 onwards
Location/s	Kolkata
Target group	Street children, especially girls aged 4 to 18 years
No. of beneficiaries	Approximately 350 children at any time
Costs	Rs. 23 per child per day
Donor/s if any	The Partnership Foundation, Holland, Save the Children, India
Contact person	Sister Cyril Mooney, Principal
Address	Loreto Day School, 122, A.J.C Bose Road, Sealdah, Kolkata-700014
E-mail	smcyril@yahoo.com
Phone/s	033-22463845

Key Strategies

- Creating a common vision shared by the school community with emphasis on a rights culture, social justice, and cooperation.
- Building an ethos of service, simplicity, and flexibility which places a value on people and relationships rather than on processes and consumerism.
- Making creative use of school resources in multiple ways through an outreach programme.
- Redefining formal schooling through the integration of children from the middle class with poor children.
- Creating a passionate leadership and facilitating active participation of students, teachers, administrators, and parents.

Key Activities

- **The Rainbow School** is a tutoring programme for homeless children who are found on the streets near the school. The programme is conducted with the help of regular students. A roof terrace has been enclosed to establish a multi-purpose centre for teaching and learning, washing, playing, sleeping, and counseling.
- **Rainbow Homes** set up exclusively for disadvantaged girls for their holistic development are also located in regular schools. Apart from protection, the girls enjoy the benefits of a normal school life, and engage in activities and interaction with the more privileged peer group in the school.
- **Food Provision** through which Rainbow children are provided three nutritious meals per day cooked by the school staff.
- **Skills of Literacy and Numeracy**, as well as craft and life skills on a one-to-one basis are taught. The teaching methodology draws on the experience of street children in terms of games, stories, and poems.
- **Creative Activities** are provided through concerts and public shows which are seen as opportunities for education and participation.
- **Co-curricular Activities** are provided through sports, camps,

leadership training courses, etc. to enable girls to develop leadership qualities, organisational skills, self-expression, and character.

- **Counseling and Career Guidance** opportunities are made available to girls on a regular basis together with management and networking skills to help them integrate into society at the end of their schooling.

Monitoring and Evaluation methods used

The programme is run and monitored by the regular students of the school under the supervision of the Programme Coordinator, teachers, and with the participation and involvement of older Rainbow children. Through collaboration and reflection, relevant strategies are developed or existing ones modified.

Community Participation

The school community, consisting of the school's management, teachers, parents, and students shares a common vision and understanding of the programme's values and ethos. A sense of empathy and equity is the basis of participation of the Loreto school community. The school reinforces and encourages the nurturing of empathy by focusing on cooperation rather than competition, and through value education for students and staff. Teachers undergo workshops and orientations and are sensitised to the school's overall purpose. Loreto's regular students and their parents share the values and concerns of the school and extend their support and cooperation.

Loreto makes efforts to redefine formal schooling by setting goals for the school community which are inspirational and challenging but which are also worthwhile and attainable at the same time. For this it regularly provides opportunities to the students, staff, and administrators to discuss issues of poverty, as well as practical strategies to overcome them. Parents' support is mobilised through public assemblies and newsletters, and attitude formation is slowly negotiated to minimise resistance to change.

The school invests time in building relationships to encourage a personal interest in its activities and culture. The school community enjoys a certain level of freedom to make decisions and take action. There is a flexible arrangement for teachers and other staff to accommodate the Rainbow children in the normal functioning of the school. Responsibility and accountability are encouraged among them. The school tries to run in an environment of openness in relationships and equality of opportunities where

actions are seen in the best interest of the school community.

Children's Participation

Street children are individually tutored in the Rainbow Centre by regular pupils from Classes V to X, who have been allocated 90-minute timetabled slots for work education on a weekly basis for this purpose. Children share the responsibility of running these centres functionally, as well as academically. They participate in the logistics of running the centres, as well as in evolving better ways of teaching the Rainbow children. They are involved in providing feedback on the learning and empowerment programmes being undertaken for the Rainbow children. Regular students are encouraged to be receptive to the needs of the socially deprived. They take initiatives and bring street children to their school to enroll in the programme.

Rainbow Homes are run and managed with the help of resident girls who form teams and take responsibilities for various tasks.

Women's Participation

Programmes for extending micro-credit to mothers of Rainbow children are initiated by the Loreto Resource Centre to bring them out of the clutches of moneylenders and to give them options to earn for themselves so that they can gradually break the vicious cycle of poverty and deprivation which brings their children on the streets. Self-employment is encouraged and these women are allowed to sell goods in the school compound. Training through Mothers Clubs is also provided to them on literacy, income generation, and childcare. A meeting of the mothers of all Rainbow children is held every month with an open house discussion on various issues which is followed by an interaction.

Good Practice Indicators

Evidence

- At present there are 247 girls in the residential programme and 100 children in the day programme.
- In the regular school 50 per cent of the children (700) receive free education.
- 306 child domestic workers have been mainstreamed.
- The micro-credit scheme has been extended to 500 families.

Source: 'Ripples and Rainbows in a Regular School', Loreto Day School, Sealdah, Kolkata.



Sustainability

The programme makes efforts to help the school community internalise its vision so that its contribution to the programme stems from its sense of ownership and not out of compulsion. The school invests in as many stakeholders as possible to build and sustain the movement for change. The teachers are students of Loreto and giving a few hours to the Rainbow children is a part of their curriculum as tutoring for street children takes place during school hours and in the school premises.

The Rainbow Homes are a sustainable feature which makes use of available school infrastructure such as classrooms that are converted into living spaces at night.

Replicability

The Rainbow programme, which was started in 1985 on a small scale, has evolved over the years. It now has specially designated staff, including a coordinator, a nurse, and a social worker. Five Rainbow Homes have been established in other Loreto Schools in Kolkata which can accommodate 200 girls each.

Integration with the System

The Rainbow programme aims to mainstream street children into regular schools and integrate them into society. On an average, 50 children per year are placed in schools or programmes outside the Rainbow School which are best suited to their language, geographical area, or culture. Older orphaned or deprived girls who are not interested in studying are taught child and home care skills to equip them for earning a living. Rainbow children are provided various opportunities to participate in activities that provide them an experience of a normal fun filled childhood.

The school publishes a newsletter which helps it to keep in touch with the social sector, as well as with sponsors and volunteers and also to inform them about its values, activities, and progress. It also networks with other schools and organisations and provides them with information and support to work in this area.

Cost Effectiveness

The Rainbow programme has adopted a cost effective approach which rather than setting up a parallel structure makes use of existing facilities. Its principle of maximising assets in response to

need has led to a stretching of its resources; it uses all its space for multiple purposes and its infrastructure for 24 hours to provide education and shelter to the poor after school hours. Loreto incorporates the services of its teachers, voluntary efforts of its students, as well as support of the parents into the programme. Teaching is done by regular students, the cost of teaching material is covered by the school, and parents of regular children help out with recycled books, uniforms, etc. Apart from this, the average costs for other services which include Rainbow children's food, health, and mainstreaming works out to Rs. 23 per child per day which is borne by the donor organisation.

Data source: Loreto Sealdah, Kolkata.

Conclusion

Advantages

As a resource centre for the community, the Rainbow programme provides hope and opportunities for deprived children from different economic and social sections of society who study, play, and share space with others as equals. When Rainbow children have been sufficiently brought up to the standards they are integrated into regular classes; this is a natural process because the two groups are already comfortable with each other. In this process of running an inclusive school for urban poor children, the privileged children learn the values of tolerance and inclusiveness while the street children gradually become more confident and receptive and are able to integrate into society. The influence of Loreto's philosophy and work has gradually spread to other schools of the area in terms of equity and social inclusion.

Challenges

Translating the vision and values of the school into practice creates a challenging situation and the school leadership needs to employ sound educational practices, as well as creating a balance between academic achievements and service to the poor. A committed and strong leadership is required to sustain the programme's activities and focus.

The provision of flexibility in the school curriculum and administration may bring in unpredictability and uncertainty and lead to interruptions and problems. In such a situation further understanding and cooperation from the school community and parents of regular students is required.

Lessons Learnt

The Rainbow programme provides a practical model for schools which can be replicated anywhere with the help of a clear vision and guidelines. The resources of existing institutions can be positively used and their members motivated to achieve a

just and compassionate social order. The boundaries between those from the protected, privileged world and those living in a disadvantaged environment can be dissolved through simple yet innovative strategies. Young people can be motivated to serve as tutors, mentors, and friends of deprived children and the culture of class and caste divisions can be successfully challenged.

In the Mainstream of Life

Rainbow News

January 12, 2007: The Kolkata Traffic Police had its annual 'Road Safety Week' programme in which twelve Rainbows joined the Loreto team and Angela Ryle bagged the Best Performer Award. The same evening Pariwar Milan hosted their annual Inter-NGO Cultural Meet, where Rainbows presented a Punjabi folk dance which met with great emotion and a show of hands.

January 26: Twenty Rainbows were invited to the ceremonial march past of the Republic Day celebrations. The children enjoyed the fine display of marching by the various armed forces.

January 28: The Kolkata Municipal Corporation conducted a Municipal inter-school sports competition. Our Rainbows were more than enthusiastic in their participation and carried away many prizes.

January 31: Loreto House Rainbows invited their sisters from the other Rainbow Homes for a cultural programme. Every single Rainbow had a whale of a time and came home happy and tired.

February 4: Don Bosco Ashalayam held its second Inter NGO 'Young at Risk' cultural fest. Twelve Rainbows attended and participated in various competitions such as group song, dance and extempore speech. Our Rainbows received the first prize in the group song contest and came home with the gift cheque of Rs. 1,000 which has been put in their account in the bank.

February 21: The Frankfinn Institute for Airhostess had organised a super get together for the Rainbows at the request of one of our ex-students, who is now a trainee stewardess. The trainees interacted with the Rainbows, played, distributed sweets and snacks. It was good exposure, both ways, as the children learnt a few things from the bewitching beauties of the skies and vice versa.

February 26: Around 100 Rainbows participated in the South Asian March against Child Trafficking, which began in Kolkata on 26 February and moved through Siliguri, Aariah, Betia, Gorakhpur, Nepalgunj, and Nithari to culminate in New Delhi.

March 10: The Rotaract Club held its gala fun fiesta on the lawns of Loreto House. Over 600 children from all the Loreto Rainbow Homes were ferried in buses to the site. What an afternoon of fun! The little ones enjoyed the motorised toy train and even S. M. Cyril squeezed into a tiny carriage to wave cheekily at us.

March 25: The Rotary Club invited fifty Rainbows to the Zoo for a picnic. Once again, the children had a very enjoyable day seeing the animals and wandering about with their friends and feasting on the sumptuous lunch.

April: The month for exams and study, everyone rushing at their books to make up for lost time! And now exams over, the rest of April saw all the Rainbows in class in Loreto Sealdah to have a fortnight of total immersion in English before they begin their new school year.

Source: www.loretosealdah.com.

INTEGRATED COMMUNITY SCHOOLS

BODH SHIKSHA SAMITI, JAIPUR, RAJASTHAN

Keeping in mind that the mainstream education system, despite being a community resource, has been unable to attract and retain deprived children, the Bodh Shiksha Samiti initiated and established Holistic and Integrated Community Elementary Schools in the urban slums of Jaipur. Over the years it has evolved a relevant model of collective endeavour reflecting the needs and aspirations of the community, which is now in the process of being scaled up and converged with the Rajasthan State education initiative.

Major Components

Key Objectives

- To evolve a model of primary education based on community initiative and participation which would enable deprived and disadvantaged children to receive appropriate, equitable, and quality education; and
- To address the social and psychological needs of children and the importance of local contexts through effective educational strategies.

Thematic Area	Education
Programme period	Since 1987
Location/s	Jaipur City, Rajasthan
Target group	Urban deprived children in catchment areas
No. of beneficiaries	3,650 children in 2007
Costs	Rs. 2,500 per child per year
Donor/s if any	UNICEF, Aga Khan Foundation, European Commission, American India Foundation, Banyan Tree Foundation, Paul Hamlyn Foundation
Contact person	Yogendra Upadhyay, Secretary
Organisation	Bodh Shiksha Samiti
Address	AA-1, Anita Colony Bajaj Nagar Jaipur-302015
E-mail	bodh_ss@rediffmail.com
Phone/s	0141-2705120, 2708460

Key Strategies

- Establishing integrated community schools (Bodhshalas) as joint ventures involving the child, the teacher, and the community in a creative and participatory relationship.
- Focusing on the child as the centre of all activities to protect and ensure childhood through cooperative learning.
- Implementing an effective, relevant, attractive, and activity based programme to prepare young children for transition from home to school.
- Stressing on improving the child's social environment by effecting attitudinal changes towards education in parents, older children, and the community.

Key Activities

- Preliminary survey by teachers in deprived urban areas to meet the families and familiarise themselves with their socio-economic status and cultural beliefs.
- In depth survey to observe and record the existing levels of education of the children in the target areas.
- Soliciting the collaboration of residents in terms of providing space for the community school and breaking barriers between the school and the community.
- Setting up an integrated and flexible pre-school and primary school programme, which allows children to group and regroup according to their level of comprehension.
- Providing a range of activities for quality education including computer education, music and fine arts, camps, excursions, and cultural programmes.
- Employing trained teachers to manage the programme with the help of mothers and older children in the community, and providing regular inputs in terms of competence, motivation, and appropriate attitudes.

Monitoring and Evaluation methods used

Monitoring of Bodhshalas is jointly affected by the community, the Bodh team, and the teachers. For evaluation, the teachers maintain daily records of children and prepare monthly and annual reports which are shared with co-teachers. An assessment of

the learning levels is carried out on a continuous basis without subjecting the children to the stress of examinations. Weekly meetings within the school and two-day monthly meetings of teachers are held at the Bodh Resource Centre for experience sharing and capacity building in content handling and planning in subjects where some difficulties are being experienced. Weekly visits by the Coordinator or Assistant Coordinator are also undertaken to support and consolidate the programme. A month long annual workshop is held with children, parents, and community members at the end of the academic year for reviewing the activities already undertaken, and for planning for the next academic session.

Community Participation

The role of the community is considered central in shaping the school physically and functionally. The primary aim is to generate a sense of ownership and a feeling of empowerment on the part of community members through participation in the educational processes of their children. The residents provide space for building the Bodhshala in the area or in their houses, courtyards, or terraces and also contribute funds, material, or voluntary labour. They jointly discuss and deliberate on strategies, resource issues, and concerns, and suggest remedies and offer assistance as far as possible.

Attitudinal changes are stressed in parents and community members through interaction and capacity building towards improving the child's social environment, health, and hygiene. Traditional stories, games, songs, and customs of the community are incorporated in the curriculum to relate education to the environment. A conscious attempt is made to ensure that education does not alienate the children from their families, who are made equal partners in the educational development of their children. Appropriate community members are also trained and involved with the pre-school programme.

Teachers are trained in eliciting support from community members; they make regular visits in the area to hold meetings with family members of the students, to hear their views, and to share the child's progress. These contacts help the teachers to understand the children, as well as strengthen the community's interest and support for school activities.

Children's Participation

Children are intrinsically involved in the teaching learning process. No fixed curriculum is set for the children, and teachers respond



A pre-school teacher with teaching – learning material.

to the individual and group needs to a large extent. In classrooms, older students help the teachers in preparing worksheets and offer inputs and ideas which provide the teachers with a child's perspective of the curriculum.

Adolescent dropout girls are formed into groups (Kishori Samooths) and provided educational inputs in the learning centres. These are most effective in encouraging young girls to come out of their houses and gain greater control over their lives. Older girls from the community are also trained to help pre-school teachers for a few hours each day.

Women's Participation

Women participate in the programme through Women's Groups (Mahila Samooths) which meet daily to support both their children's and their own education. They are provided literacy and other relevant skills. Some of the members who have an inclination and potential to work with children are trained as mother teachers for the pre-school programme where they assist regular teachers in daily activities. Mother teachers are also agents and advocates of change in the community as they attempt to provide a bridge between the family, the community, and the school with respect to the child, and play an important role in influencing families positively in correcting perceptions and practices.



Good Practice Indicators

Evidence

- Bodh pre-school centres are functional across its community schools, effectively catering to the developmental and educational needs of 488 children in the age group of 3-6 years and 866 children in the primary school (age group of 6-8 years).
- Universal coverage has been achieved in all resource school catchment areas with 1,354 children benefiting from the Pre-school and Early Education Programme. In the elementary groups (equivalent to Grades III to VIII) 792 children are enrolled. In the Adolescent Learning Centres in the resource schools, 150 girls have been enrolled.

Source: Annual Report (Annexure), Janbodh Karyakram (2006-2007).

Sustainability

The integrated community school has been envisaged by the Bodh Shiksha Samiti as 'community centred community participatory and community determined' which becomes a tool for the community's empowerment and social change. As such there is co-governance, cooperation, and a high ownership quotient in the project areas. The community is encouraged to internalise the worth of the programme, which apart from educating and mainstreaming their children, is a source of economic activity for many residents.

Replicability

Seven Bodhshalas have been set up in educationally and economically deprived localities which cover more than 50 slums in Jaipur.

An adoption programme of Government schools, run for five years (1994-99) in collaboration with the State Government to examine the replicability of its approach in a macro situation, achieved perceptible qualitative improvement in learning and parental involvement in school activities. It has now been scaled up to the Janbodh Karyakram, a State driven model of public-private partnership (PPP) for universalisation of quality elementary education for deprived urban children in more than 300 localities in Jaipur under the Sarva Shiksha Abhiyan (SSA).

Integration with the System

Children, including adolescent dropout girls who join the learning centres, are being successfully mainstreamed into formal and

Government schools from the Bodhshalas. To address the educational needs of children from expanded catchments areas, the organisation is undertaking further policy and advocacy efforts with the State to facilitate their admission in Government schools which would also provide them with textbooks and free mid-day meals (MDM). Many of the students are being supported through after-school tuitions and special classes by Bodhshala teachers so that they can cope with their studies.

The Bodh Shiksha Samiti is a training and resource agency for the Government and for non-governmental organisations (NGOs). With the implementation of the Janbodh Karyakram, some of the Bodhshalas have been envisaged as resource schools to provide academic and technical support to Government schools under the programme in terms of innovative pedagogy and a positive learning environment.

Cost Effectiveness

The integrated community schools are supported by the community to a large extent in terms of land, building, classroom space in the resident's premises, and material/labour for construction and infrastructure. Volunteers from the community are also trained to assist regular teachers in managing the schools and the programme. Local governance bodies are involved in bringing together community resources; and better community involvement is encouraged to maximise the spirit of ownership of the programme. However, the organisation still spends Rs. 2,500 per child per year mainly on teachers, teaching material, training, and supervision.

Data source: Bodh Shiksha Samiti.

Conclusion

Advantages

The programme makes available a relevant, integrated education model from the pre-primary to the upper primary level. It provides continuity in enrollment, participation, retention, and completion of elementary education, as well as a smooth transition between these stages.

It brings education to the doorstep of the disadvantaged children and encourages a wider and proactive partnership with the community which includes efforts to facilitate empowerment and qualitative change in their thinking with regard to their rights, and their responsibilities towards their children.

Challenges

The increased demand for the programme and its expansion has created a human resource challenge in terms of training and retaining appropriately committed teachers who are willing to work in marginalised areas. The programme also needs competent academic support personnel to assist the teachers in planning and improving the teaching learning process.

The child-centred approach and methodology of the programme requires the teachers to constantly listen to and attend to the needs of individual children; this is challenging in terms of the extensive efforts required in planning and reflecting.

Lessons Learnt

The community school should be seen not just as an instrument of education but as one of social change in the community. Such a programme should also bring traditionally left out members such as pre-school children and adolescent girls under its fold and create a special educational curriculum that fulfills their social and psychological needs.

The idea of a community school can be translated into reality only when the concerned community feels that there is the utmost need for such a school and it is also prepared to do whatever it can to establish the school. It has been seen that the community's involvement grows as interaction amongst the children, teacher, parents, community members, and programme organisers becomes more intense. However, to sustain these efforts it is necessary to have consistency in the implementing organisation's leadership, objectives, and practices.

Learning against Odds

Julie, a 15-year-old shy and reserved girl from Guru Teg Basti in Jaipur, is quite different from the outspoken Sikh women in her community. Even though she comes from a struggling family of 11 children, Julie managed to pass Class VIII in her Basti's Bodhshala, and for a while attended a Government school. But for a variety of reasons, she dropped out of school. She says that she was needed at home to care for and support the large family. Besides, the teachers in the Government school were not like those in the Bodhshala. They were not interested in Julie's education and did not push her to study hard.

Today, Julie attends her Basti's Kishori Samooch on a daily basis. It is a welcome break from the stitching work that she does in her home to supplement her family's income. Julie says that she likes going to the Samooch because the other girls from her Basti are there, and most importantly, if there is something that she is curious about, if there is something that she wants to learn, she can do it there.

Rajiya from Amangarh suffered from polio in her childhood, and though she has had 12 operations to improve the growth of her legs, she will never be able to stand. Rajiya's family values education and has sent all their sons and daughters to both community and Government schools. But after completing Class V at the Bodhshala across her house, Rajiya was unable to enroll in the Government school as she could not walk. It seems unfair that Rajiya, who comes from a progressive family in Amangarh, a Muslim slum of Jaipur, would have to miss her chance at education because of such a preventable disability.

However, Rajiya is continuing to study at the learning centre, where she takes lessons in Hindi, Urdu, and English. She says that English is her favourite. Rajiya proudly states that she is able to attend the Kishori Samooch every day, since it meets in her home. While a conversation with her mother makes it clear that day-to-day life is not easy for Rajiya, the Samooch seems to bring out the best in her. She is all smiles during the hour that the Samooch meets, arriving early with her notebook and chattering away with her teacher and friends who come to her home to learn.

Source: www.bodh.org.

COMMUNITY BASED MOTIVATIONAL CENTRES

MAHITA, SAVE THE CHILDREN, ANDHRA PRADESH

Mahita facilitates the establishment of Community Based Motivational Centres in deprived urban slum localities to provide education and healthcare support to non-school going children and child labourers. Through a strong rights advocacy and the mobilisation and motivation of the children and the community, Mahita has come a long way in its efforts towards facilitating the education, as well as the protection and empowerment of vulnerable children, especially girls, from the minority community.

Major Components

Key Objectives

- To realise child rights and create educational opportunities for the children, especially girls, by discouraging child labour and increasing enrollment and retention rates in primary education; and
- To enable the community in urban slums to become a constructive part of a democratic society.

Thematic Area	Education
Programme period	Since 1995
Location/s	Urban slums of Hyderabad
Target group	Children of minority communities with emphasis on the girl child between the age group of 6-14 years
No. of beneficiaries	19,300 children
Costs	Rs. 1,171 per child per year
Donor/s if any	Save the Children, CRY, Rajiv Gandhi Foundation, Global Fund for Children, DKa Austria etc.
Contact person	Ramesh Sekhar Reddy, Programme Director
Organisation	Mahita
Address	Flat no. 105, SV's Papaiah Estate Chikkadapally Hyderabad-500020
E-mail	hyd1_mahita@sancharnet.in
Phone/s	9140-27641858

Key Strategies

- Creation of a social movement towards fighting for the rights of the children in marginalised urban areas.
- Mobilisation and motivation of the community and the family to facilitate a creative learning environment through interactive partnerships.
- Development of a self-sustainable holistic programme through community participation by facilitating a self-help process.
- Improvement of girls' negotiation skills with their parents and community members for demanding their right to education, social opportunities, protection, and participation.

Key Activities

- Establishing Motivational Centres with community participation as a strong grassroots level initiative.
- Holding campaigns and meetings with parents, religious leaders, opinion makers, and youth to sensitise the community on the importance of sending children to school.
- Developing a learning methodology suitable both for the local cultural ethos and for minimum levels of learning.
- Recruiting motivators and teachers from the community and building their capacity to make them effective functionaries.
- Defining curriculum according to age groups and providing skill development and vocational training classes.
- Initiating a process of dialogue with parents and other community members to motivate them about the need for further education of girl children.

Monitoring and Evaluation methods used

In order to check dropout rates and maintain retention levels, regular interactive sessions with parents and teachers are conducted by the motivators. Programme Coordinators also undertake periodic monitoring of the mainstreamed children and visit homes for follow-up activities. A Community Education Monitoring System is in place, where community volunteers are selected in each locality to collect data on non-school going children and child labourers. Records of individual children are maintained and updated regularly. Programme Coordinators hold regular meetings to discuss, evaluate, and strengthen the activities according to the requirements of the area.

Community Participation

Mahita works to maximise the involvement of community members, which it believes is essential to realise the rights of the child and to break the vicious circle of poverty and child labour. It strives to build trust and make the community aware of the importance of education in general, and of the education of girls in particular through regular meetings. It conducts meetings with parents and employers in the presence of officials from the Labour Department to discourage them from employing children even if the work is home based.

With the help of the motivators, Mahita facilitates the formation of grassroots collectives such as Basti Education Groups, Women and Youth Groups and Child Protection Groups which forge strong linkages with the programme. It attempts to create a sense of ownership of the programme by involving the community in all its activities for the development of children through the various committees. The Basti Education Group is actively involved in identifying out of school children, motivating them and their parents, and monitoring the Motivational Centres.

The Child Protection Committees address not only issues related to education but also other social evils such as child marriages and child labour. They consist of women, religious leaders, community members, youth, and adolescent girls who play a vital role in sensitising parents about the exploitation and abuse of girl children and the need for their protection.

Community members from different localities in the target areas regularly meet to attend workshops to discuss their attitudes and goals in terms of education, employment, and gender, and to create and implement action plans and build capacities.

Children's Participation

Child Clubs are formed in all the areas; the children are involved in learning about their rights and spreading awareness among peers, teachers, community members, and parents with the help of songs and theatre. Children plan and organise themselves by updating their knowledge and skills on key mechanisms and structures for effective facilitation of child protection by holding discussions, meetings with teachers, parents, and community members for promoting a child friendly atmosphere.

Members of these clubs also meet regularly to discuss development issues in their area such as sanitation, drinking water problems, and drainage with political leaders and elected representatives. They are also active in advocacy, lobbying, and campaigning with Government departments for bringing in policy changes and reforms in child rights. Child consultations are held, where the status of the rights of the child is reviewed by the children and their recommendations forwarded to policy makers and implementers at the national level.

Mahita incorporates the participation of children in the planning, monitoring, and evaluation of its interventions, and also involves them in the selection of community based motivators. The existing Children's Clubs act as Peer Educators in the slums bringing the non-school going and working children in to the fold of education. 'Child Reporters' who collect and disseminate information on the prevailing situation and issues related to the children and the community are also appointed by Mahita.

Adolescent Girls' Groups are formed which help in strengthening the programme and extending the reach of the Motivational Centres by providing inspiration and encouragement as role models to their friends and family members. Mahita facilitates their empowerment by giving them information and emotional support, as well as creating awareness among the groups to access Government and other institutional services.

Women's Participation

Active Women's Groups are formed in the project area, which come together on a common platform to discuss various issues relating to their status. They are also involved in cleanliness and in the improvement of their surroundings, as well as in the delivery and access to health schemes. They identify children for immunisation, facilitate their health check-ups, and take up referral services at the Motivational Centres. To enhance the income of families where children have been withdrawn from work, the women are mobilised into forming self-help groups (SHGs) for providing skill generation training and taking up micro enterprises. These groups are also involved in monitoring technical and vocational education in the Motivational Centres.

Good Practice Indicators

Evidence

Since its beginning in 1995, Mahita has created educational opportunities for almost 20,000 children and mainstreamed more than 6,000 working children. Some of its accomplishments in 2006-07 are:

- Setting up of 12 Motivational Centres for 630 children.
- Facilitating 30 Child Protection Committees with 230 members from all segments of the community to monitor child education/protection issues.
- Mainstreaming 1,439 children into regular schools.
- Providing vocational training and skills to 1,675 adolescent girls.

Source: Mahita's Journey, Review (2006-2007), Hyderabad.

Sustainability

Mahita believes that a programme needs to be self-sustaining to be successful and to be able to play the role of a facilitator. Accordingly, the process of implementation is strategically planned to involve community members, children, and other stakeholders in large numbers through community based organisations (CBOs), SHGs and Child Clubs whose contributory efforts put forth a sustainable structure. Strengthening community and child participation to address the issues of the children is used as an essential tool for sensitisation and for bringing in community ownership for the interventions. Moreover, skill development, economic empowerment, and creating useful linkages are critical features of its programmes for improving the motivation and confidence of the community.

Replicability

Mahita has facilitated the formation of 32 Motivational Centres spanning 82 urban slums of the old city of Hyderabad. Its strategy which facilitates change through negotiation, empowers communities to be agents of their own progress and works to fulfill the aspirations of the people, can be replicated in marginalised urban or rural areas.

Integration with the System

Each centre enrolls about 70 children and provides a minimum level of learning for a year after which these children are mainstreamed into formal schools. Those who cannot pursue mainstream education are provided with linkages to the Andhra Pradesh Open School. Mahita also provides vocational training for adolescent girls to facilitate self-employment. Computer education is made available to widen their prospects and open new avenues of opportunities, and linkages are developed with placement services to build the confidence of the girls and the community.



A community meeting in progress in Hyderabad.

Mahita maintains constructive relationships with various Government departments and constantly works towards bridging linkages between the Government and the community. It partners with many civil society organisations and networks at the district and regional level for strengthening the child rights movement in Andhra Pradesh.

Cost Effectiveness

Mahita aims to provide cost effective quality services to children of marginalised communities. To achieve this it has mobilised communities and the children themselves to demand their rights from the Government. Apart from this, it also initiates vigorous involvement of community members and provides advocacy and support for their activities. It provides time bound financial support to the programme in terms of rent for the premises (Rs. 2,000 per month), teaching learning material (TLM) (Rs. 10,000 per year), and motivators and teachers for the programme (Rs. 4,000 for two teachers per month). The teachers are often people from the community and Mahita hopes to improve the involvement and ownership of the community by hiring its members. The total annual cost of running a centre, which benefits 70 children, is Rs. 82,000 and Rs. 1,171 per child.

Data source: Mahita.

Conclusion

Advantages

The programme makes a strong effort to provide support to the vulnerable urban poor and to mainstream them while focusing on quality education. Apart from creating awareness about child rights, training and capacity building, and mapping the basic needs of the area, Mahita also works to empower community members and help them achieve their goals.

This intervention has helped in enrolling child labour in schools, preventing child marriages, and protecting children from violence and abuse. The concerted participation of children to protect and promote their own rights has encouraged a child friendly atmosphere and an environment conducive for bringing about policy changes and reforms in child rights. Through its interventions, Mahita builds the confidence and skills among girls so that significant changes can be brought about in their lives. The girls are encouraged to voice their opinions for changing dominant male attitudes and breaking barriers towards their participation in socio-economic and cultural development processes.

Challenges

Together with high poverty levels and minimum standards of living, basic services that are inaccessible, and the unavailability of schools in the neighbourhood are all impediments in the enrollment of all children. Moreover, lack of quality in formal schools and frequent migration of children add to the problem of motivating and mainstreaming them. Due to prevailing attitudes and social constraints, the mobility and freedom of girls may be restricted. Apart from this, social evils like child marriages, domestic violence, child abuse, and corporal punishment need to be appropriately tackled together with illiteracy and poverty.

Lessons Learnt

It is important to build 'Child Safety Nets' in the slums for the protection of child rights through development of strong community structures and constant capacity building of these structures. Influential community members like religious leaders, community elders, and youth members of the slums should be involved to strengthen these groups. Participation of children through Child Groups should be linked to the larger community structures.

The concerns and aspirations of the community should be addressed by developing linkages with Government schemes for addressing their family conditions. This could include initiating micro entrepreneurship programmes, linking youth and adolescent girls to various livelihood training programmes, and the formation of SHGs for starting their own small business ventures.

A Weapon of Empowerment

For Tasleem Begum, convincing her family to send her to school was a bigger hurdle than her disability. A resident of Athapur in Hyderabad's Rajendernagar slum, Tasleem, like her four elder sisters, had been forced to drop out of school after the fourth standard as soon as she reached puberty.

Her family was not interested in the education of the girls and was of the opinion that educated daughters were difficult to marry off. Neither did they have the means as her three brothers struggled to shoulder the burden of the family's expenses by working off and on in the unorganised sector after their father passed away. Tasleem had lost all hope of studying further.

Mahita's Project Coordinator came to know about Tasleem's plight while conducting a Child Club meeting in the slum. The children told her about Tasleem's keen desire to study and her family's condition that was making it difficult for her to do so. Members of the Child Club along with the Project Coordinator then visited Tasleem's house and met her. Over the next few weeks her family was convinced that she should be enrolled in the Motivational Centre, established and run with the help of the community, where education was free and taught in Urdu by local women teachers.

From then on there was no looking back for Tasleem. During the first two years she completed her education in the formal and non-formal syllabus at the centre and then received admission in Class VII in a girl's high school which was about 5 km from her residence. The centre continued to support her with tuitions and books while the motivators offered counseling and emotional support in times of difficulty.

Tasleem became a strong Child Club member and actively participated in training and workshops which developed her confidence and improved her understanding of child rights. With this came the courage to negotiate with her family for realising her goals. As a member of the Child Club she also came to know the rights of disabled persons and information about special certificates and scholarships provided to them by the Government. With the help of Mahita, she took the initiative to avail of these facilities through which she has been able to continue her high school education.

From a school dropout, Tasleem has become a role model for many children in Athapur and her courage and enthusiasm is an inspiration for them. A confident and articulate girl, she wants to continue her studies and dreams of the day when she will become a doctor and be able to treat the poor and disabled.

'I strongly believe that education is the best weapon that one can acquire that leads to empowerment,' she smiles, adding that she can never forget the support she received from the Motivational Centre.

Source: Mahita.

NON-FORMAL EDUCATION CENTRES

CINI ASHA, SAVE THE CHILDREN, KOLKATA, WEST BENGAL

To combat the problem of rampant child labour in West Bengal, Child in need Institute (CINI) Asha is running a Non-formal Education Programme for child workers living in urban slum communities of Kolkata. With the help of a community oriented strategy it strives to improve the quality of life of these children and mainstream them into formal schools through bridge education. Over the years, the programme has benefited numerous deprived children engaged in labour and related activities through social and educational support.

Major Components

Key Objectives

- To improve the quality of life of urban disadvantaged children and child labourers, and protect their rights through education and social mobilisation; and
- To prepare out of school children for admissions into mainstream formal schools.

Thematic Area	Education
Programme period	1989 onwards
Location/s	Kolkata, West Bengal
Target group	Child labourers aged 5-14 years living in urban slum communities
No. of beneficiaries	Around 4,000 children per year
Costs	Rs. 1,000 per child per year for preparatory centres and Rs. 1,600 per child per year for non-residential camps
Donor/s if any	GOAL India, Child Hope, Axis Bank Foundation, Global Hand, Government of West Bengal
Contact person	Dr Samir Chaudhuri, Director
Organisation	Child in Need Institute (CINI), Asha
Address	63, Amedar Gari Rafi Ahmed Kidwai Road Kolkata-700 016

E-mail	ciniasha@vsnl.com
Phone/s	033-40058999, 40058921

Key Strategies

- Community mobilisation for involvement in children's right to education.
- Interaction with children for creating awareness and motivation towards education.
- Providing an accelerated learning programme as a bridge course.
- Mainstreaming children into age appropriate classes in formal schools.
- Retaining children in Government formal schools.
- Recruiting and training community based teachers/volunteers.

Key Activities

- Community-based Preparatory Centres where out of school children of different age groups are coached to enter formal schools (usually a local Municipal or Government-aided school). A bridge course helps them in achieving this within a set time period of generally a year. This centre works for five hours per day.
- Coaching Centres are run in the mornings or evenings for children who have already been mainstreamed into formal schools. These are for first generation learners who need educational assistance to enable them to face competition in school. These centres work in close collaboration with the community and provide a supportive environment to the mainstreamed children.
- Non-Residential Camps are programmes for 'hardcore' child labourers which attempt to admit the children in an age-appropriate class in a local school at the end of the camp period. The community based camps provide more time and a better environment for education and help in reducing families' dependency on the children. They operate for ten hours each day where children are motivated with recreational facilities, creative activities, and food.

EDUCATION



A women's meeting in progress at CINI Asha's non-formal education centre.



Participants in a non-formal education class.

- Residential Camps are organised for vulnerable child labourers who have never been to school or are dropouts and hard to reach. These children are provided intensive educational and behavioural inputs for eight months and then mainstreamed into formal schools. The Residential Camps have been recently discontinued due to better awareness and poor availability of children.

Monitoring and Evaluation methods used

Centre based Parent Teacher Committees and ward based Apex Committees (see community participation) are engaged in monitoring centres, programmes, and resources. There is regular evaluation of the academic progress of out of school children in the centres through preparation of monthly reports. A child tracking system is set up which ensures retention and follow-up of school going children and strengthens the link between the school and the community. This is supported by a software package which tracks each child's daily attendance and also records the reasons for absenteeism, discontinuation of studies, and dropping out.

Community Participation

The strategy seeks the active assistance of the community. Informal discussions are held with community members to assess their social, economic, and educational situation. The community is responsible for identifying child labourers, motivating parents, providing space for running the programme, identifying teachers, and monitoring the programme. Community members are also responsible for mobilising local resources and liaising with formal schools in which the children are to be mainstreamed.

Youth Clubs are formed which help in creating community awareness about the problem of child labour and the importance of education. Preparatory and Coaching Centres are started with the help of the Youth Clubs in the space provided by the community. Many communities support education by organising funding for children's school uniforms, books, and other necessities at the time of mainstreaming. Some communities are also active in ensuring admission in formal schools, and hold rallies and protest marches when admissions are denied.

For the smooth running and monitoring of the programme, a structure for community participation is in place which works through centre based Parent Teacher Committees and ward based Apex Committees. The centre based committees are in charge of monitoring all community volunteers and evaluating the centres. Ward based committees are responsible for planning a strategy for the ward and monitoring programmes at the ward level, mobilising funds, liaising with the Education and Labour Departments, and putting pressure on Government bodies to upgrade the education system.

Children's Participation

Children are involved in monitoring the programme, discussing problems, and providing academic and emotional support to their peers. Adolescents are provided training in good food habits, cleanliness, and health and they in turn visit the Preparatory and Coaching Centres with training material to give inputs to the students. Their participation is also solicited during motivational camps and enrollment drives for out of school children.



Women's Participation

Volunteer women teachers for the centres are recruited from the community who continuously provide support to the students and work to sensitise teachers in formal schools. Workshops are conducted with Mothers Groups where discussions are held on their role as pressure groups in the community for enrolling and mainstreaming children. They are also empowered to participate in the internal assessment of children in the non-formal centres. Efforts are made for establishing regular interactions with women of the community through observing women's days, nutrition weeks, and recreational activities.

Good Practice Indicators

Evidence

In 2007, there were:

- 36 preparatory centres covering 1,209 children of which 527 were boys and 682 were girls.
- 132 coaching centres covering 2,736 children among which 1,316 were boys and 1,420 girls.

Source: CINI Annual Report (2006 -2007). (<http://www.cini-india.org/cini.pdf>).

- At present 750 children are enrolled in 22 preparatory centres and 132 children are enrolled in non-residential centres.
- There are coaching centres in 50 clubs in 10 Municipal wards in Kolkata.

Source: CINI Annual Report (2008), (<http://www.cini-india.org/cini.pdf>).

Sustainability

The sustainability of the programme can be mainly attributed to high community participation. The programme relies on community generated resources and on establishing a sense of ownership and responsibility to a great extent. CINI Asha is trying to create an intrinsic value of education within the community so that it is internalised as a priority; initiatives are also taken to start and sustain Non-formal Centres. Each family also makes a nominal contribution towards establishing a community fund for education.

Replicability

This programme has expanded to other urban districts like Murshidabad, South 24 Parganas, and Siliguri in West Bengal and also to neighbouring States. Since this model is not heavily dependent on one particular source for funds and generates its

own resources from the community, it has potential for replication with minimum support from outside.

Integration with the System

Children are mainstreamed into local or Government schools every year. Workshops are organised to facilitate the involvement of teachers in mainstreaming out of school children. Meetings are held with parents to ensure the smooth transition of children from the Non-formal Centres to formal schools and for their effective retention.

CINI Asha considers itself a facilitator and works within local and State Government structures for empowering and mainstreaming children. It believes in working closely with the Government's formal school system to address issues of retention and sustainable education. In this regard, it makes efforts towards creating attractive and child friendly classrooms, as well as ensuring water and sanitation facilities through mobilising required support and resources.

Capacity building initiatives are organised with non-governmental organisations (NGOs) to strengthen their capacity and work out effective need based strategies for reaching out to deprived children. As a member of the National Resource Group for the Education Guarantee Scheme (EGS) and Alternate and Innovative Education (AIE) under the Sarva Shiksha Abhiyan (SSA), CINI Asha is active in advocacy and in contributing towards policy formulation.

Cost Effectiveness

The programme has been visualised as a low cost community supported programme in which the community contributes in cash and kind for services which it considers essential for themselves and their children. Community members provide space for classrooms, cooks for preparing meals, and teachers for a nominal salary to teach the children. CINI Asha spends Rs. 1,600 per child per year in Non-residential Camps and Rs. 1,000 per child per year in the Preparatory Centres. A part of the expenditure on books, food, and learning material also comes from the community. The annual budget of the programme is not available.

Data source: CINI Asha.

Conclusion

Advantages

Since the participation and willingness of the working children to be educated is a pre-requisite, this programme prepares them in such

a way that they are mentally ready to move in a new direction and being weaned away from their existing lifestyles. Children respond positively and their families save to provide them education.

Coaching Centres work to provide an environment for children to study, leading to a fall in dropout rates. They facilitate improved performance in schools, as a result of which there is a healthier attitude among formal school teachers towards these children.

Challenges

Due to extreme poverty, most children are first generation learners engaged in some work to supplement their family's income so initially there is need for constant motivation and monitoring by teachers to bring these children to the centres. There are large migrant populations and many families move away frequently with their children which often creates a gap in their education.

Since the programme demands sensitive and intense interventions, scaling is a major concern while maintaining necessary enthusiasm and quality.

Lessons Learnt

A well-designed programme must tackle the problem at all levels—preparing the children, the community, and the school for education, as well as ensuring enrollment and retention. Moreover, a smooth mainstreaming process depends not only on the children and their families, but also on the teachers, classmates, and other important persons like employers of child labourers who need to be appropriately sensitised.

Through sustained community awareness and mobilisation, poor families can make the adjustments that are necessary for sending their children to formal schools and also develop a positive attitude towards education.

Reaching out to Children in Difficulty

Marufa, a rejected child trying to survive under the mercy of her distant relatives in Kolkata, was identified by an active CINI Asha Community Volunteer working in the slums of Kustia. Her father had deserted the family; her mother lived in Bangladesh and was not interested in caring for her child.

Though she was only 12-years-old, Marufa helped her aunt with all the household chores. When the Community Volunteer noticed the mature and composed looking girl continuously working in the home every day, she decided to question her family. During the interaction with her aunt it came to light that they wanted Marufa to stay at home and work as a maid. Her going to any educational institution was out of the question. However, when the volunteer talked to Marufa about education and assured her of the required support her face lit up. After dealing with the initial resistance from her aunt, Marufa started attending the Preparatory Centre running in the locality. Since she was illiterate, she was provided an accelerated learning method in the form of a bridge course.

Marufa turned out to be a quick and motivated learner. A combination of the dedication of the volunteer and Marufa's eagerness to learn helped her to become one of the best performing children in the centre. Within a year Marufa was ready to be mainstreamed into a formal school. Arrangements were made for her to be admitted in Class VII in a nearby high school after successfully clearing an admission test meant for all the children seeking admission in that class.

Today, Marufa continues to struggle with her conservative aunt and some insensitive teachers, but she is going ahead with her studies. She is also a creative person with skills in needlework and stitching. Promoted to Class IX this year, Marufa now inspires many of her classmates. Her troubled past and her difficult present has made her a little reserved as a person but her determination to complete her education and stand on her own feet is evident to all.

Source: http://www.cini-india.org/Success_SRCH.asp.

COMMUNITY SUPPORTED PRE-SCHOOL PROGRAMME

PRATHAM, SAVE THE CHILDREN, DELHI

To endorse the efforts of the Government in its mission for Universal Primary Education (UPE), Pratham started the Balwadi Pre-school Programme through partnerships between people and organisations and strong community support, to get every slum child in the age group of 3-5 years into pre-primary schools. Following a play way method which encourages children to look forward to such classes and motivates parents to send them for learning, the programme has emerged as an effective and efficient strategy for improved enrollment, retention, and learning in primary schools.

Major Components

Key Objectives

- To provide early childhood education to children of marginalised communities for their all round development; and
- To enhance and strengthen the child's subsequent school performance in terms of attendance and achievement through the pre-school exposure.

Thematic Area	Education
Programme period	1994 onwards
Location/s	Various States including Delhi
Target group	Boys and girls, 3-5 years; children of slum dwellers
No. of beneficiaries	106,023 in Pratham Balwadis all over the country (2006–07)
Costs	On an average Rs. 60 per child per month
Donor/s if any	MSDF, USA
Contact person	Ms Farida Lambay
Organisation	Pratham Ahmedabad Trust
Address	4, Bhoomi Duplex Mahalaxmi Cross Roads Paldi Ahmedabad-380007
E-mail	ahmedabad@pratham.org
Phone/s	011-26716083/84

Key Strategies

- Community participation, utilisation of community resources (place and instructors), and creation of city-wide community based networks.
- Creation of mechanisms for community based groups and individuals to promote and run their own education programmes.
- Influencing parents' intentions to educate children without putting too much financial burden on them.
- Developing a need and activity based curriculum to retain the interest of children and facilitating their social, cognitive, emotional, and physical development.
- Setting up community based training and monitoring groups to ensure local ownership.
- Creating and strengthening links with the Government and the corporate infrastructure to affect greater coverage and social stake.

Key Activities

- Motivating disadvantaged parents and persuading them to educate their children through sensitisation and interaction.
- Identifying free of cost community spaces such as homes, places of worship, or community centres for setting up pre-school centres.
- Choosing young instructors from within the community and providing training for their empowerment.
- Enabling a decentralised working system of Balwadis for greater individual and community initiative and ownership.
- Identifying children in the area who are not enrolled in any pre-school set up and providing activities such as colouring and painting, poems and stories, games and clay modeling that are participatory, enjoyable, and attractive.
- Making available health interventions in the centres to address malnutrition and common deficiencies prevalent in deprived children by providing periodic supplementation and educating their parents about better nutrition.

Monitoring and Evaluation methods used

Pratham trains teachers, provides teaching learning material (TLM), and also monitors the performance of each child attending the pre-school for which it has developed performance indicators. Pratham's training-monitoring teams visit each Balwadi once a week and the observations are discussed in a collective forum to sort out the problems. The team of supervisors interacts with parents and instructors to improve performances and also assists Pratham in expanding the programme further. The team is also responsible for understanding the problems faced by the instructors and in helping them to resolve these. It identifies the training needs of teachers and arranges for further academic inputs if required.

Research and evaluation of the programme is undertaken with the help of teachers and monitors to improve the effectiveness of the programme.

Community Participation

Pratham uses an implementation strategy that ensures local initiatives and ownership at all levels of the programme. It identifies and mobilises local persons and other functionaries who can run the programme in their area and also for day-to-day activities. The community is involved in providing human and material resources for the Balwadis. It provides space in public places, homes, or places of worship. If the local Municipal primary school has space, the Balwadis are conducted there, and in some States even political parties provide rooms in their offices. With the help of locally initiated efforts, community based organisations (CBOs) and elected representatives in Municipal bodies are involved in the activities of the Balwadi.

Pratham does not give rent for the space or bear any other expenses for the infrastructure but provides basic training, materials, and follow-up assistance. Parents contribute according to their capacity towards the running of the programme. As the benefits of the programme become visible, the parents are motivated to provide additional space to set up more Balwadis. Thus, large scale mobilisation for education is facilitated. This has been possible through the extensive participation of community members at all levels.

Balwadi teachers, as well as their supervisors are local women from the community in which the Balwadi is running. They are provided training and encouraged to run the centre in a decentralised decision making process.

Children's Participation

The programme does not mention any provisions for the participation of children.

Women's Participation

The nature of women's participation varies from State to State. However, women from the local community are encouraged and trained to run Balwadis as teachers and supervisors.

In some States the Balwadis are located in wards which have a Mahila Mandal formed by grassroots instructors. The Mahila Mandal is responsible for the implementation of the Balwadi programme in its ward and is accountable for any child who does not go to the Balwadi. Mahila Mandals also get guidance from the training-monitoring team and the programme in-charge of Balwadis.

Good Practice Indicators

Evidence

The Balwadi programme started with 20-30 children per Balwadi. Now the class size is down to about 18 and an equal number of boys and girls are enrolled. Pratham has achieved the following:

- All India
Balwadi units: 5,615 (October 2006)
No. of children: 106,023
- Delhi
No. of Balwadi units running: 754
No. of children covered: 14,577

Source: Annual Report (2006-2007), Pratham Mumbai Education Initiative; Report on Pratham Delhi Balwadi Programme 2008, New Delhi.

Sustainability

Balwadi is a citizens' based initiative run in collaboration with the existing system which can make governmental investment more productive and sustainable. It also creates strong linkages between citizens and the Government and stresses on the participation of the community and the CBOs to sustain its activities.

The Balwadi concept is grounded in the efforts of young women who are motivated to educate children in their neighbourhoods and thus create an employment opportunity for themselves. In

some States, several Balwadis with the help of Mahila Mandals, now finance themselves through a combination of contributions from parents and local charities.

Replicability

The replicability potential of the Balwadi programme can be gauged from the fact that there are more than 5,500 units in 15 States. Balwadis are functional not only in Mumbai and other parts of Maharashtra but also in other States like Karnataka, Andhra Pradesh, and Tamil Nadu. The programme is in demand as it not only improves the educational profile of the disadvantaged communities but also provides work opportunities to their members.

Integration with the System

The Pratham strategy is a model of a tripartite partnership for addressing problems and initiating change. In each city, corporate leaders work together with the Government and with community volunteers to implement Pratham programme.

The programme has developed strong linkages with the Municipal Corporation's existing education infrastructure, as well as with community organisations and corporates to meet the goal of Universal Primary Education (UPE). Balwadi children are admitted to Municipal Corporation schools in Class I at the age of 5-years plus. In Delhi, Pratham is working in collaboration with the Integrated Child Development Services (ICDS) and providing resource support to some of these centres.

Cost Effectiveness

Balwadis have been programmed to work with the existing system and do not need too many resources. In Delhi the cost of running a Balwadi is Rs. 1,200 per month which includes teachers' honorarium, training and monitoring, educational material, and administration. To maintain the low costs, the programme strengthens local capacities for providing technical services and encourages community financing for its different components. Motivated persons are trained, rehabilitated, and recruited from the community as teachers and entrepreneurs.

On an average, Pratham spends Rs. 60 per child per month. These costs are met by Pratham in various ways depending on the contributing capability of community members. Pratham products such as TLM and training programmes are provided to instructors and trainers at a low cost through which they can partially support themselves.

Data source: Pratham Delhi Balwadi Programme.

Conclusion

Advantages

The programme has created a strong sense of belongingness and linkage with the community and its people. It is a 'capital light' strategy which identifies under-used resources and makes full use of them. These centres are also being used for effective interventions in children's health and nutrition.

The programme facilitates empowerment of less educated women in the community as pre-school teachers by maintaining strict



Children in a Balwadi.



Parents taking their children to the Balwadi.

performance standards and systematic training. It also fosters a sense of entrepreneurship and ownership by encouraging self-sufficiency in the day-to-day activities of the centre.

Pratham has established an effective network of collaboration with various State Governments, local corporations and communities, and national and international support agencies to sustain its work which has made such a large scale mobilisation for education possible.

Challenges

Apart from the huge scale of its activities that pose logistical challenges, the organisation needs to develop an adequate number of committed and loyal teachers and ensure consistent delivery of quality instruction by them for the desired social impact.

Lessons Learnt

In the social sector, particularly with regard to the universalisation of primary education, the Government's efforts need to be supplemented by non-governmental organisations (NGOs). Pratham's efforts have shown that a great deal can be achieved with limited resources in a relatively short time through a tripartite partnership between the Government, the corporate sector, and volunteers.

As stated by Pratham, 'education can be ensured for every child by bringing all sections of the society within a defined time frame and in a replicable way. However, this requires a vision of a societal mission which combines the flexibility of a movement and the discipline of a project.'

A First Rate Student

As the daughter of one of Pratham's employees, Swati has always had parental support for her education. She attended a Pratham Balwadi for one year before enrolling in a school. Swati enjoyed the Balwadi's style of teaching which was interactive and involved poems, stories, plays, and painting. She feels that the programme gave her an edge over the other students in her school and helped put her at the top of her class.

After admission in a Government school, Swati learnt the core subjects of Hindi, English, Math, and Science. Although she is good at both Hindi and English, Swati named English, typically a language many children find very difficult, as her favourite subject. Besides these core subjects, Swati excels at dance and drawing and actively participates in the cultural events held by the school.

Clearly a talented girl, Swati receives tremendous praise from her teachers. Khima Sharma taught Swati from Class I till Class V. Every day, her students receive small class tests, which are then followed by unit tests every week and session tests each quarter. As part of the Continuous Comprehensive Evaluation Programme (CCEP) multiple-choice tests are administered by the Government every quarter. Although approximately eight of the 40 students in her class fail each CCEP exam, Swati has passed every one of them. In fact, Khima Sharma named Swati among her top students in her 14 years of teaching experience.

Unlike some of the other students, Swati is well-disciplined and never rowdy. Sharma gives credit for this behaviour to the Pratham Balwadi. She feels that students who come directly to school without first attending a Balwadi lack basic skills such as knowing the names of familiar objects, the ability to listen attentively, and even being able to use the toilet. Very few of the non-Pratham children can read.

Her mother says that Swati will finish at least Class XII. After that, Swati hopes to attend college though she has not yet decided what she would like to pursue. Swati's mother commends Pratham for its help with her daughter. As an employee also, she feels that there is something different about Pratham—a feeling of family, belongingness, and community.

Source: 'Hope amidst Despair', Chetan Narain, Pratham Delhi.

ALTERNATE EDUCATION PROGRAMME

DIGANTAR, JAIPUR, RAJASTHAN

Digantar, an organisation committed to developing suitable ways of educating children in a multi-cultural democratic society, has been working to provide quality elementary education to backward castes and minorities, with a meaningful involvement of community members. Based on its Alternative Education Approach, Digantar has developed educational opportunities in highly adverse conditions which are in great demand by the deprived communities in the area.

Major Components

Key Objectives

- To develop and promote an alternative system of elementary education with appropriate curriculum and pedagogy for deprived rural children, especially girls; and
- To establish and run schools providing good quality education for children and to help them become independent learners.

Thematic Area	Education
Programme period	since 1978
Location/s	Surrounding villages situated just outside the city of Jaipur
Target group	Children, especially girls aged 5-18 years from educationally, socially, and economically disadvantaged communities and minorities
No. of beneficiaries	1,884 girls and boys
Costs	Rs. 4,000-Rs. 4,500 per child per year
Donor/s if any	ICICI, ICEE Pune
Contact person	Reena Das, Director
Organisation	Digantar Shiksha Evam Khelkud Samiti
Address	Todi Ramjanipura Kho Nagoriyan Road Jagatpura Jaipur-302025

E-mail	reenadasroy@gmail.com
Phone/s	0141- 2750310, 2750230

Key Strategies

- Developing a child's abilities and rational understanding for functioning in a pluralistic and democratic society.
- Building an educational programme upon the child's existing understanding and skills based on human and democratic values.
- Formulating a system of ungraded group teaching, self and peer group learning in an environment of freedom and openness.
- Creating a model of learning that can be used by all marginalised children in every socio-cultural and geographical situation.

Key Activities

- Running rural primary and upper primary schools with the help of the community which, apart from being educational facilities for the children of the neighbourhood villages, also provide an example of good quality primary school education for Government schools.
- Organising schools into learning groups that are multi-level and multi-age in composition.
- Developing appropriate curriculum and textbooks; teachers reviewing the weekly work of each child; and setting appropriate monthly targets.
- Continuous and comprehensive evaluation of individual children without using examinations or the traditional pass/fail system.
- Including experiential learning through theatre, singing, carpentry, clay work, drawing, and painting together with academics.
- Providing pre-service teacher training and regular in-service workshops for reflection and action on pedagogical and contextual issues related to elementary education.

Monitoring and Evaluation methods used

The teachers hold weekly meetings in which they review the progress of their students with peer teachers. In these meetings, administrative and organisational issues like cleanliness, responsibility, and punctuality of the teachers are also discussed. In addition monthly meetings of teachers from all Digantar schools are held to report on the weekly meetings, where relevant issues are decided upon.

Academic support is provided by Academic Coordinators through the development of teaching learning material (TLM). An Evaluation and Documentation Cell conducts half yearly reviews of the ongoing programme.

Community Participation

The community is organically linked to the programme. Apart from providing space, labour, and other facilities like bricks and hand pumps for the school building, community members also make use of the opportunity to participate in the teaching learning process.

According to Digantar's philosophy, an educational programme has a direct impact in the life of the community and any intervention should take place with the knowledge and consent of community members. Moreover, it believes that in order to understand a child's abilities and to build upon them, it is necessary to understand the child's reality and the community's socio-cultural and politico-economic functioning.

Teachers build a rapport and relationship with community members through regular home visits and interactions. Community representatives and school teachers meet three times in a year to solve problems and discuss issues regarding

children's attendance, progress, and motivation. Community members consider it their right to know about the activities of the school; they monitor the activities and also comment on them. For this School Shiksha Committees have been formed which consist of community members, women, and youth, who actively participate in the teaching learning process.

Children's Participation

Teachers, as well as children are responsible for the maintenance and functioning of the school. All children irrespective of age look after the cleanliness and school arrangements together with the teachers. This generates a feeling of ownership of the school among them. The older children share the responsibilities of maintaining discipline, looking after the younger children, and facilitating a relaxed and non-competitive atmosphere in the school.

Bal Panchayats are held every week where children discuss academic and functional problems with teachers and take appropriate decisions. Activities and curriculum books are discussed and chosen in consultation with the children. Children are made to feel that they are running the school as a cooperative venture in learning under the teacher's guidance.

Women's Participation

Women of the communities actively participate through the School Shiksha Committees, as well as through Women's Committees (Mahila Samooths) and make suggestions, solve problems, and take stock of the activities in the school. Individually, they meet teachers and discuss the improvement of their children, as well as their concerns regarding the lack of participation and attendance of girls due to prevailing cultural and social prejudices.

Good Practice Indicators

Evidence

- No. of children in the programme: 655 (387 girls and 268 boys)
- Increase in female literacy: from 2% to 9% in the area
- Teacher student ratio: 26:1
- 100% children passed the Class V examination in 2008

Source: Annual Report (2007-2008), Digantar Khelkud Avum Shiksha Samiti, Jaipur.



A community meeting in progress.

Sustainability

Digantar schools encourage community involvement in creating a sense of belonging and community ownership. Its new teaching methodology, flexible environment, and accessible locations are popular with the villagers and there is high demand for their schools. Together with this, the active participation of community members and the desire of the children to enroll themselves in Digantar schools are keeping the initiative sustainable.

The community provides support and assistance in various ways such as repair and maintenance and monetary donations. However, the major costs of education are being sustained by external donors.

Replicability

Digantar is currently running four schools under this programme located in an area of a 10 km radius around its campus. This area is inhabited by socio-economically backward castes and has a dominant minority presence.

Though there is a demand to increase capacity and set up more schools, Digantar has plans to augment and consolidate the existing facilities at present.

Integration with the System

Digantar supports girls who are keen to continue their education and helps them take examinations in the National Open School System. It has tied up with several Government programmes as a resource support agency.

Digantar is also one of the collaborating partners with the Department for International Development's (DFID) Global Curriculum Project and has incorporated elements of this programme in the Alternate Education Programme (AEP) which has helped it to forge strong links with its UK counterparts by working and sharing joint themes.

Cost Effectiveness

The programme which is resource intensive and quality conscious spends Rs. 4,000-Rs. 4,500 per year per child for elementary education which includes teaching learning material (TLM) and teachers' training and salaries. There is no contribution by the community towards this amount and the programme relies on external contributions through donors for maintaining quality.



An elderly person takes a close look at paintings done by children.

The community, however, does contribute towards the capital and running costs through support in cash and kind. Although the children and the teachers work to organise and maintain school activities, the teaching methodology requires special TLM, and regular training and orientation of teachers which makes it demanding in terms of costs.

Data source: Digantar.

Conclusion

Advantages

The programme seeks to foster a flexible and joyful learning environment with a child specific curriculum. Competitions, punishments, and examinations are strictly avoided to make learning more enjoyable and interesting.

Since girls, especially those in the minority areas, have much lower access to formal education as compared to boys in a traditional rural society, Digantar has a deliberate policy to enroll more girls who outnumber boys.

It aims to turn out students with comparatively high learning levels who are enthusiastic, independent, confident, and articulate. It also seeks to inculcate in them the values of empathy, cooperation, justice, and democratic functioning.

Challenges

Most of the schools are being run in temporary or semi-permanent structures and require better infrastructure. There is increase

in demand but there is paucity of land and funds for providing facilities which can accommodate more children. Digantar also does not have the resources to facilitate opportunities and linkages with income generating activities for the marginalised communities which would help improve their status.

Lack of availability and retention of trained and skilled human resource is a perennial problem. Since the programme is resource intensive and requires teachers to be committed and trained, there is a high turnover of teachers as the work areas are challenging, the quantum of work is high, and the salary structure is perceived to be low.

Lessons Learnt

The programme has evolved an innovative pedagogy and curriculum based on a radically different educational philosophy and its acceptability and popularity suggests that the features of AEP being implemented in Digantar schools can be relevant in creating a useful and democratic model of education for socially and economically deprived communities.

To fulfill sudden demands or gaps in the availability of quality teachers due to high turnovers, a pool of trained teachers needs to be created so that school work does not suffer. For this a continuous system of mentoring and training will have to be established.

Pedagogy of the Alternate Education Programme

The AEP Schools run on a philosophy of education that is radically different from the mainstream public education system. Dialogue, empathy, and cooperation form the basis of social ethos in the schools. A concern for broader social issues of equity, justice, and democratic functioning are the basis for organising curriculum, the functioning of the schools, and relationships.

The pedagogy followed is based on learning with understanding, self-learning, cooperation with peers, and freedom of pace in learning. The teachers keep records of individual children and try to chart out a course of learning which is most suitable for an individual child.

The pedagogy also emphasises cooperation rather than competition; the thrill of mastering a concept or skill as a motivating factor rather than fear of punishment and examinations. It is based on an encouraging and affectionate teacher child relationship. There is no use of fear here, neither to control behaviour, nor to encourage learning. Children are given a lot of freedom to make their own decisions.

The children's understanding and worldview is given due respect and becomes the starting point of their education. There is a well-established system for the continuous and comprehensive evaluation of an individual child and therefore there is no need for external examinations or the traditional pass fail system.

A typical day in the school starts with cleaning and arranging the school and classrooms. Everyone in the school (teachers and students) spends about 15 minutes in cleaning classrooms, school premises, filling drinking water pots, and watering plants. Through this, the feeling of responsibility and importance of manual work is emphasised. The next 35 minutes are spent in the assembly. Singing, play acting, and playing are important activities undertaken to develop fellow feelings, coordination, and cooperation with others. The rest of the school time is divided for language, math, environmental studies, arts and handicrafts.

A typical language class is based on the learning level of the children; the class is divided into sub-groups which are temporary and dynamic in nature depending on the output. The teacher begins the class by explaining the plan made for the sub-groups. He then gives a set of flash cards to one group and asks them to practice word recognition with the help of picture word cards. After explaining this, the teacher moves on to another group and gives them story books which he has already selected to read. He also asks them to make a list of the names of characters which they come across in the story. To the third group the teacher gives a number of story books and asks them to read the stories that they like. After they have finished, the teacher discusses with them the things they liked or disliked in the story. Some children want to draw pictures based on the stories, some want to write the answers to the questions in their notebooks, and some others just want to read some more stories...

Source: Digantar Shiksha Evam Khelkud Samiti.

PARTICIPATORY SCHOOL GOVERNANCE

AMIED, SAVE THE CHILDREN, RAJASTHAN

The Alwar Mewat Institute of Education and Development (AMIED) took up the challenge of providing quality education and care for all children, especially Meo Muslim girls in the extremely backward area of Mewat in Rajasthan by promoting community ownership of Government schools for their improved performance and delivery. Through trust building and concerted efforts it has mobilised the community to participate in the programme, support school enrollment campaigns with special emphasis on the enrollment of girl children, and facilitate improvements by means of participatory school governance.

Major Components

Key Objectives

- To evolve and strengthen a system of community schooling from the village to block level that ensures equitable and appropriate care and education of disadvantaged children, especially girls; and
- To develop a model of participatory school governance through the involvement of strong community based organisations (CBOs).

Thematic Area	Education
Programme period	Since 2005
Location/s	Alwar district, Rajasthan
Target group	Meo-Muslims children, especially girls, in Mewat area of Alwar district, Rajasthan
No. of beneficiaries	More than 4,000 children
Costs	Rs. 5,246 per school per month and Rs. 60 per child per month for supplementary teachers, training, monitoring, and coordination
Donor/s if any	Save the Children, Room to Read, Action Aid
Contact person	Noor Mohammad, Secretary and Executive Director
Organisation	Alwar Mewat Institute of Education and Development

Address	2/54, Kala Kuan Housing Board Aravalli Vihar Alwar-301001, Rajasthan
E-mail	amiednoor@gmail.com
Phone/s	0144-2702953, 3201746

Key Strategies

- Establishing rapport with the marginalised community and mobilising its support for the education of children.
- Advocating and planning for the education of girls in appropriate and conducive conditions.
- Promoting community involvement and ownership in the functioning of village Government schools.
- Forming School Management and Development Committees (SDMCs) at the village level and enhancing the capacity of key stakeholders in the operational areas.
- Creating an environment of trust within the community through regular interaction and sustained supportive involvement.

Key Activities

- Conducting area surveys to identify the status of the villages in terms of educational requirements and facilities available.
- Holding regular meetings with the community to create awareness about education and enlisting support of community members in strengthening village Government schools.
- Holding Bridge Courses for girls and facilitating their enrollment in Government schools.
- Building capacities of girls and preparing them for asserting their rights.
- Providing supplementary female teachers and training them to build academic competencies and for understanding the realities of the area for girls' education.
- Reviewing school activities in terms of development and management through monthly meetings of the Village School Committees.

- Establishing interaction with Government officers at the block level and exerting community pressure for the provision of better infrastructure and more teachers.
- Establishing a Cluster Resource Centre (CRC) at the block level for an assessment and upgradation of school activities and resources.
- Organising Shiksha Jan Sammelan (Education Conferences) for common understanding and future planning for the universalisation of school education.
- Organising issue based meetings for Madarsa education, girls' education, strengthening Government schools and the role of the community, community owned Government schools, and plans and policy related to elementary education.



Participants in a Community Capacity Building Session.

Monitoring and Evaluation methods used

The SDMCs, which are formed to strengthen the academic activities of village Government schools, are engaged in the monitoring and review of these schools. They monitor and evaluate the facilities and resources in the school and look at administrative details such as attendance and punctuality of teachers. They also organise funds from the community for stationery, uniforms, and other educational requirements and administer their expenditure.

AMIED also plays a proactive role in monitoring the situation, taking up relevant issues with community members and with concerned authorities.

Community Participation

Having been sensitised about its importance, the community has made intensive efforts to take up the cause of children's education, especially that of girls. Through continuous interaction and collaboration with the community, various issues related to education are brought into focus and discussed among the members who are involved in the improvement of existing Government schools in their village.

AMIED facilitates capacity building of the stakeholders to get them involved in functional and academic aspects such as:

- Establishing and supervising the standards of quality education.
- Monitoring and evaluation of school activities.
- Monitoring teacher attendance and output.
- Demanding better and more teachers for schools.
- Collecting funds for providing essential resources for children's education.

- Demanding better sanitation, hygiene, and upkeep of the school.
- Supervising the preparation of nutritious meals in the school.
- Developing a school and village education plan through the active involvement of the community, Government school teachers, children, and Panchayati Raj Institutions (PRIs).


Members of the village Panchayat are sensitised to the importance of education and involved in the movement to facilitate the improvement of the system under provisions of the Sarva Shiksha Abhiyan (SSA). Apart from the SDMCs, which meet once a month to resolve issues at the village level, AMIED facilitates the meeting of Shiksha Panchayats (Child Rights Groups) at the block level which also hold open meetings at the village level to interact with community members on the issue of education.

Children's Participation

Children's Groups (Bal Manchis) are active in motivating non-school going children to enroll and in providing feedback on the learning environment in the school. Adolescent Girls' Groups (Kishori Samoochs) have been formed to strengthen the movement of girls' education through monitoring and feedback. They hold discussions on their rightful status in the family and in society and also participate in workshops held to spread awareness on child rights, life skills, and health related issues.

Women's Participation

Due to cultural restrictions the participation of village women was nominal in the beginning. However, with regular interaction they have become aware of the importance of education and are now keen participants. Several Women's Groups are formed which attend school meetings and share their experiences and give



feedback on the changes brought about by education in their homes. They send their children to school regularly, convince others to do the same, and help dispel myths and fears about girls' education that are prevalent in the community. Mother teachers, chosen from the group are trained to carry out activities with pre-school children who come to the school with their sisters, which allows the girls to improve their attendance and focus on their studies.

Good Practice Indicators

Evidence

- Total no. of children mainstreamed: 1,560 girls and 473 boys
- Bridge Course education provided to 529 girls from three village hamlets where the literacy rates are the lowest
- No. of SDMCs formed: 42
- No. of girls enrolled: 209 (2007-08)
- No. of teachers who participated in monthly workshops: 175 (2007-08)
- No. of community members who attended monthly meetings: 2,067 (2007-08)

Source: Alwar Mewat Institute of Education and Development, Alwar.

Sustainability

The major thrust area of the project is on working in direct association with the existing Government school system for its improvement, and not creating parallel systems of governance. However, for making the benefits of the programme sustainable, local self-governance practices and skills are strengthened together with capacity building of the duty bearers. The sensitisation and involvement of the community is facilitated to encourage a high level of ownership and commitment in terms of their contribution to the progress of the movement. The direct involvement of PRIs and community based organisations (CBOs) in the management of schools is an important strategy being followed for its sustainability.

Replicability

The effect of the work in the target villages has led to a demand for schools from the surrounding villages and blocks. Other community representatives have come forward to seek the implementation of the programme in their area, which has been replicated in a few more villages of two blocks in the Alwar district of Rajasthan and is in the process of being standardised.

Integration with the System

The main objective of the programme is providing formal education to children and retaining girls to enhance possibilities of their being mainstreamed. In the process, the programme tries to influence stakeholders and other office bearers to strengthen Government schools for improved enrollment and retention. The programme has encouraged an interactive association with Government functionaries at the block, district, and State level for building linkages with SSA and other Government schemes for rural areas for accessing their benefits.

Other efforts at integration are made through celebrating functions of national importance in the schools and providing educational tours to children and teachers and also through providing them opportunities to participate in State and national level workshops.

Cost Effectiveness

The role of AMIED in the intervention has been increasingly that of a facilitator to bring together the community and the educational facilities provided by the Government under its various schemes. It prepares the ground for and motivates community leaders to take ownership of the issue, creates solutions for their unique problems through discussions, and exerts pressure on the system to get them their due. The community also collects funds to provide educational material, uniforms, etc. for their children thus taking care of almost half the cost of the intervention. However, AMIED supports the Government schools at a cost of Rs. 5,246 per month per school and spends Rs. 60 per child for providing supplementary teachers, training, monitoring, and coordinating.

Data source: Prepared by AMIED.

Conclusion

Advantages

The programme has initiated a process of transformation in the attitudes and thinking of orthodox and backward communities to create an environment that is conducive to the education of children, especially towards enrollment of girls, and has helped in spreading the movement in the area.

The community's efforts and expectations have led to an increase in the availability of Government school teachers. There is also a change in the work ethos and the perspectives of the teachers regarding villagers.

There is better enrollment of children, (not only on paper), and greater accountability at all levels due to the community's participation in the functioning and administration of the village schools.

Challenges

There are various obstacles in the proper functioning of the Government school system in terms of delays, corruption, apathy, and non-availability of resources. A high degree of sustained effort is required for achieving the required goals and for putting relevant processes in place. Moreover, stereotypes about certain communities may hinder their credibility in seeking progress. Mainstreaming and retaining girls in schools is a challenge because of early marriages and other social and religious taboos in the community for which continuous motivation of their parents, a provision for their contextual needs in schools is required.

Moreover, since there are no female teachers in schools, families are reluctant to send their girls to study.

Lessons Learnt

Honest and sustained engagement with community members and children is the core strategy of such a programme. There is a need to involve influential and responsible people from the village and also religious leaders to provide an effective thrust. Teachers play a crucial part in the success of the programme and need to be properly trained and oriented towards the specific needs of the girls to retain them in school. For mainstreaming backward communities there is the need to mobilise the communities and build their capacities on the one hand, and breaking set notions about their place in society on the other.

Taking the Lead and Showing the Way

'I also want to go to school, Abbu,' pleads the little girl with her father. 'There is no need to go to school,' he admonishes her, 'If you go, you will get spoiled. Nobody studies there.' This had been a common scene in most of the Meo households in Mirzapur village of Alwar district in Rajasthan. But, now with AMIED's efforts and also the efforts of Shahabuddin, the Sarpanch of the Vrisangpur Gram Panchayat in Kishangarh block of Alwar district, the parents have become aware and want to educate their children.

All the seven villages of this Panchayat are very remote and backward, where even basic amenities are not available. The community is unaware of their basic rights. Shahabuddin, who lives in Mirzapur village, says, 'Though a primary school has been in existence here since 1970 not a single girl had been enrolled till 2005. The school had 10 rooms and 353 children on the records, with the appointment of a single teacher. Only 10-15 children came to school.'

With AMIED's help, Shahabuddin was successful in bringing children to the school. He spearheaded the campaign where mass meetings were held and regular contact was made with parents, teachers, and members of Panchayati Raj Institutions (PRIs). He also provided space near his house for carrying on educational activities. This had a big impact in the community and it changed the situation, especially for girls, who for the first time in the history of the village were sent to school.

Today, due to his constant efforts, 558 children attend the school regularly, half of whom are girls. Many girls from the nearby village walk 2 km to reach the school. With pressure from community members, the primary school in Mirzapur has been upgraded to an upper primary school and three more teachers have been appointed. With the efforts of the Panchayat and the School Management and Development Committee (SDMC), two more classrooms and a boundary wall have also been constructed. For the first time, a girl, Rajbala, passed the Class VIII examination this year.

Now there are no misperceptions regarding the education of girls. AMIED workers are seen as near and dear ones by the community. 'When we first came to know that we had to work in Meo areas, it was a tough and uncomfortable thought,' says a young teacher appointed by AMIED. Initially they felt awkward amongst the unrefined Meos where men had beards and women spoke a rustic language. The teachers were expected to cover their heads to make sure that none of the girls were distracted. They felt that their freedom had been restricted.

But slowly they saw the situation change. 'Today we move freely at any odd hour. We can go to any house and have a meal. Every woman gives us immense love and affection. We came here for a mere job but now we feel this is our own place.'

Source: AMIED publications.

HOLISTIC EDUCATION FOR RURAL AND TRIBAL CHILDREN

JYOTI DEVELOPMENT TRUST, DELHI

Targeting a rural tribal population spread in villages surrounding the Indian Institute of Technology (IIT) Kharagpur, the Holistic Education Initiative of the Jyoti Development Trust seeks to implement a residential integrated programme through the involvement of the local people and the IIT community, which provides an enabling environment for the empowerment of deprived children. With the help of a need based and contextual curriculum, the programme has, in its first and second phase, succeeded in sparking interest in the education of deprived children, as well as in improving their overall well-being.

Major Components

Key Objectives

- To develop and implement a relevant and holistic rural development model which provides basic education, life skills development, and vocational training for sustainable livelihoods; and
- To promote literacy and well-being of deprived children living in surrounding villages through a scalable process.

Thematic Area	Education
Programme period	1993 onwards
Location/s	Kharagpur, West Bengal
Target group	Rural tribal boys and girls of SC and OBC families living below the poverty line
No. of beneficiaries	1,140 children till now
Costs	Rs. 700 per child per month (part funded by affordable parents)
Donor/s if any	Individual
Contact person	Hansa Nandy, Chairperson
Organisation	Jyoti Development Trust
Address	2B-18, MIG Flats Saket, New Delhi-110017

E-mail	nundyhansa@hotmail.com
Phone/s	9933191066 (M)

Key Strategies

- Using an integrated approach which combines education, boarding facilities, vocational training, healthcare, and other developmental activities.
- Providing a positive environment for rural children to study, learn useful skills, and building their capacities.
- Creating a need based and relevant curriculum which builds on the experiences of the children and keeps them close to their roots.
- Building a strong relationship with the target community and providing it income generating opportunities within the programme.
- Using the available land and human resources fully and creatively to meet the needs of the programme as far as possible.

Key Activities

- Boarding: Though it started as a day and residential school, the programme is now fully residential which ensures full participation of the children in academic activities and making use of the other facilities offered.
- Food and Nutrition: As students come from extremely deprived backgrounds, care is taken to provide regular and balanced meals to the boarders.
- Extracurricular Activities: The programme offers a range of extracurricular activities such as singing, dancing, sewing, and arts and craft for the development of a well-rounded personality.
- Competitions and Awards: Competitions are held and awards distributed for achievements in different fields to build academic motivation of students and also to facilitate their retention.
- Health Programme: Each child is regularly checked by doctors for any health problems, which are attended to immediately.

Visits to specialists and hospitals are undertaken as per the needs of the student community.

- **Entrepreneurial Skills:** To prepare them for the real world, children are being provided essential life skills training in a safe, supportive, and supervised environment through small business ventures.
- **Agricultural Activities:** Since agriculture is an integral part of the children's life, they are taught farming and husbandry skills from Class IV onwards as part of the curriculum which also facilitates the production of food for their consumption.

Monitoring and Evaluation methods used

The school conducts monthly, half yearly and annual examinations for evaluating the children's academic achievements and remedial inputs. The syllabus is periodically reviewed by experts and changes incorporated for improved learning. The programme also uses the services of trained volunteers to assess various aspects of children's social and psychological well-being through surveys and interviews. Doctors regularly conduct health check-ups and health records are maintained. The organisation monitors the programme and the community's involvement on a regular basis and adds new components, closes down unproductive ones, and carries out scaling up as and when required in terms of boarding facilities, classroom expansion, and business ventures.

Community Participation

In line with its mission, which is to equip villagers to become the nucleus of positive change in their rural communities through sensitisation and empowerment, the programme's initiatives have evolved over the years according to the needs of the community. Apart from providing education, the focus of the programme is also on strengthening the relationship with the community by engaging members constantly, gaining their trust, and providing employment for the upliftment of the villagers.

Small business ventures are initiated in the campus multi-purpose centre where youth and women can work and train. Community members and parents are allowed to visit the school once a week and buy the products made with the help of the students. The small profits from each of these activities subsidise the Primary Education Programme and the Boarding School. The centre provides income generation opportunities to communities from

adjoining villages in these business ventures as cooks, matrons, cleaning staff, security guards, and gardeners.


However, it is the IIT community on whose extended campus it is based, with whom the school seeks to forge constructive partnerships and take advantage of its unique environment. The programme is making efforts to create strong links with the students, teachers, and other professionals and to set up interactive avenues for the benefit of its students. IIT students are encouraged to spend time with their underprivileged neighbours in academic and recreational activities. Land is provided for agricultural research projects carried out by IIT professors in partnership with the school. This provides the centre with better farming methods and new learning experiences.

Children's Participation

Children play a major role in running both the programme and the Boarding School. Through the life skills and entrepreneurship training programmes conducted under the supervision of a trained staff, they take part in managing almost all aspects of their boarding life such as growing and harvesting crops, sorting and cleaning, baking and processing food items for their consumption, milking cows and farming fish for improving their nutrition, keeping their surroundings clean and well-maintained, and sewing and mending their uniforms. They also take an active interest in helping to enhance the academic aspects of the programme with their feedback and participation.

Women's Participation

The programme started its informal literacy programme by hiring teachers from the community to establish a strong connection with the villagers and for encouraging local children to attend the school. These women not only helped this to succeed but they also became mentors for instilling work ethics, discipline, and entrepreneurship among the villagers. Teachers were responsible for collecting the children from the villages, bringing them to the school, teaching them, and then dropping them home. They were also the sounding board for community members who discussed social issues such as lack of hygiene, child abuse, alcoholism, and early marriages of girls with them, and took initiatives to solve these through the programme.



Trained teachers are now being recruited to improve the quality of education while those teachers who were initially hired from the community are being encouraged to multi-task and upgrade their skills. Women from the community have been active in running and managing the programme's business ventures and some of them are gainfully employed as functionaries and helpers. Many young girls have used the training and experience provided by the centre to open their own businesses, while some others have been successful in getting employment in cities at a higher incentive.

Good Practice Indicators

Evidence

- No. of boarders at present: 198
- Total no. of students enrolled to date: 1,140
- Pass percentage of students: 80

Source: Report (2008), Jyoti Development Trust, New Delhi.

Sustainability

The rural development programme has been implemented in phases where the first and the second phase have been mainly funded by donations from founding members and their friends. However, in these 15 years, there have been several attempts to introduce sustainability aspects in terms of income generating activities and a gradual move towards increased community involvement and provision of demand based services. As the villagers realised the gains and as demand for education grew, a small fee component was introduced to cover a portion of the running costs. Administration costs are kept at a minimum and food costs are almost negligible.

In its third phase the programme plans to establish links with institutional funds for scaling up and quality improvements.

Replicability

This programme has not been replicated in any other setting or group till now. However, there are plans to replicate the model since there is a huge demand for its services by many other rural and tribal communities in the extended area who are keen on sending their children to the Boarding School but often cannot because of the limited number of seats available.

Integration with the System

The programme is successfully mainstreaming many of its students into Municipal schools. Even so, they continue to be offered boarding and lodging, as well as regular coaching by the centre to motivate them and encourage them to study further. Other students have been provided vocational and entrepreneurial skills which have helped them set up small businesses or be gainfully employed in the system.

Cost Effectiveness

The programme spends Rs. 0.8-0.9 million per year which includes boarding, agricultural activities, educational material, staff salaries, and medical expenses of the students. As far as possible the programme produces the required crops for consumption on its own land, as well as milk and fish to make the programme self-sustainable. It engages the children in supervised agricultural and entrepreneurial programmes to harness their skills, and encourages them to do their own work and maintain the premises within their capabilities. It makes efforts to keep overhead costs at the minimum by multi-tasking of staff; the administration costs are almost negligible. To provide them a rounded and need based educational programme, it spends Rs. 700 per child per month of which parents who can afford to pay are encouraged to pay a part of the fees. However, to scale up the programme in terms of quality and quantity, it will need additional donor funds.

Data source: Prepared by Jyoti Development Trust.

Conclusion

Advantages

The programme provides a safe and supportive environment that encourages attendance and learning in children. It builds a strong relationship with the community and is able to convince members to invest in the education of both boys and girls through the trust gained. It facilitates an improvement in the economic and educational status of the surrounding area through better job opportunities and exposure. It attempts to improve the community's infrastructure and makes efforts to decrease malnutrition and common illnesses among the children. Entrepreneurial training helps in developing various life skills such as organisational abilities, calculated risk taking, value for time,



Children interacting with students from IIT.



Children in a school run by the Jyoti Trust.

respect for service, accounting, honesty, and planning that help the children to prepare for the real world.

A unique and useful partnership is being created between the rural residential programme and the urban IIT community for social mainstreaming, creating avenues of research, sharing of knowledge, and better productivity through state of the art technology.

Challenges

The programme tends to foster an element of dependency on the implementing organisation to provide services that meet all the needs of the children. In addition, the centre has to find ways to handle the increasing demand for these services. The

prevailing system offers little help to promote such ventures which attempt equity and inclusion of the disadvantaged sections of society. Corruption and bureaucracy often discourage the programme's efforts to succeed and become fully self-sustainable.

Lessons Learnt

Creating a contextually based curriculum promotes learning and attendance. However, basic necessities such as food, shelter, clothing, and healthcare are necessary before any learning can take place. Parents and the community play a key role in the children's education and the programme should facilitate their involvement and interaction.

VILLAGE EDUCATION COMMITTEES

LAHDC, SAVE THE CHILDREN, JAMMU & KASHMIR

Conceptualised for improving the quality of education in the extremely remote and backward regions of Ladakh, Operation New Hope (ONH), initiated by the Students Educational and Cultural Movement of Ladakh (SECMOL), promoted the concept of Village Education Committees (VECs) through community participation to strengthen the existing Government school system in line with their socio-cultural realities and identity. The initiative, which has now been adopted by the entire State, has catalysed the education system and has started a process of qualitative reforms.

Major Components

Key Objectives

- To create a formal mechanism enabling people's participation in an improved functioning of Government schools promoting learning, enrollment, and retention of children; and
- To provide a culturally relevant and high quality education to the children in the district.

Thematic Area	Education
Programme period	1994 onwards
Location/s	Leh, Ladakh, Jammu & Kashmir
Target group	Children in Government schools in remote areas
No. of beneficiaries	All the children of the selected villages
Costs	Not available
Donor/s if any	Save the Children
Contact person	Thupstan Chhowang, Chairman & Chief Executive Councilor
Organisation	Ladakh Autonomous Hill Development Council (LAHDC)
Address	Leh, Ladakh-94101 Jammu & Kashmir

E-mail	ceckargil@jk.nic.in
Phone/s	01982-52212, 52019

Key Strategies

- Fostering a sense of ownership about education within the community for improved participation and involvement.
- Engendering people's participation in education through Village (and district) Education Committees.
- Facilitating collaboration among the Government, non-governmental organisations (NGOs), and the village committees.
- Minimising competition and conflict in a situation of limited natural resources through formal and non-formal mechanisms.
- Mobilising the community and reducing dependence on the Government for action.

Key Activities

- Raising awareness among the community about the importance of education through grassroots level interaction, campaigns, and field visits.
- Strengthening parent-teacher relationships through regular interaction.
- Making curricular and extracurricular resources available in schools to ensure the attendance of children.
- Raising funds for teaching learning resources and improving and maintaining the school infrastructure.
- Managing the activities of the school and monitoring teachers' attendance.
- Supporting and motivating teachers in their work, as well as taking care of the problems that may occur due to living in remote areas.
- Participating in training and capacity building to define the roles and responsibilities of the members and improving their ability to articulate their expectations.

Monitoring and Evaluation methods used

Although they do not have authority to undertake disciplinary action, VEC members are encouraged to recognise the importance of monitoring for the effective functioning of schools. They visit the schools regularly and look into the requirements of the teachers and observe their attendance and performance. They are supported through a School Support Cell managed by SECMOL, which is responsible for monitoring the project, organising training, and developing educational materials.

Community Participation

One of the major objectives of Operation New Hope (ONH) is the adoption and improvement of Government schools with the participation of the people, rather than opening private schools. The formation of VECs is seen as a channel for community participation in the management of formal education and creating ownership and accountability of the stakeholders.

The community plays a significant role through the VECs in implementing and monitoring the Government school programme by strengthening the existing infrastructure, supporting teachers, and ensuring funds, materials, and services. Coordination of activities between the Department of Education (DoE) and other institutions is facilitated by VECs to access resources for better service delivery. It conducts meetings between teachers, parents, and other stakeholders for improving relationships and also organises extracurricular activities and functions on behalf of the school to raise awareness about educational issues.

VEC members are oriented towards their responsibilities through exposure visits and training workshops which focus on cooperation between parents, children, and the teachers. They provide feedback and give suggestions for improvements

in maintaining discipline, teachers' performance and training, and other school activities. Guidelines have been provided to the VECs under ONH but the community plays a major role in deciding their functioning which is guided by local perceptions and issues that also determine support to the programme.

Efforts are made to strengthen the involvement of Panchayati Raj Institutions (PRIs) and create synergy with the efforts of the VECs. The importance of VECs and community participation in their programmes is recognised by local and Government institutions.

Children's Participation

Children's Committees for Village Development are set up for children's active participation to promote both their own development and the development of the community. The Children's Groups plan activities around quality education and collectively raise their voice on issues such as child labour and school infrastructure. They proactively engage with the VECs for improved enrollment and effective delivery of education. Children's Groups also participate in the village and district level development meetings and are involved in the planning of the curriculum, allotment of funds to special causes, and enforcement of bans on practices which violate child rights.

Women's Participation

The involvement of women in the functioning of schools has increased over the years and every VEC has at least one-third women participation. The female members of some VECs are enthusiastic and active and have been able to encourage school teachers and Integrated Child Development Services (ICDS) functionaries to work closely. Active promotion of women's issues has been started by creating Women's Groups and facilitating their networking with other institutions.

Participants in the Village Education Committee meeting.





Good Practice Indicators

Evidence

Results of Class X students:

- Student passing Class X examination:
5% of those who appeared (1996)
20% of those who appeared (2002)
- Total no. of student enrolled: 571 (1996)
425 (2002)

Source: Document on Operation New Hope: Genesis, Experience and the Challenges Ahead, Ladhakh Autonomous Hill Development Council, Leh, India.

Sustainability

The presence of VECs denotes provision of decentralised planning and management of elementary education that incorporates direct community involvement for sustainable action. This also creates a more proactive and dynamic role for PRIs and provides a voice to the women, backward castes, and minorities. The institution of the VEC has been recognised by the State Government and has been formalised for implementation all over the State.

Replicability

Cooperation and contribution is an integral part of the Ladhakhi ethos which stems from the need to restrict conflict and competition for the limited natural resources. This predisposition enhances the acceptability of the programme in the region. ONH principles have been implemented in all the Government schools of Leh district and have provided guidelines to replicate the programme in Kargil and Kashmir along similar lines.

Integration with the System

VECs are working within the established State educational framework instead of developing a parallel set up. They have strengthened the ordinary Government primary schools in the area by providing proper training to the teachers and developing infrastructure.

ONH has been promoted as a model of community-NGO-Government collaboration for better synergy and action towards attaining the objectives of universal and quality elementary education. Different mechanisms to coordinate and operate at different levels have been set up by the programme such as

informal Block and District Education Committees to promote educational activities. LAHDC has also set up an Education Advisory Group which has civil society representatives as its members. This coordinates with the Department of Education (DoE) for implementing and monitoring approved policies and programmes for education. The programme has appropriate linkages with Sarva Shiksha Abhiyan (SSA) to address the different dimensions of education effectively.

Cost Effectiveness

ONH which was launched in collaboration with the Education Department, the local Government, and village community members to improve the existing educational system in Leh district, was visualised by SECMOL as a reform movement grounded in the participation of people. It is an approach which strengthens community ownership of the programme at minimum costs and encourages its contributions towards the costs of implementing programme activities. VECs have been very active in raising their own funds for their schools and managing the problems of the system through liaisoning with Government officials. Cost data/budget for the programme is unavailable.

Conclusion

Advantages

With the formation of VECs there is greater awareness about the importance of education in the communities. This has a positive impact on the performance of children and teacher attendance. The VECs make efforts to address the daily needs of the teachers and monitor them for regularity and performance. Active VECs can be successful in raising funds, improving educational facilities, and supporting community leaders.

VECs facilitate decentralisation of educational activities and micro planning. Since they are formed by local members they can address the needs of the place and fulfill its cultural aspirations. They help the community to participate in the education of their children by encouraging cooperation and coordination, and in the process they create pride and self-confidence in educating their children independently in the best possible manner. This generates a sense of responsibility towards the future of the community which is manifested in the involvement of the VECs in addressing other socially relevant issues such as health and livelihoods.

Challenges

Though there are a sufficient number of primary schools in ratio to its population even in the remote areas, failure and dropout rates in Leh were extremely high due to the lack of quality resources and an inadequate alignment of the system with the special needs of the region.

Apart from a shortage of materials and funds, other problems such as difficult relationships due to lack of understanding between VECs and the teachers; flawed education management like posting of untrained teachers at ONH pilot schools; delays in Government orders for teachers' transfers, shortage of teaching staff in schools, and lack of support from the Education Department also exist.

Lessons Learnt

There is need to refocus and strengthen the capacities of VECs so that a higher investment in the enhancement of community skills can facilitate remote villages to operate their schools with minimum support. VECs become active and successful only over a period of time and need to be reoriented continuously for training successive members in their functions and for developing a suitable work culture.

Greater involvement of Children's Groups in the management of education and monitoring its quality in Government schools can have a positive effect on the system and on the children in terms of gaining useful life skills.

Hope for a Better Future

SECMOL launched Operation New Hope (ONH) in 1994 to overhaul the primary education system in Government schools in Ladkhakh. The programme tried to tackle the very root of the problem of educational failure and to reform the education system, especially in remote villages. In the 1980s and 1990s, some major problems in the education system in Ladkhakh were:

- The language used in books and examinations was one non-Ladkhakhi language, Urdu, up to Class VIII, and another, English, for Classes IX and X.
- All the textbooks, even in early primary classes, came from Delhi. The examples were of unfamiliar cultures and environments like ships, oceans, coconut trees, and monsoon rains. These alien examples in alien languages confused the Ladkhakhi children.
- Most of the teachers had no training. They had studied in similar schools and were then thrown into teaching without any training. They mainly taught through rote memorisation without comprehension.
- All teachers were rotated to different areas every two years, away from their homes. Irregularities in the transfer system left many teachers disturbed and demoralised.

The ONH movement, which brought the Government, non-governmental organisations (NGOs), and village communities together, made efforts to revive an interest, strengthen the confidence, and enhance the dedication of Government school teachers through creative, child-centred, and activity based teaching methods and Ladkhakh-relevant versions of primary textbooks and teaching material.

However, one of the main reasons for the failure of the education system in Ladkhakh was the lack of involvement of the families and village communities in schools and the support of teachers who often had genuine problems in remote villages. The education system was in disarray, and parents who did not know that they had the right to step in and demand proper functioning of the Government schools or to contribute their own efforts, had given up hope.

Under ONH villagers were mobilised to create Village Education Committees (VECs) to raise a sense of community ownership of the Government schools and to ensure accountability. This has been one of the most important and effective components of ONH.

Source: www.secmol.org.





Child Protection

OUT OF WORK AND INTO SCHOOL THROUGH SOCIAL MOBILISATION

MV FOUNDATION, HYDERABAD, ANDHRA PRADESH

MV Foundation (MVF) has developed an effective strategy for eliminating child labour by formulating a non-negotiable charter of basic principles and creating a mass movement that advocates enrolling all children in formal schools. In this process, it has enlisted support from all sections of society and mobilised communities to establish this social norm. Over the last decade MVF has been successful in mainstreaming thousands of rescued children into formal schools by setting up bridge schools to facilitate this.

Major Components

Key Objectives

- To withdraw children from work through social mobilisation, admit them into formal schools, and retain them in the school system; and
- To eradicate all forms of child labour and work towards the universalisation of education.

Thematic Area	Child Protection
Programme period	1991 onwards
Location/s	Andhra Pradesh
Target group	Rural—all village children (boys and girls) between 5-14 years
No. of beneficiaries	Over 6,00,000 children
Costs	Rs. 800 per child per year over a 5-year period
Donor/s if any	UNDP/NORAD, Government of Andhra Pradesh, Government of India, Hivos, European Union and others
Contact person	M.R.Vikram, Secretary Trustee
Organisation	Mamidipudi Venkatarangaiya Foundation
Address	201, Narayan Apartments, West Marredpally, Secunderabad, Andhra Pradesh
E-mail	mvfindia@gmail.com
Phone/s	040-27801320, 27710150

Key Strategies

- Formulating a non-negotiable charter of basic principles for the emancipation of child labourers.
- Creating a movement for bringing out of school children into school.
- Building a social norm for total abolition of child labour through a process of social mobilisation and resolution of conflicts.
- Using an area based approach where all children in the 5-14 years age group (out of school and in school) are addressed.
- Enlisting community support, changing attitudes, and facilitating parents and employers for releasing child labour to enter school life.
- Strengthening local institutions in favour of children's rights and equipping elected representatives to take up the agenda in their constituencies.

Key Activities

- Creating a list of all out of school children in an area and preparing an action plan for each one of them.
- Releasing children from bonded labour, as well as stopping child marriages through the help of community volunteers and local authorities.
- Admitting released younger children directly into schools and preparing older children through Motivational Centres, and short and long term Residential Bridge Course Camps to mainstream them into the educational level appropriate to their age.
- Retaining children in school through a follow-up programme.
- Building consensus through debates and discussions to sensitise and mobilise community members as partners in the campaign for protection of child rights.
- Facilitating the formation of committees and forums in the community towards protection of child rights, and for sustaining the movement.
- Taking up cases of violation of child rights and bringing them to the notice of the Government, the media, and the Human Rights Commission.

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Monitoring and Evaluation methods used

A detailed follow-up programme is created which ensures a minimum dropout rate, and makes the education system more accessible to working children. Under the programme, Education Activists are trained to identify and resolve every possible impediment in the way of converting a child labourer into a full time student. At the community level, the Gram Panchayat's sub-committees on education and health monitor the educational institutions regularly and provide support with the involvement of local bodies. The Panchayats review the status of the children regularly in consultation with school teachers, Anganwadi Workers (AWWs), Auxiliary Nurse Midwives (ANMs), and other local functionaries from the Police, Education and Health Departments. Issues such as release of bonded labour, migration, stopping of child marriages, problems faced by children in schools, and quality of education are discussed and resolved. Unresolved issues are taken up with higher level authorities.

Community Participation

MV Foundation is committed to mobilising the entire community towards the importance of education and it works towards creating a consensus in the community on the need to strengthen existing structures such as Government schools, social welfare hostels, or ashram schools. Through social mobilisation it identifies potential partners for the programme and encourages local institutions like Gram Panchayats to increase their responsibilities towards the promotion of children's right to education through formal schools.

Various forums are set up to alert every section of the village on child rights violations—be it to protect a girl child from marriage or withdrawing a child labour from bondage. These forums play an active role in helping the community internalise the idea that children need to go to school, and in mobilising parents to enroll them in schools. They also hear the appeals of children wanting to abandon work in favour of joining schools, and take up problems faced by them either in school or at home.

Some of the organisational and institutional structures created and strengthened by the MV Foundation are sub-committees of Gram Panchayats, Child Rights Protection Forums (CRPFs) Mothers Committees, Teachers Forums, and Gram Panchayat members' Action Forum for Child Rights. CRPFs are formed at every level from the village to the State to take up specific issues of violation of child rights, to lobby for changes in national laws on child labour and education, and exercise pressure for effective functioning of public institutions. Mandal Task Forces with participation of all Government departments, elected representatives, youth, women, and CRPFs are also set up for preventing child marriages. Through these committees the community ensures the functioning and regulation of school activities, supports



MVF activists trying to motivate children to fight against child labour.

activists, and also contributes towards school funds. This makes the community an active stakeholder in the education system.

Village youth are among the best allies of MVF. As members of village clubs they are active in mobilising the community around issues such as Dalit rights, land rights, bonded labour, and wages. First generation literate youth as Education Activists with their enthusiastic participation contribute significantly to the success of the programme.

Children's Participation

Whereas MVF volunteers prevent girl child marriages, School Girl Child Committees act as watchdogs in schools to report on cases of impending marriages. Children take an active part in running the Residential Bridge Camps where they conduct regular reviews of the educational programme and camp facilities together with the teachers and the camp in-charge.

Women's Participation

Women are encouraged to actively participate in the activities through Mothers Committees which are convened to create awareness about the issue of child labour. Members of Mothers Committees also motivate mothers of prospective child brides to prevent or stop marriages.

MVF also taps into existing self-help groups (Mahila Samakhya) to address the issue of child labour and also to involve them in issues related to this practice.

Good Practice Indicators

Evidence

- Over 6,00,000 working children mobilised out of work into full time schools.
- 80,000 youth volunteers and members of CRPFs protect child rights.

- 50,000 children mainstreamed into formal schools through Bridge Schools.
- 30,000 education activists mobilised to liberate children.
- 25,000 adolescent girls in schools
- 8,000 girl child marriages stopped.
- 25,000 bonded labour released and sent to schools.
- 3,000 School Management Committees established.
- 1,500 Gram Panchayats are child labour free.

Source: 'Quick facts', MV Foundation (<http://www.mvfindia.in>).

Sustainability

The sustainability factor relies on creating local ownership and management of the programme to eradicate child labour. It works to create a consensus and establish norms in the entire village to internalise its basic philosophy and take pride in it. MVF also encourages institution building through the formation and registration of local community based organisations (CBOs) such as CRPFs to ensure that these institutions carry the programme further in a systematic and structured manner.

Another key factor is the effective tapping of existing Government structures and resources to meet some of the important requirements of the programme. For this, MVF facilitates perspective building and attitudinal change in Government functionaries, especially teachers, for evolving techniques and policies to combat child labour through education.

Replicability

The movement has been implemented in various districts of Andhra Pradesh. MVF follows a conscious policy to include the official machinery in its programmes without setting up parallel institutions which contribute to the replicability of the programme in other areas. MVF undertakes partnerships with the Government and various non-governmental organisations (NGOs) to spread its message and details about its activities and actions. Its model of the Residential Bridge Course has been adopted by the Andhra Pradesh Government in its 'back to school' programme and by the World Bank's District Poverty Initiative programme.

Integration with the System

The programme works in close collaboration with established educational infrastructure and helps to strengthen it. All non-formal education centres are integrated into the formal school system. It sets up links with the District Primary Education Programme (DPEP) and Sarva Shiksha Abhiyan (SSA) and the State Education Department to respond to the needs and demands generated by the movement.

MVF works at enhancing the capacities of the State and national Governments in their endeavours to ensure that children enjoy their right to education. In the process, it also influences their policies, and several changes have occurred at both the State and national level to incorporate the abolition of child labour as an indispensable component for achieving universal education.

Cost Effectiveness

The programme which has a cost effective approach, has created strong links with the community for support and action. Its strategy is area based wherein it mobilises the community and interacts with stakeholders to send eligible children to school. It creates linkages of communities and Panchayats with Government schemes but moves away when all children have been enrolled, and continues to keep in touch only for technical support. The cost of sending and retaining a child in school over a 5-year period has been estimated at Rs. 800 per child per year. However, MVF also organises Residential Bridge Course Camps for preparing children engaged in labour to enter schools, the expenditure for which is about Rs. 1,500 per child per month which includes boarding, teaching learning material (TLM), teachers' salaries, etc. A one-time camp establishment cost which consists of modifications to an existing unused building provided by the community or the Government and other material, is estimated at Rs. 2,00,000.

Data source: MVF.

Conclusion

Advantages

MVF works to empower the poor and marginalised communities and vulnerable groups by enabling access to opportunities. It has created a clear and non-negotiable charter of basic principles for the emancipation of child labourers to affect a change in priorities which guides its actions and philosophy.

MVF programmes have a special focus on the girl child. MVF believes that while education is important for all children, it is more significant for the girl child as it successfully challenges the existing socio-cultural norms of early marriages and motherhood leading to poor health. The programme focuses on girls by rallying community support for the protection of their rights and by empowering them to continue their education. Adolescent working girls are mainstreamed into formal schools through the Special Bridge Course Camps.

As a result of the sensitisation and orientation of officials from the sub-district to the State level, as well as of the teachers towards the issue of bonded child labour and the non-negotiable right of all children to attend school, there is awareness about the need for systemic changes for first generation learners.

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Challenges

Poor parents who are illiterate, are dependent on the income earned by a child which is considered acceptable and inevitable by society. Besides, very often, illiterate parents do not send their children to school because they do not know *how* to send them to school. They do not know when and where to go for admission, whom to approach for certificates, or how to handle the demands of the teachers; they find it easier to engage their children as bonded labourers rather than enrolling them in school.

It is difficult to convince society about the absolute right of the child to go to school and break the notion that child labour cannot be removed unless poverty is eliminated. Also, there is little political support for compulsory education in India, either from the Government or from political parties.

Lessons Learnt

It has been seen that parents are keen to send their children to school if the opportunity is available and they are helped with the process, and if family dependency on the child's income can be broken. However, lack of awareness, vested interests, and social discrimination discourage parents and children to make use of existing facilities.

It has been established that enrolling children in formal schools is the best way to prevent child labour. However, bringing children to school and keeping them there is not enough if learning levels are inadequate and the teachers fail in their role of imparting education. It is important to work with parents, schools, and the community to define the concept of quality and show tangible results in children to facilitate their empowerment.

Coming Together for Children

Thirty-five year-old Krishnamurthy owns 15 acres of land in Mukundpur, a small village in Nalgonda district of Andhra Pradesh. He is one of the landlords who have released bonded child labourers formerly employed by him.

'When Biksham's parents approached me for employment, I agreed on two counts,' he says. 'On the one hand, I was getting a labourer from whom I could get more work, while paying lesser wages. On the other hand, I felt that I was helping Biksham and his parents by employing him. With Rs. 5,000 a year, they could cover some part of their family expenses and Biksham was assured of daily food and clothes. He was not going to school anyway,' he adds.

Employing children by paying a fixed sum to their parents' from one year to the next was a routine practice in almost all the districts of Andhra Pradesh. Everyone believed that poor parents had no choice other than to pledge their children to landlords for work. They also felt that it was the duty of the children to contribute to the family income.

Then the scenario in his village underwent a change. A group of members in the community started taking interest in convincing the parents of children who were out of school, as well as employers to enable the children to go to school. As a result, there was turmoil in the village; there were various rounds of discussions and debates, and persuasions and pressures. Nobody had ever heard of the concept of 'Rights'. But gradually everything was changing... the parents were getting convinced that they need to send their children to school. They were ready to alter their lifestyles to enable the children to go to school.

Krishnamurthy, however, needed answers before he could make decisions. He wanted to know what was wrong when he was compensating work with food and money? Biksham had run away from his school five years back. Did he really want to go to back to school? He had neither pressurised Biksham nor his parents. It was their decision to make him earn by working in his field. Then why was the community targeting him for employing Biksham?

Once these questions were answered, Krishnamurthy realised that the rightful place for Biksham, or in fact for any child, is neither the field nor any other place of work nor the house. The child's place is in school. This was a turning point in Krishnamurthy's life.

Today, he is actively involved in inspiring other employers to release bonded child labourers and in convincing parents to send their children to school. Krishnamurthy's eyes glow with high self-esteem when he says, 'I feel that accepting my mistake and agreeing to release Biksham who was working for me was one of the most responsible and wise decisions I have made. He was 13 then and had been in my employment for five years. He lost five precious years of his childhood, but I could at least give him every opportunity to go to school and enjoy his childhood once again.'

Source: 'Our Children Our Responsibility', MV Foundation 2008.

CAMPAIGN AGAINST CHILD DOMESTIC WORK

SAVE THE CHILDREN, WEST BENGAL

Save the Children came forward to protect the rights of children by undertaking a national level campaign implemented with its partner organisations for making child domestic work socially and culturally unacceptable. The essence of this multifaceted project has been the involvement of the community at every stage of the programme and its mobilisation to build attitudes, skills, and resources. The programme which targets its activities at all levels and collaborates with the various actors involved, has been successfully sensitising the community and repatriating and rehabilitating thousands of children in West Bengal.

Major Components

Key Objectives

- To address the problem of child domestic work holistically, reduce vulnerability for children at risk, and ensure repatriation and rehabilitation of exploited children; and
- To protect the rights of children and make child domestic work socially and culturally unacceptable.

Thematic Area	Child Protection
Programme period	2000 onwards
Location/s	7 districts of West Bengal
Target group	Deprived urban and rural children, especially girls
No. of beneficiaries	1,597 child domestic workers; 17,000-18,000 families directly in source and destination areas
Costs	Rs. 1,900 per child per annum
Donor/s if any	IKEA
Contact person	Manab Ray, State Programme Manager, West Bengal
Organisation	Mamidipudi Venkatarangaiya Foundation
Address	Flat 2C, Siddharth Apartment 77, Hazra Road Kolkata-700 029
E-mail	m.ray@savethechildren.in
Phone/s	9820046205 (M)

Key Strategies

- **Direct Interventions:** Under the grassroots level approach, the programme seeks to develop people's stake, build functional leadership in the community, create and strengthen community level organisations, ensure quality education and life skills training for building capacities of parents and children, and providing alternate sources of income.
- **Review and Research:** Conducting objective analysis of the situation and gathering detailed data is an essential part of the programme to enable presentation of facts to stakeholders and plan relevant concerted efforts.
- **Policy Influencing and Advocacy:** The programme uses research data to organise debates, seminars, consultations, and advocacy sessions to strengthen and consolidate the efforts at various levels, and influence policy changes.

Key Activities

- Community mobilisation and sensitisation through regular visits and interactions, as well as discussions, use of communication tools, counseling, support, capacity building, fostering partnerships with key persons, and establishing active groups of adults, women, and children.
- Formation of sustainable Child Protection Groups at the rural and urban levels to counter organised trafficking syndicates, holding public meetings and block consultations to highlight their role.
- Rescue and repatriation of identified child domestic workers (CDWs) with the help of motivated families sensitised to their exploitation, and through the joint initiatives of parents, Panchayats, the police, and community based Child Protection Groups.
- Providing support, education, and training for rescued and high risk children through coaching, vocational training, and bridge courses to facilitate their mainstreaming, for building their confidence, and increasing their livelihood options.
- Promotion of income generating opportunities for mothers to encourage alternate survival strategies through facilitation of self-help groups (SHGs), provision of training and seed capital, as well as linking them to Government schemes.
- Capacity building of civil society on issues related to child rights, its violations, and a greater understanding of its

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implications through community based events such as rallies, demonstrations, drama performances and films, and sensitisation programmes for schools, Panchayats, the judiciary, the police, and community leaders.

- Creating networks at different levels as a part of influencing policy and public advocacy initiatives which attempt to forge alliances with local bodies, State entities, and national networks to address larger issues of child protection.
- Media exposure and interface for better response and action from Government departments through strong links with print and electronic media highlighting complex issues of child abuse and domestic work.

Monitoring and Evaluation methods used

A periodic review which is based on surveys and studies of the target area and population is an integral feature of the programme. This helps in the formulation and further defining of interventional strategies. Profiling all children in the project area and setting up a database, using tracking tools for CDWs and their families to monitor the progress of the programme in the community is also being undertaken. At the grassroots level, community based Protection Groups and Committees are active in their respective areas to oversee the programme.

The analytical tool used to assess the impact of a programme is the Global Impact Monitoring (GIM) system developed to improve the assessment of the impact at the regional, country, and global level. Using a child rights based framework, GIM focuses on changes that have occurred around identified dimensions to analyse the impact in the area.

Community Participation

Direct and intense community involvement at every stage has been built into the strategy through which the programme gears for sustainable action. Concerted efforts at sensitising and mobilising community members have led to an understanding of issues at the local level, and also in the formation of Child Protection Groups and Committees. Capacity building and strengthening of community based organisations (CBOs) has facilitated the process of dealing effectively with the issue at the local and Government level. Duty bearers such as Panchayat members, the police, the judiciary, teachers, and block administrative heads are involved at different levels through public meetings, Gram Sabhas, workshops, and consultations to consolidate the efforts at the grassroots level.

Anti-trafficking Committees (ATCs) which ensure participation of stakeholders at all levels operate in an organised and systematic

manner and have been authorised by the community to monitor and counter trafficking in their areas. They also oversee the operations of the Bridge Course Centres, as well as loan disbursement for self-help group (SHG) members.

The extent of participation of the community is reflected in:

- A wide range of community representation in the formation of ATCs at the village, gram, and block level.
- Formation of a voluntary network of Child Protection Committees which repatriate children from work and thwart attempts at their trafficking.
- Passing of significant resolutions by elected representatives for repatriation of CDWs and discouraging the activities of agents and traffickers, as well as social sanctions against CDW families.
- Holding rallies and demonstrations by parents, Gram Panchayat members, ATC members, and children for mass awareness and public proclamation of action against CDWs.
- Creating pressure on the local administration to arrest and book traffickers.
- Ensuring the enrollment and retention of rescued and high risk children in Bridge Course Classes and formal schools.
- Holding block consultations by the Panchayat Samitis to consolidate and coordinate efforts.

Children's Participation

Children's Groups have been formed in all the Bridge Course Centres which are active in motivating parents and other community members against trafficking of women and children. Repatriated CDWs in these groups are particularly effective in spreading information about torture and brutalities that they encountered at the hands of their employers.

Children are engaged in dissemination of information and advocacy through the one-on-one method, drama performances, and rallies. These children influence other school children to join the programme and form clubs that reach out to the families of CDWs. Regular interactions are held between the Children's Groups, CBOs, and local governance institutions for sharing information, building capacity, and promoting their participation in a proactive manner.

The Children's Groups at the village level play a proactive role in gathering information regarding families engaged in CDW and together with the ATCs they prevent trafficking. They are also engaged in disseminating information and counseling families for which they are provided training on child rights and issues of child trafficking.

Women's Participation

Women form an important component of the Child Protection Committees and are provided with support and information through information dissemination, trainings, etc. Community teams consist mainly of women who are paid an honorarium for their services; some are gradually inducted in the organisation as multi-purpose workers. SHGs have been formed and loan disbursement procedures have been facilitated for the members. Mothers Groups have been formed through the SHGs who are active in raising their voice against trafficking, as well as in taking action against agents in emergency situations. They also make efforts to influence their husbands and other family members about not sending children to work outside.

Good Practice Indicators

Evidence

- Total repatriated CDWs: 404
- Total mainstreamed CDWs: 257
- Total mainstreamed dropouts: 114
- No. of children in Bridge Course Centres: 388
- No. of children in Vocational Training Centres: 82

Source: Sandeshkhali I and II Data (April 2007 to March 2008).

Sustainability

The 'high investment in the community' factor which attempts to empower communities by building upon their skills, initiatives, resources, and entitlements rather than on delivering services or solutions to them, provides a platform on which sustainable interventions can be built. Moreover, the programme looks at



People participating in a campaign against child domestic work.

wide collaborations with stakeholders and seeks to build an identity of enabling rather than providing to facilitate community ownership of the programme.

Replicability

The work is being implemented in Kolkata and in villages in various blocks, including Sandeshkhali Block I and II in partnership with local organisations. It has also been replicated in Maharashtra, Jharkhand, and Delhi. Though the programme has a multifaceted and intensive approach, it acquires acceptability in vulnerable areas by focusing on the collective strengthening of the community and facilitating activities to uplift the socio-economic and educational profile of the area.

Integration with the System

The CDW project has integrated every opportunity for building strategic alliances with stakeholders towards influencing policy and has adopted several measures to strengthen networking initiatives at different levels from Panchayati Raj Institutions (PRIs) to the grassroots, block, and district level administration, local bodies, the judiciary, the police, and law enforcement authorities. At the State level, the programme has forged partnerships with national networks like Campaign Against Child Labour (CACL) and Child Line to address larger issues of child protection. It has also developed a partnership with the Government of West Bengal to work closely with the Integrated Child Development Services (ICDS) programme in 18 blocks in six districts of the State.

Cost Effectiveness

The CDW project which reaches out to more than 18,000 families directly in the source (rural) and destination (urban) area is cost effective to a large extent. The total fund allocation for 2008-09 towards this programme was Rs. 5,184,276 (approximately \$ 103,686) which amounts to less than Rs. 300 per family per year; and the allocation per child per annum is Rs. 1,900 (approximately \$ 38) which not only helps to protect and repatriate children at risk but also provides educational/vocational support and mainstreaming through bridge courses and coaching centres. The programme also has a strong capacity building and advocacy component (32 per cent) which focuses on empowering communities to take action against trafficking independently to increase the influence of the programme, and raising issues before the public, the local administration, the community, schools, colleges, industry bodies, and the police to have a wider impact.

Data source: Save the Children, West Bengal Unit.

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Conclusion

Advantages

This programme has been effective in mobilising communities through the creation of accountability among those with formal obligations for the protection of children's rights. There is increased support from families and communities through addressing discrimination, poverty, property rights, and access to health and education services.

There is prioritisation of trafficking issues in the Panchayat and reduction in the number of children going to work outside due to awareness generation, and interaction and advocacy with parents who have understood the repercussions of sending children as domestic labour in terms of their exploitation.

The programme also facilitates identification of trafficking agents who are either being socially ostracised and convicted or rehabilitated in the mainstream through consentisation, counseling, and alternate career choices.

Challenges

Child domestic work is a hidden reality which is also linked to the

sexual exploitation of children. It enjoys social and cultural sanction and is often supported by people related to the family who commit the offence. Moreover, there is an organised syndicate of agents and traffickers at work which exploits the situation of the poor who are not aware of the ways in which they can respond and act.

There is extreme poverty in the area with large families and very few avenues of employment which make them vulnerable to exploitation. There is no provision of a link with the juvenile justice system for the immediate rescue and rehabilitation of children, and on many occasions the concerned authorities are neither proactive nor cooperative.

Lessons Learnt

More resource allocation for capacity building of the implementation staff and concerted efforts with the police, the judiciary, and the Labour and Education Departments are required. Advocacy initiatives should focus on institutional involvement for better results. Efforts are also required to ensure better participation of children and their families in reporting cases and following them up with the authorities. CDWs need to be empowered through access to relevant and quality education for a lasting solution to the problem of child domestic work.

Saving Childhood, Spreading Happiness

Nine-year-old Nazira Khatun from village Simulhati in North 24 Parganas was 8-years-old when her mother was approached by a trafficker with a proposal to send Nazira to Kolkata to work for a monthly sum of Rs. 500. Her mother being a widow with four daughters and one mentally challenged son to look after could not resist the offer. Sending Nazira for work meant additional income for the family and one less mouth to feed.

Nazira was sent to a family in Kolkata, where she had to work tirelessly for 14 to 15 hours per day. 'I had to wash clothes and utensils, clean house, cook food and look after their children,' says Nazira. She was beaten and scolded whenever she failed to comply with the orders of her employer. She was given stale food to eat and made to sleep on the floor. 'I used to cry and tell my mother to take me home whenever she called me,' Nazira recalls. Nazira was brought home after spending six months at her employer's place, on insistence by the Anti-trafficking Group. Nazira is now happy to be in a Bridge Course Centre that provides transitional education support to repatriated children like her. In the Bridge Course Centre she learns life skills, theatre, sports, and dance. Nazira's mother has also become a member of a local self-help group (SHG) of women that was formed to mobilise savings and to avail loans to start businesses. 'I like to study and want to be a good teacher,' smiles Nazira.

Twelve-year-old Salma Khatun, also from village Simulhati was taken to Delhi by her uncle to work as domestic help when she was 9-years-old. Salma, whose father is a daily wage labourer and mother a housewife, was sent outside for work with the hope that she would get two square meals a day, a decent life, and also earn some money. This, however, did not happen. Salma was abused by her employer and she was also not given money when she returned to her village. 'I was beaten when I could not do things quickly; I was expected to comply with the orders of all the members of the family at once,' she says. Salma was brought back by her family six months ago and enrolled in the Bridge Course Centre. 'My mother says now I can study, I'm happy here,' she smiles.

Another 35 girls like Nazira and Salma working outside were also brought back by their families and the Anti-trafficking Groups promoted by Save the Children to stop trafficking of children for work. 'After attending awareness meetings, surveys, and repeated appeals by the children, we realised that all is not well with our children working outside, so we called them back,' says an Anti-trafficking Group member.

Source: Save the Children, West Bengal Unit.

COMMUNITY BASED CHILD PROTECTION IN RED LIGHT AREAS

SANLAAP, KOLKATA, WEST BENGAL

To counter the appalling conditions in the red light areas of Kolkata and its suburbs, and to provide children of commercial sex workers safety from exploitation and abuse, Sanlaap runs a Child Protection Programme through its community based Prevention and Protection Initiative. From providing a safe space to children from the red light areas, it has evolved into a holistic and integrated programme encompassing education, counseling, and skill development to ensure the rights of thousands of vulnerable children.

Major Components

Key Objectives

- To safeguard the rights of children in the red light areas and to provide them protection from exploitation and abuse; and
- To facilitate education and vocational training, as well as health assistance and psycho-social support for them.

Thematic Area	Child Protection
Programme period	1992 onwards
Location/s	Kolkata and its suburbs
Target group	All children from 0-18 years from the red light areas
No. of beneficiaries	Over 5,000 children till now
Costs	Not available
Donor/s if any	CHRISTIAN AID, ICCO, EED
Contact person	Indrani Sinha, Director
Organisation	Sanlaap
Address	38B, Mahanirban Road Kolkata-700029
E-mail	sanlaap@rediffmail.com
Phone/s	033-4649596, 4730687

Key Strategies

- Continuous collaboration and interaction with the community for addressing the problems of victims of trafficking.
- Providing safe spaces for protection and rehabilitation of children of women in commercial sex work.
- Providing support services to the children in terms of health, education, counseling, etc. and providing them opportunities to develop their natural skills and creativity.
- Mainstreaming and inclusion of vulnerable children and empowering them through vocational training and legal aid to ensure them their rights.
- Involvement of the community youth as leaders and advocates of child rights.

Key Activities

- Child Protection Units: These are Drop in Centres (DICs) to which mothers from the red light areas can safely send their children. The children are provided education and health services and an opportunity to develop in an enriching and normal environment. Here, vulnerable children and children in need of special protection are identified and provided support according to their needs. These centres also serve as points of constant monitoring of trafficking in the area.
- Educational Assistance: The programme attempts to ensure the enrollment of children in mainstream education; at the same time it also provides assistance to school going children. It provides non-formal education to children who have never been to school, have dropped out, or cannot attend school for any reason. It also extends required legal and social support, counseling, therapy, and remedial education to instill confidence and a sense of normalcy in them.
- Health Assistance: The programme caters to the physical and mental health of the children by providing basic medical

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facilities, referral services, and special counseling for psychological illnesses and traumas.

- Vocational Training: Useful skills such as tailoring, embroidery, and batik are imparted to women and children which can become a means of income generation.

Monitoring and Evaluation methods used

The programme is monitored to some extent by Youth Groups formed with older children from DICs, who help in identifying local problems, as well as suggesting measures to address the problems. They also inform Sanlaap about trafficking cases in their areas. Children enrolled in formal schools are regularly monitored for symptoms of poor performance and lack of attentiveness due to trauma and abuse and provided appropriate and timely support.

Community Participation

The core interventions of this programme are aimed at building access to communities where commercial sex workers live, and providing services to such women and their children to ensure their access to education, health, and protection from abuse and exploitation, as well as their psycho-social rehabilitation. As far as possible, the community is encouraged to join the programme in the form of volunteers, helpers, or teachers.

The Child Protection Unit (CPU)/Drop in Centre (DIC) model is the main focus of the programme's community based participatory approach and the starting point for various support interventions such as the educational (Sopan) and health (Swasthya) initiatives. Community based organisations (CBOs) run these CPUs in the vulnerable areas. CPUs have recently been expanded to include adult victims of sexual offences as well.

The CPUs are often run by youth, identified and trained to take on the role of advocates of child rights; youth leaders also manage and oversee the everyday activities of the CPUs. An extensive Youth Participation Programme is undertaken with the objective to encourage, support, and strengthen participation of these youth who are often survivors or at risk, to fight against commercial sexual exploitation of children.

Networking with Government structures and local Governments to stop trafficking of children and women is an integral part of the programme's activities. For this it works with the Panchayat and the District Administration, the police, and the Border Security

Force in the area, sensitising and motivating them into taking measures for the protection of children and women vulnerable to trafficking, as well as ensuring safe migration. Sanlaap also works in collaboration with the private and public sectors for economic rehabilitation of survivors of trafficking.

Children's Participation

Adolescents are provided with a platform to voice their opinions. The Youth Partnership Programme works towards motivating and mobilising Adolescent Groups to participate in community affairs and take decisions for their own future. Peer Support Groups are formed to disseminate information and raise awareness on key issues relating to sexual exploitation of children in high risk areas.

Women's Participation

Women participate in the programme with enthusiasm as it provides their children support and safety. They lobby for their own and their children's rights such as ration cards, in the absence of which children are deprived of food or cannot be admitted to regular schools. They create awareness against child trafficking in the area, and keep track of newcomers and agents and share the information with their group.

Under this programme a Support Group (Sundar) has also been set up for women in commercial sex work, accustomed to violence, stigma, isolation, deprivation, and poverty, where they can reclaim their dignity and self-respect. A Knitting and Sewing Training Centre has been started which partners with competent corporate and institutional players to convert it into a successful, livelihood generation initiative. The centre makes efforts to empower young women to move into mainstream society.

Good Practice Indicators

Evidence

- No. of centres: 4
- No. of children getting educational assistance: 545
- No. of children getting health assistance: 718
- No. of children in the ICDS programme: 1,124

Source: Sanlaap Annual Report (2007), Community based Prevention and Protection Programme, West Bengal, (<http://www.sanlaapindia.org/AnnualReport.pdf>).



Sustainability

The programme uses a holistic approach towards the problems of women engaged in commercial sex work and engages in a range of activities such as campaigns, advocacy, and sensitisation of various stakeholders. It makes efforts to involve the stakeholders and create interest in the community and in society so that they identify with the cause. It uses existing local clubs in the area and has involved and empowered the youth in the protection of their community who can eventually take charge of the programme.

The non-governmental organisation (NGO)-corporate partnership for rehabilitating survivors is an important aspect of the programme's sustainability as it has a long term effect in the area. It provides financial support, and is also engaged in the mainstreaming of the community.

Replicability

The programme, which started in Kolkata in 1992, is being replicated amongst CBOs in 10 districts of West Bengal which are major source areas of trafficking in the State. For effectiveness, it has also built a large network for the rehabilitation and reintegration of the victims of trafficking and has worked with Government authorities and NGOs to create suitable policies for them.

Integration with the System

Sanlaap has been successful in introducing the Government's Integrated Child Development Services (ICDS) programme in the red light areas and runs 28 centres which cater to the needs of children in the 0-6 years age group, where they are provided supplementary nutrition, pre-school education, and health services. On reaching six years of age, a child under the ICDS programme is accepted into Sanlaap's DIC programme for further assistance.

Sanlaap makes efforts to organise programmes which bring together children from mainstream schools with children from red light areas to minimise the isolation of the latter and facilitate their integration into society. This is accomplished through regular meetings, workshops, and activities such as theatre sessions and debate competitions.

Cost Effectiveness

The Child Protection Programme initiated by Sanlaap in the red light areas began by providing a safe shelter for the deprived and at risk children. Over the years it has encompassed education, health, legal and skill training, and counseling to ensure the rights of the child. Cost details of the programme are not available. However, the strategy adopted by the programme is to run a low cost endeavour supported by the community. This has been possible through encouraging community involvement at all levels and maximising the ownership of the programme. Men, women, and youth are encouraged to join the programme and existing clubs or other forums are utilised for including child protection activities. Apart from this, the programme also facilitates and runs the ICDS programme in the various red light areas in Kolkata.

Conclusion

Advantages

Apart from providing a safe haven for the children of red light areas, Sanlaap facilitates their education (formal and non-formal) to provide them literacy skills and a sense of empowerment. It also holds classes in vocational training which enable the children and their mothers to earn some money as an alternate source of income. The programme also invests in community participation to build strong social networks and facilitates communities to make decisions about their own future. One of its significant components is the facilitation of social integration and the mainstreaming of social 'outcasts'.

Sanlaap seeks to foster partnerships with business organisations to provide training in various vocational skills for the children which give them self-confidence. It identifies need based, viable, and sustainable economic options for their long term rehabilitation and taps into corporate social responsibility to set up alliances. This empowerment significantly boosts the motivation and expectations of the children leading to their improved participation in the programme.

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Challenges

Many children drop out of the programme after a certain age due to intense pressure on them from their families to earn. Convincing the families to allow their children to continue their studies, as well as keeping them interested and motivated in the education process is a big challenge.

Night shelters are not available at the DICs which expose the children to an environment that is not conducive and may create psychological trauma.

Lessons Learnt

It is necessary to have a multi-stakeholder approach for effective rehabilitation and reintegration of sex workers and their children

into mainstream society. The economic rehabilitation of the survivors is not a stand alone programme but an integral part of the overall psychological rehabilitation process that requires sustained efforts.

Timely information and relevant facilities for children increase their confidence in the system and promote their reintegration within the community. Helping each survivor to become self-reliant and find a new identity through these initiatives could be the biggest element of success of this programme.

Developing and nurturing youth leaders among the survivors of trafficking is a major component of the programme. The programme not only ensures their rehabilitation and reintegration into society but also builds them as strong advocates and activists against human trafficking.

Safety and Security for Children at Risk

Mala, an 18-year-old has been visiting one of Sanlaap's Drop in Centres (DICs) for the last 10 years. Mala's mother is a sex worker and cannot provide her with an ideal environment for education and development. Overcoming the odds stacked against her, Mala has successfully passed her higher secondary examination. She now plans to study in a college.

'As a child I would often wander around the streets while my mother entertained a client. Sanlaap provided me a safe place to be in. I would never have been able to come so far without Sanlaap's support. There have been times when I wanted to quit school but the teachers at Sanlaap never gave up on me and their faith in me ensured that I never gave up on myself,' says Mala.

Rakesh dropped out of school at the age of 14. His mother, a sex worker, did not protest and Rakesh was on his way to becoming another nameless urchin with a bleak future. But life had something else planned for Rakesh and one day he was dragged to the local Sanlaap DIC by a friend. This proved to be the turning point in Rakesh's life. Although it was not smooth sailing and he dropped out of the education programme several times, he always came back. Today, Rakesh is a commerce student pursuing his bachelor's degree in one of the reputed colleges in Kolkata.

'I break into a sweat every time I think how close I was to destroying my life...education changed my life, changed me. I want to find a job after I complete my degree and support my mother,' says Rakesh.

Parul, a survivor of sexual abuse and exploitation, has learnt a skill successfully at Sanlaap that has improved her self-esteem. 'Now that I know I can earn my livelihood by tailoring, I will never lose my self-respect again,' she says.

Parul is not the only one to have found solace in skills training. The vocational courses are offered not only to rehabilitate the girls and provide them with a means of livelihood but also for therapeutic purposes. For instance, girls with suppressed anger often find block printing therapeutic. It has been surmised that the physical force required during the process of printing serves as an outlet for pent up frustrations and negative feelings.

Source: Annual Report, Sanlaap, 2005-2006.

CREATING CHILD FRIENDLY VILLAGES

BACHPAN BACHAO ANDOLAN, DELHI

In order to address the deep rooted problem of rural child labour and to generate a value and demand for education, the Bachpan Bachao Andolan (BBA) has designed a programme to create child friendly villages that besides mobilising community resources also facilitate children's participation. Through democratically elected Children's Parliaments and child leadership, the village decision making process has been influenced to incorporate child rights. More than 60,000 children all over the country have benefited till date from the initiative in terms of meeting their basic and genuine needs.

Major Components

Key Objectives

- To eliminate child labour and to create a receptive and child friendly society in the villages for addressing children's needs, problems, and aspirations; and
- To empower vulnerable children and create an environment conducive to child rights where all children within the community receive formal education.

Thematic Area	Child Protection
Programme period	1999 onwards
Location/s	Uttar Pradesh, Rajasthan, Bihar, and Jharkhand
Target group	All children from 0-18 years from the red light areas
No. of beneficiaries	More than 60,000 rural children
Costs	Rs. 0.2 million per year for 60 BMGs
Donor/s if any	Bal Ashram Trust, Association of Voluntary Action
Contact person	Mr Bhuwan Ribhu, National Secretary
Organisation	Bachpan Bachao Andolan (BBA)
Address	L- 6, Kalkaji New Delhi-110019
E-mail	info@bba.org.in, childhood@globalmarch.org
Phone/s	011-26224899, 26475481

Key Strategies

- Sensitisation of marginalised communities about the problems of child labour and the significance of education for their children and the community.
- Empowerment of children through education and advocacy to create a rights based space and influence in the family, school, and community.
- Social and economic empowerment of the community through formation of committees at various levels and facilitation of income generation activities.
- Sensitising and strengthening of local self-governance of the village to facilitate eradication of child labour, and to resolve the constraints in implementation procedures.

Key Activities

Holding rallies, demonstrations, and awareness campaigns within the community for child protection and education.

- Creating pressure groups with the assistance of local leaders, Panchayat members, and parents for release of bonded labour.
- Withdrawal of children from work through counseling and sensitisation of parents, employers, and children.
- Enrollment of children in schools and setting up of democratically elected Bal Panchayats.
- Holding meetings with village committees and elected representatives to facilitate an active collaboration between Bal Panchayats and Gram Panchayats.
- Formation of Advisory and Working Committees at the village and district level and their capacity building to implement and monitor programme activities.
- Identifying problems of the children and the community and creating links with Government schemes, welfare policies, and implementing functionaries.
- Providing vocational training to self-help groups (SHGs), and capacity building of the youth and the unemployed in the community.

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Monitoring and Evaluation methods used

The child friendly village or Bal Mitra Gram (BMG) is a self-monitored programme to a large extent and there are different committees of youth, women, and children to monitor its processes. External evaluation is done by funding partners, several civil society organisations, independent researchers, and individuals. Prominent people from different walks of life such as journalists, Panchayati Raj members, and teachers have also evaluated the programme from time to time. The programme is also monitored by Bachpan Bachao Andolan.

Community Participation

Community members are responsible for identifying and acting upon their needs and holding Government agencies accountable for their responsibilities towards the families and children in the village. They regularly meet village Panchayat officials and sensitise them about issues of child labour and find ways to resolve the constraints in official procedures.

Community networking is established through the BMG Committee whose members usually consist of elected adult Panchayat members, members of SHGs, youth forums, and Women's Groups at the ward level, and teachers, Anganwadi Workers (AWWs), health workers, and motivated community members at the village level. Committee members are sensitised through meetings with elders, youth, women, and Children's Groups. Group meetings analyse and identify the problems of the children and the community and disseminate information about Government schemes/policies and implementing authorities. These meetings are initially facilitated by BMG activists and are later held by the community members themselves.

The BMG Working Committee, which has representatives from every section of society is engaged in implementation, guidance, and

advocacy of the objectives and activities of the programme; identifying local resources and liaising with the Gram Panchayat to coordinate and strengthen their links with the programme. This Working Committee has Government functionaries on its board including Integrated Child Development Services (ICDS) functionaries, officers in the Water and Electricity Departments, and bank representatives to plan an improved implementation of the available schemes and policies, and provide awareness, guidance, information, and suggestions to develop the programme for the empowerment of the community. The committee also organises free health camps in the community to bring about awareness on environment, sanitation, and hygiene for the development of the village.

Children's Participation

Bal Panchayats are established for the active participation of the village children in creating a legitimate democratic space for themselves in the village Panchayats, communities, schools, and families. These serve as an effective tool to influence the decision making process at the village administration level and ensure the participation of children at the micro level. Children discuss their problems freely and seek solutions in joint meetings with Gram Panchayats. They are assisted by adult forums like Youth Groups and Women's Groups.

These efforts are manifested in an improved infrastructure in schools and an increase in the number of classrooms, better teaching staff, enhanced enrollment of children, and increased public accountability. Gender sensitisation is a major focus of the programme and girls are given adequate representation during the election process of child leaders in Bal Panchayats.

Bal Mitra Mahapanchayats are held regularly on a national level where elected leaders from Bal Panchayats in different States meet to share their successes and difficulties. Elected members of the Mahapanchayats make declarations on child right issues.



Children expressing their joy at getting their childhood back.



A young speaker expressing her thoughts at a BBA Bal Panchayat meet.



Women's Participation

Together with Children and Youth Groups, SHGs and Women's Committees are active in social welfare and village development taking up issues of income generation for marginalised communities, seeking due entitlements from the Government and from society, and eradication of social evils like child marriages, female foeticide, and untouchability. Women come together to form community based groups for economic, social, and political empowerment and many get elected to the Gram Panchayat.

Good Practice Indicators

Evidence

- There are at present 60 ongoing BMGs in different States (Uttar Pradesh, Bihar, Rajasthan, and Jharkhand). Over 208 villages have been transformed into BMGs since the inception of the programme.
- The total number of children enrolled in schools in 2008 through the BMG programme was 1,511 (735 boys and 776 girls).

Source: Data provided by Bachpan Bachao Andolan, 2008.

Sustainability

The programme makes extensive efforts to incorporate sustainable elements and encourages community contributions and ownership at the village level. It promotes the formation of village community groups, as well as the institutionalisation of procedures for systematic implementation and continuity of programmes. It invests in building potential cadres of adult, youth, and child leaders through capacity building and ensuring their active participation in several forums. The elected village Panchayats are an integral part of the programme and they pass resolutions in support of the programme to encourage community stakeholding and ownership. Links are established with Government functionaries to facilitate their accountability and to increase the village's ability to create better development opportunities.

Replicability

The BMG strategy has been replicated across several districts and States of the country and the concept has been fully or partially prioritised by non-governmental organisations (NGOs) like World Vision, BASE (Nepal), and Government departments within their framework of action. Though the methodology for creating child friendly societies has varied from area to area, the model is easily

adaptable from one village to another with the main requirement of a self-governance system.

Integration with the System

The programme is built around the existing governance structure in villages and is linked to the district and State level Government departments through the Gram Panchayat and the Village Network Committee, which seek information from Government agencies and implement Government schemes such as Sarva Shiksha Abhiyan (SSA), the District Primary Education Programme (DPEP), and ICDS for better impact in the village.

The programme also creates strong partnerships and alliances with different organisations to facilitate outreach and the incorporation of its ideology. The Media and Advocacy Cell in the organisation facilitates liaisoning at the national, State, and district level.

Cost Effectiveness

The programme does not require large resources as it is a community driven model and its strategy lies in activating established local governance structures and schools to adopt a system of incorporating children's voices and feedback. It sets up Bal Panchayats and links them with the village Panchayats and Government schemes for children's welfare for which it provides support and supervision. The cost of running the programme for the currently ongoing 60 BMGs which are supported by bilateral funding agencies and the community, is nearly Rs. 0.2 million per year that comes to less than Rs. 3,500 per BMG per year.

Data source: Provided by Bachpan Bachao Andolan, 2008.

Conclusion

Advantages

The process of making a village child friendly helps in changing the mindset, behaviour, and priorities of the community. Apart from meeting the needs of the children, it leads to overall gains for the village in terms of infrastructure and socio-economic development.

The programme can be an effective method of elimination of child labour and prevention of trafficking, as well as integrated development through child education and leadership. As it requires children to be included directly in policy making, it acts as an empowering mechanism for them. It also creates a demand and value for good education and empowers people through their own efforts and increased awareness.

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Challenges

Apart from poverty and lack of awareness about the importance of education, a major factor that prevents poor rural families from sending their children, especially girls, to school is illiteracy because of which they remain superstitious. This makes it difficult to influence them and change their attitudes towards their children's education. Social tensions and caste conflicts within communities also disrupt the normal functioning of the programme.

The existing school infrastructure in these areas is very poor and lacks basic facilities such as blackboards and toilets, which add to the problem of retaining children in schools. Roads leading to the schools either do not exist or are in a very bad condition. Government policies and schemes are not being properly implemented, nor are the villagers aware of Government provisions. Moreover, very few Government officials are available to solve their problems.

Lessons Learnt

Child leaders can become catalysts for the much needed change among people in addressing the issues of child rights, especially protection and education.

Positioning the demand and value for good education as 'village pride' and generating mass consciousness is an important aspect of solving the deep rooted problem of child labour. However, empowerment and upliftment of children from marginalised communities who are engaged in labour requires a multifaceted approach for targeting a range of problems so as to break the circle of poverty and exploitation.

Selection of villages for implementing the programme should be based on a cluster approach for a concerted effort.

Leading the Way for a Better Childhood

On 19 November 2006, the International Children's Peace Prize was awarded in The Hague, Netherlands to Om Prakash Gurjar by Frederik Willem de Klerk, former president of South Africa. The boy from the Jaipur region in Rajasthan won the prize for leading a campaign against child labour and child slavery.

Seventeen-year-old Om Prakash Gurjar, who was rescued from forced labour by Bachpan Bachao Andolan (BBA), belongs to a lower caste family consisting of 10 members. He started working as an agricultural bonded labourer to pay the debt of his grandfather who had borrowed money from a moneylender and worked unsuccessfully throughout his life to repay it. The debt had then passed on to Hariram Gurjar, his son and finally to Om Prakash when he was 5-years-old. Ploughing, sowing, and harvesting the drought-prone arid land of Rajasthan, tending to cattle, and handling pesticides and other chemicals were his daily routine. He was given two meals a day for his work; he never got any wages and his hardships were compounded by beatings from the master for the slightest mistake.

Om Prakash escaped this misery and got his freedom when his village was selected under the Bal Mitra Gram programme. BBA activists went from door to door to convince parents to enroll their children in school. They were reminded of their responsibility to work and send their children to school. They were assured that their children's education would be free; that their children would not be exploited in school, and would also get a chance to enjoy their childhood.

In school, Om Prakash blossomed from the beginning and it was clear that he had the makings of a leader. As a student, he noticed that although education was said to be 'free' it was not so. The tuition fee was waived but students still had to bear the additional costs of materials, school infrastructure, the school development fund, etc. Om Prakash played a vital role in not only ensuring that primary education was 'free' in all aspects for him, but also for all children in the State of Rajasthan.

Om Prakash dreams of becoming the district collector, releasing all children from the bonds of slavery and making a child friendly world. He has mobilised more than 500 birth registrations and is fervently working towards making numerous other villages child friendly.

'I will work to support child labourers' families, so that all children can go to school and enjoy their childhood,' he says.

Source: Bachpan Bachao Andolan.

ANTI-TRAFFICKING SELF-HELP GROUPS

APNE AAP WOMEN WORLDWIDE, DELHI

Apne Aap Women Worldwide mobilises and mentors community based collectives of trafficked women who seek to end their own oppression and prevent their sisters and daughters from being trafficked into sexual exploitation. They have set up Anti-trafficking Self-Help Groups (ATSHGs) to rescue and empower each other and their children, especially vulnerable adolescent girls caught in the trap of caste based intergenerational prostitution. Over the years, the programme has extended support to thousands of disadvantaged women and children through self-help groups (SHGs), residential and non-residential schools and classrooms, as well as through legal support.

Major Components

Key Objective

- To prevent intergenerational prostitution and create options for women and girls trapped by the sex industry by building their economic and social leadership in small group structures.

Thematic Area	Child Protection
Programme period	2002 onwards
Location/s	West Bengal, Maharashtra, Bihar, and Delhi
Target group	Women and children from red light areas, especially underprivileged girls
No. of beneficiaries	10,072 women and children
Costs	Approx. Rs 11000 per woman/child per year
Donor/s if any	UNIFEM, UNICEF, UNODC, USAID, Geneva Global, Oak Foundation, Sarva Shiksha Abhiyan, Government of Bihar, West Bengal State AIDS Prevention and Control Society, Coalition Against Trafficking in Women, US Global Trafficking in Persons Office, and Equality Now
Contact person	Ruchira Gupta, Executive Director
Organisation	Apne Aap Women Worldwide
Address	D-56, Anand Niketan New Delhi-110021
E-mail	ruchiragupta@gmail.com
Phone/s	011-46015940, 24110056

Key Strategies

Interventions are primarily based on a community's right to education, health, legal protection, and livelihood options:

- Empowerment of women and children so that they can lead their own process of change.
- Organising women's and teenage girls' social groups (Mahila Mandals and Kishori Mandals) and transforming them into women's economic groups (self-help groups) to confront the issue of sex trafficking, and creating viable and sustainable livelihood options.
- Reduction of demand through awareness, advocacy, and by convincing buyers and traffickers.
- Setting up Community Centres to provide a safe space and education and health services to women and children in red light areas and slums.
- Setting up Reintegration Centres to assist women who want to leave commercial sex work.

Key Activities

Formation of women's and teenage girls' social groups (Mahila and Kishori Mandals) and conducting group discussions and meetings among them to organise anti-trafficking movements.

- Health and educational support for children and women through formal and non-formal education and adult literacy programmes.
- Vocational and psychological counseling to build confidence and self-dignity.
- Establishing legal cells which not only provide legal training and legal support but are also watchdog Protection Committees for teenage girls' groups.
- Victim Witness Programme devised exclusively to train victims to file cases and testify against traffickers.
- Prevention programmes for youth to change their attitudes and behaviour so as to assist in law enforcement and curbing the supply and demand for prostitution.
- Filing and registering first information reports (FIRs) by women and girls who are provided training on how to and

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whom to approach when they are faced with harassment and atrocities.

- Enhanced coordination with law enforcement agencies to improve conviction of traffickers and buyers.
- Grassroots level advocacy through open mike sessions by victims and survivors of prostitution and holding public lectures by feminist thinkers and resource people.

Monitoring and Evaluation methods used

The Anti-trafficking Self-Help Groups (ATSHGs) are run and monitored by the community with the help of Apne Aap Project Coordinators who regularly visit the centres and are available for problem solving and advice. The Mahila Mandals are responsible for the protection of children; they keep track of school going children and the reasons for their absence or dropping out. They also oversee the overall running of the Kishori Mandals, income generation activities, and monitor domestic violence in the area. Each Mandal elects its own office bearers who are trained to constantly evaluate its programmes and to articulate its needs.

Apne Aap Women Worldwide runs the project with a close monitoring system and regularly evaluates the programme to check for any gaps in the system. It develops the Management Information System (MIS) and other reporting techniques as per the requirements of the project. For in-house monitoring there is a monthly reporting system and quarterly/half yearly and annual reports are also prepared.

Community Participation

Each ATSHG consists of a Project Coordinator, legal practitioners, and members from community based organisations (CBOs) such as Mahila Mandals, Kishori Mandals, and Bal Sabhas that have been created or established by Apne Aap. Constant team building and information sharing meetings are held by ATSHGs to end trafficking through social movements, prevention and vigilance, as well as education and sensitisation of all stakeholders.

The process of the formation of an ATSHG usually starts by conducting a door to door survey of the community, holding small group meetings, and enrolling women members for a small fee, who are then entitled to a common safe space to sit or relax in the Community Centre set up by Apne Aap. Each member is allowed to admit her children into Bal Sabhas that are an entry point into the community; they also provide nutritional and educational support. Initially Mothers Groups are formed to oversee the welfare of children. These are slowly empowered and transformed into Mahila Mandals, which then hold their own elections. The Mothers Groups then initiate Kishori Mandals to empower and protect their daughters.

Legal and vocational training is given to the members of Mahila and Kishori Mandals who are also taught to handle funds and maintain bank accounts. Income generation activities are introduced and young girls (through Kishori Mandals) are trained in book keeping, procuring raw materials, basic computer skills, and English language so that they can manage their programmes with minimal external assistance. The groups meet in Community Centres which are established within red light areas/slums and are run by the members of the community for relief and empowerment of the victims of trafficking. The Community Centres provide holistic programmes incorporating education, health, and livelihood skills; they also undertake psycho-social counseling for restoring citizenship and self-esteem to trafficked women and girls.

Every effort is made to establish a positive rapport and gain the trust of the community through collaboration with associated systems, preferences for community members in staff recruitment, maintaining the confidentiality of the victims, and close contact and involvement of mothers and daughters in planning, implementing, and monitoring the programmes.

Children's Participation


Adolescent girls, who have formed Kishori Mandals, are empowered through participation in legal training. Though the main thrust of the programmes run from the Community Centres is prevention, various aspects of prosecution, protection, and rehabilitation of the vulnerable population are also integrated into Apne Aap's anti-trafficking efforts. Thus the girls (and women) are given legal advice and aid on issues ranging from filing first information reports (FIRs) in police stations to testifying as witnesses in courts for the conviction of traffickers. The girls are especially trained by experts to identify potential victims of trafficking so that they can inform the legal cell which mobilises resources to prevent it.

Bal Sabhas are organised periodically for children to articulate their needs. The Community Centres run a creative arts therapy module for children affected by prostitution, which has been interactively developed with the aim of forming a review group of children who can voice their opinions and participate in their own change process.

Members of Kishori Mandals and Bal Sabhas also write regularly for the Apne Aap periodical Red Light Despatch.

Women's Participation

The various income generating SHGs which have been formed and which are managed and led by community members facilitate leadership among women. The Mahila Mandals formed by the women are active in organising anti-trafficking movements among



their own people and the local community; they also participate in group activities like income generation programmes, adult literacy, and legal training. A major focus of the programmes run by Mahila Mandals is the prevention of second generation commercial prostitution; therefore, women are provided legal support which helps them organise themselves as watchdog groups to help detect potential victims of trafficking.

Members of Mahila Mandals write regularly for the Apne Aap periodical Red Light Despatch.

Good Practice Indicators

Evidence

- No. of anti-trafficking units set up in red light areas and slums: 8
- No. of women and children who received services in the community centres: 10,072
- Mahila Mandals and Kishori Mandals created for 4,075 women and girls

Source: Apne Aap Women Worldwide website (www.apneaap.org/about.html).

Sustainability

The project is owned by the community and is potentially sustainable because its genesis lies in the needs and actions of the community, and it is run by women who are part of the community. In addition, access to knowledge, income generation, adult literacy, and legal training contribute to its intrinsic motivation and commitment. A continuous earning opportunity further increases the community's self-worth and confidence to resist exploitation. This approach seeks to transform the entire community rather than creating temporary and isolated support systems.

Replicability

This approach has been replicated through projects in areas of Bihar, Maharashtra, Delhi, and West Bengal and has a high potential for replicability as it relies on the sensitisation of a community and on its empowerment. Since the model has been developed by the victims and survivors and is localised and decentralised it may be effectively adopted by other cultures in similar situations.

Integration with the System

Apne Aap runs Community Centre based learning activities in all of its centres, where children belonging to the 3-18 years age group are mainstreamed through alternative learning programmes

for various levels. Most of the children are placed in mainstream schools and are provided with after school support. For dropouts, the programme creates linkages with the National Open School System through which many of its adolescent girls appear for the matriculate examinations. The programme also seeks to provide various opportunities for market based livelihood options, and links with local and international business houses.

Through Resource and Advocacy Centres in Delhi and Mumbai, Apne Aap creates links with various Government and non-government agencies and receives inputs from grassroots activists for protection against trafficking. Realising the importance of creating synergy among critical stakeholders—the Government, private sector, and civil society organisations—who often work independently of each other, it makes efforts to bring them on a common platform to fight against human trafficking.

Apne Aap also undertakes training of police, law enforcement agencies, lawyers, and prosecutors aimed at increasing coordination among the police, non-governmental organisations (NGOs), and law enforcement agencies.

Cost Effectiveness

ATSHG is a community based initiative that was initially supported by Apne Aap with funds to facilitate its establishment including that of the Centre, and for the capacity building of women. Apne Aap invests approximately Rs. 11,000 (\$ 250) per woman or child per year which includes education and legal protection. However, community women pay a membership fee for using the Centre's space for themselves and for their children. A number of activities are carried out in the same premises such as anti-trafficking meetings, Mahila Mandal meetings, legal and livelihood training, Balwadis, and counseling which help to offset the costs. The programme has been visualised as cost effective in the long run due to its localised and decentralised nature and its cumulative influence on the life of entire communities.

Data source: Apne Aap Women Worldwide.

Conclusion

Advantages

Anti-trafficking SHGs play a constructive role in creating practical and sustainable alternatives for women to exit their exploitation by creating cooperatives of women in commercial prostitution that provide livelihood training and economic stability. The programme also seeks to build linkages between grassroots activism and policy makers so that they can actively participate in

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the community on issues related to ending sex trafficking.

The programme does not set up homes and shelters but is in the process of transforming entire communities of red light areas so that the areas become non-red light areas and women and children can lead a life of dignity.

It is a 'bottom up' woman centric model through which women can move from being victims to leading and charting their own and their community's course in the fight against trafficking.

Challenges

Due to continuous branding and marginalisation, women and girls in entire communities of certain nomadic tribes are forced into intergenerational commercial prostitution as the only available livelihood option. Moreover, the complicity of their own fathers and brothers in selling them off and the presence of organised criminal networks make it difficult for women to come out of the system. Even if they get opportunities, illiteracy and vested interests are a

hindrance in their efforts. There is always a threat of violence for the stakeholders. There are not enough opportunities and Government schemes for assisting women in red light areas, and due to social stigma and ostracism, their children do not have access to even basic rights such as right to education and protection.

Lessons Learnt

States and Governments need to address the structural socio-economic and political policies that force women into prostitution to break the intergenerational trap. Members of the underprivileged community need to be holistically empowered so that they can make their own decisions for change and act on them. Efforts at various levels for generating awareness against human trafficking and rehabilitation of the victims and their children need to be encouraged. In this, the involvement of the corporate sector has tremendous potential which can be further strengthened through the NGO-corporate alliance on human trafficking.

Emerging from the Shadows

'I was born in a village in North Bengal. When I was barely 8-years-old, I was trafficked by my neighbours and sold to a brothel in Katihar. I escaped from that brothel at the age of 18 leaving my 5-year-old daughter and 3-year-old son behind. I thought that later I would come back and recover them. But I was re-trafficked to Purnea, another red light area, as I was very young and fell easy prey to the traffickers.

I escaped again, came to the red light area in Forbesganj and with great effort started my small betel shop. In the meantime I had two other daughters. By then I had decided that come what may I would neither allow myself or my daughters to be forced into prostitution, nor will I traffic any other person into it.

You can understand how difficult it was for a woman who had been in prostitution to live with her head held high. I was subjected to suffering from both the sides—people from other communities branded me as a fallen woman and the people from my community accused me of being arrogant. I was a very lonely woman and always worried about my future.

I was also worried about my first two children who were still living with those who had trafficked me. I went and begged with them several times to give my children back but was thrown out. I feared that sooner or later they would force my first daughter into prostitution. I wanted to send all my children to school and give them a proper upbringing.

When Apne Aap started its Community Centre in the red light area, I was really happy and immediately enrolled in it. As I became more involved in its activities, I got the opportunity to go to Mussourie to get training on running a crèche. While my other two daughters started studying in the Apne Aap school, I was still very restless about my elder daughter who had already been pushed into prostitution. My efforts at any kind of negotiation with the traffickers to return my children only brought me beatings and humiliation. I told Apne Aap about this. Exactly one month later we approached the police in Katihar and raided the brothel where my daughter lived and rescued her.

Today, all my children are in school and I am very happy that I could get them out of the vicious cycle of trafficking and prostitution.'

A young woman member of the Apne Aap Mahila Mandal

Source: Case Study on 'Changes in Police attitude towards victims of sex-trafficking: A Bihar Experience', Apne Aap.

CONTACT POINTS, SHELTERS, AND OUTREACH FOR STREET CHILDREN

SALAAM BALAK TRUST, DELHI

Salaam Balak Trust (SBT), a Delhi based non-governmental organisation (NGO), provides a sensitive and caring environment for the children on the margins of society through its programmes. These consist of Contact Points, Shelters, and Outreach Services which offer healthcare and nutrition, formal and non-formal education, counseling and vocational training, and above all safety and normalcy. Through child protection and child empowerment and with the involvement of the community, SBT has provided shelter and opportunities to thousands of homeless and vulnerable children and mainstreamed them into society.

Major Components

Key Objectives

- To provide survival, development, and protection to on-the-street and off-the-street children and to encourage them to participate in their own empowerment; and
- To offer alternative family support and an environment which respects their rights and provides them opportunities to realise their dreams.

Thematic Area	Child Protection
Programme period	1990 onwards
Location/s	New Delhi, Mumbai, and Bhubaneswar
Target group	Street and working children between 6-17 years
No. of beneficiaries	More than 30,000 children
Costs	Rs. 3,000 per child per annum
Donor/s if any	Ministry of Women and Child Development, USAIDS/FHI, Paul Hamlyn Foundation, Children's Hope Incorporated etc.
Contact person	Ms. Praveen Nair, Chairperson, Trustee
Organisation	Salaam Balak Trust
Address	2nd Floor, DDA Community Centre Chandiwalli Gali Paharganj New Delhi-110055

E-mail	salaambt@vsnl.com
Phone/s	011-23584164, 23589305

Key Strategies

- Establishing Contact Points at places like railway stations and temples to contact street and runaway children with the aim of building their trust, and providing them temporary care and repatriation.
- Providing full Care Shelters for the highly vulnerable and homeless children, especially girls.
- Establishing a Community Outreach Programme as a preventive intervention aimed at stopping vulnerable children from the marginalised communities ending up on the streets.
- Mainstreaming street children and giving them career opportunities on par with other children.

Key Activities

- At Contact Points: Contact Points identify street, runaway, or abused children and provide them with primary care and counseling. They are then repatriated if possible or sent to full Care Shelters. These points also function as Day Care Centres for working children providing them with food, clothing, medical aid, and recreational activities apart from awareness on health, hygiene, child rights, and communal harmony.
- Shelters: The Shelters are equipped according to gender, age groups, and the needs of the children and provide a safe environment, education, health and referral services, sports and recreation, life skills, income generation activities, and vocational training to the children who are referred through Contact Points or by concerned citizens.
- Outreach: Under this programme girls and boys are provided non-formal, formal, remedial, and bridge educational assistance. School going children attend coaching classes whereas dropouts are encouraged to join the National Open School System. Children unable to go to school are given

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non-formal education and children below six years of age are helped to prepare for school through the play way method. Apart from this, efforts are made to empower members of the community through adult education, primary healthcare, and HIV awareness, as well as forming and helping women self-help groups (SHGs) to generate income and participate in the programme.

Monitoring and Evaluation methods used

SBT trustees, management, and staff meet regularly to resolve matters related to the management of the activities of the programme. Coordinators meet once a week where they undertake the exercise of problem solving. Difficult cases are discussed, expert opinion sought, guidance and advice imparted, and referrals made. Shelter and Contact Point staff report on the special needs and emergencies in terms of education or treatment. Continuous monitoring of other stakeholders is also done and strict disciplinary action is taken against those who violate children's rights.

Community Participation

SBT makes efforts to tackle the problem of runaway and street children in a holistic way. Apart from involving the various parties that interact with street children such as the police, railway officials, sweepers, shop and restaurant owners, and coolies, they have set up forums and help to educate and sensitise these groups about the hardships that these children face and discuss with them the ways in which they can provide support. This extended community helps in identifying vulnerable children and bringing them to the notice of the concerned authorities. For this purpose a dedicated phone line has been established which besides providing assistance to these children through community action in terms of rescue, first aid, repatriation, and emotional support, also works to strengthen coordination with allied services.

A community based Care and Support Programme is also initiated for children living in and around the New Delhi Railway Station for street children affected with HIV/AIDS, which conducts participatory community assessment to learn about the risks related to HIV/AIDS and need for care and support.

Children's Participation

SBT uses Peer Educators to build the trust of children and to motivate them to come to the Shelters. Peer Educators or 'ambassadors on the street' are children who once lived on the streets or railway station

platforms and now work with the organisation to reach out to more children, especially the difficult ones. They are trained to become Peer Educators as they have knowledge about the habits of street children and can establish rapport with them. They help to reach out to children where they are with medicines, counseling, and motivation.

Former street children from the trust conduct City Walks, a tour of street life around the New Delhi Railway Station. They are trained to show some of the culture and history of the area and this tour which is guided by children themselves is a successful initiative for advocacy and income generation. Apart from creating awareness and empathy about the plight of the street children, it also acts as a platform for them to develop communication and other skills. SBT encourages children in programme planning, implementation, and evaluation. These children also do advocacy through annual plays and puppet shows which showcase the life of street children, and through participation in events held by organisations such as UNICEF and UNAID.

Women's Participation

SBT helps in the empowerment of women in the outreach areas to improve the overall conditions of their families. It makes efforts to involve women in its community outreach programme through the formation of SHGs and encourages them to start saving and participate in thrift and micro-credit programmes. It also facilitates their sensitisation and awareness about various issues involving child and women health. Some of the interventions include adult education, community development and health, and an awareness programme covering family planning, substance abuse, HIV/AIDS, personal hygiene, and human rights.

Good Practice Indicators

Evidence

During 2007-08:

- No. of children who received service at Contact Points: 971
- No. of children provided shelter: 930
- No. of girls provided shelter: 68
- No. of children who benefited from the Outreach Programme: 81
- No. of children who received education through open school: 72
- Total beneficiaries of direct and indirect interventions: 3,290

Source: Salaam Balak Trust Annual Report (2007-2008), New Delhi.

Sustainability

The programme has been active for the last 20 years with support and encouragement from individuals and Government, non-government, and international bodies. It has 50 per cent committed donor funding while the rest comes from individuals. Apart from various donors it is supported by the Ministry of Women and Child Development (MoWCD), Government of India for establishing shelter homes for boys and girls, as well as Contact Points for runaway children. However, the SBT programmes are not donor/resource driven but are based on specific community needs. Over the years, SBT has established itself as an organisation committed to providing care and right based services to vulnerable and disadvantaged children.

Replicability

SBT has extended its work with street and working children to Mumbai and Bhubaneshwar. Though each of these programmes works in its own area independently and according to the needs of the area, the core values and services are unchanged.

Integration with the System

SBT makes efforts to put these children in formal schools to bring them into mainstream education and allow them to enjoy the company of peers from various backgrounds. Many of these children go on to receive college and university education. SBT has set up links with the National Institute of Open Schooling (NIOS) for children who have no education or who had to quit school because of various reasons. The children are placed in formal or non-formal schools depending on their level and capacity. Bridge Courses

help children to prepare for admissions in schools. The children are encouraged to attend regular schools and many of them are enrolled in Government and local private schools close to the shelters which help them mix with peers and thus bring normalcy to their lives.

SBT makes strong efforts to integrate these children within society. It has a rich tradition of performing arts which has sustained both the centres and the children over the years. Some children have held puppet shows in reputed schools. Others have organised national level photography exhibitions and contributed to theatre performances. A few theatre artists, like Salim, have graduated to films and have become famous.

Cost Effectiveness

SBT's overall budget is about Rs. 15 million per annum for running the various programmes and centres, of which 50 per cent of the funds come from dedicated donors with the rest being raised from various sources. It spends approximately 0.25 million on every centre and Rs. 3,000 on each child per annum for boarding, lodging, education, health, and recreation. The programme tends to be cost intensive as it endeavours to support children to the best of their potential and capabilities. SBT has created tie ups with the Government such as the use of police stations and community buildings for its activities which helps it to offset its costs and create a wider reach.

Data source: Provided by Salaam Balak Trust.

Conclusion

Advantages

SBT's greatest strength lies in its ability to understand street children and the multiple vulnerabilities that they face—economic hardships, lack of safe spaces, exploitation, sexual abuse, substance abuse, rejection, and illnesses. Over the years, it has also developed an understanding as to why children take to the streets or run away and has forged personal and long standing relationships with these children and helped them cope with hardships.

SBT lays emphasis on making children financially independent and achievement oriented. The programme seeks to equip children above 15 years of age with vocational skills according to their interests and aptitude. SBT provides career counseling and links children to potential employers and facilitates empowerment of both boys and girls to help them set up successful careers.



Children at a Salaam Balak Trust Centre in Delhi.

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Challenges

As its programmes have grown exponentially in terms of the number of shelters and services that reach out to thousands of children each year, funds and space to house them is limited and the organisation is finding it difficult to scale up its programmes.

Lessons Learnt

Street children require skillful and compassionate handling together with empowerment in order to integrate them into society. Providing support, care, protection, and encouragement to the disadvantaged and marginalised children can keep them away

from the streets and develop them as responsible citizens who are capable of contributing to the growth of the society and the nation. However, it is essential to find street and runaway children as soon as they arrive, otherwise they fall into bad company or are recruited by drug peddlers and anti-social elements.

It is important to graduate from providing basic needs to the children to addressing their mental health, recreation needs, ambitions, and providing ways and means by which they can achieve their goals. Street children have the right to follow their dreams and pursue careers according to their interests. Giving mere vocational training is not enough.

Sky is the Limit Now

Who could have imagined that Vicky Roy born in Purulia, West Bengal, one of the poorest regions of India could achieve so much and so soon! Son of a poor tailor, Vicky lived with six siblings in a small ramshackle shed. His father constantly struggled to make ends meet and provide food for his family. There was no joy in his life and often Vicky would have to go to sleep hungry. In the school that he attended, he received frequent beatings from his teacher

When he was 13-years-old Vicky could no longer bear his stifling environment, so he boarded a train and ran away from home. He reached Delhi dreaming of a bright future in a big city. But the reality was very different. He soon found himself alone and penniless rummaging through garbage heaps to collect plastic bottles to earn some money for food. Living on the streets he was harassed by ruffians who would often beat him up and snatch his earnings. He took up a job in a local restaurant where he washed dishes from early morning to late night and often went hungry or ate leftovers to save money.

Vicky's tedious life took a turn when he met an ex-boy from the Salaam Balak Trust (SBT) who helped him join the trust's Residential Programme. Here he was given food and clothes and admitted to a local school. Vicky now attended school regularly and also helped other boys like him in the Shelter with their homework. He was supported by SBT to appear for his secondary school examination from the National Open School. Vicky took part in the various activities organised in the Shelter which included arts, crafts, vocational training, and visits and interaction with visitors.

During one such interaction with a British photographer to whom Vicky was assigned for showing him around the city, his enthusiasm and efforts paid off when the visitor engaged him as an assistant for a photo shoot with the local people. Vicky's excitement knew no bounds. He grabbed the opportunity and turned it into a great learning experience.

From then on, things fell in place for Vicky. SBT encouraged his interest in photography and extended support by sending him to learn professional photography skills. When he was hired by a fashion photographer as an assistant, he entered the world of glamour, traveling to exotic locations, and interacting with high profile people. There were more good things in store. Vicky's collection of black and white photographs of street life clicked with an old borrowed camera was accepted by a well-known gallery to be showcased. It was an instant sell out! His work was featured on television, and in magazines and newspapers. He also got the opportunity to hold an exhibition of his photographs in London. Presently Vicky is working with another reputed photographer. He dreams of owning a state of the art studio and holding exhibitions all over the world.

Ten years after he ran away and fortunately landed at the SBT Shelter, Vicky Roy has achieved more than he could have ever dreamt of, and now the sky is the limit for him...

Source: Salaam Balak Trust.

ERADICATING CHILD LABOUR THROUGH EDUCATION

CREDA, MIRZAPUR, UTTAR PRADESH

In the developmentally backward areas of eastern Uttar Pradesh where thousands of children were engaged in the carpet industry, the Centre for Rural Education and Development (CREDA) overcame many hurdles to enter the community to work for the eradication of child labour. Through a Participatory and Holistic Development Approach, which involved working with parents and employers, and building a network of community based and civil society organisations to promote education and child rights, CREDA's crusade has been sensitising the community and withdrawing thousands of children trapped in labour and enrolling them in schools.

Major Components

Key Objectives

- Eradication of child labour and empowering the rescued children through education to help them lead a more focused life based on informed decisions; and
- Successfully integrating out of school children into schools through a process of social mobilisation for poverty alleviation.

Thematic Area	Child Protection
Programme period	1989 onwards
Location/s	Mirzapur, Allahabad, and Sonbhadra districts, Uttar Pradesh
Target group	Deprived boys and girls aged 6-14 years, engaged in the carpet industry, agriculture, cattle grazing, and household work
No. of beneficiaries	50,000 children
Costs	Not available. Cost per child varies in each project
Donor/s if any	National Child Labour Project (NCLP), Ministry of Labour, Government of India, Child Rights and You (CRY), Foundation STEP, CEPC, UNDP-NORAD, UNDP-USAID, UNDP-IKEA, ILO-IPEC, SSA, Government of Uttar Pradesh
Contact person	Shamshad Khan, Founder Secretary
Organisation	Centre for Rural Education and Development

Address	490-491, Awas Vikas Colony Mirzapur-231001, Uttar Pradesh
E-mail	samshad@sancharnet.in, we@credaindia.org
Phone/s	91-5442-220285

Key Strategies

- Putting child labour issues on a non-negotiable agenda which classifies out of school children as working children, and emphasising the right to education for all children.
- Empowerment of the community and use of a consensus strategy rather than a confrontational one to withdraw children from work.
- Rehabilitating children withdrawn from work through community based schools and ensuring their retention.
- Participation of community members to improve the lives of the children and activation of Child Labour Vigilance Committees to check the entry of children into work.
- Adopting a holistic approach to address the issue of child labour that includes provision of educational materials, rights awareness, extracurricular activities, and nutrition for first generation learners.
- Mobilisation of stakeholders at various levels and partnering at the State and national level for implementation and advocacy initiatives.

Key Activities

- Rapport building, awareness generation, and mobilisation of all stakeholders through rallies and village level meetings to involve the village community in the fight against child labour.
- Meetings with the children involved in labour to make them aware of their rights; with their parents to convince them to withdraw their children from work and enroll them into schools; and with employers to discuss and press for their release.
- Printing and distributing newsletters for mobilising elected members of local Governments, volunteers, media, Government officials, school teachers, non-governmental organisations/community based organisations (NGOs/CBOs), and other concerned persons in the project areas.

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- Establishing Child Labour Vigilance Committees to encourage the community to act as a watchdog body at the village level and to monitor the prevalence of child labour, oversee child rights, and make sure that children are enrolled in schools.
- Setting up of Community Cottage Schools (CCS) and special schools in remote areas to provide accelerated learning through non-formal education, and recruiting ex-child labourers in the community as teachers.
- Extending need based support to existing Government primary schools in the area in terms of resources to facilitate retention of mainstreamed children.

Monitoring and Evaluation methods used

A village based monitoring mechanism is in place that monitors the situation of children on a daily basis with the assistance of the Vigilance Committees. Members of these committees are provided regular training in legal and child rights issues. They also check for dropouts in schools and keep track of the reasons for absenteeism. Student and teacher performance is monitored and reported on a monthly basis and issues concerning improvement in education are consistently taken up. CREDA staff conducts internal monitoring through frequent visits to the schools and through the evaluation of their reports.

Community Participation

CREDA's campaign against child labour has been fought through an intensive community centred approach which has made extensive efforts to enlist the cooperation of community members for achieving its aims, and mobilising their support against threats from the carpet industry and other vested interests.

Since CREDA's success depends on the cooperation of the local community and maintenance of good relations with all community members, it has identified positive and negative stakeholders instrumental in supporting or blocking the education of working children. The supportive stakeholders are being continuously mobilised and persuaded by CREDA, as well as the local community to take part in the elimination of child labour and in the promotion of education of these children. Negative stakeholders are pressurised by the community to join the campaign against child labour.

The salient features of community involvement are:

- Contribution of land to the school building, construction of temporary school sheds through the village Panchayat or donating abandoned structures.
- Maintenance of the school building with the help of a parents association and contributing towards the mid-day meal

(MDM) in terms of providing food items and fuel.

- Encouraging the community to help identify and withdraw any type of child labour, and enroll them in schools established by CREDA or in Government primary schools.
- Creating pressure groups of elected representatives in the village Panchayats and Panchayat heads who have a strong presence in the village and are critical in the fight against child labour.
- Setting up various community based groups such as Vigilance Committees, Mothers Groups, self-help groups (SHGs), and parents groups for active participation on the issue of child rights.
- Creating a discussion forum by the Vigilance Committees at the local level to sensitise villagers against the exploitation of their children.

Children's Participation

As members of Vigilance Committees, children play an active part in identifying child labourers and persuading them and their parents to leave work and join school. Rescued children become mentors to other children in their villages and provide psycho-social support. They address village meetings and conduct street plays, marches, and rallies to build pressure against migration of children from neighbouring villages and to spread awareness about the ill effects of labour on the health of the children, and hold campaigns about the children's fundamental right to education.


Women's Participation

Women's involvement in the programme is considered important in making social and economic contributions towards the village and is facilitated by encouraging mothers to set up Mothers Committees and enroll their children, including girls, in school. Committee members are engaged in promoting the cause of education through discussions, contributions, and suggestions, and by participating in the activities of the school. SHGs have been introduced to the concept of operating savings and credit schemes and to come up with income generation opportunities for women for their economic empowerment, leading to better opportunities for their children in the absence of debts. Many women have trained in carpet weaving so that young children can be freed from the industry to attend school.

Good Practice Indicators

Evidence

Since its inception in 1989, the project has partnered with various organisations and has been successful in enrolling child labourers



and potential child labourers into formal and non-formal schools. Its achievements under some of the projects are:

National Child Labour Project (NCLP), Ministry of Labour, Government of India:

- Boys: 2,202; Girls: 298; Total: 2,500 children (all carpet weavers)

International Labour Organisation-International Programme on the Elimination of Child Labour (ILO-IPEC):

- No. of children covered in CREDA's schools: 1,500 (809 boys and 691 girls) (1,500 carpet weavers and other potential child labourers)
- No. of potential child labourers admitted in Government primary schools: 10,000

United Nations Development Programme-Norwegian Agency for Development Cooperation (UNDP-NORAD):

- No. of children covered under Community Cottage Schools (CCSs): 20,000 (10,757 boys, 9,243 girls)
- No. of children enrolled in Government primary schools: 20,815
- No. of dropout children retained in Government primary schools: 6,000
- No. of children covered under local initiatives: 1,500

Source: Information provided by CREDA.

Sustainability

To keep the project sustainable CREDA has started various programmes that actively involve the village community such as mobilisation of the community to influence loom owners, involving adult weavers in campaigns against child labour, and facilitating income generation activities. The establishment of Vigilance Committees on a voluntary basis and the empowerment of women are among the important factors which contribute to its sustainability. The community takes the onus and contributes in cash, materials, land, and food for setting up and running non-formal schools.

Replicability

CREDA uses a replicable and holistic approach which integrates its programmes with poverty alleviation and empowerment of the general community, promotes community sensitisation and mobilisation, as well as participation and empowerment of women and children to eradicate child labour. The CREDA model has been replicated by grassroots organisations with whom it has collaborated as networking partners over the years. It has

made efforts to develop an effective mechanism for maintaining transparency of operations, accounting, and reporting.

Integration with the System

One of the priorities of the campaign is mainstreaming children into the formal school system for elimination of child labour. The programme works to ensure the retention of these children in schools by providing volunteer teachers and free educational kits.

CREDA has worked closely with district authorities at the operational level and has established collaborations with various Government departments. It was chosen by the Government to strengthen the District Primary Education Programme (DPEP) at the district level by providing training to increase access and quality of education, and it is a member of various national, State, and district level committees and boards concerning child labour and education.

CREDA has created links with various non-governmental organisations (NGOs) to work on the issues of child labour and non-formal schooling by networking with them as implementation partners, and has established an alliance to work intensively with grassroots organisations for their capacity building and resource mobilisation on the issue of child labour and education. It is also active at the State and national level and contributes towards planning and policy development through advocacy initiatives.

Cost Effectiveness

The budget for the programme, as well as its costs are unavailable. Its cost per child varies from project to project. Apart from mobilisation and advocacy, CREDA spends on providing free teaching learning material (TLM) and extracurricular activities in its community schools for which it is dependent on external funding.

The programme has been cost effective in terms of its wide reach and range of influence that flows spontaneously from one area to another, sensitising and motivating communities and creating a chain effect. It also makes efforts to involve the community to the maximum and to encourage its contribution in labour and land and also in teaching in its programmes. Its work is further taken forward through community volunteering and child advocacy.

Conclusion

Advantages

Community groups play a critical role in ensuring that children go to school and do not relapse into work. They also act as pressure groups to monitor the functioning of Government schools and work to bring a change in caste consciousness among the villagers.

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Instructional material is provided free of charge to the children which covers basic needs of stationery and books and encourages retention. It has been observed by CREDA that the children from CCS who are mainstreamed find it easier to cope with the formal system of schooling.

Due to its close contacts with the grassroots and interaction with a diverse range of stakeholders, CREDA has been able to bring real experiences into State and national level committees to influence policy issues with regard to labour and education of rural children.

Challenges

Prevalent caste prejudices effect the education of the traditionally marginalised castes that constitute a majority of the population in the area. The children suffer social discrimination and the behaviour of other high castes towards them is demotivating and discouraging. Moreover, having to cover long distances to the school is another reason for absenteeism.

There is inadequate space and resources in Government schools, which are few and far away for children passing out of community

schools to be mainstreamed. This causes many of the waiting children to relapse into work. It is difficult to convince the men in the community to send their daughters to school as they prefer to marry them off at an early age because of prevalent social norms.

Lessons Learnt

Illiteracy and lack of stable employment opportunities for the landless marginalised farmers is a major cause of poverty leading to bondage of children as they fall into the clutches of moneylenders. Apart from children being engaged in labour because of poverty, lack of educational infrastructure is another major reason for high out of school and dropout rates. However, while education is the best and most viable remedy for rescued child labourers, the programme must also include economic rehabilitation of poverty stricken families for a more sustained effort.

Working with employers and parents without antagonising them ensures support and participation, and building a network of NGOs and community based organisations (CBOs) for advocacy provides strength to the approach for the elimination of child labour.

Breaking the Bonds of Labour

Keshav Kumar belongs to a landless Dalit family in Rajpur village of Halia block in Mirzapur district. He was 8-years-old when he was pledged to a carpet loom. His father took Rs. 2,000 from the loom-holder and the child was bonded. 'The advance of Rs. 2,000 was given in installments. If my father took an advance of Rs. 100, the loom-holder made it Rs. 200 in his records,' says Keshav.

Initially, Keshav worked on the carpet loom as an apprentice for one year and after that he started weaving carpets and had to work from 8 am till sunset. He was given only Rs. 2 for a whole day of carpet weaving and was beaten by the loom-holder for small mistakes. Life was difficult and cumbersome but Keshav was under pressure to continue working. The tiring and long hours of work often resulted in sickness and pain.

In 1987-88 CREDA launched a massive campaign against child labour and bonded child labour in the carpet belt in Uttar Pradesh. Volunteer teams moved from village to village to identify the children working as bonded labour in the carpet industry and the agriculture sector. During the campaign, the team came to know about Keshav's condition. His parents were motivated to take the child out of bondage but it was not easy because the loom-holder insisted that they repay the money taken. However, through the process of reconciliation and motivation, Keshav was withdrawn from bondage when he was 9-years-old and put in a school for child labourers. He passed Class V from this school and was mainstreamed into Class VI in a Government-aided school.

Now, Keshav has completed his master's degree (MA) and is working as a teacher in a community cottage school (CCS). Remembering the difficult times of his past life he says, 'I enjoyed going to school. But quite often it was difficult to go and I had to face awkward situations.' Keshav adds that many times when he would leave his home for school, the loom-holder would stop him on the road, snatch his bag and threaten him with dire consequences if he went to school. For some time he was constantly pressurised by the owner to come back to the carpet loom.

Today Keshav is free and feels that the day he joined the CREDA school was the best moment of his life.

Source: www.crin.org/docs/creda_bond.doc.

EMPOWERING COMMUNITIES TO PREVENT DRUG ABUSE AND HIV

UNODC, DELHI

To address the issue of increasing exposure to substances, which put children at risk of drug addiction and HIV/AIDS, United Nations Organisation for Drug Control (UNODC) and the Ministry of Social Justice and Empowerment (MSJE), initiated a nationwide project for prevention in school and community settings. Through social mobilisation and awareness building, focusing on staying away from drugs, and the use of a variety of media, the programme seeks to empower young people and create a model of prevention for other stakeholders to adopt. At the end of its first phase, the programme has been successful in creating awareness about drug related issues and is being enthusiastically welcomed by different sectors, including the school and community.

Costs	US\$ 2.3 million approximately total programme budget
Donor/s if any	United Nations Organisation for Drug Control, Ministry of Social Justice and Empowerment
Contact person	Shamshad Khan, Founder Secretary
Organisation	Centre for Rural Education and Development
Address	EP 16/17, Chandragupta Marg Chanakyapuri New Delhi-110021
E-mail	ashita.mittal@unodc.org
Phone/s	011-42225000, 24104970/71/72/73

Major Components

Key Objectives

- To prevent and reduce the abuse of drugs and spread of substance related HIV among school going children by strengthening the capacity of civil society and the Government; and
- Creating nationwide awareness on drug related issues and facilitating an enabling environment conducive for protection in the community.

Thematic Area	Child Protection
Programme period	2005–09
Location/s	Punjab, Andhra Pradesh, Tamil Nadu, Orissa, West Bengal, Goa, Uttar Pradesh, Chandigarh, Jharkhand, Bihar, Delhi, Haryana, Himachal, Rajasthan, Maharashtra, and the North East States
Target group	In and out of school children; youth
No. of beneficiaries	Apart from hundreds of indirect beneficiaries 61,500 school children and 15,250 adults through a community based programme with 125 NGOs in 630 schools and 630 community settings; 300,000 students through the school programme

Key Strategies

- Spreading primary prevention messages on substance abuse and HIV to students, as well as other stakeholders in the community through a mass and mid-media campaign.
- Creating an environment for students in schools and in the community which strengthens protective and preventive factors.
- Integration of drug education in the school curriculum, as well as use of the co-curricular approach to develop modules on life skills and prevention of drug abuse.
- Providing peer led interventions addressing knowledge and attitudes at all levels and across all sectors for better receptivity.
- Empowering young women, partners of substance abusers, and substance abusers, and linking them to better health, legal, and income generating options.
- Building strategic partnerships at various levels to expand and improve its reach in a cost effective way.

Key Activities

- Identifying key partner non-governmental organisations (NGOs) for training on issues related to substance abuse and providing them with prevention messages for dissemination.
- Conducting sensitisation programmes and organising advocacy meetings with trustees, principals, teachers, administrative staff, and parents to motivate schools to

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participate in the programme.

- Training national level resource persons for capacity building of nodal teachers from schools to create a resource pool for the awareness programme.
- Spreading awareness through school teachers trained under the programme who use NGO staff at various levels in the schools and in the community through a variety of media like folk art, theatre, discussions, and debates and are guided by exhaustive modules developed under the programme.
- Challenging myths pertaining to drugs and drug use and providing correct information on causes, symptoms, and factors affecting high risk behaviour.
- Holding discussions in schools and in the community to address stigma and discrimination against substance abusers.
- Preparing peer trainers and volunteers to act as knowledge bearers of substance use prevention at the grassroots level.
- Setting up self-help groups (SHGs) and Drop in Centres (DICs) for access to recreational facilities, counseling, referrals, and income generation skills to create an enabling environment.
- Tapping resources at the State, corporate, and community level to create partnerships and spread awareness using book fairs, internet kiosks, and cinema halls.
- Holding national level campaigns and making use of the print and electronic media for producing products to be distributed across the country.

Monitoring and Evaluation methods used

An assessment exercise, Knowledge, Attitudes, Behaviour and Practice (KABP) survey was conducted in the implementation areas before an attempt was made to understand the existing ground situation related to drugs and HIV; it was conducted again to assess the impact of exposure to prevention messages. Reporting, monitoring, and evaluation formats have been developed to capture outcomes and outputs of the school programme across the country and the community based programme in the North Eastern States. A Project Advisory Committee looks into the project periodically and reviews feedback and comes up with plans to include new activities and expand the scope of existing ones as per the need and the resources available.

Community Participation

The campaign has developed a comprehensive strategy for mobilising communities for primary prevention, care, and support through social action. Information Education Communication (IEC) material related to information on the kinds of drugs, reasons for abuse, links of drug

use with HIV, life skills, importance of parental guidance, and means of negotiating negative peer pressure have been created.

Interventions are carried out by local NGOs whose staff is trained on issues related to substance use, HIV/AIDS, and the reasons which make adolescents vulnerable. Under the community led awareness programme, volunteers are also trained as Peer Educators and provided with IEC material based on key prevention messages. The partner NGOs make special efforts to include the needs of the community and localise the IEC material provided, and use innovative forms of traditional media to put their message across. Community participants are teachers, parents, and community leaders and the objective is to keep them informed, facilitate them to talk about 'taboo' issues, and help them guide the children in the endeavour. The NGOs also facilitate advocacy meetings with school principals and training of nodal school teachers and other administrative staff who take the programme forward in schools. Apart from teachers and principals, Parent Teacher Association (PTA) members and trustees are also invited to participate and lend support to the programme.


As a result of the sensitisation, local stakeholders extend support to take this activity forward, and the political fraternity promotes the need for this programme. In a related effect, more community people have gone for HIV/AIDS testing and sought treatment for substance abuse. In many instances they have also identified drug peddlers and pressurised them to discontinue their activities or have reported them to the authorities.

Children's Participation

One of the major components of the project is the setting up of the student 'I Decide' clubs in schools for regular follow-up activities regarding drug prevention. Students organise various programmes like poster exhibitions, debates, and role plays and hold signature campaigns against drug use among their peers to obtain their promise of staying away. They also monitor the movement of children in the school and guide any suspicious behaviour in the classroom or outside towards a more awareness and healthy choice.

Women's Participation

An important component of the programme is the facilitation and establishment of women's SHGs to help those who are affected by drug abuse and its related problems, to provide support, organise self-employment activities, and ensure psycho-social support for women partners (or surviving spouses) of those who are vulnerable to HIV/AIDS. The SHGs



use the money earned to supplement their family incomes and support the educational needs of their children. The Women's Groups in the community also come together to support and stand by the affected women to provide a 'safe space' for each other. Many of the Peer Educators are women who support the SHGs to access available health services and legal support. They are assisted by community volunteers in organising awareness programmes, accompanying clients to access referral services, and in their follow-up.

Good Practice Indicators

Evidence

- There was a 14 per cent increase (from 50 per cent to 64 per cent) in knowledge regarding problems arising from drug use (across all States).
- There was another 14 per cent increase (from 40 per cent to 54 per cent) in awareness regarding drugs and their link with HIV/AIDS (across all States).

Source: UNIDO Report (2008) 'Knowledge Attitudes, Behaviour and Practice Survey on Drug Abuse and Related HIV/AIDS in Select States of India', UNODC, New Delhi.

Sustainability

The programme fulfills an existing need for the prevention of drug abuse and is an active initiative for children and the community against substance abuse. Through periodic reviews it has been grounded further in the community and has been integrated into the school curriculum to make it sustainable. The programme makes efforts to tap into corporate social responsibility and build alliances to create a lasting societal stake in the programme.

Replicability

The programme has already been initiated in 15 States/Union Territories across the country and has as one of its major components a community based Peer Led Awareness Programme for the North Eastern States where it is currently operational in Manipur, Mizoram, Nagaland, and Meghalaya. This has been implemented by local NGOs and it mobilises and uses the established school infrastructure and resources. The programme has developed a set of simple products and tools that can be replicated and scaled up by users as per the situation and needs.

Integration with the System

The programme is a joint venture of the Government of India and the UN implemented by UNODC and the Ministry of Social

Justice and Empowerment (MSJE) in coordination with the Ministry of Health and Family Welfare (MoHFW), Department of Education (DoE), Department of Youth Affairs, Ministry of Human Resource Development (MHRD) and other concerned ministries and Government agencies.

The project organises national level consultations with representatives of the Government, civil society, media experts, educationists, and youth for expanding the campaign. It works closely with both the Central and State Governments for their commitment to the programme and disseminating drug prevention messages using their infrastructure. Regular advocacy efforts with law enforcement agencies, student bodies, and faith based organisations are undertaken for their sensitisation against drugs and HIV/AIDS.

Cost Effectiveness

Launched on a massive scale with a budget of US\$ 2,351,135 for the time period 2005-09, the project also known as G86, looks at a systematic, low cost, and well targeted approach to facilitate a nationwide reduction in the demand for drugs. Its strategy is to set up an army of trained volunteers who can spread appropriate messages and create a trickle down multiplier effect, as well as develop a stake in the process of reducing vulnerabilities. It uses the existing school system and a core team of master trainers, strengthens the capabilities of NGOs and communities, mobilises the infrastructure of various States, and creates tie ups with the corporate sector to expand in a cost effective manner. The programme's major expenditures consist of a school based programme (21 per cent) which includes advocacy, training nodal teachers, preparing and printing IEC messages, and Programme Coordinators; a peer led national awareness campaign (40 per cent) and setting up/vocational training of SHGs (30 per cent).

Data source: www.unodc.org.

Conclusion

Advantages

According to the KABP survey, the initiative has been enthusiastically welcomed by schools and local NGOs and has facilitated a significant increase in awareness amongst students on several fronts such as knowledge regarding problems and harmful effects of taking drugs, alcohol and tobacco and clarification of myths and entrenched beliefs. It has had a positive influence on the attitude of students towards substance abuse through highlighting factors affecting high risk

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behaviour among target audiences, as well as understanding the nature, incidence, and manifestations of stigma and discrimination against substance users. It has enabled the mass communication of messages on drugs and HIV prevention in vulnerable communities and has supported the efforts of these communities to take up preventive and curative efforts.

Challenges

Though strong advocacy efforts are being made at all levels, there is often a community denial of drug abuse in several parts of the country. The satisfactory reach and impact of the programme will depend on the availability and effectiveness of a trained manpower that can strongly mobilise and impact the community. Moreover, training of partner NGOs requires extended hand holding efforts at the beginning, as well as constant follow-up which is crucial to keep the programme on track.

Lessons Learnt

There is a link between substance abuse and HIV/AIDS and the fact that substance abuse lowers inhibitions which results in risky

sexual behaviour. Children are especially vulnerable to the danger as they do not perceive it as a threat and lack correct information and negotiation skills to deal with pressure situations effectively. Most of all, our cultural traditions discourage discussions about drugs, sex and related issues leading to myths and misconceptions.

There is a need for long term efforts through sustained advocacy with key stakeholders to allow more time for communities to accept the prevention messages. Training on parenting skills would be useful as it has been seen that parents neglect the communication of relevant issues with youth due to misplaced priorities or personal inadequacies.

There is also the need to minimise stigma and discrimination towards substance users along with strengthening awareness towards the problems that arise out of addiction. Income generation activities should be strengthened in the community to provide self-esteem and confidence. To ensure consistency and a greater impact of the programme, stakeholders across a large section of the society must be involved in it.

Saying No to Drugs and Alcohol

‘Joining the G86 project as a Peer Educator is something unimaginable. Reflecting back on the years spent with drugs, I cannot imagine or believe my eyes when I see myself in a place where I can be proud of myself today. Being in the treatment centre in the Bethesda Recovery Home for one and half years has helped me in many ways. While going through the programme, I was able to build my confidence levels and identify my capabilities. Thus I decided to dedicate myself to working in the field of drug abuse where I was once.

I am indeed happy working in this field as my friends see me as a role model. I hope that I am able to counsel, motivate and educate them. I have formed one self-help group (SHG) and am trying to form more support groups. I am also trying to link all my friends with this programme. I still have a lot to learn to implement the project activities and therefore capacity building training is what I need, as this is just the first and most important step to reach my destination.’

Limathung Ezung, recovering addict

Renuthunglo’s husband is an alcoholic. They have a family of two sons and three daughters, studying in a primary school in Dimapur, Nagaland. Renuthunglo’s husband, when drunk, would abuse her severely. With each passing day, the situation was becoming very difficult for her and the children. However, she has started seeing some positive changes in her husband’s behaviour after the house visits made by her SHG members. She is a member of Orchid SHG, initiated by Project G86. Initially, Renuthunglo was not even aware of the concept of a SHG. But, after two months of joining the group, she has become an active member. The group meets once in a month and collects Rs.10 as a revolving fund. Some of the activities carried out by the members of the group are flower making, cultivation of ginger, and candle making.

Renuthunglo says, ‘I can proudly say that Orchid SHG has helped me and I am slowly bringing my husband into the mainstream through the learnings from the group. We share our problems and find consolation in the group. It has become a part of my family.’

Renuthunglo, Orchid SHG Member

Source: www.unodc.org/india/g86.

COMMUNITY EMPOWERMENT THROUGH OUTREACH

STOP TRAFFICKING AND OPPRESSION OF CHILDREN AND WOMEN, DELHI

The high volume of migrants who come from various parts of the country, as well as from the bordering States work and live in resettlement areas in Delhi that are without basic infrastructure and amenities where there is increased incidence of deprivation and domestic violence suffered by women and children, as well as commercial sexual exploitation of vulnerable trafficked minor girls. The project Stop Trafficking and Oppression of Children and Women (STOP), initiated in two of these high risk communities, has been able to facilitate prevention, rescue, and the empowerment of trafficked women and children, through its Community Outreach Programme.

Major Components

Key Objectives

- To undertake preventive action to combat trafficking in high risk areas and to reach out to and empower women and children who are vulnerable to being trafficked; and
- To create self-reliance and self-sustainability through awareness and income generation, and community mobilisation.

Thematic Area	Child Protection
Programme period	2000 onwards
Location/s	Delhi
Target group	Women, girls and children of migrant population of Delhi
No. of beneficiaries	Women, girls and children of migrant population of Delhi
Costs	Not available
Donor/s if any	Presently, individual/group donors and personal friends
Contact person	Roma Debabrata, President
Organisation	STOP
Address	A-47, G.F. Chittaranjan Park New Delhi-110019
E-mail	romadeba@vsnl.com
Phone/s	011-26275811, 26275812

Key Strategies

- Social empowerment of the community to enable its members, especially women and children, to enhance their negotiating capabilities, take decisions, and act to prevent their exploitation.
- Economic empowerment of the community, women, and adolescent girls to ensure income generation through sustainable activities leading to their upliftment and mainstreaming.
- Political empowerment of the community to generate awareness about their rights and legal provisions, and making women and children self-reliant to fight oppression.

Key Activities

- Holding awareness generation activities for the community through rallies, street plays, workshops, and trainings.
- Providing non-formal education that is creative and relevant to children at the Outreach Community Centres and mainstreaming them from the non-formal system into formal schools.
- Providing mid-day meals (MDM), free books, and toys to children in the non-formal centres, and tuitions and school uniforms to mainstreamed students to prevent dropouts.
- Setting up a health programme to provide medical services by visiting doctors and facilitating referrals.
- Organising legal literacy workshops to make women aware of their rights and providing information on trafficking, child abuse, and registering complaints at the police station.
- Facilitating formation of self-help groups (SHGs) and providing vocational skills training programmes like beauty, embroidery, making bead bags, and other artifacts.
- Creating Community Vigilance Groups (CVGs) with the help of community volunteers to monitor trafficking and providing support to the survivors.

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Monitoring and Evaluation methods used

Community based monitoring mechanisms have been set up to facilitate supervision of the programme and to keep a check on the exploitation of women and children. Mahila Mandals have been formed at the community level which help in monitoring the educational and income generation activities of the programme. The Community Vigilance Groups keep track of issues of rescue, repatriation, domestic violence, and look into complaints of trafficking and other related issues.

Community Participation

The programme seeks to initiate change from within the community such that the stakeholders develop an effective system of management and monitoring. Accordingly, it is running various activities in literacy and health promotion for enlisting the participation and ownership of the community and for empowering its members. It has helped in the formation of SHGs for running micro-credit and income generation schemes to make members, especially women, economically independent.

Community workers are trained in peer counseling for capacity building of the women. They provide support, empathy, and counseling to victims of trafficking and violence who come from different regions of the country. In addition, the community workers provide socio-legal counseling to the trafficked survivors and other members of the community who approach the Community Outreach Centre.

CVGs are formed by volunteers from the locality who keep a close watch over the vulnerable people, participate in rescue and repatriation, and discuss and take decisions for action on the prevention of trafficking of women and children through meetings of the Mahila Mandal.

Children's Participation

Children are actively involved in planning need based workable strategies for the programme and they participate in need assessment exercises together with their parents. They are also an important means of spreading awareness in the community through rallies and campaigns, as well as street play performances on various issues of trafficking, violence and abuse, for which they receive training in script writing, dialogue delivery, voice modulation, etc. The children are also involved in keeping a check on their peer group and providing information on their specific needs and problems.



STOP's Song and Drama group presenting a street play.

Study circles of adolescent girls, formed for health education and training, facilitate peer education and carry forward the awareness programme in the community. Active participation of recovered girls helps the movement in identifying socio-economic factors which lead to trafficking, and in initiating change.

Women's Participation

The STOP project works towards the empowerment of women to provide them with an equal platform for the negotiation of their rights and entitlements. It also tries to deal with various issues of gender, violence, sexual abuse, trafficking, and health rights through awareness generation and legal redress. Mahila Mandals, which meet regularly, have been formed by community workers to address these issues. They help the women to interact with each other and come up with workable solutions for their day-to-day problems. The Community Vigilance Groups and SHGs consist of empowered women who make an effort towards self-sustainable programme activities.

Good Practice Indicators

Evidence

In 2006-07:

- No. of girls recovered by Community Vigilance Groups: 54
- No. of girls who participated in the economic empowerment programmes: 1,000
- No. of children enrolled in non-formal education: 298

- No. of children mainstreamed: 28

Source: Ramola Bahr Charitable Trust-Project STOP, Annual Report (2007), New Delhi.

Sustainability

Due to the emphasis on empowerment of the community and incorporation of income generating activities, the community outreach programme strives to be self-sustainable. STOP networks with different levels of stakeholders creating a strong partnership and mutual trust between the organisation and the community. It facilitates a system of participatory democracy in which the participants are not only beneficiaries but also partners; this helps in fostering ownership of the programme.

STOP has helped in building four work sheds-cum-residences for vulnerable families in the community and has helped in forming SHGs whose members have started making and selling handicrafts and other essential items from the work sheds. They also run a beauty parlour in one of the work sheds.

Replicability

STOP has set up two Community Outreach Centres in the sensitive areas of Bawana and Seemapuri in Delhi which consist of similar economically deprived migrant populations. The activities in these two areas are designed towards a thematic approach which helps in arresting similar situations in other affected and vulnerable soft target areas to make this model replicable for better results.

A social service campaign at STOP's community outreach centre.



Integration with the System

Mainstreaming of disadvantaged children and women through social, psychological, and economic empowerment is a major objective of the project. This is achieved through an enhancement of the self-esteem of the survivors who have been marginalised and stigmatised.

Economic empowerment is facilitated through life skills education, employment opportunities, and the creation of a suitable market keeping in mind the needs and capacities of the young people so that they are enabled to return to their communities and effect gradual transformation.

The empowerment programme has also created links with Government, regional, national, and international bodies through networking and capacity building with the aim of generating awareness in other civil society groups and to harness the resources of all stakeholders who play a key part in combating and rehabilitating victims of trafficking.

Cost Effectiveness

The cost and cost components of the community outreach programme were not available as the programme is in its nascent stage and requires a longer implementation period for an assessment of its cost effectiveness. However, the programme has been visualised and implemented as a low cost community empowerment process wherein community members, especially women and young girls, are provided training in various life skills, education, legal counseling, etc. to facilitate self-sustainable action. Apart from some financial assistance, the programme helps the community to put systems in place and lays emphasis on the formation of SHGs, which are encouraged to open bank accounts to save money or avail of loans for small business ventures. STOP acts as a catalyst and facilitator and provides capacity building and supervision.

Conclusion

Advantages

The programme works on a rights based participatory approach which takes into account the right of the community members to make their own choices and to be involved at every stage of decision making that affects them. This is done through a process of empathetic interaction which facilitates listening and articulating concerns, and active involvement enabling the members to take part in the planning, conduct, and evaluation of activities.

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STOP seeks sustainable rehabilitation of the exploited and vulnerable communities through physical and psychological empowerment. Apart from facilitating material well-being it also tries to build their self-esteem by identifying the resources and strengths within the individual, the family, and the community, and building on them to enhance their innate resilience. The programme lays special emphasis on enhancing the confidence and decision making skills of women and adolescent girls.

Challenges

The relocation areas have numerous problems which hamper rehabilitation work. The residents are deprived of basic infrastructure facilities such as electricity, water supply, sanitation, education, and healthcare centres which add to their difficulties. Arbitrary and frequent demolitions in the colonies disrupt their life and the education of their children. Children are lured by traffickers in the absence of their parents who are engaged as daily labourers or as domestic workers in far off areas.

Poverty, together with the prevalence of social discrimination due to gender, caste, and class factors is a major cause of violence and anti-social activities. Absence of law enforcement in the area encourages illegal activities, and theft, drug peddling, selling of illegal local alcohol and gambling are regular elements of relocated slum colonies.

The work of the community is susceptible to slowdowns due to several factors which include religious practices and social backwardness, health problems, a hazardous environment, and regular outward mobility of the socially oriented trained workers.

Lessons Learnt

It is important to build trust and gain community acceptance for the success of any rehabilitation programme. However, it is also important to do a need assessment before starting any programme and incorporating this in the elements that build on the capabilities of community members in a holistic manner.

Although the social and psychological components of rehabilitation are important, economic empowerment is the main solution. Equipping the community with life skills education, facilitating meaningful employment opportunities, and the creation of a suitable market keeping in mind the needs and capacities of these individuals, can lead to better rehabilitation.

Rehabilitation schemes need to be specific, addressing individual needs and choices. Government run schemes must be women oriented and they should be regularly monitored so that their benefits actually reach the vulnerable and deprived.

The Extent of Child Trafficking

A variety of phenomena lend themselves to patterns of trafficking, and a variety of vulnerabilities make it possible for the innocent to become victims. Human trafficking exists both within domestic borders and across transnational borders. There are an estimated 2 million children, between the ages of 5 and 15 years, who are trafficked for commercial sexual exploitation (CSE) around the world; 500,000 children are forced into this profession every year.

Over the last decade many studies have been carried out in an effort to collect reliable statistics on trafficking and commercial sexual exploitation (CSE). In a survey conducted by the Central Social Welfare Board India in 1992, on metro-based sex work, 40 per cent of the sex workers stated that they had entered the sex trade when they were under the age of 18. Another study estimated that 300,000–400,000 children in India are victims of CSE. Research on girl child prostitution in India, conducted prior to 2001 estimated that 2.4 million women in sex work lived in the red light areas with 5.2 million children. This study further pointed out that 45 per cent of the girls belong to the category of neglected juveniles at the time of their entry into the profession.

Research on cross border trafficking has indicated that 5,000–7,000 young Nepali girls were trafficked into India annually. This research also highlighted the fact that in the last decade, the average age of the trafficked girl had steadily fallen from 14 to 16 years to 10 to 14 years. These findings are supported by studies conducted by Human Rights Watch–Asia in 1995. The commercial sexual exploitation of children is a major global industry.

Source: www.stopindia.org; 'Rescue and Rehabilitation of child victims trafficked for commercial sexual exploitation', published by the Department of Women and Child Development, Ministry of Human Resource Development, Government of India.

COMMUNITY BASED CHILD PROTECTION MECHANISMS

SAVE THE CHILDREN, WEST BENGAL

While working in West Bengal with child domestic workers, Save the Children observed the magnitude of the problem of child trafficking, which prompted it to promote Community Based Child Protection Mechanisms consisting of groups and committees at various levels in rural and urban areas. These committees play a strategic role in improving service delivery, proper implementation of laws, and the formation of important links between the community and duty bearers. A number of such groups for the protection of vulnerable and working children are now present and active in West Bengal.

Major Components

Key Objectives

- To ensure a child safe community for the protection of child rights; and
- To facilitate an improved community response to protection and prevention issues through proactive involvement of community members and children.

Thematic Area	Child Protection
Programme period	2000 onwards
Location/s	West Bengal
Target group	Children upto 18 years from disadvantaged groups; HIV infected
No. of beneficiaries	98,258 in 2007-08
Costs	Rs. 1,900 per child per annum
Donor/s if any	IKEA
Contact person	Manab Ray, State Programme Manager, West Bengal
Organisation	STOP
Address	Flat 2C, Siddharth Apartment 77, Hazra Road Kolkata-700 029
E-mail	m.ray@savethechildren.in
Phone/s	9820046205 (M)

Key Strategies

- Creating community awareness and sensitisation on the issues of child protection and trafficking.
- Collaborating with stakeholders and duty bearers at all levels to stimulate action towards identified issues.
- Formation of Community Based Child Protection Mechanisms for repatriation and remediation of child victims of trafficking.
- Capacity building support to the formed groups to help them effectively implement the assigned tasks.
- Working as pressure groups for proper implementation of laws and better service delivery by the Government.

Key Activities

- Public meetings to raise awareness on child protection issues, especially the child trafficking process and abuse of children at the work place.
- Effective use of communication tools such as posters, workshops, and theatre performances to sensitise the community.
- Sensitisation meetings in formal schools with the consent of school authorities to keep vigil on trafficking.
- Discussions during Gram Sabha and other local governance meetings to mobilise action through Panchayati Raj Institutions (PRIs) and administrative heads.
- Involving a vast cross-section of society to form Child Protection Committees (CPCs) in urban areas and Anti-trafficking Committees (ATCs) at the village, Gram Panchayat, and block level in the rural areas.
- Block consultations to involve duty bearers at various levels, enhancing clarity of issues and bringing the protection groups into the limelight.
- Identification of trafficking agents and their social ostracism or rehabilitation in mainstream society.

CHILD PROTECTION

- Taking cases to appropriate authorities under the Juvenile Justice Care and Protection Act, or the police or facilitating local solutions.

Monitoring and Evaluation methods used

The programme has established a systematic monitoring mechanism. The village ATCs report to the ATC at the Gram Panchayat level. The ATCs at the village level meet fortnightly while the ATCs at the Gram Panchayat level meet once a month. The Gram Pradhans oversee their respective areas and are the main liaison persons between village and block level ATCs. The Sabhapati at the block level extends support and guidance to the Gram Pradhans whenever required.

Community Participation

Community efforts form the core of this endeavour, beginning with the participation of members in awareness generation which continues till the community acknowledges the need for child protection, and accepts their responsibility in ensuring it. This is followed by the formation of Child Protection Committees which consist of 13-20 members from a cross-section of the community. These groups meet at regular intervals and play an important role in stopping child trafficking, child marriages, putting children back in schools, addressing issues of discrimination, and advocating for child rights. They work in collaboration with the local police, Youth Clubs, school teachers, labour officials, local non-governmental organisations (NGOs), Integrated Child Development Services (ICDS) workers, etc.

The CPC in the urban areas consist of employers, local club members, councilors, survivors, teachers, and parents. Similarly, the village ATC consists of Panchayat members, ICDS functionaries, and parents of repatriated child domestic workers (CDWs), teachers and local club members. ATCs at the village and block level include representatives of the local NGO, as well as higher functionaries in schools, ICDS, and the Government.

The committees at the various levels form a network to collectively thwart attempts at trafficking, repatriate children from work, and put them back in school. These committees are given maximum power and authority and create pressure on the administration, the police, and the judiciary to arrest and book traffickers. They create links with the media and use every opportunity to highlight the problems of the area to facilitate faster action by duty bearers and law enforcement officers.

Children's Participation

Children's Groups are formed which include child survivors who meet regularly to share their experiences. They play a proactive role and work in collaboration with the protection groups to rescue and repatriate vulnerable child workers. They also give important information on probable trafficking ploys, child marriages, cases of abuse, and vulnerable children to CPCs. Children's Groups help in the enrollment of working children in schools and are involved in disseminating information about child rights, as well as counseling their families. They provide a platform to the children for raising their concerns and putting their voices and perspectives across.

Women's Participation

Community based Women's Groups and self-help groups (SHGs) are important elements in child protection mechanisms and are involved in planning, implementing, and monitoring the programme and its activities as part of the protection groups. They vigorously raise their voices against trafficking and do not hesitate to take action in emergency situations.

Good Practice Indicators

Evidence

- During the 2007-08, 105 Child Protection Groups and 126 Children's Groups were formed in seven districts.


Source: Save the Children, a report on SSDC-CDW Project, New Delhi.

- No. of village ATCs formed: 23
- No. of block ATCs formed: 3
- No. of agents arrested/rehabilitated: 29/8
- No. of Children's Groups formed: 26

Source: Sandeshkhali I and II Data April 2007 to March 2008.

Sustainability

The community based protection groups, managed at the village and block level, consist of key stakeholders across the society including Government officials and community leaders. The programme seeks to develop the motivation, understanding and commitment of the Child Protection Committees for sustained and focused activity.



Children take an active part in the decision making process of the committees. These aspects of the programme contribute strongly towards its need based continuity. However, provision of legal support and formalisation of such groups by the Government would add to their sustainability.

Replicability

The programme is implemented with the help of grassroots NGOs and has developed adaptable features for rural and urban settings. It has been implemented in seven districts of West Bengal covering 32 Municipal wards of Kolkata and 94 villages of Sandeshkhali Block I and II in North 24 Parganas district, 75 villages in the East Medinipore district and 19 villages in the Diamond Harbour and Kultali block in South 24 Parganas district. Save the Children is collaborating with the Department of Women and Child Development in the rest of the districts.

Integration with the System

The CPCs encourage representation from Government officials such as ICDS and Health and Family Welfare Department, Block Development Officers, and Block Medical Officer in charge. The committees involve themselves in overseeing the functioning of the work of ICDS together with the Child Development Project Officer (CDPO) and other officers of the programme. They have established strong links with enforcement agencies and Panchayati Raj Institutions (PRIs), as well as the media to undertake swift protective action.

Cost Effectiveness

Please see cost effectiveness section of 'Campaign against Child Domestic Work' as this good practice is one of its components.

Conclusion

Advantages

The CPCs are the only relatively permanent and sustainable bodies in the area to counter the problem of crime and the connivance of agents and the administration. They form an important link between the community and duty bearers to facilitate service

delivery and proper implementation of laws. At the grassroots level many community based organisations (CBOs), NGOs, and local clubs are also working with Child Protection Groups.

The CPC provides a forum for children who have remained silent victims all these years to express themselves and participate in issues concerning their lives and take informed decisions. There is change in attitude and increased awareness levels in parents and children regarding child domestic work and dangers of sending children to work outside. Families are looking for alternate modes of income generation and have taken steps to bring their children home.

Challenges

Existing provisions in law do not mandate the formation of community based structures and their linkages with the police and judiciary to prevent such cases which reinforce child labour and trafficking. Also, implementation of anti-trafficking laws become difficult in the absence of reporting of cases by families as parents do not know the whereabouts of their children employed far away.

Lessons Learnt

The problem of child trafficking needs to be holistically addressed to include source and destination areas, as well as employers, families of child domestic workers, the community, and duty bearers at all levels to deal with the root causes and prevent victimisation of children by an organised syndicate of traffickers. There is also the need for simultaneous and large scale activity across susceptible regions as the incidence of trafficking tends to move away from the intervention zones to other areas with more intensity.

The ICDS programme introduced by the Ministry of Women and Child Welfare, Government of India, which looks at setting up of Child Protection Units (CPUs) at the district level, can be a step towards mainstreaming the programme. This would help in involving community groups and local leaders, Youth Groups, families, and children to provide a protective and corrective environment for children, and also to act as a watchdog and monitor child protection services and service providers.

Plight of Child Domestic Workers (CDWs)

Some Findings and Observations:

Most Child Domestic Workers (CDWs) are girls in the age group of 11 years and above, either illiterate or who have studied up to Standard V, and get less than Rs. 200 per month as remuneration, which is sent home more often than not with children seldom having control over what they earn. These details reflect the low socio-economic status of CDWs. They also refer to the power structures of gender, age, and resource distribution in society, which put these children on a lower rung in the power ladder. This translates into their increased vulnerability towards abuse and exploitation.

Most CDWs get less than two hours of rest during the day time, and a very substantial slice of the CDW population is made to work every day without any rest during the day time. Even by conservative estimates, the average working day of most CDWs is 15 hours long. The duration of work timings for these children is far longer than even that prescribed for adults working in the formal sector. Children's articulation of their feelings about their condition in the work place presents their unhappiness towards their current life circumstances.

Most CDWs are allowed to visit their families only once in six months. However, more than one-fourth of the CDWs have been stopped from meeting their family members at least once. These children are away from their families, with no frequent contact. Given these children's social and economic powerlessness as domestic workers, lack of frequent contact with their families enhances their vulnerability. Also, if they face abuse at the work place, their opportunity to access family support is very limited.

CDWs face all types of abuse—physical, emotional, and sexual. Within each category of abuse also, these children are made to experience a wide variety of abusive situations. Child abuse is widely prevalent among the CDWs, irrespective of their gender, and is mostly perpetrated by their employers, or family members and associates of their employers. Abuse has a strong link with the child's status as domestic worker in that household.

Though a majority of CDWs do seek help for abuse-related situations, there is an almost equally strong group that does not approach anyone for help. Though many children are helped when they disclose their situation, still in a large number of instances the children are not believed, helped or are blamed when they disclose abuse. These findings represent a larger culture of apathy and indifference prevalent within society as far as this category of children is concerned. They also point towards a major paucity in terms of support systems to first encourage and empower children to seek help as and when they need it, and then to provide the required help in a sensitive, timely, and efficacious manner.

Source: A Research Study in West Bengal, Abuse among Child Domestic Workers, 2007, Save the Children, Kolkata.



Health and Nutrition



COMMUNITY LED INITIATIVES FOR CHILD SURVIVAL

AGA KHAN FOUNDATION, DELHI

Community Led Initiatives for Child Survival (CLICS), initiated by the Aga Khan Foundation in partnership with the Department of Community Medicine (DCM), Mahatma Gandhi Institute of Medical Sciences, Wardha, for provision of high quality affordable child survival services for rural communities, focuses on the role of Village Coordination Committees (VCCs) in the delivery of decentralised healthcare. The programme, built on a 'Social Franchise Model' in which the community enters into a contract with a private sector entity to produce a 'social product', promotes behaviour change communication (BCC) strategies for newborn care, and improved access to maternal and newborn health services through a cadre of Community Health Workers (CHWs).

Major Components

Key Objectives

- To create a sustainable healthcare system at the village level for improving the health status and well-being of children under the age of three years and women of reproductive age through affordable, high quality care with effective partnerships at the community level; and
- To create awareness about preventive health practices for promoting behaviour change.

Thematic Area	Health and Nutrition
Programme period	October 2003–September 2008 extended till June 2009
Location/s	67 villages in Wardha district, Maharashtra
Target group	Children under the age of three, women of reproductive age and adolescent girls, tribals
No. of beneficiaries	32,962 direct beneficiaries comprising children under the age of three, women of reproductive age and adolescent girls
Costs	About Rs. 30,000 per village per year
Donor/s if any	USAID
Contact person	Seema Pahariya, Sr. Programme Officer – Health

Organisation	Aga Khan Foundation
Address	6, Bhagwan Das Road, Sarojini House 2nd floor, New Delhi-110001
E-mail	seema.pahariya@akdn.org
Phone/s	011-23782173

Key Strategies

- Mobilisation and organisation of communities to form Village Coordination Committees (VCCs) which are responsible for decentralised healthcare delivery at the village level.
- Developing and implementing a 'Social Franchise Agreement', a document that outlines a clear set of health priorities and the means to address them.
- Using a behaviour change communication (BCC) strategy to improve access, availability, and equity of health services for the community.
- Capacity building of local partners and achieving community ownership to independently manage and sustain key health activities.

Key Activities

- Orientation of villagers to CLICS by a trained organiser.
- Formation and strengthening of community based organisations (CBOs)—women's self-help groups (SHGs), Kisan Vikas Manch, and Kishori Panchayat.
- Formation and capacity building of VCCs which provide services with the help of local Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs).
- Formation of sub-committees such as health, sanitation, and communication under VCC.
- Implementing the 'Social Franchise Agreement' through VCC.
- Identification and training of a Village Health Worker (VHW) by VCC to facilitate key positive health behaviours.

HEALTH AND NUTRITION

Monitoring and Evaluation methods used

Periodic assessment of the effectiveness of various components of the programme is carried out through:

- Collection of village level data by the community organiser.
- Collection of village level progress reports at the sector level.
- Compilation of sector level reports at the project headquarters.

The programme has developed its own Management Information System (MIS) software to generate regular data in terms of Mother and Child Health (MCH) indicators. A system of community monitoring is also in place to facilitate the participation of community members and the right to information.

Community Participation

Community participation and partnerships are key components of the CLICS intervention which start with the formation of the VCCs and strive to achieve community ownership of the programme. The VCCs which include members of CBOs, ANMs, and AWWs, are oriented on health issues in the rural area; they conduct an assessment of the community health needs, plan relevant interventions and their access, deliver appropriate services, and assure the quality of these services.

VCCs provide a platform for disseminating information about promoting action in the field of health at the village level thereby reinforcing consistency and quality in the delivery of an essential package of services. Their status as nodal agencies for developing

and managing child survival and supportive health services in the village is endorsed by the Gram Panchayat. Community involvement is promoted through the Gram Panchayat, other village level organisations, as well as through women's SHGs which are also involved in monitoring the quality of healthcare.

VCC members hold regular meetings and participate in training sessions for village health system management. They facilitate an assessment of the health needs of the community, supervise health workers, and make efforts to improve the healthcare services existing in the village. They are also responsible for selecting Village Health Workers, setting up a village fund to provide basic healthcare through Community Health Clinics, and organising special days for immunisation and growth monitoring of children. Trained Village Health Workers (CLICS doot), who are an essential component of the programme together with birth attendants, help in reducing neonatal mortality rates. They also facilitate communication campaigns aimed at promoting healthy behaviour and practices in the community.

Children's Participation

Kishori Panchayats (KPs) are promoted as a forum for the development of adolescent girls and a platform through which they can voice their needs. They are mobilised with the help of community leaders, SHG women and Anganwadi Workers (AWWs). Two members of the Kishori Panchayat are included in each VCC who are consulted on matters concerning their lives.

Adolescent girls are provided with vocational training and life skills education, as well as information on health related issues. They are active as peer educators in spreading messages about health and in organising events such as health melas. A number of KP members also take up the responsibility of providing health education to pregnant and postnatal women in their families and in the neighbourhood.

Women's Participation

There is an average of three to four women SHGs per village in the CLICS programme. They nominate their members to the VCC. The SHGs participate in disseminating health messages and also take part in organising health activities in the village. They are encouraged to identify and address their own health needs and gradually become Change Agents for improving the health in the community.

Meeting of a Village Co-ordination Committee at night.





Good Practice Indicators

Evidence

The programme has facilitated the formation of 274 SHGs, 64 Adolescent Girls' Groups, 75 Farmer Development Associations, 64 VCCs (of which 62 have a Village Health Fund), and recruitment of 89 Village Health Workers (CLICS doots); 63 Social Franchise Agreements have been signed by VCCs. Their other achievements are:

- 90% births take place in facilities.
- 23% drop in infant mortality rate (between 2006-08).
- 21% drop in neonatal mortality rate (between 2006-08).

Source: Garg, B.S. et al. 'Semi Annual Report (Oct 2007– Mar 2008) Community Led Initiatives for Child Survival programme (CLICS)', USAID, New Delhi.

Sustainability

The Social Franchise Model, which is at the core of CLICS, is inherently sustainable. If the processes are well-established and are also implemented efficiently, they increase a community's sense of self-efficacy and collective capacity to make decisions and solve problems. A village specific sustainability plan has been prepared by all the VCCs in the programme along with cost recovery mechanisms for retaining health workers and operating community clinics. There are also plans to form federations at various levels.

Replicability

The programme has been implemented in 67 villages in three sectors—Anji, Telegaon, and Gaul in the Wardha district of Maharashtra. Elements of the CLICS model have been included under the National Rural Health Mission (NRHM) and it has been recognised as a model that has potential of being adapted in other NRHM States. Identified organisations/Government representatives from Bihar, Uttar Pradesh, Jharkhand, and Maharashtra are being oriented and trained in select CLICS practices/interventions for replication in their areas.

Integration with the System

The programme has established linkages with existing Government health programmes and facilitates need based training for AWWs, Primary Health Centre (PHC) staff, and AWWs. Efforts have been made to disseminate information about the CLICS model at the district, as well as national level.

Cost Effectiveness

The CLICS intervention is not very resource intensive and does not depend on a functioning health system. For example, the average yearly expenditure in a large village (with a population of 6,516 people) is nearly Rs. 30,000 which includes honorarium to VHWs, health campaigns, and community clinic expenses. To implement child survival activities at the village level, the VCCs maintain a revolving Village Health Fund through community contributions. Apart from this, a cost recovery mechanism is in place through registration, membership, social marketing, and services provided by the Community Health Clinics. However, the programme is highly training intensive and has invested considerable time in interacting with and establishing confidence among community members.

Data source: CLICS Semi Annual Report (Oct 2007-March 2008), Aga Khan Foundation.

Conclusion

Advantages

The programme has a holistic approach to healthcare. Not only does it work towards reduction of neonatal and infant mortality, but it also helps in improving the health status of children and also the access and availability of maternal and child health services. Apart from health, it also provides other advantages as it helps to mobilise communities, builds their capacities, and creates an enabling gender sensitive environment for women and adolescent girls.

CLICS has been able to integrate the facilities of the public health system with the programme and mobilise the support of Panchayat Raj Institutions (PRIs) which have long term advantages for its continuity. It has also energised Kishori Panchayats which is one of the most dynamic groups that not only influences community members on maternal and child health issues but also mobilises support for development issues such as hygiene, sanitation, literacy, and girls rights.

Challenges

The effective functioning of the programme requires intensive mobilisation and empowerment of the community and therefore a need to invest in capacity building and supervision before the VCC can mature and take ownership. This may be an issue in its scalability. Also, village politics and conflicts among community members, especially community concerns about misappropriation of funds, may create setbacks.

HEALTH AND NUTRITION

Lessons Learnt

A village level body formed by representatives from CBOs can be successful in involving and getting the cooperation of different stakeholders. Making the VCC responsible for mobilising and managing funds leads to its self-reliance and accountability. However, it is important to clarify the roles and responsibilities of the VCC, build its capacities, and introduce mechanisms which ensure transparent accounting procedures. It is also important to adopt a community based monitoring system.

Community mobilisation and interaction can be increased by keeping the members informed about the progress on planned health activities and inviting their inputs for improved outcomes.

Formation of sub-committees such as those for education and sanitation helps the VCC to delegate responsibility and enlist active participation of community members. Capacity building of community volunteers can help them in accepting more constructive roles such as community organisers in the future which would also enhance their participation and productivity.

It is advantageous to link the community's health activities with other important issues in the lives of local people. Organising agricultural training and education for the village men and discussions on credits and saving with the SHGs can open avenues of active interaction with a wider section of the community on their health and well-being.

VCC as a Social Franchisee

The CLICS programme is based on a Social Franchising Model wherein two parties enter into a contractual obligation to produce a 'social product'. Here the Department of Community Medicine (DCM) is the 'franchiser', whereas the Village Coordination Committee (VCC) is the 'franchisee'. As per the agreement, the basic role of the franchiser is to build the capacity of the franchisee to be able to deliver the social product. The franchisee in turn promises to manage and sustain a high quality and affordable healthcare package that would serve to improve the health status of children and women in the area. The details of this contract are clearly defined in the 'Social Franchising Agreement' that is signed by both the parties.

VCC is the nodal agency for implementing CLICS at the village level and consists of representatives of community based organisations (i.e., Gram Panchayat, SHGs, Kisan Vikas Manch, Kishori Panchayat, Private Health Care Providers, ANMs, and AWWs). The village Panchayat passes a resolution to form a VCC in the village to implement and manage child survival and supportive health interventions by undertaking service delivery, promotional activities, monitoring the quality, and assuring quality of health services.

The process of developing a mission, and coming up with a vision statement and a health plan, helps VCC members to understand health issues and the ways in which to address them in their villages. Once the VCC is stable, members are made to understand the Social Franchise Agreement. They are encouraged to nominate a representative to sign the agreement on behalf of the VCC.

The agreement clearly spells out the role, responsibilities, and deliverables of the franchisee (VCC) and franchiser (DCM). Deliverables of the VCC are clubbed under 'social product' which includes activities under three categories—health promotion, service delivery, and sustainability. As the franchiser, DCM's deliverables are to undertake capacity building of VCCs on participatory rural appraisal (PRA) tools, monitoring systems, behaviour change communication (BCC), and quality assurance for the planning and implementation of activities and attaining institutional maturity to own the programme.

Once a VCC is formed and endorsed by the Gram Panchayat, the Social Franchise Agreement is signed between the franchiser and the respective franchisee. On this important day, the programme head makes it a point to be present for signing the agreement and the VCC displays the photograph of the occasion as a reminder of this partnership.

After signing the franchise agreement, the VCC begins its task of mobilising financial resources to implement the agreed activities in the village.

Source: Community Ownership of Health through Social Franchising, the CLICS programme.

MITANIN: COMMUNITY HEALTH VOLUNTEER PROGRAMME

STATE HEALTH RESOURCE CENTRE, CHATTISGARH

To enable improvements in primary healthcare, the State Health Resource Centre (SHRC) Chattisgarh launched a programme in which women volunteers, called Mitans, are identified in each hamlet to mobilise community action and behaviour change on health; they are also trained to administer drugs for minor ailments which are distributed free of cost in the village. Mitans, selected and appointed as Community Health Workers (CHWs) by the Panchayats, provide the first level of care and generate demand for health services that has had a significant impact in addressing the health needs of the community and in decreasing the infant mortality rate (IMR).

Major Components

Key Objectives

- To build knowledge and capacities of rural women to address the first level community healthcare needs and generate a demand for existing public health services; and
- To establish a statewide Community Health Volunteer programme.

Thematic Area	Health and Nutrition
Programme period	May 2002 till date
Location/s	Chattisgarh
Target group	Women and children of rural, backward, and tribal areas
No. of beneficiaries	All rural women and children in the State
Costs	Rs. 3,750 plus Rs. 2,500 (for first contact care drugs) per Mitanin per year
Donor/s if any	NRHM, Government of Chattisgarh
Contact person	V.R. Raman, Director
Organisation	State Health Resource Centre, Government of Chattisgarh
Address	Kalibari, Raipur-492001
E-mail	shrc.cg@gmail.com
Phone/s	0771-2236175

Key Strategies

- Organising women for community health action and building this as a process for their empowerment.
- Provision of immediate relief for common health problems through first aid help and through over the counter drugs.
- Improved public awareness about health issues in every family through health education.
- Improved utilisation of existing public healthcare services through increased health seeking behaviours.
- Initiating collective community level action for health and exerting pressure for better delivery of quality health services.
- Sensitising Panchayats and building their capabilities in local health planning and programmes.
- Building State and civil society partnerships to implement the programme at the State, district, and block level.

Key Activities

- Facilitating a community led selection of Voluntary Health Workers (Mitans).
- Training Mitans on child and women health and the use of a simple medical kit.
- Deployment of Mitans as health activists in every habitation in the State.
- Ensuring adequate supply of basic drugs to Mitans.
- Providing elementary health education to the community.
- Providing treatment for minor ailments and prompt referral advice.
- Establishing coordination with Anganwadi Workers/ Integrated Child Development Services (AWWs/ICDS) and facilitating the activities of Auxiliary Nurse Midwives (ANMs).
- Setting up Women's Committees and helping the Panchayats in health initiatives.

HEALTH AND NUTRITION

- Building an understanding about the programme at the village level.
- Local capacity building and local planning.
- Networking of groups at the block and district level.

Monitoring and Evaluation methods used

SHRC which has a planning cum monitoring team of 30 people carries out the programme management at the State level. District and Block Coordination Committees/Task Forces are established to oversee programme activities at their respective levels. The programme is implemented and monitored at the block level, the central unit of operation, by three coordinators per block and one women trainer per 20 Mitanins.

Special indicators have been developed to monitor the programme from the State to the village level; these have been collected with the help of training personnel and programme partners. At the village level a basic health register is maintained by the local Women Health Committee that acts as an instrument for monitoring the programme and for local health planning. Apart from periodic evaluations by partner non-governmental organisations (NGOs), an external evaluation of the programme is also carried out.

Community Participation

For effective community participation, local institutional arrangements have been promoted in the form of Village Health Committees, self-help groups (SHGs), Youth Clubs, and other spontaneous forms of community based organisations (CBOs). A number of trained and sensitised volunteers and Government functionaries facilitate these community efforts at the level of the habitation and the village, the most important of these being the Mitanins, AWWs, the village nurse (multi-purpose health worker), and primary school teachers. The community makes an effort to ensure the effectiveness of the Mitanin programme by selecting and supporting her through a Women's Health Committee, the Village Health Committee, and the elected Panchayat.

Local capacity building and local planning are integral aspects of the programme. Through interactions and training, CBOs such as the Women's Health Committee, the Panchayat health sub-committee, and other interested persons develop an understanding about health and healthcare services. This capability, combined with tools like data from the village health



Mitanins in an interactive session.

register and processes like collaboration with the Department of Health, help in the identification of local health priorities and the drawing up of local health plans.

Children's Participation

The programme does not make any mention about the participation of children.

Women's Participation

The programme empowers women by organising them for collective action to improve their health status through Women's Health Committees at the hamlet level. A pre-existing forum in the area such as a women's SHG or committees organised as part of other programmes are used as the medium for selecting Mitanins, and later for supporting and working with the Mitanins by adding a health dimension to the committee. The Women's Health Committees organise regular meetings with the help and attendance of Community Health Workers.

Good Practice Indicators

Evidence

- 70% of the Mitanins visit every single family on the first day of child birth.

- 69% Mitanins meet every pregnant woman's family in the last month of pregnancy.
- More than 75% of the Mitanins take part in immunisation day drives.
- A decline in rural infant mortality rate from 85 in 2002 to 65 in just over three years.

Source: Evidence Review Series (2008) 'Improving Performance of Community Level Health and Nutrition Functionaries: A Review of Evidence in India', The Vistaar Project, USAID, New Delhi.

Sustainability

The programme has a strong component of women's empowerment and capacity building of local bodies for initiating collective community level action. Community participation and involvement is high and networks have been established for sustainability. There is potential demand for the programme and since it is a State sponsored scheme it enjoys political support at the highest level. However, the programme requires continued support in terms of funds and training for the voluntary workforce for ensuring continuity.

Replicability

The scheme has been expanded to cover the entire State and is being used as one of the working models for the Accredited State Health Activist (ASHA) initiative under the National Rural Health Mission (NRHM).

Integration with the System

The Mitanin programme is run by a State-civil society partnership at the State, district, and block level and is integrated with the entire range of health sector reforms. SHRC which looks at the entire health reform programme of the State, designs and guides the Mitanin programme with the help of a State Advisory Committee.

Cost Effectiveness

The first phase of the programme (May 2002-March 2005) had a total budget of Rs. 240 million (for 146 blocks). The second phase, from April 2005 (for five years) has a yearly budget of Rs. 225 million and Rs. 150 million for first contact care drugs. The annual programme cost per Mitanin is

estimated at Rs. 3,750 and the annual drug cost per Mitanin is estimated at Rs. 2,500. The costs of the entire programme which benefits all the women and children in Chattisgarh, are covered by the State Government. However, as pointed out by SHRC, 'the human inputs of 60,000 Mitanins are totally voluntary and free of cost—if they are added that will come to more than 300 per cent of the total budget of the programme provided by the State.'

Data source: cbhi-hsprod.nic.in; Mitanin Programme, Chattisgarh, India: Preparing a Volunteer Force of Sixty Thousand Women for Community Healthcare Needs, SHRC.

Conclusion

Advantages

By providing a Woman Health Worker from the community for each habitation, the programme extends access to gender sensitive healthcare to the poorest. Even though the Mitanins are not formally educated, they are trained in dispensing drugs using innovative symbols and colour codes and are able to identify risk signs and provide prompt referrals. There is low dropout among the Mitanins and higher commitment as they are community based.

The programme lays stress on continuous training, support, and organisation of rural uneducated women to work for healthcare in remote areas with the help of a community based support system. Training is imparted from the village to the State level through communication messages and continuous interaction. A range of material on health related issues has been prepared to target the community including books, brochures, radio talks, and health kits.

The programme effectively increases the outreach of all existing programmes by overcoming demand constraints. Through proper orientation and awareness created by the Mitanins, the community is encouraged to make use of the existing health facilities and create pressure on the system to improve the quality of service delivery. Children and parents are mobilised to use Government health services. There is growing awareness and demand about the prevention of child mortality and exclusive breast feeding for the first six months. Above all, the programme has brought credibility to the role of community participation in the area of healthcare.

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Challenges

To have a substantial impact, the programme requires sustained political support together with systemic reforms to keep pace with the demands. Gaps in implementation may occur because of its large scale leading to a lack of adequate supervision of the processes and the voluntary nature of the health workers.

Lessons Learnt

Since it is a process intensive programme, there is need for close monitoring and corrective response by the State leadership to the problems and violations of the process at every level. The drug supply mechanism to the Mitans and a responsive referral institution back up, which are key support elements, need to be strengthened. The results are poor when there are short cuts in the key processes and if there is lack of supervision.

Women as Community Health Workers

One fundamental shift in the Mitanin programme from its immediate local predecessor—the Jan Swasthya Rakshak (JSR) programme of the Madhya Pradesh Government—was in selecting only women health workers. In Chhattisgarh the choice of the term ‘Mitanin’ made this policy change from the male dominated JSR easy. Mitans in the local tradition is a life long female friend chosen carefully and fortified by a ritual declaration that binds the two girls to help each other ‘in every happiness and sorrow’.

Women perceive healthcare as a major priority for social action.

Culturally, the health of children and men in the household is a woman's responsibility. When children fall sick even in educated families, where both the parents are employed, the woman stays back to care for them more often than men. When women fall sick other women in the household—the daughter-in-law or the daughter—are more likely to nurse them, as compared to the men. Indeed, often the problem with such cultural orientation is that too low a value is set on the woman's own healthcare needs and it becomes secondary to all her other caring roles. This cultural conditioning, however, makes it easy for women to perceive healthcare as a priority area for necessary intervention. Studies on women in elected Panchayats also bear this out. To this may be added one more reason that underlies the choice of women as Community Health Workers (CHWs). There is a lesser trend for women CHWs to settle down as quacks as compared to men. However, this trend has not been well documented.

Women reach out to women on health issues much better and with greater ease than men

For the focus of a health intervention to remain on women and children the need to recruit women as programme implementers cannot be overstated. Equally important in the Mitanin programme design is the choice of women trainers/facilitators. Being aware that the higher order of capabilities and mobility needed in training roles may not be readily available in every area, the programme starts with facilitators who can be either women or men in the selection phase. These are often men. After three to six months when the programme moves to the Mitanin training and support stage, the programme re-selects the facilitators, this time insisting on almost all trainers being women with some flexibility to accommodate the most effective men of the earlier period. This as a consequence means more investment in trainer training and the programme picking up optimal effectiveness levels at a slower rate. However, these are not adverse consequences; they also have their advantages. The effect of the local leadership becoming feminised is a significant contribution towards the goal of women's empowerment.

Source: Building on the Past: The Mitanin Programme's Approach to Community Health Action, SHRC.

INTEGRATED NUTRITION AND HEALTH PROJECT II

CARE INDIA, DELHI

CARE India with support from USAID, implemented the second phase of the Integrated Nutrition and Health Project (INHP II) in several States, with a focus on child health and nutrition. Using a two track approach of strengthening existing services and systems, mainly Integrated Child Development Services (ICDS) and Reproductive and Child Health (RCH), and engaging communities to support better infant feeding and caring practices, as well as holding the system accountable, it worked to facilitate sustainable improvements in maternal and child health and survival. At the end of its tenure, INHP II, as part of the larger umbrella programme of Reproductive and Child Health, Nutrition and HIV/AIDS, (RACHNA) which included the Chayan project for prevention of transmission of HIV/AIDS among high risk groups, recorded substantial improvements in health behaviour, nutritional status, and access to and use of health services in the target areas.

Major Components

Key Objectives

- To reduce child mortality and malnutrition through sustainable improvements in the nutrition and health status of women and children of vulnerable families; and
- To strengthen the Integrated Child Development Services (ICDS) programme and increase convergence with the Reproductive Child Health (RCH) programme for improved provision of health and nutrition services for communities.

Thematic Area	Health and Nutrition
Programme period	2001-06
Location/s	78 districts in nine States: Andhra Pradesh, Bihar, Chattisgarh, Jharkhand, Rajasthan, Orissa, Uttar Pradesh, Madhya Pradesh, and West Bengal
Target group	Pregnant and lactating women and children less than 2 years of age
No. of beneficiaries	16 million pregnant and lactating women and children under 2 years of age

Costs	Less than Rs. 100 per beneficiary and Rs. 7,000 per AWC; total programme cost is Rs. 631 million
Donor/s if any	USAID
Contact person	Mukesh Kumar, Sr. Programme Director
Organisation	CARE India
Address	27, Hauz Khas Village, New Delhi
E-mail	kumarm@careindia.org
Phone/s	011-26599580, 26599581

Key Strategies

- Strengthen existing ICDS and RCH systems while working closely with the functionaries and partners.
- Effective use of Anganwadi Centres (AWCs) in a village as a platform for convergence of health and ICDS to improve the coverage of the service.
- Focus on key areas of intervention of ICDS and health programmes, namely antenatal care, newborn care, appropriate complementary feeding, and immunisation.
- Innovate-Demonstrate-Advocate and Replicate best practices.
- Partnership with local non-governmental organisations (NGOs) to integrate local ownership and sustain programme processes beyond INHP.

Key Activities

- Nutrition and Health Day (NHD) every month on a fixed day at the AWC where take home rations are distributed and there are visits by Auxiliary Nurse Midwives (ANMs) to offer health services.
- Home contacts by frontline workers at critical time periods.
- Use of home visit planners and ready reckoners to deliver right messages to the right person at the right time.
- Use of due-list to track children due for immunisation.

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- Use of Information Education Communication (IEC) and Behaviour Change Communication (BCC) material to counsel mothers and generate awareness in communities.
- Change Agents(CAs)/Community Volunteers working with the support of Anganwadi Workers/Auxiliary Nurse Midwives (AWWs/ANMs) to mobilise communities to seek services and promote appropriate childcare behaviours.
- Building capacities of ICDS and health staff at various levels to enhance their skills.
- Community based monitoring system and block level resource mapping.
- Promote sharing of findings from the field in block, district, and State level forums for informed decision making.
- Promote participation of health and ICDS staff, Panchayati Raj Institution (PRI) members, and NGO staff in block and district level programme review meetings.

Monitoring and Evaluation methods used

CARE used a management information system (MIS) that collated information from the village, sector, block, district, and State level to enable periodic monitoring of the programme processes and management indicators. Other means of periodic programme monitoring were the three rounds of annual assessments. For the purpose of project evaluation, large scale household surveys at the beginning (baseline) and end (endline) of the project phase were conducted to get State level estimates on various programme outcome level indicators pertaining to nutritional status, service coverage, and behavioural change.

Community Participation

Interventions were facilitated in the programme to enable the active participation of communities in various processes such as participation of community based organisations(CBOs)/ Panchayat members in NHDs; programme monitoring through processes like social mapping, PRI participation in block level programme review meetings, building the capacity of mothers, families, and communities on appropriate childcare and nutrition behaviours; and identification, motivation, and training of Change Agents/Community Volunteers to mobilise communities to seek programme services. This involvement of the communities and community representatives in service planning, monitoring, and review enabled an environment of improved demand for services,

addressing social exclusion, building quality checks on services, and holding the system accountable.

The newborn care intervention, a community based package, focuses on strengthening outreach service delivery by frontline workers (ANMs and AWWs) and on improving community/ household newborn care practices. NHDs are a focal point in many villages for increasing community ownership through participation of Panchayats, CBOs, and women's self-help groups (SHGs).

The role of Change Agents in the community mobilisation and outreach strategy has been vital and the programme has also been successful in working with CBOs, elected village councils, and PRIs to create enabling conditions, generate demand for services, reduce social exclusion, monitor the quality of the programme, and hold service providers accountable.

Children's Participation

The programme does not have any provision for the participation of children as it deals mainly with very young children.

Women's Participation


The involvement of pregnant and lactating women in the programme was not only as passive service recipients but as active members of SHGs, CBOs, or Mothers Committee in various places. As part of the project strategy, more than 80 per cent of the Change Agents were women or girls.

In States where the decentralised food model is followed, women SHGs are involved in food procurement and management. These groups purchase, process, package, and distribute local food to the AWCs to be given to the beneficiaries; they are paid by the State Governments for supplying the food. This provides employment for the women, increasing their incomes and family welfare, improving their social standing in their households and communities, encouraging rural entrepreneurship, and promoting increased community involvement and ownership.

Good Practice Indicators

Evidence

- 'Low weight for age' malnutrition was reduced significantly from 61 per cent to 53 per cent across INHP II programme areas.
- There were substantial increases in the use of RCH services,



including immunisation, micronutrient supplementation (Vitamin A, Iron and Folic Acid), and home contacts by frontline workers.

- Use of ICDS nutrition services also increased, including supplementary feeding for pregnant and lactating women and 6-23 month old children.

(2001 baseline and 2006 endline)

Source: Anderson, Mary et al. *Final Evaluation (2006) Reproductive and Child Health, Nutrition and HIV/AIDS Programme (RACHNA)*, Prepared for CARE, USAID, New Delhi.

Sustainability

The major emphasis of the programme is on building the capacities of existing systems and functionaries to optimise health and nutrition outcomes and programme impact. A collective approach to work with the existing systems rather than creating a new or a parallel system, enabling participation of communities and community representatives to hold the system accountable, and partnership with local civil society organisations were used to promote sustainability of the efforts beyond INHP. The third phase of the project (INHP III: 2007-09) aims to consolidate all programme efforts to be integrated into Government systems and other responsible key local stakeholders to sustain the good practices further.

Replicability

INHP II, built upon the lessons and experiences of the first phase, was implemented in 747 ICDS blocks in 78 districts across nine States from October 2001 to December 2006 to complement ICDS' Maternal and Child Health and Nutrition (MCHN) efforts and the Ministry of Health and Family Welfare (MoHFW) programme of Reproductive and Child Health (RCH). Its design, which consists of working through and strengthening the ICDS and RCH programmes, does not involve setting up parallel delivery systems.

Through its broad strategy of 'Innovate-Demonstrate-Advocate and Replicate' the identified good practices were replicated in 25 per cent of the project coverage area, and by 2006 they had been replicated in 100 per cent area. Under the third and last phase of INHP (INHP III), the identified best practices were replicated in 21 new districts of Andhra Pradesh and Chattisgarh and 283 new blocks of old INHP II districts in eight INHP States.

Integration with the System

The project strives to strengthen the Ministry of Women and Child Development's (MoWCD) scheme, and MoHFW's RCH programme and foster convergence between them. The programme was designed to support national health programmes and build on existing State nutrition and health infrastructure. The implementation was facilitated by small programme teams from CARE, located at the district, State, and national level, and working closely with the functionaries of the ICDS programme and the programmes of MoHFW, and with a range of partners, including local NGOs and CBOs.

Cost Effectiveness

A cost analysis of the RACHNA programme undertaken by CARE shows that it is an effective low cost programme in terms of cost per death averted (Rs. 47,209). It is estimated that RACHNA averted 13,356 deaths in the five year project period (2001-06). The total maximum cost of the programme in this period was estimated at Rs. 631 million which reached more than 16 million women and children in 95,000 AWCs incurring an average expense of less than Rs. 100 per beneficiary and Rs. 7,000 per AWC.

Data source: Working paper series, paper 12: a cost analysis of the RACHNA programme-2006 CARE.

Conclusion

Advantages

The project has brought together policies, operations, and service delivery of ICDS and the Health Department for a more effective reach and higher coverage of nutrition and health services by the Government. It has identified and prioritised interventions that emerged as best practices in the previous project and evolved more direct approaches for improving targeted behaviours. The technical interventions include a set of the simplest available practices usable by families at home, and which could be 'upgraded' where feasible.

Challenges

Given the scale and intensity of the process, a major challenge is overcoming operational bottlenecks. Lack of skilled workers, high turnover of functionaries, and a wide coverage area pose

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logistical problems which may affect the quality of output.

The presence of numerous components makes the programme susceptible to problems of balancing priorities and giving appropriate attention to the overall impact.

Lessons Learnt

The effectiveness of large scale Government programmes like RCH can be improved by partnership with the private sector whose technical and managerial expertise facilitates innovation

and replication of best practices, improved capacity building of functionaries, and better community mobilisation.

Effective interventions and strengthening accountability mechanisms (internal and external) can help systems deliver despite limitations through external catalytic support and a right focus, sound technical but easy to implement interventions, good ground level planning, supportive supervision, convergence of efforts by all stakeholders, engaged communities, and close monitoring of progress and use of data for decision making.

Agents of Change

The second phase of the Integrated Nutrition and Health Project (INHP II), the USAID supported RACHNA programme of CARE India which focuses on child health and nutrition, built upon the lessons and experiences of the first phase.

To achieve its goal of 'sustainable improvements in the nutrition and health status of more than sixteen million women and children', it promoted a variety of approaches to engage communities around Maternal and Child Health and Nutrition (MCHN) issues with the overall purpose of generating demand for services, creating an enabling environment to promote and sustain behaviour change, and to hold service providers accountable for services, supplies, and information and to help in solving local problems. These included engaging community based organisations (CBOs), local governance bodies, Panchayati Raj Institutions (PRIs), and a cadre of community volunteers called Change Agents (CAs).

The objective of having a cadre of Change Agents was to create a resource of nutrition and health promoters at the community level to serve as a link between the service providers and the communities, and to positively influence both service delivery and behaviour change. They were deemed to be a good source of support for the overloaded field functionaries of the Integrated Child Development Services (ICDS) programmes and the health system, particularly for maintaining contact with specific households on a regular basis. It was also expected that having five to six Change Agents in a village would form a large resource base of volunteers to mobilise the community, as well as to ensure that the services were being provided.

In terms of the content of counseling, a Change Agent explains, 'We tell the pregnant women to eat 3 to 4 times, not to work too hard, take 1 to 2 hours rest after having the food, to consume 1 tablet of Iron and Folic Acid (IFA) in the day...because proper diet ensures that both the mother and baby will be healthy. We advise the pregnant woman to take care of the following five cleans—clean surface, clean cloth, clean blade, clean hands, clean thread—and that she should go to the hospital if the labour pain becomes unbearable.' She add, 'We ask lactating mothers to immunise their babies with the BCG vaccine after 20 days of birth and after that polio drops should be given.'

In general, the Change Agents perform the role of assisting Anganwadi Workers (AWWs). As a Child Development Project Officer (CDPO) says, 'A Change Agent resides in the same village who can maintain contact with the beneficiaries for 24 hours. She is in charge of only 10 families. She can maintain a more intensive relationship with the community in comparison to the Anganwadi Worker or the CDPO.'

Change Agents were seen by RACHNA as the 'most potential best practice' contributing to the achievement of community level behaviour change outcomes of INHP II. By the end of the programme, about 250,000 Change Agents and other community level workers had been identified, trained, and supported across the project area.

Source: Working Paper Series 11, RACHNA Programme, CARE; A Qualitative study of RACHNA Programme Processes, Johns Hopkins University – IndiaClen Programme Evaluation Network.

HOME BASED NEWBORN CARE

SEARCH, SAVE THE CHILDREN GADCHIROLI, MAHARASHTRA

The Home Based Newborn Care (HBNC) package developed by the Society for Education, Action and Research in Community Health (SEARCH) seeks to provide a community based solution to the problem of high Neonatal Mortality Rate (NMR) within the first four weeks of birth in rural India. Introduced in the Gadchiroli district of Maharashtra, where poor health service delivery denied medical attention to neonates, it was successful in considerably reducing newborn deaths with the help of Village Health Workers during its eight years of trial. Since then, the programme has been successfully replicated and its components included in national health programmes and also by other non-governmental actors.

Major Components

Key Objectives

- To reduce neonatal mortality and improve neonatal health by developing a Home Based Neonatal Care Package that uses the human potential in the community to provide low cost, primary care to newborns; and
- To train Village Health Workers to provide neonatal care, identify high risk newborns early, and disseminate health education to mothers and families.

Thematic Area	Health and Nutrition
Programme period	1993–2003
Location/s	39 villages in Gadchiroli district, Maharashtra
Target group	Rural and backward; newborns, mothers of newborns, pregnant women, families and communities
No. of beneficiaries	Population of 40,000
Costs	Approx. Rs. 300 per year per mother-newborn served
Donor/s if any	John D. and Catherine T. MacArthur Foundation, Chicago, Ford Foundation, New Delhi, Save the Children US
Contact person	Dr Abhay/Dr Rani Bang
Organisation	Society for Education, Action and Research in Community Health
Address	Shodhgram PO District Gadchiroli, Maharashtra

E-mail	search@satyam.net.in
Phone/s	07138-255407

Key Strategies

- Community mobilisation and sensitisation through health education.
- Selection and training of a resident female Village Health Worker (VHW) through community consultation and cooperation.
- Developing a surveillance system to identify high risk neonates early.
- Training VHWs to care for normal, sick, and high risk neonates at home.
- Home visits by VHWs for providing health education, healthcare, and facilitating the management of neonatal morbidity.
- Regular and supportive supervision of VHWs.

Key Activities

- Specific Training: Female VHWs called Arogyadoots are trained for diagnosis and primary prevention of morbidities through a special curriculum which includes hands-on training in the community.
- Community Sensitization: VHWs and Trained Birth Attendants (TBAs) disseminate information about care of the newborn and identification of danger signs through health education and sensitisation of pregnant women, mothers, and family members.
- Attendance at Birth: VHWs care for neonates during and immediately after birth and keep a watch for high risk newborns who need special care or referrals.
- Listing of Pregnant Women: VHWs undertake regular home visits to maintain an updated list of pregnant women in the community for registration and future follow-up.
- Regular Supervision: Intensive field supervision as an extension of training and support is undertaken for onsite training and ensuring quality performance.

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Monitoring and Evaluation methods used

A separate set of male VHWs conduct six monthly house-to-house surveys to follow-up all pregnant women, and note down all births, live or still and child deaths which are cross-checked by field supervisors. The effects of the interventions on neonatal morbidities and mortalities are carefully monitored through impact indicators. Evaluations are facilitated through baseline and prospective collection of vital rates, as well as through conducting knowledge, attitude, and practices studies.

Community Participation

The programme is centred on a community based strategy of providing care. Home Based Newborn Care (HBNC) looks at action through community mobilisation where awareness among community members is raised and they are helped to take care of pregnant women and newborn babies. Through community consultations, neonatal care and the need and possibility of new interventions are established. It is brought into the priority focus of adult males who are usually the decision makers for implementation.

The implementation of the programme is through the community based VHWs selected through the involvement and participation of the community. VHWs actively involve the beneficiary families through health education and advice and apart from remuneration, receive respect and recognition for their role and skills. The community participates in group health education using audio-visuals and group games, and individually through one-to-one interaction and counseling.

The community makes efforts to take charge of all aspects of improving the health of pregnant women and children at the village level. The intervention in effect empowers women, their families, and the community, as well as the VHW to participate meaningfully in the affairs of the village and the community.

Children's Participation

The programme does not make any mention about children's participation. As the programme concern newborns and neonates it would not be possible to have child participation in the programme.

Women's Participation

SEARCH conducts health information drives to involve and educate mothers and mother-in-laws on the care needed during



SEARCH village health workers.

pregnancy and after delivery to prevent infant deaths. In addition, local midwives and village women are trained to take care of newborn infants. VHWs are also trained to identify problems and refer ailing women to the SEARCH clinic.

Good Practice Indicators

Evidence

- Over 93% of neonates were covered in the intervention area
- Neonatal morbidity was reduced by 50%
- Neonatal mortality was reduced by 70%
- Infant mortality rate (IMR) was reduced by 57%
- Incidence of Low Birth Weight (LBW) decreased by 16%
- Infections, care-related morbidities, and seasonal increase in morbidities showed large and significant reductions


Source: Bang, Abhay T. *et al.* Home-Based Neonatal Care: Summary and Applications of the Field Trial in Rural Gadchiroli, India (1993 to 2003).

Sustainability

Conceptually, the scheme is sustainable as its implementation involves the efforts and services of local residents who are given training to identify high risk neonates and manage them at home. However, specific capacity building, regular supervision, and some financial support are needed.

Replicability

The strategy has been devised through various field based trials. It has already proven to be replicable as it has been implemented by other non-governmental organisations (NGOs) in diverse sites.



The ANKUR project (2001-05), a research study for replication of HBNC was conducted over a population of 88,000 in seven sites through seven different NGOs.

The approach has also been a part of the Indian Council of Medical Research (ICMR) sponsored and managed operations research in five different States, to scale up the model. Methods and tools of replication have been field tested and are effective. HBNC is feasible and acceptable in three types of settings—tribal, rural, and urban slums—with some modifications which were made in the tribal and urban slums. Hence, it can be replicated even in areas with a poor/non-functioning health system.

Integration with the System

The Gadchiroli field trial is primarily independent of the Government health services, except for referrals of critical cases to the district hospital. However, its integration into the existing healthcare schemes of the Government has been accomplished. The Reproductive and Child Health (RCH II) programme under the National Rural Health Mission (NRHM) of the Government of India (2005–12) includes a part of the HBNC approach in a large part of the country and the Integrated Management of Newborn and Childhood Illnesses (IMNCI) programme under NRHM has some HBNC components using a similar approach. The Government of India has recently approved the training of Accredited Social Health Activists (ASHAs) in identified aspects of HBNC during the second year of their training.

Cost Effectiveness

HBNC's field trial was initiated with the aim of developing and testing the feasibility of a low cost approach of delivering primary neonatal care by using the human potential available in the villages and to evaluate its effect on neonatal mortality. Based on a cost effectiveness study (2001-03) the annual recurring cost per mother-newborn served was estimated at Rs. 300 (\$6) and the cost per death averted at Rs. 7,500 (\$150.5). The total neonatal deaths averted during the project period were 161. However, the issue of cost effectiveness of the model at the State or national level may need to be addressed.

Data source: Home-Based Neonatal Care: Summary and Applications of the Field Trial in Rural Gadchiroli, India (1993 to 2003).

Conclusion

Advantages

The HBNC programme is rooted in consultations with and the participation of community members, and promotes traditionally

sound practices with the help of the Community Health Worker which makes it culturally sensitive. It facilitates cooperation and awareness of the mother to look after her newborn baby and provides timely care and early identification of high risk factors. It also enlists the support of other community members including male members of the family to minimise obstacles in its implementation. HBNC covered 93 per cent of neonates in the intervention area in Gadchiroli. VHWs were present for 84 per cent of the home deliveries and most families in the community were willing to let them treat and manage sick neonates. VHWs also help treat adults for minor illnesses at home thus building trust and acceptance.

VHWs have been provided a motivating environment to ensure good performance through recognition, respect, and support from the community. Effective training and regular supervision allows them to gain and apply new skills constructively. Apart from generating a feeling of empowerment and usefulness for their community the programme also provides them monetary incentives.

Challenges

The HBNC approach requires intensive training of VHWs (36 days) and field supervision (once in 15 days) to enable them to deliver quality care at home. It also requires adequate investment in training and supervision and time for building confidence and rapport in the community.

Certain factors that have played an important role in the evolution and success of the HBNC intervention package may be challenging to replicate: development and delivery by an interactive research team, better motivation and quality of managers, and high accountability and good governance.

Lessons Learnt

As HBNC is a process sensitive approach, its contents, as well as the methods of selection, training, supervision, and management should be carefully planned and followed for effective results.

The intervention focuses almost exclusively on the area of newborn care (and related issues of skilled attendance at birth) and should be integrated with ongoing efforts in other areas of Reproductive and Child Health (RCH) to ensure optimum utilisation of resources.

There is a high prevalence of myths and misconceptions in the rural areas about neonatal care and there is the need for empowering families on maternal and child health and nutrition. Evidence from this trial shows that community based VHWs can be successfully trained to undertake these tasks.

The HBNC Intervention Package

The HBNC interventions package was provided in 39 intervention villages in Gadchiroli, Maharashtra during the period 1993-2003 to improve neonatal health through a Home Based Care Package.

1. Selection and training of a Village Health Worker in each village.
2. Ensuring cooperation of the community, Trained Birth Attendants (TBAs), and the health services.
3. Making a list of pregnant women in the community, and updating it regularly.
4. Health education:
 - Group health education: using audio-visuals and group games.
 - For individual mother by home visits twice during pregnancy and once on the second day after delivery.
 - For mothers of high-risk neonates.
5. Attending to deliveries along with the Trained Birth Attendants (TBAs):
 - Encouraging the family and the TBA for referral when necessary.
 - Taking charge of the baby immediately after birth.
 - Assessment, and if necessary, management of asphyxia by following an algorithm, and using bag and mask.
6. Initiation of early and exclusive breast feeding, and supporting/teaching mothers to breast feed successfully.
7. Giving an injection of Vitamin K 1mg, on the day of birth.
8. Thermal care of the neonate.
9. Assessing for high risk status (to take extra care if present).
10. Repeated home visits (8–12) during the neonatal period to ensure breast feeding, thermal care, hygiene, and to monitor the baby for any infection, superficial or systemic (sepsis).
11. Early diagnosis and treatment of neonates with sepsis, including administration of two antibiotics—co-trimoxazole and gentamicin.
12. Home based care of low birth weight (LBW) or preterm neonates.
13. Weekly weighing, problem solving, advising, and helping mother.
14. Referral when necessary.
15. Supervision (twice in a month), support, supplies, records, performance-linked remuneration, and continued training to voluntary health workers (VHWs).
16. Vital statistics and HBNC service data monitoring.

Source: Summary paper on Home-Based Neonatal Care: Summary and Applications of the Field Trial in Rural Gadchiroli, India (1993 to 2003).

MAINSTREAMING BEHAVIOURAL CHANGE COMMUNICATION

CATHOLIC RELIEF SERVICES, PATNA, BIHAR

Catholic Relief Services (CRS), India together with technical assistance from LINKAGES/AED, USA, employed the Behavioural Change Communication (BCC) strategy to improve infant feeding practices including initial breast feeding after delivery and exclusive breast feeding for six months after birth in its ongoing child survival programmes. The intervention, which facilitated behaviour change through developing prototype BCC material, and training staff in formative research and monitoring of BCC activities, led to improved awareness and implementation of appropriate nutritional practices among mothers of children below three years, and also in the community.

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Phone/s	011-26487256-58

Key Strategies

- Use of formative research.
- Strategy development.
- Material and media development.
- Participatory training.
- Community interventions.
- Monitoring and evaluation.

Major Components

Key Objectives

- To introduce innovations to strengthen the impact of the Safe Motherhood and Child Survival (SMCS) programme and to improve infant feeding practices and maternal nutrition; and
- To build staff capacity in BCC to facilitate its mainstreaming.

Thematic Area	Health and Nutrition
Programme period	2002-03
Location/s	Hyderabad, Patna, Rae Bareilly, and Ajmer
Target group	Mothers of children 0-24 months. Children less than 3 years old
No. of beneficiaries	182,000 women and children
Costs	Rs. 15 million for the intervention
Donor/s if any	USAID
Contact person	Ms Jennifer George Poidatz, Country Representative
Organisation	Catholic Relief Services
Address	5, Community Centre Zamrudpur Kailash Colony Extension New Delhi-110 048

Key Activities

- A baseline survey of health and nutrition practices of the target community to establish benchmarks for evaluation.
- Formative research on maternal nutrition and child feeding practices to understand local dietary practices and identify affordable and culturally acceptable changes in practices.
- Conducting trials of improved practices (TIPs) and testing of strategies for their efficacy.
- Identification of key communication objectives and messages.
- Development of materials for key messages using various media.
- Designing interventions and developing an implementation plan.
- Participatory training of field staff and partners in the implementation of BCC.
- Community interventions by Village Health Workers (VHWs) through home visits, community events, and meetings with community leaders and Women's Groups.
- An endline survey to assess the extent of behaviour change and the effectiveness of the behaviour change strategy.

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Monitoring and Evaluation methods used

The monitoring and evaluation of the programme involves:

- A monthly reporting system in which data from each village is collected and compiled at the project level.
- Baseline and endline survey and data collection.
- Formative research.
- Monitoring and evaluation tools for integration into management information systems and training of staff in their use.
- Conducting process evaluation of methodologies.

Community Participation

In the SMCS programme, the activities mainly addressed identified targets, and implementation teams mobilised support and resources. In the BCC mainstreaming phase, efforts have been made to involve the community at every stage which helps in developing an environment of trust and ownership.

LINKAGES' BCC strategy has been extensive and intensive, focusing on home visits to change individual behaviour while supporting individual decisions through community empowerment. It has a trained project staff to apply the TIPs approach of 'designing by dialogue' to ensure community participation in identifying appropriate health messages.

Community interventions with the assistance of VHWs include individual counseling and negotiations, mothers' responses to recommendations for improving infant breast feeding and child feeding, involvement of mothers-in-law and husbands, and a focus on locally available nutritious food. For community outreach, nutrition activities are linked to Youth Clubs, Village Development Committees, self-help groups (SHGs), and Mahila Mandals whose members are SMCS programme participants.

Gram Panchayats have also been involved in the process. Pradhans and Panchayat members have been oriented about the objectives of the programme and they hold monthly meetings to discuss the objectives and suggest improvements. Gram Panchayats contribute towards the programme in terms of space and furniture for activities like camps, trainings, and meetings.

Children's Participation

The programme involves children in its formative research which identified one of the behaviours as giving complimentary foods by mothers only at an age of 8-9 months.

Women's Participation

The BCC TIPs strategy is extensively focused on women's participation through home visits for determining feasible and acceptable recommendations. The trials are conducted over two or three household visits wherein new practices are suggested and tried, and the reaction of the mother and her child obtained.

VHWs are all women who encourage other women to regularly attend monthly health education sessions and participate in BCC project activities. Experienced older women take part in advocacy in the community which makes the message more acceptable. This includes women's participation in communicating about initial breast feeding, exclusive breast feeding till six months after birth, and complementary feeding. Using the TIPs approach, VHWs help mothers to prepare and feed suitable complementary food to children such as rice, pulses, and mashed potatoes from 5-6 months of age and obtain children's reactions for further improvements.

Good Practice Indicators

Evidence

The LINKAGES India final report concluded that there was an increase in the following listed outcome indicators. However, the numerical estimates of these indicators were not presented in the report:

- Increase in colostrums feeding immediately after birth.
- Increase in exclusive breastfeeding for the first six months.
- Increase in feeding of complementary foods in a separate dish at six months.
- Increase in consumption of iron Folic Acid tablets in the third trimester of pregnancy.

Source: LINKAGES/AED/India, Final Report (1997-2004), New Delhi.

Sustainability

The BCC strategies were designed to fit in the activities of CRS' ongoing SMCS programme which collaborates with the Government health and nutrition infrastructure. Acquiring the cooperation and building the capacities of local partners from the Government to community based organisations (CBOs) was a key component for facilitating the sustainability of the programme.



Replicability

Inclusion of the BCC methodology throughout CRS' programmes was not possible in the short time frame. However, the BCC methodology was replicated from pilot sites to other blocks, districts, and States by other organisations. It was integrated by CARE in its Integrated Health and Nutrition Project (IHNP) sites in Uttar Pradesh and Madhya Pradesh; and by World Vision in its eight Area Development Programmes in the North Zone.

Integration with the System

The intervention was introduced at a later stage in the ongoing SMCS programme for a short duration. However, the project formulated links with Government health and child development services at the very beginning and enlisted support from the Integrated Child Development Services (ICDS) programme and the health authorities. In 2004, the CRS process evaluation recommended formalising links with Government functionaries at the stage of project conception for the smooth functioning of the programme, and for supplying health services once the demand had been generated.

Cost Effectiveness

The total cost of implementing BCC in the SMCS programme by CRS has been estimated at Rs. 15 million (\$328,961) which includes staff, consultancy, travel, training, and materials, as well as project implementation and support. Through formative research and various communication methods the desired messages of the programme have targeted 1,82,000 women and children which would amount to a cost effective sum of about Rs. 83 per beneficiary for the time period of the project. Apart from this, a change in behaviour of men and other members of the community has been accomplished to a large extent at no further costs.

Data source: Evidence Review Series (2008): Improving Complementary Feeding Practices: A Review of Evidence from South Asia, The Vistaar Project, USAID, New Delhi.

Conclusion

Advantages

The BCC intervention focuses on locale specific messages and clarity in achieving improved infant, child, and maternal health and nutrition with optimum use of varied media. It uses

communication and negotiations to promote healthy behaviour rather than by simply passing out information through health education. It also targets community leaders and family members to create a positive and supportive environment. By involving community members in its activities at all levels it helps in developing an environment of trust and a feeling of ownership of the programme.

Communities have been convinced about the usefulness of the programme and have come forward to help the project by contributing their time and resources.

Challenges

The implementation time of the BCC intervention was too short to influence all the concerned community members and ascertain sustained behaviour change. Also, certain socio-economic and cultural constraints were found to be key barriers to behaviour change for which continued efforts will be required to lessen the influence of traditional myths and misconceptions.

Lessons Learnt

Context specific and culturally appropriate BCC strategies, as well as consistent messages delivered through interactive media endorse optimal behaviour. Counseling over a period of time is required to address individual barriers/myths to dietary practices. It has been found that recommended practices are more acceptable if the people are themselves involved in identifying them or if they come from a fellow community member.

Continued efforts are required to break traditional barriers which deprive women of adequate nutrition and well-being. These need to be integrated with other interventions which facilitate the economic empowerment of women and give them enhanced access and control over resources within the home and the community.

Intensive capacity building of the community and implementing partners is necessary for sustaining the use of the innovations that have been introduced. Training should emphasise counseling, negotiation, facilitation skills, and field practice, as well as technical skills.

Links with the Government, health and child development services at the stage of project inception need to be planned; further integration of BCC interventions in the existing systems is also required.

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The Seven Change Makers

Behaviour Observed in Formative Research	Behaviour Promoted	Targets
1. Mothers start breast feeding after approximately 8 hours of child birth	Breast feeding to be started within an hour of child birth so that colostrums is ensured	Expecting women, mother-in-law (MIL), general public
2. Mothers give cow, buffalo or goat milk, honey, water etc. to the child after delivery or during the first six months together with breast feeding	Exclusive breast feeding for six months	Lactating women, MIL, husbands, community
3. Postnatal checking is not in practice and in case of problems, the TBA advises with limited skills	Postnatal visit/check up within 48 hours of child birth	Pregnant women, MIL, Trained Birth Attendants, ANMs
4. Regular check-up during pregnancy is not in practice and only in case of a problem, does the TBA or ANM (if available) provide information	Three antenatal checkups during pregnancy	Pregnant women, MIL, husband, community
5. Mothers start giving complementary food at the age of 8-9 months. Hygiene is ignored due to common eating vessels	Regular complementary food to child after six months; maintaining separate serving vessels for child	Mother, MIL, husband, community
6. Pregnant women eat lesser food than normal times due to respiratory problems, stomach disorders, indigestion, and apprehensions that the child will get compressed	Increased and frequent food intake by all pregnant women	Mother, MIL, husband, community
7. Lactating women consume normal food and no nutritional care is taken	Increased food intake for all lactating women	Lactating women, MIL, husband, community

Source: Study on Infant Feeding and Maternal Nutrition 2004, Catholic Relief Services.

UNIVERSAL BIRTH REGISTRATION CAMPAIGN

PLAN INDIA, DELHI

Keeping in mind the importance of birth registration as a fundamental right of the child and the wide discrepancies in its implementation, Plan India initiated its Universal Birth Registration (UBR) campaign in several States through sensitisation and mobilisation of partners at all levels. Based on grassroots experience, the project which aims at birth registration of all children through advocacy, awareness, capacity building, and better collaboration between all stakeholders, has achieved significant initial success in several project areas through the involvement of local individuals and organisations.

Major Components

Key Objectives

- To identify and reduce the barriers to registration of every child at birth, and building the capacity of all stakeholders to ensure that the children are registered; and
- To increase participation in birth registration by raising both demand and supply.

Thematic Area	Health and Nutrition
Programme period	July 2005 onwards
Location/s	Delhi, Rajasthan, Karnataka, Andhra Pradesh, Tamil Nadu, and Maharashtra
Target group	Boys and girls in the age group 0 -18 years
No. of beneficiaries	3,76,413 children registered till June 2008
Costs	Approximately Rs.16 million annual budget
Donor/s if any	Individual
Contact person	Arumugam Kalimuthu, Programme Support Manager
Organisation	Plan India
Address	E 12, Kailash Colony New Delhi-110048
E-mail	Arumugam. Kalimuthu @plan-international.org
Phone/s	011-46558484

Key Strategies

- Awareness Raising: Information Education and Communication (IEC) activities and media campaigns to generate mass awareness amongst different stakeholders.
- Skill Building: For facilitating capacity building of different stakeholders.
- Demonstration and Replication: Developing demonstrable models for awareness raising and improving registration rates for wider replication by the Government.
- Coalition Building: Establishing coalitions with like-minded individuals, non-governmental organisations/international non-governmental organisations (NGOs/INGOs), institutions, bilateral and multilateral organisations, and Youth Groups for institutional learning and advocacy.
- Building Linkages with the Government: Coordinating with the national, State, and district Government machinery for enforcement of the Registration of Births & Deaths (RBD) Act through regular dialogue and capacity building.

Key Activities

The activities are conducted by partners and stakeholders under the UBR campaign. In each State the strategy is built keeping the grassroots realities in mind. Some of the regular activities are:

- Awareness generation about the importance of birth registration in homes, hospitals, communities, Panchayats, and Government offices.
- Use of a variety of media such as posters, wall writings, hoardings, puppet shows, folk arts and street plays, television slots, rallies, and community radio programmes to spread the message.
- Sensitisation and capacity building of those Government functionaries concerned with the birth registration process.
- Strengthening community governance at the level of Panchayati Raj Institutions (PRIs) and community based organisations (CBOs) to decentralise the vital events registry.
- Campaign for registration and providing an identity to children in difficult circumstances, street children, and vulnerable children.

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- Training of Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs) for better reporting; of village officials to register and issue certificates; and of members of self-help groups (SHGs) and PRIs to strengthen monitoring and governance at the local level.
- Media workshops for sensitisation in different States attended by media professionals, local organisations, representatives of NGOs, State nodal agency representatives, and other Government officials.

Monitoring and Evaluation methods used

A Nodal Agency is appointed in each State which works with a network of local NGOs in various districts. These organisations form Review Committees at different levels for monitoring and evaluation (M&E) and conduct a situation analysis of the area through meetings with various stakeholders. Monthly Village Level Review Meetings are held in which members of PRIs, SHGs, and UBR Committees participate. Baseline and endline surveys are conducted at the district level to assess the status of birth registration in terms of public awareness, and the number of certificates issued.

At the State level, under the chairmanship of the Principal Secretary, Interdepartmental Coordination Committee meetings are regularly attended by Plan India representatives or by its nodal partner. At the national level, there is regular communication with the Deputy Registrar General of India (DRGI) to review the programme in different States. Joint monitoring and supervision visits are made by the nodal partner and State level functionaries. Quarterly State level review meetings are also held.

Community Participation

Community participation is a major component of the awareness campaign to forcefully spread the importance and need of birth registration, and has been achieved through community meetings and interaction with various community based groups.

Orientation meetings with other stakeholders are also held which include members of Panchayats and SHGs, school teachers, and pregnant women and their husbands to spread awareness and to enhance knowledge.

Village level meetings are carried out in the community to reach out to the maximum number of people. UBR Committees

at the Panchayat, block, and district level are facilitated to reorient employees of several Government agencies towards the significance of the campaign. Efforts are made at improving coordination with district and block level functionaries through local NGOs who are working closely with Government functionaries, building good working relationships with the officers at various levels, and identifying and making efforts at resolving bottlenecks. Joint monitoring visits with PRI members are undertaken to ensure coordination between relevant Government ministries and institutions at all levels.

To improve the supply and birth registration service delivery system, capacity building of grassroots functionaries, PRI members, and NGO workers is facilitated to make registration of births more accessible to the villagers. Training is also imparted to AWWs, ANMs, and village officials who are responsible for issuing birth certificates.

Children's Participation

Children's involvement through education, publicity, and child-to-child campaigning is instrumental in enhancing efforts at birth registration. Children have been informed and sensitised about the importance of birth certificates through school visits. Various IEC material including notebook labels have been used to improve awareness, and quizzes, posters, and other competitions have been organised. Children have formed UBR Committees, taken out rallies, and also performed plays in the community to spread messages about the importance of UBR. They visit schools, organise contests, and take initiatives to convince teachers, parents, and Government functionaries.

Children are being involved in community radio and narrow casting programmes where they can ask direct questions to the key stakeholders/Government functionaries. Bal Panchayats (Child Forums)/Children's Clubs have been formed in the implementing areas, where children discuss and take decisions on various issues pertaining to child rights.

Women's Participation

Women are one of the foremost target groups of this campaign. Pregnant women are oriented towards the importance of registering the birth of their unborn child. Mothers are encouraged to take an active part in discussions and activities. Women SHGs have been involved and are active in carrying the programme forward.



Good Practice Indicators

Evidence

- Working on UBR with 52 NGOs across 173 blocks and 27 districts in six States
- 3,766,413 children registered till June 2008
- 100,000 birth certificates printed
- 90,000 posters in local languages printed
- 3 television spots and 407 narrow casts of school radio programmes
- 4,988 wall paintings were done and 4,832 information boards installed outside local registration units
- Overall birth registration in model blocks increased to over 50% and in some it went up to 100%

Source: Plan, 'Count Every Child Because Every Child Counts: Promoting Universal Birth Registration in India', New Delhi.

Sustainability

The programme has been planned to involve communities and facilitate their ownership of the programme by helping them to adopt and internalise the value of registering births. Plan is also integrating birth registration with other issues of national importance like female foeticide, immunisation, and education which would add to its sustainability once the campaign is over.

Replicability

The campaign launched its pilot programme in Delhi and Mumbai and is now being conducted successfully in eight States in India. Plan has made efforts to link the UBR campaign with female foeticide and has launched the KOPAL project, an advocacy campaign against female foeticide in a number of States.

Integration with the System

Plan's objective is to ensure that Governments, as the primary entity responsible for birth registration, take ownership of the birth registration process. Mainstreaming of birth registration by integrating it with other Government programmes is being tried. Partner organisations have identified Government schemes under which they have an opportunity to increase their reach. For example, the Helpline Project under the National Rural Health Mission (NRHM), Gram Sampark Abhiyan, Janani Suraksha Yojana and Swasthya Chetana Yatra.

Efforts have been made to create linkages with the State for support which ensures that district/block level Government officials and village level functionaries cooperate with the NGOs and CBOs.

Cost Effectiveness

Plan India's UBR campaign works in partnership with several other agencies including Government departments, national and international NGOs, media, and elected bodies in rural and urban areas. Apart from putting supply systems in place, it also works on the demand element at the grassroots level, capacity building of stakeholders, and in simplifying processes. This multi-pronged approach, which is also State specific, affords the programme a wider reach in a short time period. Its efforts at the integration of birth registration with public services such as primary healthcare and education have been a cost effective and sustainable way of ensuring and improving the process.

As a result of the campaign, birth registration increased by 50–100 per cent in the model blocks of the programme and awareness on the need for birth registration among NGOs/ CBOs and the community also increased considerably. However, its annual budget of Rs.16 million which has facilitated the birth registration of 0.376 million children in almost four years appears high.

Data source: Data provided by Plan India.

Conclusion

Advantages

The UBR campaign works at comprehensively addressing the root cause of the problem. Apart from advocacy for amendments to the concerned Act at the local and national level, it also targets all aspects of the demand and supply of services. It creates enhanced awareness about the importance and need of birth certificates through interaction with stakeholders, better information flow between them, and improved coordination. It sensitises functionaries, officials, and institutions about their roles and responsibilities for service delivery in the process of birth registration and helps in improving their accountability. At the community level it serves to create an increased demand for birth registration through the motivation and involvement of children, parents, local Governments, and educational institutions.

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Challenges

One of the biggest challenge in achieving 100 per cent birth registrations is the apathy towards and lack of priority given to the issue by Government officials in charge of the procedure, together with their tendency to shirk responsibility and perceived extra work. Apart from this, there are functional problems arising from slow and rigid procedures and lack of coordination among the different officials and departments involved. Shortage of forms and certificates and involvement of multiple agencies add to the delay in the process of granting birth certificates after registration. The vulnerable and marginalised sections of society like slum dwellers, daily wagers, migrant tribes, and children in difficult circumstances encounter further obstacles in terms of responsiveness and the attitude of the officials and police towards them.

Lessons Learnt

Local governance bodies, AWWs, ANMs, and local people working together have led to 100 per cent birth registrations in

some districts. However, multiple agencies handling the task of reporting births, registering them, maintaining records, and issuing birth certificates at different levels creates administrative bottlenecks. Streamlining of procedures and better coordination between departments at all levels is required. Processes need to be simplified and centralised so that people do not have to run around and lose time, money, and motivation in the process. Further, the time window for birth registrations should be flexible for many nomadic communities and tribes. Sensitisation of media representatives at all levels is required for greater involvement of the media for improved awareness and accountability.

Increased ownership by the Government is a central factor for the success of the process and the Government needs to integrate the concept in its functions as an important rather than an extra responsibility as it is now perceived. A modernised civil registration system that can simplify procedures and guarantee the continuity of registering births is essential for desired results.

Eliminating Female Foeticide and Infanticide, Promoting Birth Registration

Indian society's bias for male children and its subsequent ramifications in the form of female foeticide and infanticide is a blatant denial of girls' right to protection. Only 35 per cent of the births are registered, affecting the child's first right to identity and name; this also helps families to hide foeticide and infanticide.

Girls are 50 per cent more likely to die than boys. Gender discrimination and patriarchy have resulted in female foeticide and infanticide, and the reducing number of girls under six years is a cause for alarm. Census data shows that for every 1,000 boys there are only 927 girls, and in some places this figure is as low as 760.

To discourage the practice of female foeticide and infanticide and to ensure that girls too have the right to live, Plan India initiated the 'KOPAL' project in 2005. Since then, KOPAL has facilitated a network of organisations across the four northern States of Uttaranchal, Uttar Pradesh, Bihar, and Jharkhand to work on female foeticide. As members of the Government initiated 'Pre-Conception Prenatal Diagnostic Technique' (PCPNDT) Committees, Plan partners ensure that district level activities are aligned to addressing female foeticide. By linking awareness about birth registration with female foeticide, Plan has successfully reached out to nearly the entire population in 49 districts in the States.

A major strategy of the programme is arresting the declining sex ratio and curbing its related problems of female foeticide and infanticide through a two-pronged strategy of both direct and indirect measures. While the direct measures include effective implementation of the existing legislation, indirect measures involve changing the mindset of the people in favour of the girl child.

All activities under the project aim at ensuring the widest public and stakeholder participation in an organised movement together with encouraging the participation of Government, social, and legal forces for making the programme output oriented.

Source: Plan India Annual Report 2007-2008, Plan India Newsletter July-September 2008.

REDUCING INCIDENCE OF LOW BIRTH WEIGHT

KRISHI GRAM VIKAS KENDRA, RANCHI, JHARKHAND

To break the vicious cycle of low birth weight (LBW) and malnutrition, the Krishi Gram Vikas Kendra (KGVK) initiated and implemented a collaborative effort with the Chind in Need Institute (CINI) and the Government of Jharkhand for improvements in maternal and child health. Through the life cycle approach, increased community awareness and involvement, and improved health service delivery, the project which aims to reduce the incidence of low birth weight, has shown significant results. The intervention, with its successful task force of local women health workers (Sahiyyas), has been accepted and scaled up by the Government to cover the entire State.

Major Components

Key Objectives

- To reduce the incidence of low birth weight (LBW) among children and improve maternal and child health through life cycle based community level interventions; and
- Addressing a range of medico-social and behavioural determinants of LBW.

Thematic Area	Health and Nutrition
Programme period	2004–08
Location/s	Ranchi district, Jharkhand
Target group	Pregnant women, infants and adolescent girls of tribal rural Silli and Angara blocks
No. of beneficiaries	All mothers, adolescents and children of the area
Costs	On an average Rs. 996 per beneficiary per year; total programme budget is Rs 33 million
Donor/s if any	Social Initiatives Group of ICICI Bank
Contact person	Shibaji Mondal, Director, Healthcare
Organisation	Krishi Gram Vikas Kendra (KGVK)
Address	Usha Martin Tatisilway Ranchi
E-mail	healthcare@ushamartin.co.in
Phone/s	0651-2265837

Key Strategies

- Breaking the intergenerational cycle of low birth weight and malnutrition through interventions at critical stages of the life cycle.
- Focusing on reducing child mortality, low birth weight (less than 2,500 grams) among infants, as well as malnutrition and anaemia among pregnant women.
- Establishing a village based social mobilisation network for health, and recruitment of community based health workers.
- Building capacities of Community Health Workers (CHWs) and Village Health Committees (VHCs).
- Facilitating increased demand and utilisation of health services and linking communities with existing health services.
- Improving the quality of and access to mandated health services and bridging the existing gap in service delivery.
- Introducing behaviour change communication (BCC), nutritional education, and individual case management methods.
- Convergence of community efforts, Government health functionaries, and centres at the village level.

Key Activities

- Identification of local health issues and sensitisation about the need of VHCs and Sahiyyas through Participatory Rural Appraisal (PRA) tools.
- Setting up VHCs comprising of health oriented community members.
- Selection and recruitment of Sahiyyas by VHCs and building their capacities.
- Providing training to Medical Officers (MOs), Auxiliary Nurse Midwives (ANMs), Anganwadi Workers (AWWs), VHCs, and Trained Birth Attendants (TBAs), apart from the project management team and health supervisors.
- Spreading awareness and affecting behavioural change among pregnant women and Adolescent Groups towards

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community health issues through development and distribution of BCC materials, one-on-one counseling, and health education.

- Facilitating village health planning and conducting regular events like healthy baby shows and nutrition demonstration camps at the Anganwadi Centre (AWC).
- Renovating and upgrading existing Government health facilities (Primary Health Centres and sub-centres) to ensure delivery of quality healthcare services.
- Equipping the Primary Health Centres (PHCs) and sub-centres with a supply of drugs and mandatory equipment.
- Expanding the delivery of services by setting up a referral hospital for acute cases/emergencies, 24 hour ambulance services, and mobile health vans for inaccessible areas.

Monitoring and Evaluation methods used

VHCs, which are responsible for achieving a convergence of functions between Government functionaries and the community level agents of health, also monitor the programme continuously for providing effective and accountable health services and responding to localised demands. A Project Steering Committee and Implementation Committee have been formed with the involvement of the Government and civil society stakeholders to guide and manage the programme. The implementation team includes a consultant, a coordinator, and health supervisors for the project areas. The steering committee in collaboration with the ICCI Centre for Child Health and Nutrition (ICCHN), Government officials, and CINI conducts periodic meetings. The Project Implementation Team, consisting of the Project Director, Project Manager from the Krishi Gram Vikas Kendra (KGVK) and CINI reviews the programme on a monthly basis.

For evaluation, baseline and endline population based surveys are carried out at various levels to measure LBW, maternal and child health status, and other circumstantial factors. Evaluation of existing Government health services at the village and sub-centre level is also undertaken.

Community Participation

The LBW project facilitates the participation and involvement of the community at every stage of its design and implementation. Consultations are held with village leaders, members of CBOs, and other stakeholders such as functionaries of the Government Health and Social Welfare Department.

The project has conceptualised a village based social mobilisation network, the Village Health Committee, comprising of community members, which facilitates access to and delivery of effective, preventive, and curative services for every member of the village.

With its task force of Sahiyyas, the VHCs act as the central agent in community health programmes to prepare the Village Health Plan, facilitate convergence of functions between the Government and the community, and to monitor the programme. The VHCs are appointed by the Gram Sabha and are responsible for collective action towards identifying and addressing community health problems. VHCs are also involved in the setting up and management of a Community Health Fund.

The presence of the Village Development Committees (VDCs) promotes active participation of community members in the planning, implementation, and maintenance of created assets and in ensuring Total Village Management (TVM) across sectors, with representation from all CBOs including self-help groups (SHGs), which are facilitated to empower women to tackle and promote social initiatives like the education of the girl child, safe childbirth, and awareness about health issues.

Children's Participation

One of the key interventions of the life cycle framework of the programme is behavioural change in adolescents for awareness and positive health and nutrition through dialogue and discussions. Adolescent boys and girls are mobilised into groups through peer education; these groups actively participate in the discussion making processes of the VHC to improve the status of community health at the village level. They are also trained as Peer Educators to spread awareness about health and social issues among the other young people of their hamlet.

Women's Participation

The cadre of community based Women Health Workers, the Sahiyyas, is engaged in bringing about a positive change in healthcare practices and outcomes. Selected and supported by the VHC, they play an important role as health facilitators at the level of the hamlet. They help in early identification of pregnant women and management of pregnancies, deliveries, and childcare. They encourage adoption of exclusive breast feeding for infants and complementary feeding for young children. They also facilitate access to antenatal care and referral services. These Sahiyyas not only work with the ANMs and AWWs helping them with their activities, but also act as a bridge between the Government functionaries and the community.

Good Practice Indicators

Evidence

- During the project period LBW reduced from 14.49 per cent to 8.68 per cent across the area of operation
- In the project sample area, 90.3% babies weighed 2,500 grams and more compared to the State average of around 40%
- No. of VHCs functioning effectively: 150
- No. of health delivery points upgraded and equipped: 49 (sub-centres and PHCs)
- There are at present more than 400 Sahiyyas working and managing cases at the village level
- Neonatal mortality has fallen from 69/1,000 to 54/1,000 live births
- Child immunisation has increased to 59% from just 9%

Source: Brochure, *A journey towards a healthy Jharkhand, Ranchi Low Birth Weight Project*; KGVK (<http://www.kgvkindia.com/>).

Sustainability

The LBW project has been conceptualised within the established Government health infrastructure and employs the tested model of involving communities and CBOs for providing need based services. It makes efforts to enhance the delivery of services through the principle of public-private partnership (PPP) which facilitates convergence. To create a sustainable grassroots health model, KGVK focused on building infrastructure through micro initiatives such as commissioning and upgrading hospitals and health centres and forming VHCs. Some of the VHCs also have a health fund at the community level that caters to health emergencies.

Replicability

The project, an action research study, has been implemented in two blocks of the same district. However, its success and acceptability at the local level has prompted the Jharkhand State Government to adopt the strategy as part of its State health policy. The Cohort register designed by the project has also been adopted by the Government for maintaining Maternal and Child Health (MCH) data by ANMs.

Integration with the System

Apart from facilitating convergence with Government health resources, the programme seeks to enhance various Health Service Delivery Centres established in the villages by upgrading them through public-private partnership (PPP) and integrating

them with community efforts. It also works to supplement Government efforts by promoting and enabling the capacity building of Government health functionaries.

Cost Effectiveness

The total budget allocation of the programme in the intervention area during the four years of the project is Rs. 33 million which provides nutrition and health services to pregnant women and children. Apart from the expenditure on staff, it invests in the renovation of existing health centres, setting up secondary healthcare services, and capacity building of Government staff and CHWs. On an average, the programme spends Rs. 996 per beneficiary per year to make healthcare services available. Its secondary care hospitals are self-sustaining to a large extent as they offer paid services, and it has incorporated several measures to offset its programme costs such as formation of Village Health Committees/Funds, CHWs on an incentive basis, and convergence of the programme with Government resources and facilities.

Data source: KGVK.

Conclusion

Advantages

The project that started as a programme to improve the weight of children at birth has integrated all dimensions of health including breast feeding, complementary feeding, child immunisation, maternal and adolescent health, family planning, and sanitation in its interventions. It has not only mobilised, involved, and empowered the community, but has also simultaneously worked on improving the supply of health services, providing quality care, and improved health service infrastructure. The positive effects in the villages under the programme have spread to other nearby areas in terms of awareness and demand.



KGVK Sahiyyas training in progress.

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Apart from facilitating change and making efforts to improve child health indicators, the LBW project critically examines the processes of the programme and the role of the community and health agents thereby contributing towards informing State policies and programmes in the area of maternal and child health (MCH).

Challenges

The programme works in an environment of backwardness, low infrastructure, and poor health indicators. Apart from the acute shortage of healthcare facilities, the ones that are available are inaccessible to many tribal populations settled in remote areas on difficult terrains. There is a high infant mortality rate, low rate of immunisation, and severe anaemia in the children. Girls get married at an early age and most of the deliveries take place at home. The prevalence of myths and superstitions regarding food and health practices require further efforts if they are to be overcome.

Lessons Learnt

LBW is a cause and consequence of undernutrition. A vicious cycle of low birth weight and malnutrition, which is perpetuated across generations starts at conception due to poor maternal nutrition and low gestational weight due to poor dietary intake during pregnancy that continues into childhood and adolescence. An intensive integrated programme is required through interventions at every stage of life to break this cycle.

It is important to have an efficient health supply and delivery system in place to respond to increased community demands for attaining positive health outcomes and overall health gains. Ensuring a regular supply of essential drugs and equipment, upgrading facilities at local health centres, facilitating emergency responses, and providing medical services in remote inaccessible areas through mobile medical vans, would help achieve the desired health goals.

Public-Private People's Partnership

Lota is a village about 30 km from Silli in Ranchi district. Lota was one of the most dynamic villages in the Low Birth Weight (LBW) Silli field area. The formation and strengthening of the Village Health Committee (VHC) in this village saw a long and intensive process. Sahiyyas were selected from various Tolas of the village. They have undergone training for 12 days covering inputs on antenatal care (ANC), delivery, postnatal care (PNC), newborn care, early childhood care, etc. They have been doing behaviour change communication (BCC) and cohort filling at the field level for which they are being assisted by members of the VHC.

The health sub-centre in Lota was renovated under the supervision of the VHC, which reflects public-private partnership. The project has also been able to mobilise a public health centre (PHC) doctor, Dr Shabnam Tirkey, to visit the Lota sub-centre on the first Monday of every month.

The first Monday of the doctor's visit saw an immense response in the clinic. It was extremely heartening to see Sahiyyas coming with one or two ANC/PNC clients with them to be treated by the doctor. 'When we advise the people of our village to consult a doctor, they listen to us as the doctor comes here,' says Savita Devi, a Sahiyya from Lota village. 'We bring the pregnant and lactating mothers here with us. If they had to go outside it would be difficult for them,' she adds. Dr Tirkey gets immense satisfaction at seeing the response of the people here. 'The Sahiyyas are doing their work with great sincerity. It is very encouraging for a doctor when the community extends its cooperation in this way,' she says.

At KGVK, the key to integrated rural development lies in a convergence of the efforts of the Government, corporate bodies, non-governmental organisations (NGOs), research and development and capacity building institutes and, above all, the community. This convergence is the P4 Principle of Public-Private People's Partnership:

- Public – The public sector, along with donors, comes forth with project financing.
- Private – Corporate bodies and NGOs contribute to project initiation and implementation.
- People – The people themselves are empowered through capacity building, to become the 'owners' of the project, undertaking the responsibility of sustaining the development process themselves.

Lota is a model village for replication and scaling of such public-private partnership efforts in the health sector. The LBW project has now been integrated with the public health system in Jharkhand and scaled up by the Government to cover the whole State.

Source: www.kgvkindia.com.

ANCHAL SE ANGAN TAK: COMMUNITY INVOLVEMENT TO IMPROVE CHILD NUTRITION

ICDS, RAJASTHAN

In view of the high infant mortality rate (IMR) and a large percentage of malnourished children under three years of age, the Government of Rajasthan, has initiated the Anchal Se Angan Tak (ASAT) programme in the Integrated Child Development Scheme (ICDS) programme to improve child survival, growth, and development. Using the life cycle approach, interventions have been planned at various stages to facilitate empowerment of women and adolescent girls through behaviour change and improved healthcare practices. The programme has been fairly successful in involving the community in its activities and focusing on the development of infant feeding practices and childcare for the survival and growth of children.

Major Components

Objectives

- To improve the nutritional and health status of children below three years of age, pregnant and nursing women, and adolescent girls through behavioural change in healthcare practices at the family and community level; and
- To improve child survival, growth, and development and reduce IMR and maternal mortality rate (MMR) in the State.

Thematic Area	Health and Nutrition
Programme period	2001-06
Location/s	Seven districts of Rajasthan: Alwar, Tonk, Rajsamand, Baran, Jhalawar, Dholpur, and Jodhpur
Target group	Pregnant and nursing women, adolescent girls, children between zero to six years
No. of beneficiaries	More than 1.58 million children under the age of 3
Costs	Rs. 12,971 per AWC per year
Donor/s if any	UNICEF
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Key Strategies

- Planning for action and learning how to use the life cycle approach for optimising positive stimulation and development.
- Counseling on nutrition and health at the household level with the involvement of voluntary Community Based Workers.
- Advocacy for awareness generation through communication interventions to accomplish the goals of the programme.
- Training and capacity building of Anganwadi Workers (AWWs) and ICDS functionaries to improve the quality of service delivery and access through joint action.
- Community mobilisation and participation through appropriate orientation and training.
- Empowerment of women and adolescent girls through behaviour change and development of care practices.

Key Activities

- Community mobilisation and participation through the Gram Sampark Samooh (GSS), a trained group of community workers who maintain close contact with target families for assistance and information.
- Development of Information Education and Communication (IEC) material for animators, AWWs and Anganwadi Helpers (AWHs) who have been trained to use this material for counseling women and caregivers.
- Delivering communication messages on health, nutrition, and child and mother care through use of mass media, folk media, songs, and poems in the local dialect.
- Training and capacity building of AWWs and ICDS functionaries at the district and block level in health, referral services, and psycho-social care and nutrition practices.
- Fixing one day per week for weighing and counseling facilitated by AWWs and AWHs, where all children in the village who are under six years of age are weighed.
- Maintaining regular records of mother and child attendance, children's weight, and their illnesses at the Anganwadi Centre (AWC) and facilitating referrals.

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- Provision of the Mamta Cards to families which serve the twin purpose of growth monitoring of the child, as well as the sharing of information on nutrition and health with the family and the community.

Monitoring and Evaluation methods used

Monitoring at different levels is built into the project:

- Families monitor the progress of the child on indicators of early childcare with the help of the family retained Mamta Card.
- Workers: AWWs and the ICDS functionaries have been trained in the 'Triple A' (assessment, analysis, action) approach to build their capacity in monitoring and reporting.
- Village level monitoring is done by a Sector Level Committee of AWWs and the President of the GSS every quarter to review the programme, its activities, and achievements.
- District Level Core Committee under the Chairmanship of the Zila Pramukh has been formed to monitor the progress of the project.
- State level officers of the Department of Women and Child Development (DWCD) organise review meetings at the district headquarters of each district once every quarter to review the activities and achievements.

Community Participation

The mobilisation of the community towards active learning and participation is being undertaken at each AWC by GSS, the community based action group of 18-25 members which include AWWs, the Mahila Panch of the ward, members of self-help groups (SHGs), Youth Group, women cooperatives, the local teacher, a functionary of a non-governmental organisation (NGO), adolescent girls, and an active woman of the area.

GSS members, who have been given appropriate orientation and training, review the programme and prepare a plan of activities together with the AWW, AWH, the local teacher, and the Panchayati Raj Institution (PRI) representatives in the village. GSS is responsible for the capacity building of the target families, ensuring good health practices and mobilising the community to utilise health and nutrition services.

At the AWC level, the GSS assists the AWW and Auxiliary Nurse Midwife (ANM) in regular activities, provides information and encouragement to the community about ongoing and forthcoming events, and facilitates community participation and ownership through better utilisation of ICDS.

Children's Participation

Each village has formed Kishori Balika Mandals (KBMs). These are groups of adolescent girls who come together to play a proactive role in the implementation of the activities of the programme. Adolescent girls have been trained as nursing attendants, which has helped in developing their self-esteem and in getting them gainful employment.

Women's Participation

The programme focuses on empowering women by improving their knowledge and skills. The learning process has been made more acceptable by introducing self-learning through community based women's organisations, the Mahila Mandals, which have emerged as forums for discussion on issues of concern and through which women actively participate in the programme.

Good Practice Indicators

Evidence

- Increase in the percentage of women who feed the newborn colostrums from 18% in non-ASAT areas to 47% in ASAT areas.
- Mean age of introduction of complementary food decreased to 9.39 months in ASAT from 9.92 months in non-ASAT areas.
- 1,000 GSS have been trained on early childhood care.
- PRLs in 100 villages have been sensitised on early childhood development (ECD) and ECD issues have been included in the agenda of Panchayats.

Source: Evidence Review Series (2008) 'Improving Complementary Feeding Practices: A Review of Evidence from South Asia', The Vistaar Project, USAID, New Delhi.



A Community meeting in progress for the Anchal se Angan Tak program.



Sustainability

High community participation in the activities holds promise for the sustainability of the programme. Members of self-help groups (SHGs) have been trained in making Mamta kits and sanitary napkins with cheap locally available material, an income generating activity, which establishes a strong linkage between good hygiene and its earning potential for the women. Community participation and ownership of sustainable development of the children is facilitated by GSS through better utilisation of ICDS.

Replicability

The ASAT strategy has been implemented in seven districts of Rajasthan and due to the advantages of design detail and high community participation has high potential for replicability.

Integration with the System

As part of the national and State initiative, the strategy functions in connection with the existing structures of ICDS and is well-integrated with the system having strong intersect oral linkages between various State departments such as the Department of Women and Child Development (DWCD), that implements the programme, Department of Health, dealing with delivery of healthcare for women and children, and the Panchayati Raj Institutions that help to mobilise the community and create joint action strategies.

Cost Effectiveness

Since the ASAT intervention is part of the regular ICDS programme of the Government and has been integrated with the activities of the AWC, it provides a cost effective focus on improving the nutrition of children under three years and their mothers. For each AWC, the cost of initiating and operating ASAT for one year is estimated to be Rs. 12,971. Of this about 81 per cent is estimated to be annual recurring costs, assuming that training will take place at all levels at least once a year. The programme provides counseling and referral services and better involvement of the community through voluntary workers. UNICEF provides a one-time grant for training, IEC material, and expert consultancy services. The additional cost of ASAT activities (capital and recurring costs) is estimated to be 13 per cent more than the total costs of running an AWC.

Data source: Evidence Review Series (2008): 'Improving Complementary Feeding Practices: A Review of Evidence from South Asia', The Vistaar Project, USAID, New Delhi.

Conclusion

Advantages

The ASAT strategy is well-planned and comprehensive. The training for ICDS staff has been designed for convergence of capacity building efforts and joint action in the field. The programme creates alliances with many departments such as the Departments of Health and Education and ICDS for an effective and improved service delivery. These alliances also provide important inputs; PRIs and NGOs are active in monitoring and generating awareness, and research organisations have been associated with the programme for assessment and development of relevant material.

The learning process and behavioural change has been made more acceptable by recruiting community based workers, home visits, home based counseling of women and families by ICDS functionaries, and through the introduction of self-learning through community based women's organisations.

Challenges

The programme activities are carried out by ICDS functionaries in addition to their existing duties. There is no provision for a dedicated cadre which has lead to various problems in coordination, motivation, and supervision. This may create poor distribution and insufficient allocation of supplies resulting in poor performance at the ground level.

Lessons Learnt

Sustained focus on the growth and complementary feeding practices of children, education of caregivers, and joint action has indicated positive outcomes. However, there is need for a dedicated cadre, improved training, timely monitoring, and proactive decision making at all levels, and increased guidance and support to the community level staff.

The meaningful and positive involvement of PRIs, local bodies, and communities is essential for better utilisation and delivery of services.

The Life Cycle Approach

There are certain stages in life when a person is particularly vulnerable to nutritional deprivation and its associated health problems. There are other stages when an individual is highly receptive to positive stimulation and learning opportunities. In the life cycle approach, action is planned for these stages with the aim of optimising development.

Children under 3 years

- Registration of child births,
- Immunisation,
- Growth monitoring,
- Improving infant and young child feeding practices and hence combating malnutrition,
- Keeping a watch on developmental milestones,
- Observing hygiene practices during feeding to avert diseases, and
- Encouraging parents to play with children.

Children between 3-6 years

- Focusing on promotion of early childhood learning,
- Encouraging children to attend the Anganwadi Centre (AWC), and
- Promoting enrollment of girl children in the AWC and the primary school.

Adolescent girls

- Promoting consumption of IFA tablets,
- Enhancing knowledge about reproductive and child health, and
- Activating adolescent girls to form self-help groups (SHGs) and Kishori Balika Mandals (KBMs) which are instrumental in bringing about empowerment of women.

Pregnant women

- Ensuring proper care during pregnancy,
- Arranging availability and utilisation of antenatal (ANC) services,
- Promoting home based care during delivery,
- Encouraging observation of hygienic practices, and
- Ensuring delivery by Trained Birth Attendants (TBAs).

Nursing women

- Improving their knowledge and behaviour on colostrums feeding and exclusive breast feeding upto six months,
- Inculcating proper breast feeding practices, and
- Introducing complementary feeding at the right time.

Source: 'Anchal se Angan Tak: Promoting Integrated Early Child Development – Best practices in community-based early childcare models', Department of Women and Child Development, Government of Rajasthan (2003).

DULAR: REDUCING CHILDHOOD MALNUTRITION THROUGH LOCAL RESOURCE PERSONS

ICDS, JHARKHAND

Known as the Dular Strategy, this programme was devised to combat rampant malnutrition in young children of Jharkhand. The programme adopts a life cycle approach for the care of children under three years by improving access to adequate nutrition, healthcare, and childcare information to girls and women throughout their reproductive life. It seeks to mobilise community efforts to disseminate information and encourage health behaviours and practices in daily lives through the training and empowerment of local women resource persons. Dular has demonstrated success under difficult circumstances and there has been a consistent widening of the gap between Dular and non-Dular villages.

Major Components

Key Objectives

- To prevent and reduce malnutrition and micronutrient deficiencies among children and women, and strengthening links between the community and the Government health infrastructure; and
- To develop innovative strategies to improve the impact of Integrated Child Development Services (ICDS) and to empower communities for improved maternal and infant care, child development, and adolescent health.

Thematic Area	Health and Nutrition
Programme period	1999-2005
Location/s	Four districts in Jharkhand (Jamshedpur, Ranchi, West Singhbhum, and Saraikela Kharsawa)
Target group	Rural and semi rural; Children under three years of age; adolescent girls; pregnant and lactating women
No. of beneficiaries	5.8 million women, adolescent girls and children below 3 years
Costs	Approximately Rs. 800 per child per year
Donor/s if any	UNICEF
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Key Strategies

- Promotion of a life cycle approach which emphasises interventions for adequate nutrition and healthcare practices at every stage of life.
- Community mobilisation and participation of community members for their sensitisation on health issues and orientation towards the approach for resolving them.
- Promotion of critical links between nutrition and development for adoption of better health and care practices for the holistic development of children.
- Behaviour change and development to promote positive practices and discourage negative ones through counseling and discussions.
- Capacity building of health functionaries and community volunteers to enhance knowledge, skills, and understanding

Key Activities

- Identification and training of Local Resource Persons (LRPs) at the village level to act as a link between the beneficiaries and the Anganwadi Centres (AWCs) and also to complement their work.
- Capacity building of LRPs for skill upgradation and developing strategies for eradicating myths and misconceptions about health.
- Conducting Village Contact Drives to understand community needs and priorities and mobilising action at the village level.
- Promoting safe motherhood amongst women, child survival during infancy, optimal health awareness in early childhood, and life skills education among adolescent girls.

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- Developing and adopting the use of innovative communication tools in accordance with the socio-cultural environment such as the Dular Card, the Kishori Shakti Card, and the Dular kit and training guide.
- Observing a weighing day every month at a central place in the village to conduct growth monitoring and counseling.
- Setting up small kitchen gardens in AWCs and promoting and demonstrating modified traditional recipes for complementary child feeding.
- At the family level the Dular Card and the Kishori Shakti Card are used to monitor the weight and immunisation status of the child and the consumption of micronutrients by adolescent girls.

Monitoring and Evaluation methods used

The programme incorporates monitoring and feedback at all levels of its implementation:

- At the State level, a Dular Cell monitors progress and links it to the overall quality improvement of ICDS. The members of the Task Force Team guide and monitor the implementation of the programme in the districts. The State Nutrition Cell, set up by the Department of Health, monitors the prevalence of micronutrient deficiencies. A Management Information System (MIS) cell has been established in the Department of Social Welfare for monitoring ICDS indicators.
- District Mobile Monitoring Teams have been established at the district level to monitor the implementation of the programme and to facilitate coordination among various stakeholders.
- A block level Coordination Team which includes local people, reviews and monitors the progress and develops a block plan of action as per the needs.
- At the village level, LRPs meet every week to discuss problems and possible solutions. Mahila Mandals and Kishori Balika Mandals also participate in monitoring the activities.

Community Participation

The Dular Strategy is based on direct communication between the community and the health functionaries. It depends upon the capacity of specially trained community members (LRPs), who assist the Anganwadi Workers (AWWs) at the village level to disseminate information and promote positive health behaviours. As part of the strategy, the AWW in every targeted village teams up with a small group of LRPs, who are given basic training in nutrition, childcare, and hygiene. Once trained, the team visits pregnant women and mothers of newborns in their homes to educate them about safe delivery, breast feeding, immunisation, and other essential care practices during pregnancy and early childhood. They also communicate with the villagers for developing appropriate care behaviours and conduct meetings with Mahila Mandals to discuss matters of health, hygiene, and primary care for women and children.

The LRPs support the activities of the AWC and facilitate an effective service delivery and utilisation by the beneficiaries through regular interaction with the Anganwadi Workers/Auxiliary Nurse Midwives (ANMs). They facilitate the formation of community networks and organise weekly meetings.

The strategy seeks to mobilise people at multiple levels, from Village Health Workers and village residents to block, district and State level Government officials involved with ICDS. A two-day Village Contact Drive in which the whole community participates uses interactive methods and demonstrations to increase awareness and involvement of community members.



Women in Jharkhand with their children.



Anganwadi workers get together before starting work.



Children's Participation

The programme seeks to provide adolescent girls optimal learning in crucial education and to empower them by making information on health, nutrition, and psycho-social aspects available to them. Kishori Balika Mandals (KBMs) have been formed to mobilise adolescent girls, and for creating awareness through capacity building and life skills training.

Women's Participation

Intelligent and committed women from the community are chosen to serve as LRPs who inform the community about ICDS services, motivate more women to participate in AWC activities, provide information about nutrition and health, and promote positive care behaviour. LRPs that attend a single AWC join together to form a Local Resource Group in order to provide a forum of discussion to find solutions for nutrition and health problems in the community.

Good Practice Indicators

Evidence

- Dular villages had a significantly higher rate of colostrums feeding (84%) as compared to the non-Dular villages (64%).
- Difference in malnutrition rates (underweight) was reported between the Dular and non-Dular villages (55.5% versus 65.4%).
- There was lower stunted population in the Dular villages (61.8%) as compared to the non-Dular villages (72.0%).
- Wasting was seen to be lower in the Dular villages (9.3%) as compared to the non-Dular villages (14.2%).

(2005 Evaluation; Achievements as compared to control group, no baseline comparison)

Source: Evidence Review Series, (2008) 'Improving Complementary Feeding Practices: A Review of Evidence from South Asia', The Vistaar Project, USAID, New Delhi

Sustainability

The aim of the project is to enhance existing infrastructure and to create community ownership over ICDS and to achieve this, the strategy seeks to empower the community and create required linkages for sustainability. The presence of local community

women as health workers has helped to sensitise the community about the benefits of the programme.

Replicability

The Dular Strategy, which emphasises on the involvement of the community and on creating a demand from within, has been successfully field tested for replicability. Dular is being implemented in four districts of Jharkhand and has been replicated in five districts of Bihar, which have a similar socio-geographical environment.

Integration with the System

The Dular Strategy is being integrated with ICDS across Jharkhand. In order to achieve the goals set for the project, strong inter-sectoral partnerships and networking have been developed among ICDS, the Department of Health and Family Welfare, Medical Colleges and non-governmental organisations (NGOs). A critical component of programme implementation is continuous coordination between the Government, experts, and programme staff which is affected through:

- Setting up a Task Force at the State level consisting of experts from health, nutrition, and child development to assess communication needs, develop a training strategy, and act as a resource agency for training programmes.
- Setting up block and district level Coordination and Support Teams that include locally selected people to manage the logistics and finances of the programme.

Cost Effectiveness

Dular is a cost effective strategy for implementing ICDS with emphasis on neighbourhood based local resource persons and grassroots community services. The programme follows a low cost approach by involving families and the community to focus on a relatively small number of behavioural changes. Keeping in mind the far greater outreach capacity of Dular with the help of LRPs, who provide voluntary services, the intervention can have a considerable impact on the health status of women and children. The cost of Dular services excluding ICDS costs works to approximately Rs. 800 (\$16) per child per year which is a cost effective instrument for reducing child malnutrition.

Data source: Tamara Dubowitz Evaluation Report (2004) 'The case of Dular: success and growth despite the odds: School of Public Health', Harvard University, Harvard.

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Conclusion

Advantages

Dular is a low cost replicable strategy, which facilitates the involvement of the family and the community towards improved child growth and uses advocacy and social mobilisation to create a demand for the programme from within the community.

The programme creates a 'working together environment' for ICDS and health teams through innovative capacity building strategies at the district level. It attempts to improve specific positive health behaviours at each stage of life, and reduce or eliminate entrenched cultural and behavioural practices. Since the team is made of local people from the community, parents respond positively.

The Dular Strategy is based on simple and affordable home based interventions. It is flexible, empowers individuals and communities, and provides them with tools, knowledge, and resources, to solve the problems as they perceive them.

Challenges

Low infrastructure and poverty in the areas where the programme is being implemented are a setback for attaining greater impact.

The effective implementation of the programme also relies on the relationship and coordination between the AWWs, LRPs, and Government health functionaries, as well as the integration of the activities at all levels.

Local governance is informal in the absence of Panchayati Raj Institutions (PRIs) which may create delays in implementation and lead to the lack of systematic management of the programme at the village level. LRPs are not compensated for their work, which may lead to decreased motivation and work output.

Lessons Learnt

By recruiting village level workers who are culturally acceptable and easily available, and providing them appropriate training, it is possible to affect positive changes in a relatively short period of time.

Understanding the existing misconceptions and associated harmful healthcare practices of the community is important in addressing them in an environment of cooperation and participatory learning.

The existing facilities and machinery of the ICDS programme can be optimised with the help of creative strategies and active participation and contribution of grassroots level functionaries to facilitate wider and deeper impact.

Local Resource Persons: Making a Difference

The Dular Strategy mobilises and motivates village based workers called Local Resource Persons (LRPs) to assist Anganwadi Workers (AWWs). LRPs are volunteers, each of whom is responsible for approximately 20 households. They provide ongoing support to mothers for proper feeding of young children, nutrition education, and assistance in the management of illnesses.

Ronit ab thik hai...

Ronit is the first son of his parents. In spite of all the care and guidance provided to his mother by the village Anganwadi Centre (AWC), he was born in the seventh month. His weight was only 1.7 kg, which after the first week further reduced to 1.5 kg worrying everyone in his family. The AWW, LRP and the supervisor came together to give this a serious thought and took matters in their hands. Ronit's mother Poonam and her in-laws were counseled on taking special care of the child and regular follow-up visits were made. Regular weight monitoring was undertaken to make a note of the improvements. And soon, the care practices started giving results. Ronit is now eight months and weighs 7 kg. When his mother Poonam was asked about Ronit, she had a happy smile on her face and said, 'Ronit is fine now (Ronit ab thik hai), and we celebrated his Annaprashan at the Anganwadi Centre when he completed six months.'

Dono badh rahe hain...

Twin brothers Kush and Badal weighed only 1 kg each at the time of their birth. Their mother was not aware of the importance of colostrums feeding and exclusive breast feeding. Despite repeated counseling by the AWW the mother was not able to take proper care of the children. The LRP then actively involved herself and adopted the twin brothers. The children were fed frequently and were given supplementary feeding after six months. Her regular visits and intensive care and support to the mother finally started giving good results. Now, after 13 months both Kush and Badal have gained weight and achieved the normal status. Their mother is happy that they are both growing well (Dono badh rahe hain).

Source: Report on 'Strategy to promote early childhood care survival, growth and development', Department of Social Welfare, Directorate of IC D S and Government of Jharkhand.

KANO PARBO NA: POSITIVE DEVIANCE APPROACH FOR BETTER CHILD NUTRITION

ICDS, WEST BENGAL

To counter the widespread occurrence of malnourishment in children under three years of age in West Bengal, an innovative approach has been evolved under the Integrated Child Development Services (ICDS) programme, which involves capacity building of nutrition functionaries and mothers of young children. Challengingly named Kano Parbo Na (why can't we do it?), it has allowed the community to discover successful strategies and practices among caregivers that help some children, termed Positive Deviants (PD), to stay healthy and grow well without access to special resources. Through this strategy, ICDS and its community partners have been able to reduce malnutrition substantially and also promote good childcare practices.

Major Components

Key Objectives

- To reduce the prevalence of undernutrition among children under three years of age using a community based approach; and
- To emphasise behavioural change and achieve desired results through participatory learning and community mobilisation.

Thematic Area	Health and Nutrition
Programme period	2001-05
Location/s	Dakshin Dinajpur, West Benga
Target group	Mothers of children 0-3 years, parents
No. of beneficiaries	Over 1,22,000 children
Costs	Not available
Donor/s if any	UNICEF
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Key Strategies

- Mobilising the community through participatory processes around the Positive Deviance Approach which seeks to identify child feeding practices by mothers of healthy children in the community.
- Emphasis on healthy childcare practices through community based management of malnutrition.
- Creating partnerships and convergence between service providers, the administration, and implementing non-governmental organisations (NGOs).
- Capacity building of childcare functionaries and community members through interactions and reviews.

Key Activities

- Orientation and training of Community Health Workers on the Positive Deviance Approach.
- Mapping villages and drawing colour coded charts to identify and indicate the nutritional status of each child in the target area.
- Practical training of mothers and caregivers where they learn child healthcare and feeding practices and apply them at home.
- Weighing of all children under three years of age and facilitating discussions among caregivers to analyse the situation.
- Identifying best care practices in the community and motivating families to adopt them through participatory learning during Nutritional Counseling and Childcare Sessions (NCCS).
- Providing information on related healthcare issues such as early registration of pregnancy, low birth weight (LBW),

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breast feeding, immunisation, and supplements.

- Information Education Communication (IEC) activities and dissemination of information on improved childcare practices which include management of simple childhood illnesses.

Monitoring and Evaluation methods used

- Mother and Child Protection Card: This household based card facilitates monitoring of health and growth milestones for a pregnant woman and the child in the 0-60 month age group.
- Community Growth Chart: This facilitates monitoring of the nutritional status of all the children in the community.
- Nutrition Surveillance Project: This uses a system of data analysis at different levels of the hierarchy, starting with the Anganwadi Centre (AWC) and moving through project, district, and State level with the help of simple indicators and geographical mapping.

Community Participation

The programme is based on an integrated partnership between childcare functionaries and community members, and facilitates their capacity building through use of local resources. The Positive Deviance Approach focuses on the inherent strengths of the community and emphasises on desired behaviour change through participatory learning. Mothers and other caregivers are encouraged to discuss and share their childcare experiences during NCCS meetings and to identify good child nutrition and health practices prevalent in the community. They are also sensitised to better antenatal practices and psycho-social care of the children.

The community takes part in collective feeding sessions for underweight and malnourished children organised at the AWC in which they bring identified nutritious food which is mixed with rice and pulses provided by ICDS. Hands-on training in preparing and feeding infants together with other healthy practices is provided for 6-8 months during which time the children are weighed regularly. This is followed by practice sessions at home.

The community is also involved in the following activities:

- Formation of village committees and other community based groups.
- Creating awareness about child health issues through cultural methods.
- Holding fairs and picnics for health awareness.
- Organising proactive discussions between social groups and institutions.

- Participating in capacity building sessions.
- Creating partnerships with non-governmental organisations (NGOs) and Panchayati Raj Institutions (PRIs) for better implementation.

Children's Participation

The programme does not mention anything about child participation, as it is primarily concerned with very young children.

Women's Participation

Women are the primary participants in the programme. They meet at the AWC to provide support and create active groups. They also form self-help groups (SHGs), and in some cases run income generation programmes. Each SHG group member is made responsible for one mother in the community to teach/motivate her towards the PD Approach.

Good Practice Indicators

Evidence


The district of Dakshin Dinajpur was one of the first to adopt the PD Approach to address malnutrition. The district has recorded a reduction in moderate and severe malnutrition from 25 per cent to 5 per cent in two years (baseline February 2003, endline April 2005) in 168 AWCs.

- In March 2003, most districts had a weighing efficiency (0-3 years age group) of less than 50 per cent. In a span of 24 months, five districts achieved a weighing efficiency of more than 70 per cent, while the average reached over 60 per cent.
- Among the six-month-old children, 37 per cent in the PD area and 19 per cent in the control area started receiving complementary food at six months. The complementary feeding was started at six months in a relatively higher proportion of children in the PD area, as compared to the control area.

Source: UNICEF (2005) 'Addressing Malnutrition through Surveillance and innovative Community based Strategies— A Knowledge Community on Children in India publication', (<http://www.kcci.in>).

Sustainability

The PD Approach seeks to identify child feeding practices and behaviours of mothers with healthy children. These PD behaviours are acceptable and affordable, easily imitated by mothers of the malnourished children and are hence sustainable.



The programme relies on building the intrinsic strength of the community and working towards better utilisation of the existing health infrastructure through building their capacities.

Replicability

The community based intervention for the reduction and prevention of malnutrition, i.e., the PD Approach, has been replicated in three other districts of West Bengal—South 24 Parganas, Murshidabad, and Purulia—and its significant results have paved the way for scaling it up throughout the State.

Integration with the System

The programme runs in collaboration with the Department of Women and Child Development and Social Welfare. AWCs and ICDS functionaries play an active role in the PD Approach.

Cost Effectiveness

Though cost data is unavailable, the PD Approach is a low cost model for reducing malnutrition which utilises the existing ICDS structure in West Bengal to accelerate services. It identifies cheap locally available nutritious food which some families feed their children, as well as health seeking, caring and hygiene practices. It uses the services of existing functionaries and groups for required activities and advocacy such as Anganwadi Workers (AWWs) who help and counsel mothers at the AWC, and SHG members who are individually made responsible for one mother in the community. However, the development of the model has been cost intensive and the programme needs to be well sustained

for a longer duration to achieve substantial improvements in the nutritional status of children.

Conclusion

Advantages

The PD Approach focuses on the innate strengths of the community and draws on the untapped resources available within it which add to the self-esteem and capabilities of community members. It creates awareness and an environment of acceptable and faster change for improved childcare practices.

The programme makes extensive use of easily interpreted visual material in the form of colour coded charts depicting the health status of each child and displays it prominently in the AWC which creates a psychological impact on the mother to improve the health status of her child. It also creates a 'Ripple Effect' resulting in an improvement in the nutritional status of siblings.

Challenges

It requires long periods of programme implementation to have a visible impact on the prevalence of underweight and wasting since children take time to show significant improvement. The success of the programme to a large extent depends on the motivation and commitment of community members and health workers.

Lessons Learnt

The programme has to be well-sustained and implemented for increased durations as it takes time to achieve substantial improvement in the nutritional status of children. It was found that the impact of the programme was better wherever PRIs and Village Health Committees were involved. Therefore, there is the need to revitalise community based groups and local governance systems and also to ensure better participation by them.

Since the PD Approach is an integral part of the ICDS programme, regular capacity building in terms of process and motivation needs to be provided to ICDS functionaries. The Child Development Project Officers (CDPOs) and Medical Officers at the Primary Health Centres (PHCs) should also be trained and sensitised to the concept of Positive Deviance to enable them to actively participate in the programme. The involvement of capable and committed local NGOs in the implementation of the programme could be useful for its scaling up.



Discussion in a Kano Prabo Na meeting.

HEALTH AND NUTRITION

Ami Nischay Parbo (We can certainly do it)

It seems as though the Anganwadi Centre (AWC) in Bharu Ramkrishnapur, a sleepy village in South 24 Parganas district of West Bengal is hosting a 'picnic'. The community kitchen is teeming with activity, toddlers happily banging their spoons on the steel plates filled with food while mothers are coaxing their young ones to have another morsel. Amidst all the noise and laughter, Kavita Naskar the energetic Anganwadi Worker is busy supervising the feeding session: 'bachcha thake aarek tu dao' (give the child a little more) she calls out to one mother.

This 'picnic' is actually a collective feeding session for underweight and malnourished infants under the Positive Deviance (PD) Approach, an intervention aimed at reducing malnutrition among children under three years of age in West Bengal. Under this initiative, behavioural change is emphasised through participatory learning and community mobilisation to bring about desired results. Malathi Das, a health worker under the Integrated Child Development Services (ICDS) explains, 'The idea behind this exercise is to share the best feeding practices that exist within the community.'

The guardians of the children bring food including vegetables, fish, and eggs to the Anganwadi Centre. The ICDS programme provides the centre with rice and pulses. All this is cooked together and a nutritious meal is fed to the children once in a day. For 12 days in a month, mothers with undernourished children follow this regime. This is followed by an 18-day break wherein caregivers monitor the feeding practices in the respective child's home and record progress. Every month the malnourished child is weighed and in most cases, mothers find their children gaining between 100 and 600 gm in weight—a pleasant surprise and a great morale booster for them.

Mangala Karmakar, one of the workers associated with the PD Approach in Bishnupur block where Bharu Ramkrishnapur is situated, explains that PD has had a major impact in tackling malnutrition in the villages. The village is mapped and charts drawn indicating the status of each child under different grades as per its nutritional status in the village. The charts stating the health status of each child are prominently displayed in the AWCs creating a sort of psychological impact on the mothers to improve the status of their children.

Encouraged by the positive results of this intervention, more and more districts are coming forward to introduce the PD Approach in their villages, and Government departments like the Health and Family Welfare Department are getting involved in the process. J Sundara Shekhar, former Director of Social Welfare, Government of West Bengal sums up the success of the PD programme aptly: 'Instead of the slogan Kano Parbo Na, the new slogan for Positive Deviance in West Bengal should be "Ami nischay parbo" (We can certainly do it).'

Source: www.unicef.org.

Findings, Observations, and Learnings

There is an urgent need to find ways of reaching out in a faster and more efficient manner if India has to fulfill its commitments towards the Millennium Development Goals (MDGs), and facilitate the fulfillment of basic rights for its millions of deprived children. The Government's efforts to mitigate the plight of these children have been inadequate and incomplete and require approaches and methods that are conducive to wider access and reach. Community participation is being increasingly considered by Governments and development organisations as central to the success of child welfare programmes as it makes changes both acceptable and sustainable.

The active participation of the community offers high potential and scope for improving the chances of success in child development programmes. It increases demand, involvement, and support and helps mobilise the people and give them, especially the poor and disadvantaged, the right to be involved in decisions that affect their lives, as well as in helping them develop useful skills and knowledge.

Community participation encompasses various types and degrees of activities and involvement by different categories of community members and community based groups. The World Health Organisation (WHO) has defined community participation as 'a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning developing and delivery of services and in taking action to achieve change.' The final desired outcome is community ownership wherein local people have control over the programmes and continue to run them even after the external support is withdrawn.

In the context of this study which focuses on the marginalised and disadvantaged sections of society, community participation would be relevant only if there is representation of vulnerable groups such as Scheduled Castes and Scheduled Tribes, minority groups, and particularly of women and children whose views and feedback into the programme could help ensure benefits to those who have been traditionally excluded from decision making.

This chapter focuses on the **findings** in terms of major processes of community participation which emerge from the study; **observations** to understand the needs and challenges of community participation in each thematic area; and finally the **learnings** that could help facilitate implementation of good

practices with the involvement of the community according to the context and needs of disadvantaged children. It may be noted that the practices mentioned to highlight findings and observations are only illustrative and do not reflect all the practices that follow the same processes/aspects.

4.1 FINDINGS

Just as there is no simple definition of community participation, its assessment is also just as complex. Experts are of the opinion that community participation should be viewed on a continuum and as a set of practices rather than as an outcome of an intervention. The study, with the help of the literature review and field work tried to identify some **key processes** that build social capital and enable, improve, and sustain community participation across all areas of children's Education, Protection, and Health and Nutrition to a variable extent.

Generating awareness and raising demand for services

Community awareness and sensitisation provide information and improve the understanding of issues which in turn create a demand for services and resources. This is usually undertaken through creative and locally appropriate methods using effective media and communication tools such as dance, drama, rallies, workshops, and posters to attract and retain interest. Public meetings and group consultations at the habitation, village, and block levels, as well as individual counseling may also be held. Often mass media is channelised through radio, television, and print campaigns.

From generating awareness to creating mass movements, this process can be effectively utilised to persuade and orient communities towards general and specific issues. In Uttar Pradesh, the Centre for Rural Education and Development Action (CREDA) used it extensively in its campaign, 'Eradicating Child Labour through Education', to withdraw helpless and suffering child workers engaged in carpet looms all over the region. Plan India, in its birth registration awareness campaign amongst different stakeholders in various States has used a wide variety of Information Education and Communication (IEC) activities including the use of wall paintings, puppet shows, information boards, and community radio and television slots in different languages while its Goodwill Ambassador is a famous film personality.

Mobilising communities and sharing responsibilities

Communities can be mobilised to participate in the improvement of their children's well-being in terms of education, health, and protection for suitable action. This is facilitated by providing a forum for all members to participate in discussions and make decisions that affect their lives. The community integrated schools initiated by the Bodh Shiksha Samiti (BSS) in the slums of Jaipur have not only involved the community in their educational activities but the community has allowed it to use any suitable part of the locality for classes. Children can be seen studying in houses and community buildings with community members providing support and supervision.

The process also encourages responsibility for carrying out required tasks by the members, and ownership for taking the activities forward by the community with the help of local leaders. In the remote areas of Leh a dramatic transformation was made possible through this process when the local people were motivated to manage and monitor the failing Government school system in the State to bring a positive change in the education of their children through the Village Education Committees (VECs).

Sustained engagement and confidence building

Communities need to be involved on a sustainable basis for any programme to show appreciable results. It is also important to build a relationship of trust with the members through a transparent and participatory approach for creating responsive communities. The Integrated Nutrition and Health Project (INHP II) programme of CARE India which provided critical interventions in prenatal and antenatal care, as well as in nutrition essentials, food supplementation, and immunisation to achieve sustainable success in the nutrition and health status of vulnerable women and children facilitated the active participation of communities through various processes of community engagement such as identification, training, and motivation of community volunteers (Change Agents), participation in Nutrition and Health Days (NHDs), and building capacities of mothers, families, and functionaries on childcare and nutrition behaviours.

However, it takes time to be accepted by community members, and to be able to influence cultural, religious, and social norms and practices in a community. It has been seen that the process of building trust is slow and complex and requires the implementing organisation to have a consistent and committed leadership. For the Alwar Mewat Institute of Education and Development (AMIED), convincing the extremely backward and orthodox Meo Muslim community of Rajasthan for the education of girls required working in difficult circumstances; this was made possible only by a continuous and patient process of dialogue and confidence building over time.

Establishing strong community based organisations

Community based organisations (CBOs) are associations, collectives, self-help groups (SHGs), etc. which have localised or village based presence and can be formal registered legal entities or informal organisations owned and managed by community members themselves. They are also non-profit, service oriented, and voluntary, and to a large extent their formation ensures accountability, legitimacy, interactivity, relative permanency, and collective action.

Many practices in this study have promoted the establishment of strong Education, Health or Protection Committees to strengthen community involvement for sustained participation and action. In more than 60 villages of Wardha district in Maharashtra, the Community Led Initiative for Child Survival (CLICS) implemented by the Aga Khan Foundation in partnership with the Department of Community Medicine (DCM), Mahatma Gandhi Institute of Medical Sciences, has facilitated the formation of active Village Health Committees (VHCs) to create a sustainable healthcare system at the village level. In West Bengal, the several Anti-trafficking Committees (ATCs) and Child Protection Committees (CPCs) established in both source and destination areas to repatriate and rehabilitate vulnerable children by Save the Children in its campaign against Child Domestic Labour (CDL) have formed a network to collectively thwart the attempts of agents to traffic children.

Building capacities and providing support

This is probably the most important component of an optimum community participation process and also the most resource intensive. A major part of the programme funds and time have to be spent to enhance relevant skills, create enabling environments, and provide support and supervision. In this process it is essential to have an ongoing programme for upgrading individual skills, as well as group capacities which can facilitate improved participation by the community in planning, monitoring, and even managing the funds of the programme.

It has been seen that programmes that maximise the utilisation of human resources within a community have a more sustainable and meaningful participation. The cadre of local Community Health Workers (Sahiyyas) and Village Health Committees (VHCs) established, supported, and trained by the Krishi Gram Vikas Kendra (KGVK) in two blocks of Ranchi district, not only helped to create a demand for health services and supplies but also prompted the community to become involved in managing its own healthcare needs. From 1993 to 2003, the Society for Education, Action and Research in Community Health (SEARCH) conducted field trials in rural Gadchiroli, Maharashtra to reduce the prevalent

high neonatal mortality rate due to inadequate access to health in rural communities. The positive results were made possible through consistent support and a package of Home Based Newborn Care (HBNC) delivered by resident and literate Village Health Workers (VHWs) who were provided intensive training for one year.

Involving and strengthening local governance

Good governance at the local level is necessary to affect changes and implement them in an organised, acceptable, and accountable manner. It has been observed in some of the practice areas that the absence of local governance may lead to a leadership vacuum and problems of continuity while their involvement facilitates benefits for the whole community. Involving Panchayats and Municipalities encourages decentralisation and ownership of the processes. However, it is also important to strengthen their capacities and competencies for transparency, team work, and better mobilisation of resources.

Bachpan Bachao Andolan (BBA) has made efforts to convert villages across the country into rights based child friendly democratic platforms (Bal Mitra Grams) by helping in the formation of active Children's Panchayats and linking them with the village Panchayats for their voices to be heard and for their needs to be fulfilled. It also provides support to these local governance groups for greater access to resources and services to ensure child rights. Save the Children's Campaign against Child Domestic Work in West Bengal, effectively involved Panchayati Raj Institutions (PRIs) at different levels to create strong community based groups and also to get resolutions passed and social sanctions taken up against child labour and trafficking by elected members.

Addressing inequities and improving access

Practices that facilitate the involvement of all categories of people in an area can establish better community involvement and opportunities for their development. Creating an enabling environment, where economic, caste, class, and gender inequalities do not block access to common resources and services, and facilitating equal opportunities and the right to be heard, ensures comprehensive community participation. Through increased awareness, access, and avenues of reducing poverty, and decreased inequality and conflicts, an environment of holistic participation can be achieved.

Loreto Day School, Kolkata in its role as a model inclusive school has facilitated the integration of deprived children with its regular students and has created possibilities for their empowerment and mainstreaming through equity and inclusion. Another institution that has been involved in providing access to quality education to the backward castes and minorities on the outskirts of Jaipur is Digantar, whose Alternative Education Programme (AEP) has

been working on a small scale since 1979 to empower these deprived communities and vulnerable groups, especially girls, through education in a democratic environment.

Empowering women and encouraging their active involvement

Apart from facilitating the participation of women to resolve gender inequity, any development programme for the benefit of children requires the involvement of women for better implementation and outcomes. All good practices have made efforts to incorporate elements of women's empowerment through awareness building, capacity building, and income generation avenues. In this regard female SHGs have been the most popular and viable CBOs which have helped women to become self-reliant and improved their status in the community. Apne Aap Women Worldwide has helped establish special Anti-trafficking Self-Help Groups (ATSHGs) that empower women of disadvantaged communities caught in the intergenerational sex work trap to break the vicious cycle of poverty and human trafficking and to equip them with skills that make it possible for them to live a life of dignity with their children.

The community supported Pre-school Programme initiated in several States by Pratham consciously supports and trains young women from the community where a Balwadi is established to work as teachers and supervisors in the Balwadi centres and also to run the centres in partnership with Pratham.

Involving children and incorporating their views

Child participation is integral to addressing child rights and requires that their views, perspectives, and priorities be addressed by the programme of which they are the chief beneficiaries. This entails an understanding of children as individuals and building their capacities for informed participation. Enabling child leadership and involvement in programmes compels the community to act and deliver. It also empowers children to become aware of their entitlements and negotiate their needs with the family and the community. Mahita, a Hyderabad based NGO has been working in the minority occupied slums of the city to facilitate the education and empowerment of girls; it has also been working to bring about a community movement for change and progress. Apart from other activities, it has facilitated the formation of strong Child Clubs that participate in various forums and present their demands and needs and also help other children to access the benefits.

Salaam Balak Trust (SBT), a Delhi based NGO has been working with street and runaway children to educate, empower, and mainstream them into society. In this effort it involves the children to act as Peer Educators, counselors, and ambassadors for

reaching out on a one-to-one basis to other children in difficulty. This not only facilitates a better response from the children but also allows their suggestions and feedback to be incorporated in the programme.

Engaging all stakeholders and creating partnerships

All stakeholders of a particular project area need to be identified and involved to solicit support from the very beginning. Apart from the community and the beneficiaries, advocacy and awareness generation among key stakeholders such as Government officials, the police, the judiciary, and other civil society organisations can help in better sensitisation towards the issues. Moreover, their capacity building can remove barriers at various levels of the project and networking at national, State, district, and local level can help in highlighting issues and gaining the support of all sections of society.

In its focused campaign against child labour since 1991, MV Foundation (MVF), Hyderabad has made concerted efforts to engage all stakeholders at various levels and create partnerships and synergy to successfully withdraw children from bondage and work so that they can be enrolled in schools. In another widespread campaign, initiated in 2005 by the United Nations Office on Drugs and Crime (UNODC) on prevention of drug abuse and HIV/AIDS in schools and communities, partnerships have been created with all stakeholders for maximum impact and greater reach. It has identified local NGOs, schools, CBOs, volunteers, and Peer Educators, and is tapping resources at every level and using all available opportunities for an intensive effort.

4.2 OBSERVATIONS

Some observations which could be helpful in understanding the specific needs and challenges of the community in each thematic area are now presented.

Education

Increased involvement of the community is necessary in the educational process of the children for better enrollment and retention, and also for ensuring quality in education. Initial support may consist of providing space for classes, building temporary shelters, organising educational material for children, and volunteering to help teachers with the process. However, through sustained involvement and capacity building, communities can participate in the management and development of schools and learn to demand the educational rights of their children. A holistic approach towards the education of children is required that facilitates social change and helps to improve the overall condition of the community. The role of the community in actively

participating in existing decentralised mechanisms like Village Education Committees is also vital for a sustained intervention, as seen in the Ladhakh Autonomous Hill Development Council (LAHDC) programme.

Poverty and ignorance are the two major factors that deter the enrollment and retention of deprived children in school. Often poor parents find it easier and more beneficial to involve children in work rather than sending them to schools that are usually far and are perceived as mostly unproductive. Apart from the problems of infrastructure, teachers, and teaching and learning methods, parents do not know how to send their child to school and require help with enrollment procedures and the educational demands of the child and the school. Moreover, the community sees no real benefit in the exercise as there is usually a lack of minimum levels of learning and useful skills even after their children attend school. A number of practices in the study consciously made provisions for providing counseling, support, and information to families in terms of enrollment and retention by reaching out to community members through volunteers, teachers, and motivators.

The education of deprived children, apart from an increase in numbers, also requires qualitative inputs. Provision of a need based curriculum and child-centred methods can help in creating and maintaining children's interest in education. However, the needs of the children in terms of food, security, and educational support have to be looked into before any meaningful education can take place. The programme of Holistic Education for Rural and Tribal Children implemented by the Jyoti Development Trust in the surrounding villages of the Indian Institute of Technology (IIT) Kharagpur campus, West Bengal started as a day school, but has now been made residential to allow deprived children to enjoy full benefits of the facilities offered. It also offers a contextual curriculum to retain their interest and provides learning that is not too far removed from reality.

Specific needs of individual groups are also important. The education of girls requires special considerations due to the presence of social backwardness and cultural taboos. On the one hand, it is important to sensitise and influence community leaders towards the enrollment and retention of girls and on the other, it is important to provide optimum facilities in schools in terms of easy access, female teachers, separate toilets, and a sense of security. It has been observed that a majority of the practices in the study are gender sensitive and make provisions for the inclusion and empowerment of the girl child.

Special concerns for disabled, homeless, orphans, abused, and other children in difficult circumstances are also important. Often due to poverty, families move and migrate, which creates dropouts and gaps in their education or they are unable to send their children to school at specific timings. Poor health and nutrition adds to their absence from school, and abuse

and insecurity creates fear in the minds of children. The Child in Need Institute (CINI) Asha, a Kolkata based NGO working with urban underprivileged and working children has created a flexible community based programme which provides tuitions and Bridge Courses for out of school children, dropouts, and also for mainstreamed children for their motivation and retention.

Education should be productive for children for their social and economic mainstreaming and for their integration with society through the provision of vocational, occupational, and life skills. This is an important part of the community based Alternative Education Programme (AEP) of the Prayas Institute of Juvenile Justice, a programme that has spread to several States. Apart from providing a holistic environment, this programme also endeavours to empower and mainstream disadvantaged children and prepare them for becoming useful citizens.

Child Protection

Communities have to be helped through sending strong signals and taking sustained action to provide protection to their children. Coordinated efforts and lowering the dependency of the community on unresponsive systems to take action can be useful and productive. Dealing with the root cause of the problem, addressing the specific needs of the community, and creating a mass movement of awareness and action seems to be a useful strategy for protection of children who can themselves be empowered to fight the situation.

There is a need to break the dependency of families on the income of the child by providing avenues and links to income generation to adult members. It is also important to recognise and fight against bondage and hidden labour of innocent children due to the complicity of their families and the community. Strong measures are required to curb trafficking and bringing trafficking agents to book. Children need to be freed and rehabilitated through educational and social mainstreaming for which they should be given support and protection. Many children are survivors of abuse and trauma and need sustained psycho-social support and relevant skills to function as productive citizens of society. In the Community Outreach Centres established in two resettlement colonies of Delhi by STOP, the social, economic, and political empowerment of women and children, especially that of adolescent girls, is facilitated to prevent them from being trafficked and for providing them income generation and legal options, and training in life skills to become aware, self-reliant, and resistant to oppression.

Strong and committed CBOs have to be established to tackle the problem of organised crime and social stigma. They have to be provided support by establishing shelters, schools, and outreach services. Legal training too needs to be given to them to initiate and sustain action against child abuse. A concerted effort is required

to counter a slow judicial process and the lack of enforcement of existing laws. Sanlaap works in the red light areas of Kolkata to provide protection and support to innocent and vulnerable children of sex workers. Apart from providing shelter, it facilitates education and health services, and their psycho-social rehabilitation through the provision of counseling and productive skills.

Poor children are often helpless victims of abuse, crime, trafficking, and labour due to discrimination, vested interests, and the apathy of society. This is aggravated by the social and economic backwardness of their parents and the community. Many children run away from home in search of a better life or are lured and abducted by anti-social elements and they become victims of exploitation and violence. Lack of stringent laws and political will to eliminate child labour also adds to the problem, and often there seems to be a social acceptance of labour by poor children to support their families and there is the stereotyping of certain groups which traps each new generation in a cycle of exclusion and poverty.

Health and Nutrition

Involvement of the community in the availability and delivery of health services most appropriate to its needs is an important component of decentralised healthcare. However, communities need support and training to make them self-sufficient in managing their health to some extent.

Generating awareness and demand for the improved health of community members and their children, setting up community based Health Committees, and motivating and enabling community members to work for the benefit of their community has been the major approach adopted by the good practices. This requires sustained engagement and capacity building of all functionaries and groups for any results to be visible.

Due to belief in myths and superstitions, and observance of food taboos and rituals in communities, especially in the context of pregnant and lactating women, counseling and behaviour change communication (BCC) is important. This is seen to be more acceptable if undertaken by a trained member of the community. Activities need to be participatory for effecting change and messages need to be clear and consistent for acceptance and internalisation. In its ongoing Safe Motherhood and Child Survival programme, Catholic Relief Services (CRS), Patna, with technical assistance from LINKAGES/AED, integrated the behavioural change communication strategy to remove barriers to dietary practices and improve infant feeding practices through research and participatory learning using the services of voluntary health workers.

Most practices encourage the presence of women workers in healthcare, who apart from capacity building and social appreciation, need to be provided with work based incentives. In the State of Chattisgarh, Mitans or 'friends' in the local dialect, selected by

the community and supported and trained by the State Health Resource Centre (SHRC), have been enlisted in every hamlet to provide primary contact care, health information, and referrals. They are community based and work in close coordination with Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs). Their presence and services have made a significant impact in lowering the infant mortality rate in the State.

An effective and motivating activity for bringing the villagers on a platform to discuss and act on the issues of women's and children's health has been fixing a day of the week/month as a designated day for weighing, feeding, and immunising children, which allows the local people to take advantage of the services, share their experiences, and also gain confidence in the process. This has now become a common programme called Nutrition and Health Day of the Integrated Child Development Services-National Rural Health Mission (ICDS-NRHM) programme across several States. In West Bengal, UNICEF in partnership with ICDS used the Positive Deviance Approach, which identifies positive care practices for healthy children in a community to reduce and prevent malnutrition in children under the age of three. It used the strategy of bringing the community together at the Anganwadi Centres (AWCs) for collective feeding, counseling, and hands on training to discuss and emphasise healthy childcare practices.

A preferred strategy in healthcare that aims at sustainability has been the life cycle approach where interventions are designed not only for children but for girls and women throughout their reproductive life for a holistic and well-organised effort in the area of child survival and development. In Rajasthan, the Anchal Se Angan Tak programme, and the Dular Strategy in Jharkhand implemented under ICDS by the State Governments, are based on the life cycle approach in which actions are planned at each relevant stage to optimise growth and ensure awareness about health and proper care.

Another requirement of healthcare is strengthening existing Government health facilities at the village level and improving their access. Apart from basic care, a provision for referrals and quick emergency response needs to be established to build the confidence and motivation of communities for improved participation and use. It is also beneficial to facilitate convergence through an integration of organisational efforts into the larger State and national projects for wider reach and continuity.

4.3 LEARNINGS

Finally, some insights about effective community participation that emerge from the study are:

- Community participation should be seen on a continuum that

consists of the mere presence of members and information sharing on the one end while on the other end it has empowerment and responsibility for active involvement in the programme including in its management and monitoring. This perspective not only helps to understand the need for sustained engagement with communities but also makes the participation process more important than the outcome. However, practices should continue to strive towards community ownership through the initiation, planning, and implementation of decisions.

- Practices need to develop a long term strategy that actively solicits and encourages creative ways of community participation. The process should create clarity within community members regarding roles, responsibilities, and relationships so that they understand the potential benefits and can make informed decisions regarding their participation. It should also develop a working relationship based on respect, trust, and acceptance that leads to recognition of its value. A public show of appreciation helps affirm the strengths of the community and confirms the benefits. An inclusive attitude is required which makes efforts to include and strengthen socially disadvantaged groups and their representatives in all the activities.
- Apart from providing supervision and support, there should be a readiness to share power and stay away from tokenism and manipulation. The community should be helped with mapping their resources and facilitating decentralised planning and implementation. A community based monitoring system and social audit facilitates the bringing out of opinions of all stakeholders including marginalised groups whose voices are rarely heard.
- It has been seen that the level of community participation increases with time and the quality of engagement. However, community participation is a dynamic process where the goals and needs of members change over time and can be affected by various factors that determine its outcome and sustainability such as the cultural, socio-political, and economic environment of the area. Moreover, caste, class, and gender hierarchies, as well as poverty may affect and restrict the participation of disadvantaged groups.
- Replicating these processes thus requires an understanding of the underlying issues within the socio-economic context, and prioritising and planning strategies and activities according to the needs of the region and its people. However, sustained and active engagement with the community and a supportive and committed involvement of relevant actors can increase the chances of a programme's success.

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Annexures

ANNEXURE I

SCREENING FORM FOR SELECTING GOOD/PROMISING PRACTICES

Type of Practice

EDUCATION ☐

HEALTH ☐

CHILD PROTECTION ☐

Location

Programme period

Implementing organisation/community

Target groups (age, sex, and community composition of the target groups)

Indicators of success/effectiveness

Donor/s if any

Abstract (50 words)

Description

Objectives :

Key Strategies :

Key Activities :

M&E methods used :

Sources of Information :

Criteria for Assessing Practices

Evidence

Community Participation

Children's Participation

Women's Participation

Sustainability

Replicability

Integration with the System

Cost Effectiveness

Advantages

Disadvantages

Lessons Learnt

Summary Box

Effective in Children's Education/ Health/ Protection Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Children Benefited (Actual)	Beneficial to Vulnerable Sections of Children Yes <input type="checkbox"/> No <input type="checkbox"/>
Evidence based Yes <input type="checkbox"/> No <input type="checkbox"/>	Replicability Yes <input type="checkbox"/> No <input type="checkbox"/>	Sustainability Yes <input type="checkbox"/> No <input type="checkbox"/>
Community Participation High <input type="checkbox"/> Low <input type="checkbox"/>	Child Participation Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Sensitivity Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost Effectiveness Yes <input type="checkbox"/> No <input type="checkbox"/>	Multi-sectoral approach Yes <input type="checkbox"/> No <input type="checkbox"/>	Integrated with the System Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Information

Name and position	
Organisation/CBOs(women's groups, PRIs, cooperatives, children's groups)	
Full postal Address 1	
Full postal Address 2	
City	
State/UT	
E-mail	
Phone/s	

ANNEXURE II

COMMON CRITERIA FOR COMMUNITY PARTICIPATION

S.No.	Indicators
A	Community Participation
	Community involvement in planning the programme
	Community participation in management/decision making
	Community involvement in management of programme funds
	Community involvement in implementation at field level
	Community involvement in monitoring
	Representation of vulnerable groups such as ST/SC, minorities, girls, disabled, etc.
	Presence of active community based organizations
	Involvement of PRIs/urban local bodies
	Participation of community in capacity building of programme implementers
	Community support/contribution
B	Children's Participation
	Children's involvement in planning the programme
	Children's involvement in management and field level implementation
	Children's involvement in monitoring the programme
	Incorporation of children's views and feedback into the programme
	Presence of active children's collectives in the programme area
C	Women's Participation
	Women's involvement in planning the programme
	Women's involvement in management and field implementation
	Women's involvement in supervision and monitoring the programme
	Incorporation of women's views and feedback into the programme
	Presence of active women's collectives in the programme area

ANNEXURE III

THEME SPECIFIC CORE INDICATORS FOR EDUCATION

S.No.	Indicators
1	Decrease in dropout of children in primary and secondary classes in the project area
2	Increase in motivation of parents to enroll and retain children in schools
3	Implementation of strategies for increase in enrollment and retention of socio-economically vulnerable groups (SC, ST, Muslims, girls, disabled, etc.)

4	Improvement in learning levels in pre-school and school
5	Better availability of funds, infrastructure, and qualified teachers
6	Presence of toilets in schools
7	Integration with State/national educational schemes and into the formal school system
8	Increasing enrollment in pre-school education
9	Presence of links with other aspects of child well-being—nutrition, health, child protection
10	Efforts to influence policy through advocacy in education

ANNEXURE IV

THEME SPECIFIC CORE INDICATORS FOR CHILD PROTECTION

S.No.	Indicators
1	Liberates and rehabilitates victims of child labour and child trafficking
2	Provides access to free legal services to victims of child labour and trafficking
3	Provides access to education to victims freed from child labour and child trafficking
4	Community based prevention mechanisms and monitoring procedures to eliminate child labour and child trafficking
5	Promotes child friendly systems in investigating cases of child labour and child trafficking
6	Increased awareness/sensitisation in community on the ill effects of child labour and child trafficking
7	Increased awareness of child abuse and child sexual abuse in the community
8	Increased involvement of children in family decision making, school administration and community leadership
9	Constitution and effective functioning of Child Protection Committees (CPC) or other community organisations for child protection
10	Influencing policy on child protection through advocacy

ANNEXURE V

THEME SPECIFIC CORE INDICATORS FOR HEALTH & NUTRITION

S. No.	Indicators
1	Decrease in infant (under 1 year) and 0-5 years mortality
2	Increased adoption of safe delivery practices including institutional deliveries
3	Increase in adoption of initial breast feeding within 1 hour of delivery

4	Increase in adoption of exclusive breast feeding up to 6 months
5	Increase in complementary feeding of children from 6 months to 18 months
6	Increase in immunisation of children (0-23 months)
7	Increased access to Government/NGO healthcare facilities, including increased health visits by health workers
8	Improved drinking water, sanitation and hygiene facilities
9	Improved community/PRI management and monitoring of Government/NGO health facilities
10	Increased adoption of better practices/policies through advocacy

ANNEXURE VI

LIST OF PRACTICES FOR WHICH FIELD WORK WAS CONDUCTED

Thematic Area	Name of the practice	Organisation visited	FGD/Persons Interviewed
EDUCATION	Motivational Centres	Makita, Save the Children Hyderabad	Rajesh Escher Reddy, Programme Director Nausea, Programme Coordinator Programme Motivators Community Women Community leaders Child Club members Teachers Students
	Community Based Alternative Education for Marginalised Children	Prayas New Delhi	Dr H. S. Sahaya, CEO Vir Narayan, Centre Coordinator Ashok Kr- Coordinator Sanjay Kr-Coordinator Community members Students Volunteers SSA official Teachers
	Participatory School Governance	Alwar Mewat Institute of Education and Development, Save the Children Alwar	Noor Mohammad, Secretary and Executive Director Shishram, Programme Manager Sahabuddin, Sarpanch Headmaster, Government School Headmaster, Cluster Resource Centre Teachers of Government upper primary school Community members of Mirzapur Community members of Tijara Students Mahita Teachers Block Development Officer
	Alternative Education Programme (AEP)	Digantar Jaipur	Reena Das Roy, Director Hari Narayan, Accounts Officer Abdul, Programme Coordinator Teachers Students Community members
	Bodh Shala Programme	Bodh Shiksha Samiti, Jaipur	Yogender, Secretary Neha, Programme Coordinator Shyam School Coordinator Teachers/mother teachers Students Community members

	Non-formal Education Centres	Child in Need Institute (CINI)- Asha, Save the Children Kolkata	Sanghamitra, Programme Coordinator Tapati Pal and Alapana Pal, Preparatory Centre teachers Child Workers Community members
	Model Inclusive School Rainbow Programme	Loreto Day School, Save the Children Kolkata	Christine, Programme Coordinator of Child Domestic Work Programme (as school was closed due to holidays only she was available) Rainbow children Inmates of Rainbow home
	Disha Primary Education Programme	Disha, Kharagpur	Hansa Nandi - Chairperson Dr Pradeep Dwivedi Teachers Community members/parents Volunteers Students
CHILD PROTECTION	Getting Children Out of Work and into School through Social Mobilisation	M Venkatarangaiya Foundation Secunderabad	Mr Venkat, National Convener Anusha, Programme Manager Janardhan, CRPF Convenor Shankar, CRPF Secretary Bridge Course teachers, Students Community representatives
	Contact Points, Shelters and Outreach	Salaam Balak Trust New Delhi	Dr Mishra, Programme In-charge Programme Coordinator Contact Point Coordinator Teachers Shekhar, Youth Coordinator Runaway children Community members Ex-Salaam Balak children
	Community Based Prevention and Protection Programme	Sanlaap, Save the Children Kolkata	Souvik Basu – Rural Programme Coordinator Youth Group members Members of Mothers Group Children Community members
	Community Based Child Protection Mechanisms	Right Track, Jayaprakash Institute of Social Change, Kolkata Save the Children West Bengal	Manab Roy, State Programme Manager Biswarup, Programme Manager Nabendu-Accounts Administrator/Project Manager Jayaprakash Institute of Social Change (Nodal NGO) Tuhina Khatum, teacher in BCC Ratna Mondal, teacher in BCC Krishna Jonardhan Ghiree, Headmaster Santosh Mahatab, Panchayat Chairman Village Anti-trafficking Committee members Students/teachers Women of SHGs Voluntary workers from urban nodal NGO Student volunteers Child domestic workers Employers
	Child Domestic Worker	Jayaprakash Institute of Social Change, Sandeshkhali Save the Children West Bengal	
HEALTH & NUTRITION	Dular Strategy	ICDS Government of Jharkhand, Ranchi	Dr S.P. Verma, Assistant Director, WCD and his team Vishwanath Dasgupta, UNICEF consultant Ekta Roy, UNICEF consultant Pratima, Technical Associate Lady supervisors Anganwadi Workers Local Resource Persons Community members

	Ranchi Low Birth Weight Project	Krishi Gram Vikas Kendra, Ranchi	Shibaji Mandal, Director Arif, Programme Manager Biswajit, Programme Associate Dr Mridula, Hospital In-charge Doctors and nurses Village Coordinator Sahayias Village Health Committee members Women beneficiaries/community members Peer educators
	Anchal Se Angan Tak: Improving Complementary Feeding Practices	ICDS, Government of Rajasthan, Alwar	Dr S. L. Sharma, Consultant Dr R.S. Sonwal, Deputy Director CDPO Anganwadi Workers Sahayika Sahayogni Pregnant/nursing women Community members

ANNEXURE VII

INVENTORY OF GOOD PRACTICES IN EDUCATION COLLECTED FOR THE STUDY

S.No.	Organisation	Programs/Practices	Contact	Phone/Email
1.	Society for Study of Education & Development (SANDHAN)	Doosra Dashak, Lok Jumbish, Eklyavya	Dr Sharada Jain C-196, Baan Marg, Tilak Nagar Jaipur-302004 Rajasthan	0141-2620108 Fax 0141-2624741 sandhan@dataone.in director@sandhan.org gangwalsj@gmail.com
2.	Loreto Day School, Sealdah	Model Inclusive School (Rainbow Programme)	Sr S M Cyril 122, AJC Bose Road, Sealdah, Kolkata	033-2246-3845/033-22270229 smcyril@yahoo.com
3.	Bal Sahyog	Programs for Street Children	Sanjay Joshi Opposite "L" Block Market Connaught Circus New Delhi-110001	Tel: 011-23411273 Fax:011-23411995 director@balsahyog.org.in 9811643006 (M)
4.	Adharshila Shikshana Kendra	Alternative Schools	Jayashree and Amit Post Office Chatli District Badwani Madhya Pradesh	07281- 283221 451666 adharshila.learningcentre@gmail.com
5.	CARE India	Girls Education Programme (GEP)	Somain Chakraborty 27, Hauz Khas Village, New Delhi	011-26564059 26566060, 26564101 schakraborty@careindia.org
6.	Pratham	Balwadi Pre-school Programme	Pratham Resource Centre, Basement floor, A-1/7 Safdarjung Enclave New Delhi-110029	011-26716083/84 info@pratham.org
7.	Agramee	Primary Education Model	Achyut Das Director, D-8, V.I.P Area, Nayapalli, IRC Village Bhubaneswar-751015 Orissa	0674-2551123 , info@ agramee.org

8.	Muktangan	Alternative Education	Paragon Charitable Trust I - 11/12 Paragon Condominium, P.B. Marg, Worli, Mumbai-400 013	022-2493 8752/8599 022-2493 6627 partnership@ muktanganedu.org
9.	Deepalaya	Formal and Non-formal Education	46, Institutional Area, D-Block, Janakpuri, New Delhi-110058.	011-28520347,28522263, support@deepalaya.org
10.	Vikasana	Non-formal Education	A.M. Varghees Cleatas Project Director, P.B. No.23, Galihalli Cross Tarikere-577228 Karnataka	08261-222500, 223739, 222570 vikasana_ngo@sify.com
11.	Samuha	Education of Dropouts	12/3, "RaghavaKrupa", Bull Temple "A" Cross Road, 6th Main, Chamarajpet, Bangalore	080-26606532, 33 080-26606528. editor@samuha.org
12.	CINI - ASHA	Non-formal Education Centres	Dr Samir Chauduri Director, Amader Bari, 63, Rafi Ahmed Kidwai Road Kolkata	033-40058920/40058921 Fax: 033-40058900 ciniasha@vsnl.com
13.	Concerned for Working Children (CWC)	Child labour and Education	Damodar Acharya 303/2, L B Shastri Nagar Vimanapura Post Bangalore-560 017	Tel: 080-25234611 Fax: 080-25235034 cwcblr@vsnl.com
14.	Ministry of Human Resource Development, GOI - UN	Community-Based Primary Education – Janshala	Ministry of Human Resource Development, Government of India Shastri Bhawan, New Delhi-110001	011-23074113
15.	Confederation of Voluntary Associations (COVA)	Local Area Networks for Education and Recreation Centers for Children	Ashok Bharti Chairperson, 20-4-10, Near Bus Stand Charminar, Hyderabad-500002 Andhra Pradesh	040-24572984, 24567087 24528318, 24528320
16.	Bharat Gyan Vigyan Samiti (BGVS)	National Open Schools Network, Venture Schools	D.Varataki Basement, YWCA Hostel No. 2 G-Block, Saket New Delhi-110 017	011-26569943bgvs_delhi@ yahoo.co.in
17.	Prayas	Community Based Alternative Schools for Marginalised Children	Dr Atul Pandey, Director Prayas Institute of Juvenile Justice 59, Tughlakabad Institutional Area, New Delhi-110062	011-29956244, 29955505 prayas@del6.vsnl.net.in
18.	Sarva Shiksha Abhiyan	Education Guarantee Scheme Alternative and Innovative Education	Ministry of Human Resource Development, Government of India, Shastri Bhawan, New Delhi-110001	011-23074113
19.	Adharshila Shikshana Kendra	Grassroots Educational Movement	Jayashree and Amit. Adharshila Shikshana Kendra Village Sakad Post Office District Badwani Madhya Pradesh-451666	07281-233221 9425981606 (M) adharshila.learningcentre@ gmail.com

20.	Save the Children	<p>A Case Study on Community Action against Child Abuse in Schools</p> <p>Making Thatneri a Child Labour Free and Zero Occurrence of Child Marriage Village</p> <p>Development through Cadre</p> <p>Government Community Interface</p> <p>Teacher Community Interface</p> <p>Child friendly School</p> <p>Peer Education an Effective Way of Community Reach</p>	<p>Dr Alok Rath No.6-3-596-63/8/3/1, 1st Floor, MCH # 621, Padmavathi Nagar, Errmanzil, Hyderabad-500 082 Andhra Pradesh</p> <p>Ranjan Patnaik 59, Shivaji Nagar Suraj Nagar (East) Civil Lines Jaipur-30206 Rajasthan</p> <p>Manabendra Nath Ray Flat 2C, 2nd Floor, Siddharth Apartment, 77, Hazra Road Kolkata-700029 West Bengal</p>	<p>9490795085 (M) a.rath@savethechildren.in</p> <p>9799399006 (M) r.patnaik@savethechildren.in</p> <p>9830046205 (M) m.ray@savethechildren.in</p>
21.	Digantar	Alternate Elementary Education Programme	<p>Reena Das Director, Digantar Shiksha Evam Khelkud Samiti Todi Ramjanipura, Kho Nagoriyan Road, Jagatpura, Jaipur-302025</p>	0141-2750310, 2750230 reenadasroy@gmail.com
22.	Mahita	Motivational Centres	<p>Ramesh Sekhar Reddy, Programme Director Mahita Flat no. 105, SV's Papaiah Estate, Chikkadapally, Hyderabad-500020</p>	040-27641858 hyd1_mahita@sancharnet.in
23.	AMIED	Participatory School Governance	<p>Noor Mohammad, Secretary and Executive Director Alwar Mewat Institute of Education and Development 2/54, Kala Kuan Housing Board, Aravalli Vihar, Alwar-301001, Rajasthan</p>	0144-2702953, 0144-3201746 amiednoor@gmail.com, amied_alw@rediffmail.com
24.	LAHDC	Village Education Committees	<p>Thupstan Chhowang, Chairman & Chief Executive Councilor Ladhakh Autonomous Hill Development Council (LAHDC) Leh, Ladakh-94101, Jammu & Kashmir</p>	01982-52212, 52019 ceckargil@jk.nic.in
25.	Jyoti Development Trust	Disha School	<p>Hansa Nandi, Chairperson, Jyoti Development Trust, B-18, MIG Flats, Saket, New Delhi-110017</p>	011-33191066 nundyhansa@hotmail.com

ANNEXURE VIII

INVENTORY OF GOOD PRACTICES IN CHILD PROTECTION COLLECTED FOR THE STUDY

S. No.	Organisation	Programs/Practices	Contact	Phone/Email
26.	STOP	Rescue and rehabilitation of Trafficked women and children; advocacy, intervention, and networking on anti-trafficking	Dr Roma Debabrata Ms Kakoli A-47, Chittaranjan Park, Basement, New Delhi	9810135207 (M), 011-26275811 Fax: 2675500 romadeba@vsnl.com
27.	Shakti Vahini	'NCAT - Network of Citizens Against Trafficking' and Prevention of Trafficking of Women and Children	Ravi Kant 307, Indraprastha Colony, Sector 30-33, Faridabad	0129-2258111, 3205245 011-42870188 shaktivahini@yahoo.co.in
28.	Prajwala	Advocacy on Anti-trafficking Initiative	Dr Sunitha Krishnan Chief Functionary 20-4-34, III Floor Charminar, Hyderabad Andhra Pradesh	0984-8025014 sunitha_2002@yahoo.com praj_2010@yahoo.com
29.	Bachpan Bachao Andolan	Global March Against Child Labour Child Friendly Villages	Bhuwan Ribhu National Secretary L- 6, Kalkaji, New Delhi	011-2647 5481, 2622 4899 9212089894, 9212023778 info@bba.org.in bhuwan.ribhu@gmail.com
30.	Sanlaap	Child Protection Units (CPUs), works towards safe migration and networks	Indrani Sinha Delhi office: K 23A Basement, Kalkaji, New Delhi	011-4058 7834614, sanlaap_delhi@hotmail.com West Bengal : 033 2702 1287 sanlaap@vsnl.net
31.	CAP Foundation	Working with children at risk and trafficking victims	Nalini Gangadharan 8/3/833/66, Kamalapuri Colony, Hyderabad	040-23540019 info@capfoundation.in
32.	MV Foundation	From Work to School	Shanta Sinha 201, Narayan Apartments, West Marredpally, Secunderabad Andhra Pradesh	040-27801320 mvfindia@gmail.com
33.	Bal Sakha	Rescue, Rehabilitation, Counseling, Programme for Trafficked Children and help to locate missing children	Sanat Sinha Resource Centre Sify Arts, Patliputra Colony, Patna	0612-2270043, 3293953 balsakha@balsakha.org
34.	Apne Aap Women Worldwide	Anti-trafficking Units	Ruchira Gupta D56, Anand Niketan, New Delhi	011-46015940, 24110056 ruchiragupta@gmail.com
35.	UNODC	National Anti-trafficking strategies: Empowering Communities for Prevention of Drugs and HIV	Badeshi Pilli EP 16/17, Chandragupta Marg, Chanakyapuri, New Delhi-110021	011-42225000, 24105082, 9818933541 (M) bidisha.pillai@unodc.org
36.	Odanadi	Rescue, Rehabilitation, Reintegration of trafficked persons; intervention and prosecution of traffickers	Stanly K V Odanadi Seva Samsthe, SRS Colony, Hootagally Village, Belawadi Post, Mysore	0821-402155 odanadisevatrust@yahoo.com

37.	Action Aid India	Children's Rights	Urvashi India Country Office R 7, Hauz Khas Enclave, New Delhi-110016	011-40640500, 011-41641891
38.	Butterflies	Alternative Education Initiative for Working Children	Rita Panicker, Director U-4, Green Park Extension, New Delhi-110016	011-2616 3935 or 2619 1063, 2619 6117 ritapanicker@butterfliesindia. org
39.	CINI ASHA	Working with street children, children of sex workers, child labourers and slum dwellers	Dr Samir Chauduri Amader Bari 63, Rafi Ahmed Kidwai Road, Kolkata-700016	033-40058920/ 40058921 Fax: 033-40058900 ciniasha@vsnl.com
40.	Campaign Against child labour(CACL)	Eradicate child labour, protect and advocate child rights	Prabir Basu P-733, Block - A (Ground Floor), Lake Town, Kolkata	9331992897, 9239314238 caccls@yahoo.com, caccls@caclindia.org
41.	CREDA (Centre for Rural Education and Development Action)	Child labour and bonded child labour.	Shamshad Khan Centre for Rural Education and Development Action, 490, Awas Vikas Colony, Mirzapur-231001 Uttar Pradesh	05442-262285(o), 262284(r) we@credaindia.org
42.	Prayas	Welfare programmes for the care, protection and development of disadvantaged children	Veernarayan Prayas Institute of Juvenile Justice, 59, Tughlakabad Institutional Area, New Delhi-110062	011-29956244, 29955505 prayas@del6.vsnl.net.in, Education_prayas@rediffmail. com
43.	Salaam Balak Trust	Contact Points, Shelters for street children	Praveen Nair, Sanjoy Roy, Gagan Singh 2nd Floor, DDA Community Centre, Gali Chandiwali, Paharganj New Delhi-110055	011-23584164, 23589305 salaambt@vsnl.com
44.	Save the Children	Child Protection Committees Child Domestic Workers	Manabendra Nath Ray Flat 2C, 2nd Floor, Siddharth Apartment, 77, Hazra Road Kolkata-700029 West Bengal	449830046205 (M) m.45ray@savethechildren.in
45.	HAQ CRC	Children in conflict with Law	Bharti Ali HAQ: Centre for Child Rights, 208 Shahpur Jat, New Delhi-110049	011-26490136, 26492551 info@haqcrc.org; haq. centreforchildrights@gmail. com
46.	International Labour Organisation	INDUS IPEC	Surina Core 4B 3rd Floor, India Habitat Centre Lodhi Road, New Delhi	011-24602101, 24602111

ANNEXURE IX

INVENTORY OF GOOD PRACTICES IN HEALTH AND NUTRITION COLLECTED FOR THE STUDY

S. No.	Organisation	Programs/Practices	Contact	Phone/Email
47.	SEARCH	Gadchiroli Model Home Based Neonatal Care	Dr Abhay Bang and Dr Rani Bang Shodhgram, PO District Gadchiroli, Maharashtra	search@satyam.net.in search@mah.nic.in
48.	Mahatma Gandhi Institute of Medical Sciences/Aga Khan Foundation	Community led initiatives for Child Survival (CLICS)	KG Venkateswaran Intrahealth International, A-2/35 Safdarjung Enclave, New Delhi	011-46019999 mkumar@intrahealth.org
49.	Karuna Trust	Health, education and livelihoods Public Private Partnership	Dr H.Sudarshan Hon Secretary #686, 16th Main, 4th T - Block Jayanagar Bangalore-560011	080-22447612 h.sudarshan@vsnl.net ktrust@vsnl.net
50.	Norway India Partnership Initiative, NIPi	Yashoda, Mamata National Child Health Resource Network	P.K.Hota IAS Norway High Commission, 11, Golf Links, New Delhi	011-30417500 emb.newdelhi@mfa.no
51.	Plan India	Universal Birth Registration	Verity Corbett Programme Support Officer Plan India Country Office, E-12 , Kailash Colony, New Delhi-110048	011-46558484 Verity.Corbett@plan-international.org planindia@plan-international.org
52.	PREM	Micro Health Insurance	Mr Jacob Village Mandiapalli, Post Rangailunda, Ganjam District, Orissa	0680-2242266
53.	State Health Resource Centre, Government of Chattisgarh	Mitanin programme	V R Raman Department of Health and Family Welfare, Kalibari, Raipur-492001 Chattisgarh	0771-2236175 shrc.cg@gmail.com
54.	CARE	Integrated Nutrition and Health Project Reproductive and Child Health and HIV/AIDS programme (RACHNA)	Somain Chakraborty 27, Hauz Khas Village, New Delhi-110016	011-26566060, 26564101 schakraborty@careindia.org
55.	Population Foundation of India	Adolescent Health	Dr Kumudha Arul Das Dr Almas Ali B-28, Qutab Institutional Area, New Delhi	011-42899770 kumudha@popfound.org
56.	Breast Promotion Network of India	Breast Feeding Promotion	Dr Arun Gupta BP-33 Pitampura, Delhi-110088	011-27343608 bpni@bpni.org bpni.india@gmail.com

57.	Chattrapati Shahuji Maharaj Medical University/John Hopkins University	Saksham Project	Chattrapati Shahuji Maharaj Medical University Chowk, Lucknow-226003 UP	0522-2257540 contact.csmmu@gmail.com
58.	Shramik Bharti	Community Partnership for Safe Motherhood Sanjeevani	392, Vikas Nagar, Lakhanpur, Kanpur UP	0512-2581091, 2580823 Fax:0522-258407 shramikbharti@hotmail.com info@shramikbharti.org
59.	Department of Women & Child Development Government of Rajasthan	Anchal se Angan Tak: Improving Complementary Feeding Practices	Alka Kala IAS, Principal Secretary, Department of Women & Child Development, 2, Jal Path, Gandhi Nagar, Jaipur-302015 Rajasthan	secy-wcd-rj@nic.in 0141-2705561, 2705541
60.	Department of Social Welfare, Women & Child Development, Government of Jharkhand	Dular Strategy: life cycle approach to the care of children under three	U. K. Sangma, IAS Principal Secretary, Department of Social Welfare, Women & Child Development Project Building, Dhurwa, Ranchi, Jharkhand	0651-2400757
61.	Department of Woman & Child Development and Social Welfare, Government of West Bengal	Kano Parbo Na	Rinchen Tempo Secretary, WCD & SW Department of Woman & Child Development and Social Welfare, Writer's Building, Kolkata-700 001 West Bengal	secwcdsw@wb.gov.in 033-2214 3339
62.	Catholic Relief Services India	Mainstreaming BCC/BCM in a Safe Motherhood and Child Survival Program	Sean Callahan, Regional Director, South East Asia 5, Community Centre, Zamrudpur, Kailash Colony Extension, New Delhi-110048	011-2648 7256-58
63.	Social Welfare and Nutritious Meal Programme, Department Government of Tamil Nadu	Tamil Nadu Integrated Nutrition Program	N S Palaniappan IAS Principal Secretary, Secretariat, Chennai-600009	044-25671545 24860639 swsec@tn.gov.in
64.	Shramik Bharti	Community Partnership for Safe Motherhood Sanjeevani	392, Vikas Nagar, Lakhanpur, Kanpur Uttar Pradesh	0512-2581091, 2580823 0522 258407 shramikbharti@hotmail.com info@shramikbharti.org
65.	USAID (with partners)	Ballia Rural Integrated Child Survival (BRICS)	Dr Rajiv Tandon Senior Advisor, Child Survival, American Embassy Chanakyapuri, New Delhi	011-2419-8000 011-2419-8454

66.	NRHM, MoHFW	JSY IMNCI RCH	Mission Director, NRHM, MoHFW, Nirman Bhavan, New Delhi	
67.	MWCD	ICDS Bal Shakti Yojana	Secretary Department of Women & Child Development, Nirman Bhavan, Maulana Azad Road, New Delhi-110011	011-23061016, 23061551, 23061157
68.	KGVK	Low Birth Weight Project	Shibaji Mondal Director, Healthcare, Krishi Gram Vikas Kendra Usha Martin, Tatisilway, Ranchi	healthcare@ushamartin. co.in 0651-2265837

This study documents several good practices in improving children's well-being that have been achieved through community participation. The significance of the study lies in promoting the cause of neglected and underprivileged children in the country by facilitating replication of successful practices both by civil society and the Government.

The focus areas of the study are Education, Child Protection, and Health & Nutrition.

The study covers selected good practices from the non-governmental sector and from the Government.

While Save the Children has been associated with some of these practices, the study documents several other good practices from other organisations.

The selected practices cover diverse states in the country, thus representing its different geo-cultural zones.

