

# BEFORE, NOT AFTER

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

FEBRUARY 2019



# TABLE OF CONTENTS

Acknowledgements .....	i
Abbreviations .....	ii
Executive Summary.....	iii
I. Introduction .....	1
II. Background .....	2
III. Methodology.....	6
A. Overview .....	6
B. Locations.....	6
C. Sampling Strategy and Survey Design .....	8
D. Study Implementation .....	9
E. Data Analysis.....	10
IV. Theory of Change .....	12
V. Results.....	19
A. Demographics .....	19
B. Process Evaluation: Is Aangan's Program Running as Planned? .....	21
C. Results: What are the Outcomes and Impacts? .....	26
i. Education.....	26
ii. Child Labor .....	31
iii. Child Marriage.....	37
iv. Child Abuse .....	41
v. Mapping Risk.....	42
vi. Access to and Uptake of ID Documents.....	44
vii. Enrollment in Government Social Protection Programs .....	48
viii. Improved Service Provider Performance and Trust.....	51
ix. Transformation of Social Norms and Beliefs about Child Protection .....	53
x. Self-Efficacy and Self-Esteem Among Children .....	55
VI. Limitations .....	57
VII. Analysis and Conclusions .....	58
VIII. Appendices.....	61
A. Program Costs.....	61
B. Key Survey Questions.....	61
C. Vignettes .....	66
IX. Bibliography.....	68

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

Report design by Elizabeth Donger.

Pratichi

 **Aangan** PROTECTING VULNERABLE CHILDREN

## ABBREVIATIONS

AHTU	Anti-Human Trafficking Unit
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CHD	Community Help Desk
CPC	Child Protection Committee
CPV	Child Protection Volunteer
CWC	Child Welfare Committee
DCPU	District Child Protection Unit
Harvard FXB	François-Xavier Bagnoud Center for Health and Human Rights at Harvard University
ICDS	Integrated Child Development Services
ICPS	Integrated Child Protection Services
ILO	International Labor Organization
NFHS	National Family Health Survey
OOSC	Out of school children
POCSO	The Protection of Children from Sexual Offences
RTE	Right of Children to Free and Compulsory Education Act, 2009
SC/ST/OBC	Scheduled Caste / Scheduled Tribe / Other Backward Caste
UIDAI	Unique Identity Authority of India
VLCPC	Village Level Child Protection Committee

## EXECUTIVE SUMMARY

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

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

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

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

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

### Methodology

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

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

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

### *Theory of Change*

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

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

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

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

### *Results: Process and Outcomes*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*There were significantly fewer out-of-school children in Aangan's intervention site compared to the comparison site*

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

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



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

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

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

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

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

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

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

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

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

The evaluation also raised questions about volunteerism and sustainability of local organizing approaches. There are substantial non-material benefits of participation for CPVs, whose activism and leadership make them role models. Yet poor women have considerable financial and time commitments of their own, so these benefits and the small monthly stipend of Rs. 700 (~\$10) often do not outweigh the opportunity costs of this

*The long-term benefits of these investments are significant. They accumulate for the children enabled to develop their potential in relative health and safety and for the societies to which they belong.*

time-intensive and difficult work. In the long run, Aangan aims for CPVs to be hired as government employees. The potential of this powerful idea – that state employees working in underprivileged communities should be drawn from the ranks of engaged residents – is underscored by the fact that the most popular CPVs also hold positions as paid government healthcare workers.

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

Women and girls make garlands to sell to pilgrims along the river in Deendayalpur, Varanasi. (© Sangram Mukherjee, 2018).



## I. INTRODUCTION

Most interventions intended to protect children in India from serious violations of children’s rights such as child labor, trafficking, sexual exploitation and early marriage are designed to begin after harm has occurred, instead of before such harm takes place. Child protection workers remove children from places where they are being exploited and then attempt to support their recovery and social integration.

In 2016, the FXB Center for Health and Human Rights at Harvard University (Harvard FXB) published the report *Is This Protection?* The report evaluated this “rescue and reintegration” model of response by focusing on one aspect of pervasive harm against children in India – trafficking for labor exploitation.<sup>1</sup> The results revealed startling inconsistencies between the government’s legal and policy obligations to protect children on the one hand and its practice in implementing those obligations on the other hand. The report found that exploited children, if they did not fall through the cracks of the protection system entirely, received a series of poorly executed and fragmented services. After their removal from the site of exploitation, the vast majority of these children remained exposed to the same structural vulnerabilities that originally led to their being trafficked.

Child protection experts have long acknowledged that, while essential, responses that occur after harm has happened are insufficient. But what does a preventative program look like in practice? Existing strategies most often include initiatives to deter exploiters through criminalization, or to raise awareness among at-risk groups. However, these efforts do not fully address the wide spectrum of vulnerabilities to exploitation that children experience, nor do they empower children and families to address those vulnerabilities. Other efforts attempt to proactively target child harm by leveraging universal services like education and health.<sup>2</sup> Yet progress through these top-down programs is slow, professional and specialist capacity for child protection in these services is often lacking, and fragmented services mean that vulnerable children often fall through the cracks.

Advocates have in recent years sought to address these deficiencies through a “systems approach” to child protection, a hallmark of health systems across

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the world, that avoids looking at parts of the child protection system in isolation and instead seeks to improve holistic overall functioning.<sup>3</sup> Experts agree that such approaches should include the child, family, community,

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<sup>1</sup> Elizabeth Donger and Jacqueline Bhabha, “Is This Protection? Analyzing India’s Approach to the Rescue and Reintegration of Children Trafficked for Labor Exploitation” (Harvard FXB Center for Health and Human Rights, March 2016).

<sup>2</sup> Roger P. Weissberg, Karol L. Kumpfer and Martin EP Seligman, *Prevention That Works for Children and Youth: An Introduction.*, vol. 58, 6–7 (American Psychological Association, 2003).

<sup>3</sup> Fred Wulczyn et al., “Adapting a Systems Approach to Child Protection: Key Concepts and Considerations,” *New York: UNICEF*, 2010.

and society - crossing the strata of the socio-ecologic model<sup>4</sup> – and should connect different policy sectors such as health, social services, education, and justice.

*Existing strategies ...do not fully address the wide spectrum of vulnerabilities to exploitation that children experience, nor do they empower children and families to address those vulnerabilities.*

There is a growing body of work that acknowledges the crucial role that communities play in these systems strengthening efforts.<sup>5</sup> Targeted, local-level initiatives are necessary to empower children, families, communities, service providers and governments to take charge of protection of children, meaningfully participating in the realization of rights laid out in the Convention on the Rights of the Child. In other fields, intermediaries play a key role in empowering individuals to “take charge” of imperfect systems in this way: community paralegals facilitate access to justice by increasing the capacity of people to understand and use the law;<sup>6</sup> and front-line health care workers play a critical role in providing a local context for proven health solutions, and connecting people to the health system.

The prevention of structural, physical, sexual and emotional violence against children is an emerging global policy priority. In 2015, world leaders committed to end all forms of violence against children by 2030 as part of the Sustainable Development Goals. The resulting Global Partnership pledged to “make the case that investment in preventing violence against children offers substantial returns, while increasing the impact of expenditure on health, education and other services.”<sup>7</sup>

This report was conceived in 2016, at a discussion in Patna, India, on the Harvard FXB’s *Is This Protection?* report. A nonprofit organization in attendance with long-term experience in child protection, Aangan Trust, explained its own prevention program. Aangan invited Harvard FXB to conduct an objective evaluation of its model, its methods and its results. This case study of Aangan Trust’s prevention program is intended to generate empirical data that can guide policy development and accelerate investment in initiatives that prevent child harm from happening. This project also seeks to develop a rigorous methodological approach to “prevention science” that will enable further research in this field.

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<sup>4</sup> Rebecca Rittenhouse, “Preventing the Sexual Exploitation of Children: Frameworks for Intervention,” *ECPAT International Journal*, no. 11 (April 2016); Urie Bronfenbrenner, “Toward an Experimental Ecology of Human Development,” *American Psychologist* 32, no. 7 (1977).

<sup>5</sup> Michael G. Wessells, “Bottom-up Approaches to Strengthening Child Protection Systems: Placing Children, Families, and Communities at the Center,” *Child Abuse & Neglect* 43 (May 1, 2015): 8–21; Kundera Moore and Claire O’Kane, “Protection in Action: Regional Evaluation of the Effectiveness of Community-Based Child Protection Mechanisms Supported by Plan in Asia” (Bangkok: Plan Asia Regional Office, 2014).

<sup>6</sup> Varun Gauri and Vivek Maru, *Community Paralegals and the Pursuit of Justice* (Cambridge, United Kingdom; New York, NY, USA: Cambridge University Press, 2018).

<sup>7</sup> “Global Partnership to End Violence against Children: Description,” United Nations Partnerships for SDGs platform, accessed January 9, 2019, <https://sustainabledevelopment.un.org/partnership/?p=9061>.

## II. BACKGROUND

### A. *The Indian Child Protection System*

The 2011 Indian Census documented 474 million children under the age of 18, accounting for nearly 40 percent of the country's population. Article 39 of the Constitution<sup>8</sup> directs that these children should be given opportunities and facilities to develop in a healthy manner, in conditions of freedom and dignity and that they be protected against exploitation and against moral and material abandonment.

An extensive body of law has been developed to guard against violations of these rights.<sup>9</sup> Government has also designed several complementary programs to ensure child protection, spanning a wide array of departments: women and child development, health, education, labor, panchayati raj (local self-governance) and rural development. Protection begins at school: the Right of Children to Free and Compulsory Education (RTE) Act, 2009, guarantees free primary education to all children ages 6-14 and funds are dedicated for free mid-day meals to incentivize attendance.

The Government's Integrated Child Development Services (ICDS) provides critical health and nutritional programs (including food, education and primary healthcare) to pregnant women and nursing mothers, infants, preschool children and adolescent girls. Over four-decades-old, ICDS aims to deliver these services in an integrated manner at the community level through the anganwadi, or childcare center, run by an anganwadi worker and a helper. The anganwadi worker also collaborates with other local healthcare workers, the Auxiliary Nurse Midwife and Accredited Social Health Activists.

In 2009, the Ministry of Women and Child Development launched the Integrated Child Protection Scheme (ICPS) to coordinate and strengthen the various structures, services and staff relevant to child wellbeing – from the grass roots level through the central government entities – and to raise public awareness of child rights and available services. ICPS provides care, support and rehabilitation services, including: emergency response to urgent cases through Childline, a toll-free 24/7 hotline; drop-in and long-term shelters for children in need; and family based non-residential care (foster care and adoption). ICPS also provides legally mandated support services through Child Welfare Committees, Juvenile Justice Boards and Special Juvenile Police Units. Finally, the scheme dedicates funds for: training the personnel of these committees; research on child protection issues and development of systems to share data on individual

*This study demonstrates that Indian non-profit groups play a crucial role in bridging gaps between children and families and the existing child protection system.*

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<sup>8</sup> Constitution of India, 1950, article 39.

<sup>9</sup> These include, most significantly: the Juvenile Justice (care and protection) Act, 2015; the Indian Penal Code, 1860; the Immoral Traffic (Prevention) Act, 1956 and its 1986 amendment; the Prohibition of Child Marriage Act, 2006; the Protection of Children from Sexual Offences Act, 2012; and the Child Labour (prohibition and regulation) Act, 1986 and its 2016 amendment.

children across stakeholders; advocacy and education campaigns on specific child rights violations; and monitoring and evaluation of services provided.

ICPS is implemented by state-level governments – through a State Child Protection Society and network of District Child Protection Units in each state – with financial and technical support from central government. ICPS also mandates the creation of village/ward, panchayat and block level child protection committees (CPCs). They are intended to raise awareness about child protection issues, facilitate local solutions to cases of harm or refer to appropriate authorities, disseminate information from the formal child protection system and improve performance by duty bearers. There is no guaranteed budget for the CPCs. While the process of establishing CPCs is well documented,<sup>10</sup> their outcomes have not been well-studied and their reach is limited. This research deficit is true more broadly for ICPS, save a few state-specific evaluations funded by UNICEF.<sup>11</sup>

What we do know is that the visibility, cohesiveness and efficacy of India's fledgling child protection system vary widely across states, within states and across districts. These factors are influenced by the pre-existing strength of state institutions and bureaucracies, as well as by levels of financial and material support, individual leadership and staff capacity and civil society presence. As this study demonstrates, Indian non-profit groups play a crucial role in bridging gaps between children and families and the existing child protection system.

In the Indian Government's Union Budget 2018-19, children received 3.24 per cent of total financial resources (including education, health, development and protection services), a decline of 0.08 percentage points from the previous year and short of the 5 percent recommended in the 2016 National Plan of Action for Children.<sup>12</sup> Child protection received 0.06 percent, a level almost stagnant since 2014 and the Ministry of Human Resource Development has noted in Parliament that utilization of these meager funds has been very slow.<sup>13</sup>

The social protection system, which counts for 1.3 percent of public expenditure, offers families of vulnerable children additional funds through welfare programs or "schemes."<sup>14</sup> These schemes are targeted to families designated as belonging to a scheduled caste, scheduled tribe, backward class, or other minority group, on the basis of historic social and economic marginalization. They include cash transfers for pensions, education support, or poverty alleviation; food transfers; food and fuel subsidies; and nutritional supplements.

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<sup>10</sup> UNICEF, "Preventive Strategies for Child Protection: Practical Guidance to Form and Strengthen Child Protection Committees" (New Delhi: UNICEF, July 2013).

<sup>11</sup> UNICEF reports it has developed an "Integrated Child Protection Scheme scorecard, a monitoring tool implemented in 15 states at the district-level in collaboration with state governments" to track the performance of statutory child protection structures including Child Welfare Committees, Juvenile Justice Boards and District Child Protection Units. There is no publicly available information on the scorecard, or evaluations of ICPS conducted using the tool. UNICEF, "Annual Report 2017: India" (UNICEF, 2017), 39.

<sup>12</sup> HAQ: Centre for Child Rights, "Union Budget 2018-19 Budget for Children in #NewIndia," February 2018, 2.

<sup>13</sup> Centre for Budget and Governance Accountability, "Of Hits and Misses An Analysis of Union Budget 2018-19" (New Delhi: CBGA, 2018), 45.

<sup>14</sup> ILO, "World Social Protection Report Data 2017-2019," accessed August 8, 2018.

## *B. Child Protection in Uttar Pradesh*

Uttar Pradesh (UP) is India's most populous state, with nearly 200 million people as of the 2011 Census: its child population is nearly equal to that of the entire population of Germany. It is also one of the poorest and economically slowest growing states in the country, with a per capita GDP of US \$567, about a third of the national average.<sup>15</sup> Health and education indicators for children in UP remain poor relative to the national level, with some of the highest rates of child malnutrition in the world, and an infant mortality rate of 47 per 1,000.<sup>16</sup> In 2011, there were 902 females per 1000 males in the age group 0–6 years, and the general population sex ratio was 912 females per 1000 males. Research shows that state has the highest number of child laborers nationally, an estimated 2.17 million.<sup>17</sup> There are no publicly available assessments of ICPS in UP.

## *C. Aangan Trust*

The nonprofit Aangan Trust was founded in 2001 in Mumbai by the children's rights activist, Suparna Gupta. The organization began by monitoring state-run institutional homes for children and using the information gathered to work with local and state government to transform them into safe, rehabilitative spaces. Now working in 6 states across India, Aangan complements these efforts to respond to exploitation and reduce revictimization with the prevention model described in this report. The organization has a strong focus on using local level data to improve child protection practices and on collaborating closely with existing government structures in advocacy efforts.

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<sup>15</sup> World Bank Group, "Uttar Pradesh: Poverty, Growth & Inequality," May 20, 2016.

<sup>16</sup> UNICEF, "State Nutrition Mission in Uttar Pradesh Pushing the Nutrition Agenda Forward," October 2016.

<sup>17</sup> Ellina Samantroy, Helen R. Sekar and Sanjib Pradhan, *State of Child Workers in India: Mapping Trends* (Noida: UNICEF, V. V. Giri National Labour Institute, 2016).

## III. METHODOLOGY

### A. Overview

Prevention is a long-term process and measuring harm that is avoided (or not inflicted) presents obvious challenges. This section describes the mixed-methods methodology adopted in this study and designed to both qualitatively and quantitatively evaluate the following overarching research questions:

1. What is the THEORY OF CHANGE for Aangan's prevention program?
2. How does this theory match up to the REALITY OF PROGRAM IMPLEMENTATION?
3. What are THE RESULTS of Aangan's prevention program for vulnerable children, for their families and communities and for service providers and government officials?

To answer these wide-reaching questions, this study began with a global literature review, and an analysis of existing organizational and administrative data provided by Aangan, followed by two phases of field research. The first phase, conducted during February through March 2017, involved visits to Aangan's program sites in Varanasi, Uttar Pradesh and in Patna, Bihar, to research and understand the organization's Theory of Change (Section V of this report). Harvard FXB researchers collected all available administrative data on Aangan's programs and conducted extensive observational research, as well as ten in-depth interviews and five focus groups with Aangan staff and with the Child Protection Volunteers central to Aangan's prevention program.

Based on this information, survey instruments were developed to evaluate qualitatively and quantitatively how Aangan's work matches up to its theory of change. Instruments address the realities of program implementation (inputs and outputs) as well as program results (outcomes and impacts), measured across one intervention and one comparison site. Surveys were carried out in a second phase of field research from January through February 2018 in Varanasi, Uttar Pradesh, in collaboration with research institute, Pratiche Trust. Established in Kolkata in 1999 by Amartya Sen, using funds from his Nobel Prize, Pratiche produces action-oriented research on education, health and gender equality.

### B. Locations

The intervention site for the study, Konia, an urban slum area in the city of Varanasi, Uttar Pradesh State, was nominated by Aangan as the area that best reflected their program strengths.<sup>18</sup> Evaluating the impact of a program requires a

*Prevention is a long-term process and measuring harm that is avoided (or not inflicted) presents obvious challenges.*

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<sup>18</sup> Aangan initially identified a community in the city of Patna, capital of Bihar state. However, this location was partially demolished in March 2017 by the Bihar State Housing Board for development purposes. Residents were given less than 24 hours' notice of the eviction: at the time of writing, none of the former residents, some of whom had lived in the informal settlement for decades, had been relocated or received any



counterfactual: a measure of what outcomes would have been, if the program had not happened.<sup>19</sup> Aangan’s model had already been operating for a minimum of two years when this research was launched. This made a pre/post-test of the program’s impact in Konia impossible. So, in order to isolate effects directly attributable to the program, research was also carried out in a comparison site with similar demographics and child protection challenges, where the nonprofit program was not operating.

The comparison site for the study, Deendayalpur (in the same district of Varanasi, UP), was identified based on pre-determined criteria relevant to the outputs and impacts of interest in this study (Table 1). Three potential comparison sites were suggested by the local Aangan staff from Varanasi. Harvard FXB and Pratiche staff visited each of them, collected information on identified criteria from community members, teachers and other public officials, before choosing Deendayalpur as the best comparison. Demographic tables comparing locations are found in Section VI.A/

The Aangan program has offered no significant benefits or provided any discernable “spillover effects” in Deendayalpur. Aangan does some training and awareness raising activities with district-level government officials that have general obligations towards residents of both study areas. However, Aangan does not assist any public officials that work directly with Deendayalpur residents. Additionally, Konia residents reported that they do not regularly spend time in or have other organized contact with those in Deendayalpur. It therefore met the requirements of an appropriate comparison site.

Table 1: Criteria to determine comparison site, similarities in the following areas

<ul style="list-style-type: none"> <li>➤ Caste/tribe makeup</li> <li>➤ Religion</li> <li>➤ Migration (out-migration or in-migration, domestic or international)</li> <li>➤ Economic profile of residents (income)</li> <li>➤ Principal industries and occupations</li> <li>➤ Urban/peri-urban/rural</li> <li>➤ Number of schools, type (primary/secondary and government/private) and accessibility</li> <li>➤ Physical risk factors (e.g. railways, bodies of water, borders or railway stations)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Land insecurity / demolition risk</li> <li>➤ Principal child protection issues</li> <li>➤ Other NGOs operating in the area and details on programs offered</li> <li>➤ Number of anganwadi centers</li> <li>➤ Recent events that have impacted child protection outcomes (e.g. disease outbreak, teacher absence)</li> <li>➤ Infrastructure investment – e.g. new roads, municipal buildings</li> </ul>
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compensation. This story, one increasingly common across India, underscores the vulnerability of these community level resilience-building efforts to external events and the inadequacy of government compensation for families following eviction.

<sup>19</sup> Judy Baker, “Evaluating the Impact of Development Projects on Poverty : A Handbook for Practitioners” (Washington, D.C.: World Bank, 2000), 2; OECD, “Outline of Principles of Impact Evaluation,” International Workshop on Impact Evaluation for Development (Paris: World Bank and the DAC Evaluation Network, November 15, 2006).

## C. Sampling Strategy and Survey Design

Aangan’s area of intervention includes the 300 households with children that are located closest to the local anganwadi center (childcare center) in Konia. This study consisted of a holistic evaluation of the entire child protection system in this section of Konia and in an equivalent area in the comparison site Deendayalpur. The evaluation consisted of 1,002 quantitative surveys and 64 qualitative surveys.

### *Quantitative household-level surveys*

The quantitative survey was carried out with a representative sample of the children aged 10-17 and of the primary caregivers in each study site. Aangan reported that 2,000 people live in the area of 300 households, so sampling targets from this population, disaggregated by gender and age, were calculated based on Census data from Varanasi.

Table 2: Study sampling

	Primary Caregivers	Girls 10-14	Girls 15-17	Boys 10-14	Boys 15-17	Total
Total in each study site <sup>20</sup>	300	186	55	127	61	..
Min sample target per site (CI 95% and margin of error 5%) <sup>21</sup>	169	89	49	96	53	456
Final N for intervention site (Konia)	182	106	63	88	56	495
Final N for comparison site (Deendayalpur)	188	120	50	122	49	529

In Konia, Aangan representatives provided researchers with a list of the households that they serve in five nonoverlapping “clusters” in Konia. From this list, every alternate household was selected for interview. In cases where participants could not be reached or refused to participate, the adjacent household was sampled. Refusal rates by households were low: 8 houses in Konia and 12 in Deendayalpur. In the comparison site, a list was made by Pratiche of 300 houses with children age 10-17 closest to the anganwadi center. They separated this list into five clusters of 60 households, from which alternate houses were also sampled.

Surveys were designed to test all elements of theory of change described in Section V of this report. The caregiver survey included sections on: household composition and demographics; knowledge and uptake of identity documents; knowledge and uptake of welfare schemes and other government programs; social norms and beliefs; knowledge of laws; and relationships with service providers, including healthcare workers, police, ward officers (government-appointed head of the local municipal unit), teachers and Aangan. The child survey included sections on: demographics, education, work, relationships with service providers, safe spaces,

<sup>20</sup> The Indian Census states that individuals ages 10-14 make up 12.1% of the population and those ages 15-17 make up 5.8%. Additionally, the sex ratio in Varanasi District is 913 girls for every 1,000 boys.

<sup>21</sup> Sample sizes calculated using Raosoft sample size calculator at: <http://www.raosoft.com/samplesize.html>

personal sense of agency and self-confidence, plans for the future, and social norms and beliefs.

### *Qualitative interviews*

In-depth qualitative interviews were conducted with a total of 64 individuals. In each study site, 7 primary caregivers and 7 children aged 14-17 (28 total) were purposively selected based on interest in the in-depth interview and also to reflect diversity of demographic characteristics (religion, age, caste) and levels of involvement with Aangan’s program. Individuals with professional duties towards the children in the two study sites were also interviewed, at the community level (15 per site) and the district-level (6 total). The majority of these positions were filled by only one person. In cases with multiple candidates (for example, teachers or police), two individuals were sampled: one who had worked with Aangan extensively and one individual with little or no experience of Aangan.

For this study, vignettes were designed for qualitative interviews with 7 caregivers and 7 children in each site. These probed empirical and normative expectations, as well as sanctions, for child labor, child marriage and school dropout (full vignettes included in Appendix C).

Table 3: Qualitative research participants

<p><b>Konia (29 total)</b></p> <ul style="list-style-type: none"> <li>➤ Children 14-17 (x7)</li> <li>➤ Primary caregivers (x7)</li> <li>➤ Principal of government primary schools (x2)</li> <li>➤ Principal of private primary school</li> <li>➤ Principal of government secondary school (x2)</li> <li>➤ Policeman (x3)</li> <li>➤ Anganwadi worker</li> <li>➤ Anganwadi worker helpers (x2)</li> <li>➤ ASHA workers (x2)</li> <li>➤ ANM worker</li> <li>➤ Ward Officer</li> </ul>	<p><b>Deendayalpur (29 total)</b></p> <ul style="list-style-type: none"> <li>➤ Children 14-17 (x7)</li> <li>➤ Primary caregivers (x7)</li> <li>➤ Principal of government primary schools (x2)</li> <li>➤ Principal of private primary school</li> <li>➤ Principal of government secondary school (x2)</li> <li>➤ Policeman (x3)</li> <li>➤ Anganwadi worker</li> <li>➤ Anganwadi worker helpers (x2)</li> <li>➤ ASHA workers (x2)</li> <li>➤ ANM worker</li> <li>➤ Ward Officer</li> </ul>
<p><b>District (6 total)</b></p> <ul style="list-style-type: none"> <li>➤ Childline field level workers (x2)</li> <li>➤ Childline District Coordinator</li> <li>➤ Anti Human-Trafficking Unit</li> </ul>	<ul style="list-style-type: none"> <li>➤ District Social Welfare Officer</li> <li>➤ Child Welfare Committee president</li> </ul>

## *D. Study Implementation*

For the quantitative survey, researchers went in pairs to sampled households, conducted informed consent procedures and interviewed the person that self-identified as being “primarily responsible for the care and upbringing” of the household’s children, as well as all consenting children ages 10-17. Interviewers administered the survey on an electronic tablet using the software Qualtrics. Responses were automatically uploaded to a secure database following completion. Participants were then screened for interest in

participating in the qualitative interview at a later time and then selected based on criteria mentioned above. One researcher returned to identified homes at an agreed time, gained informed consent and conducted the interviews in a location with the best available degree of privacy that was chosen by the participant.

No direct incentive or benefit was given to participants. A list of local resources and available services was offered to all those interviewed and a system of referrals for urgent cases established. No emergency cases occurred during survey implementation, but several participants were referred to services.

This study was reviewed by the Institutional Review Board of the Harvard T. H. Chan School of Public Health and by a Community Advisory Board of children's rights experts in India. All survey instruments were translated to Hindi and back-translated to ensure accuracy and subsequently test piloted in a nearby area of Varanasi to identify and remedy issues with the phrasing of questions and survey implementation strategy. Interviewers for the study were recruited by Pratichi from their own staff as well as local universities and nonprofits in Varanasi: all had research experience, many in the area of children's rights. A week-long training on research ethics and strategies was conducted by Harvard FXB and Pratichi with study team members.

## *E. Data Analysis*

Qualitative data was transcribed and translated by Pratichi, with random checks against the audio performed by Hindi-speaking members of the Harvard FXB research team. Transcripts were coded and analyzed in the software Dedoose. A codebook was developed based on the identified theory of change for Aangan's program, updated following open coding by two independent researchers of a subset of transcripts and then analyzed line-by-line. Tests for reliability between different coders were conducted at regular intervals.

Initial "subject reports" were created by research assistants with fieldwork experience of child protection in India. These reports consolidated relevant data on each theory of change element (such as child marriage or improved performance of service providers), identifying major themes and differences observed across the two sites in terms of content and how often subjects were raised. The lead author then reviewed the qualitative data to verify the findings of subject reports and develop the analysis. The lead author was familiar with the subject matter and context, spending several months in the study site during data collection for the theory of change, study piloting, training and launch of data collection. Findings were verified with Pratichi and other local experts through both informal conversations and formal feedback mechanisms.

Quantitative data quality was monitored through Qualtrics throughout data collection. Any differences in results across the sites were explored through unadjusted analyses, as well as analyses adjusted to account for the effects of potentially confounding variables such as gender, age and wealth. Overall distribution between groups in categorical variables (such as religion or caste) was first analyzed using chi-square tests of independence. For continuous and ordinal measures, descriptive statistics (median and interquartile ranges or means and 95% confidence intervals) were presented for treatment and comparison sites. These unadjusted values were compared using the Wilcoxon rank sum test to assess whether their population mean ranks differ, accounting for variables not normally distributed.

To estimate the effect of the intervention at the individual level within households, linear regression models were used for continuous outcomes (child's self-esteem, self-worth, etc.) and logistic regression for dichotomous outcomes (child labor, education etc.). For dichotomous variables, odds ratios (OR) were estimated that indicated the comparative odds of occurrence of an event between treatment and comparison groups. Similarly, for continuous variables, least square means for each group and slope coefficients for the group effect were computed.

Subgroup analyses were conducted to see how results differed by gender and age group (10-14 years old vs. 15 years and older). Wald tests were used to assess the significance of the group effect in the regression analyses. Ninety-five percent confidence intervals (95% CIs) for the odds ratios and for the group least square means were also estimated. Throughout our analyses, for the purpose of hypothesis testing, two-sided significance levels of 0.05 were used. Unless otherwise specified, "no response" answers were coded as missing. Data were analyzed using SAS and SAS/Stat software Version 9.4 and STATA software.

A man in Konia, Varanasi, carves idols for the Kali Puja festival out of clay from the river Ganges (© Elizabeth Donger, 2018).



## IV. THEORY OF CHANGE

“We can’t stop every bad situation from happening, but at the very least we can give the community people the tools they need to ask the right questions in a potentially harmful situation, so that they can take control of their children’s lives and outcomes.” – Aangan Varanasi field coordinator

### A. Vision of Prevention

Aangan’s prevention model is built around investments in community capacity to address child protection challenges. Aangan staff trains groups of 12 local women in areas with acute children’s rights problems to be aware of protection issues and to connect residents with government systems and services that promote child safety. These “Child Protection Volunteers” (CPVs) act as intermediaries between children, families and service providers – teachers, police, healthcare workers and political appointees. CPVs collect household-level information on risks and child wellbeing using a mobile app, information that then informs their organizing approach and priorities. CPVs run programs for young girls and boys in their areas that build resilience, awareness and agency. And they strengthen relationships between local service providers and community members by helping them to do their jobs and holding them accountable to their child protection duties.

Aangan’s program is premised on the belief that a trained group of local women that are knowledgeable, committed and available are best placed to help their own children and communities. Aangan considers these women capable of making a positive difference to the relationships and practices that underlie the complex drivers of child vulnerability. Aangan believes in the efficacy of grassroots organizing to help people address their own problems, to take advantage of the services and structures available to them and to improve these services and structures over time. In the long run, the organization assumes this approach will lead to reductions in harm against children, including exploitation, abuse, violence and neglect. Aangan plans to scale this low-cost model widely and, eventually, to enable these activists to be “adopted” – that is, paid as staff – by relevant government entities.

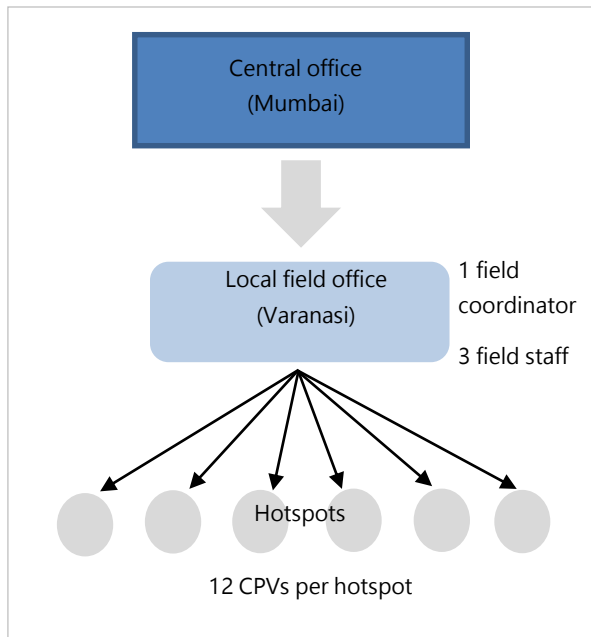
### B. Program Inputs

Aangan’s central and field offices first work together to identify “hotspot” areas of high vulnerability for children. They identified six such sites in Varanasi. These areas are chosen based on several factors, including the proportion of minority populations (caste, religion, tribe); prevalence of protection issues (child labor, school dropout, child marriage and trafficking); and infrastructure challenges (school availability).

*Aangan believes in the efficacy of grassroots organizing to help people address their own problems, to take advantage of the services and structures available to them and to improve these services and structures over time.*

**Aangan local staff**, made up of one field coordinator and three field staff, locates an anganwadi center (childcare center) within each hotspot and selects the geographically closest 300 households that include

children for inclusion in the intervention, excluding any houses that they deem relatively better off.



Aangan local staff identifies twelve **Community Protection Volunteers (CPVs)** in each hotspot. These CPVs are female, permanent community residents, over 18 years of age, who “demonstrate dedication” to children’s issues and interest in participating in Aangan’s work. There are no educational criteria, so some CPVs have no formal education at all. Each CPV receives a stipend of Rs. 700 (roughly \$10) per month and is expected to do 2-3 hours of work per day, or roughly Rs. 9.3 (~\$0.13) per hour. Many CPVs participated in Aangan’s previous programming as children or organizers. The nonprofit does not encourage these women to present themselves as “Aangan workers,” but rather simply as community organizers in their own right, believing that this will increase community ownership of the program.

**Aangan’s central office**, located in Mumbai, designs **printed and tech materials**, all described below, for the CPV training, programs and local data collection efforts. The predetermined curriculum for training is supplemented by the field staff with material that is particularly relevant to current issues in the community.

Taking into account costs for national and local staff salary time, training programs, community and field activities (including CPV stipend and community events) and rent of the field office, this program totals at Rs. 632,204 (\$9,482) per year, per hotspot. See Appendix D for a detailed breakdown of costs.

### *C. Program Outputs*

Aangan staff leads a **training program with CPVs**, consisting of a one-week initiation followed by sessions every other week. The CPVs learn information on children’s rights, relevant legislation, protection issues and available welfare schemes and the importance of and procedures for obtaining identity documents. The training includes practical skills for negotiating with service providers, collecting local data and responding to situations involving at-risk children.

Every year, CPVs conduct a door-to-door **mobile app survey** with the 300 households that are part of their catchment area, collecting data on a range of household vulnerabilities: ownership of ID cards, immunization rates, working children, out of school children, children at risk of child marriage or left unsupervised at home. App data is analyzed by Aangan central office, anonymized and then shared with the CPVs.

CPVs conduct regular **door-to-door visits** and follow up with families that they have identified as needing assistance, providing them with information on available services and interventions and with practical advice

on the best interests of the child. Examples of this assistance include connecting a family with a working child to school scholarship programs, or persuading parents thinking of marrying off a child not to break the law. One CPV explained how, at first, neighbors used to shoo her away:

“They would say, who is this woman who keeps coming and inquiring about our problems but never does anything but talk and ask questions? But when they realized that their child can’t get certain programs if they don’t have a birth certificate, they started seeking out my help. They saw value in my role.”

Because they exercise **constant vigilance** in these communities, these women gain a reputation as helpful and knowledgeable point people for children’s issues. One Konia CPV explained:

“We have to be a constant presence. People need to know that we are here and want to meet them. That consistency is what makes this program successful in making the community better. We can’t solve a family’s problems through one trip. We need to always be around so that when a problem comes up we are there to help them fix it.”

**Shakti and Chauraha circles** are biweekly sessions that the CPVs (pictured below) run for groups of local girls and boys respectively. These six-month courses are designed to build peer support networks, self-esteem, self-worth and awareness of risks. Sessions cover rights and entitlements, articulating aspirations, making educational and vocational plans and accessing key services. Several former Shakti girls later become CPVs.

CPVs stand in front of their regular meeting room in Konia, Varanasi (© Elizabeth Donger, 2018).





Twice every month, CPVs invite families to **Parents' Circles**, meetings that focus on a government program, welfare scheme, or local child protection issue. The Aangan central office suggests topics based on the app data collected from the community and a local staff member is usually present to run the meeting. Twice monthly **Community Help Desks** ("CHDs") also directly connect parents to service providers that would otherwise not tend to spend time in these communities, such as the ward officer, health and education officials, police. CHDs are established to sign people up for Aadhaar cards, birth certificates, or welfare programs ("schemes"), or to offer a platform for discussion of local issues ranging from child marriage to the lack of fencing to protect children from the railway line.

These Community Help Desks work because CPVs build the relevant relationships by spending time **meeting with service providers and government officials** at the ward and block levels. During these meetings, CPVs share information and relevant concerns about their community, draw attention to individual families and children needing support and advocate for specific interventions. Initially the CPVs go in groups to meet with officials. But as they build individual confidence, they also arrange meetings alone. Local residents who are not from Aangan's catchment area of 300 households may also benefit from Parent's Circles or CHDs.

Not all Child Protection Volunteers do all these tasks. Some focus on building relationships with the ward officer and police, others on running the Shakti and Chauraha groups. These women are thought to spend 2-3 hours a day on Aangan-related work. The field staff conducts **site visits** 2-4 times a week to meet with CPVs and provide information on local developments in welfare or child protection, troubleshoot individual cases of at-risk children, or provide advice and support on issues arising out of contact with service providers. As the field coordinator explains, "The CPVs are the backbone of this program. If they are not responsible or active, then no training, nothing that we do, can make the program successful."

*Assumption: The stipend and other non-tangible benefits of participation are sufficient to motivate CPVs to do the work.*

Finally, Aangan staff **meets with district-level officials**, to share their data on local realities and advocate for interventions on specific cases and for broader improvements in policy implementation. As the Varanasi field coordinator put it, "We ask the [officials] to do what they can, leave these numbers and stories at their feet so that the officials think about the problem in a rights-based way. They have good policies, it's a matter of persuading them to implement them well."

## *D. Program Outcomes*

Aangan's model aims to build the community capacity to better avert or address child protection problems among themselves and then if that doesn't work to reach out to government resources such as Childline or the police. Aangan believes that these program inputs and outputs help CPVs, parents and children to **identify high-risk children and families in the area preventatively**, before harm happens. CPVs do this through the mobile app; through their community vigilance and door-to-door visits; and through the Shakti and Chauraha groups, safe spaces where children share stories of friends at risk of marriage, school dropout or abuse.

*Assumption:* Children and caregivers know the CPVs to be resources for child protection issues and trust them with their problems.

Through the Shakti and Chauraha groups, children also gain **increased capacity to identify safe spaces and individuals**. Shakti girls might work, for example, on promoting toilet construction in homes as a way to minimize the risks of sexual abuse associated with use of public toilets or open defecation. The youth groups are also intended to **build self-efficacy and self-esteem**. Albert Bandura defines self-efficacy as a sense of agency or confidence in one's abilities to carry out a desired behavior.<sup>22</sup> Aangan wants to build children's confidence in their abilities to keep themselves and their friends safe from harm. Morris Rosenberg described "self-esteem" as a positive or negative attitude about the self: those with high self-esteem respect and consider themselves worthy.<sup>23</sup> Aangan wants children to feel worthy of safety, education and childhood free of marriage.

*Assumption:* Children regularly attend the Shakti and Chauraha groups.

An intended outcome of Aangan's program is **greater access to and uptake of identification documents for primary caregivers and adolescents**. Aangan considers these documents essential tools for child protection services. Aangan data shows that between 2015 and 2017, the organization signed up 980 people in Konia for Aadhaar cards, 275 for birth certificates, 175 for voter ID cards, 274 for ration cards and 225 for health cards. As one Aangan staff member explained: "You only get access to government programs here through identity cards. So they are a must. CPVs help families get them so that they are not stuck in a time of need." This uptake, combined with the Parents' Circles and CHDs, is presumed to result in **higher enrollment in government schemes**. While CPVs used to seek families out and encourage them to sign up for schemes, staff say parents now approach them. The Aangan Varanasi field coordinator explains:

"One of our major accomplishments is showing families where options they have for financial resources so that they don't take out loans and get into debt ... schemes relieve the pressure that otherwise compels them to make their children work or get their children married early."

*Assumptions:* CPVs' activities successfully address existing barriers to ID ownership and to enrollment in schemes, including lack of knowledge. People that sign up for schemes receive benefits.

Aangan assumes that its model **builds trust between duty bearers and community members**. Over time, CPVs build relationships of mutual respect with officials by regularly showing up at their offices, discussing community issues and helping officials to address identified needs. Aangan believes that this process **improves service providers' performance**, including their accountability and responsiveness. They call this "activating" government officials. In Konia, Aangan's program targets the police, ward member, anganwadi workers, ASHA (Accredited Social Health Activist or health workers), CWC member, Child Protection Officer, Education officer, AHTU and Childline: "We want to develop a responsive system with the government so that if tomorrow

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<sup>22</sup> A Bandura, *Self-Efficacy: The Exercise of Control* (New York: Freeman, 1997).

<sup>23</sup> M Rosenberg, *Society and the Adolescent Self-Image*. Princeton (NJ): Princeton University Press, 1965).

[Aangan] is not in the community, they can go on their own and access these services.”

*Assumptions: CPVs are able to meet with and influence service providers, even when turnover in these positions is high. Improved performance by service providers is visible to other community members. This visibility is sufficient to increase community members' trust in service providers.*

Aangan prefers to leverage existing child protection structures, so in Varanasi it does not train CPVs to work with the Village Level Child Protection Committees (VLCPCs), which are not active there, although mandated by the central government ICPS. As the Aangan Head of Knowledge and Impact explained: “The VLCPC is an unreliable structure because if the government cancels the scheme tomorrow, all that work is gone. Much better to focus on building relationships with specific departments, with service providers as the entry point.” Yet in areas where VLCPCs are present, Aangan believes the CPVs will be valuable resources to these bodies.

Crucially, the activities of the CPVs are believed to contribute towards **transformation of social norms and beliefs about child protection issues**. “The community listens to CPVs,” the field coordinator put it, “because they understand the choices that parents and children make. But they can also demonstrate what the consequences are for their child when they leave home, get married, enter the workforce, or stop school.” Many of these informed, active and helpful community-level child rights advocates were themselves affected by issues such as child marriage and child labor. So they are well-situated to contribute to long-term transformation of social practices: leading by example, introducing the language of children’s rights, listening to the views and discussing issues with community members in ways that are relevant and meaningful to their concerns, investing in Shakti and Chauraha children.

*“The VLCPC is an unreliable structure because if the government cancels the scheme tomorrow, all that work is gone. Much better to focus on building relationships with specific departments, with service providers as the entry point.”*

*Assumptions: CPV activities are reaching and influencing people that are most relevant to upholding social norms harmful to children.*

## **E. Program Impacts**

Aangan staff discussed three principal impacts that they believe result from the program outcomes just discussed: **reductions in child marriage, school drop-out, child labor and abuse**. Staff at the district-level reported that the model has potential to address child trafficking as well. However, this was not a focus of the CPV group in the area studied.

*Assumptions: This program assumes that other structural factors militating against child wellbeing, which the CPVs and Aangan cannot address, do not render their efforts ineffective. Low financial investment in schools, poorly motivated and trained service providers, the presence of child abusers and lack of job market opportunities, among other conditions, all make children vulnerable to harm. Aangan believes that communities still have the capacity to make significant strides in advancing justice within the limitations generated by a severely flawed protection system.*

Table 4: Aangan Theory of Change

Inputs	<ul style="list-style-type: none"> <li>• Child Protection Volunteers</li> <li>• Aangan Varanasi staff</li> <li>• Aangan National staff</li> <li>• Printed and tech materials for programs and trainings</li> <li>• Financial resources</li> </ul>
Outputs	<ul style="list-style-type: none"> <li>• Training program with CPVs</li> <li>• Door to door survey with mobile app</li> <li>• Household visits / community vigilance</li> <li>• Shakti and Chauraha circles</li> <li>• Parents Circles</li> <li>• Community Help Desks</li> <li>• Meetings between CPVs and service providers at the ward and block levels</li> <li>• Meetings between Aangan staff and district-level officials</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• Preventative identification of high-risk children and families in the area by CPVs, parents and children</li> <li>• Increased child capacity to identify safe spaces and individuals</li> <li>• Increased agency and self-confidence among children</li> <li>• Higher enrollment in government schemes.</li> <li>• Greater access to and uptake of ID documents for primary caregivers and adolescents</li> <li>• Greater trust in duty bearers by primary caregivers and children.</li> <li>• Improved performance of service providers</li> <li>• Transformation of social norms and beliefs about child protection: education, child marriage and child labor</li> </ul>
Impacts	<ul style="list-style-type: none"> <li>• Reductions in child marriage</li> <li>• Reductions in child labor</li> <li>• Reductions in school drop-out</li> <li>• Reductions in child abuse</li> </ul>

## V. RESULTS

### A. Demographics

Konia, the area where Aangan's program has been operating since 2015 and Deendayalpur, our comparison site, are peri-urban slum areas situated on opposite banks of the Varuna river in Varanasi, the Hindu spiritual capital of India. Both are Hindu majority areas and the overwhelming proportion of residents are Scheduled Caste (SC), Scheduled Tribe (ST) or Other Backward Caste (OBC), though Konia has higher numbers that identify as General Caste. Qualitative results in this study control for caste where possible.

The number of Muslims in Konia has been underestimated by a small measure, however, because CPVs did not identify households where Bengali-speaking Muslims were living as being part of their intervention area. This demographic is therefore not represented in either the quantitative data or the qualitative interviewees, who were sampled from participants in the survey.

Table 5: Demographics of Study Sites

	Konia (n = 182)	Deendayalpur (n = 188)	p-value
Religion			
Muslim	11 (6%)	21 (11.2%)	0.08 (a)
Hindu	171 (94%)	167 (88.8%)	
Caste			0.002**(a)
General	21 (11.5%)	8 (4.6%)	0.002**(c)
OBC	118 (64.8%)	106 (56.4%)	0.44 (c)
Scheduled Caste	40 (21.9%)	70 (37.2%)	0.002**(c)
Scheduled Tribe	3 (1.7%)	4 (2.1%)	0.72 (c)
Average size of household	6.05 (2.24)	6.09 (1.79)	0.32 (b)
Average number of children	2.43	2.29	0.59 (b)
Ownership status			<0.001***(a)
Own	154 (84.6%)	181 (96.2%)	
Rent	26 (14.3%)	5 (2.7%)	
Makeshift	2 (1.1%)	2 (1.1%)	
Electricity in house	162 (89%)	166 (88.3%)	0.83 (b)
Average Wealth index	37.39 (18.89)	36.95 (17.64)	0.99 (b)
Seasonal migrants in household			
Adult	12 (6.6%)	12 (6.4%)	0.93 (c)
Child	3(1.7%)	1(0.5%)	0.30 (c)
Asterisks denote: * $p < 0.05$ , ** $p < 0.01$ , *** $p < 0.001$ . Significance tests are denoted by (a) Chi squared test (b) Wilcoxon test (c) Parametric t-test.			

Reported levels of seasonal out-migration are low in both Konia and Deendayalpur. However, both communities host high numbers of migrants from other locations, principally Bihar and elsewhere in Uttar Pradesh. In Konia, Muslims of Bengali origin living in the most deprived sections of the slum, only some of whom have migrated recently, were referred to inaccurately (and abusively) by many as being non-Indian "migrants."

Table 6: Demographics of Study Participants

	Konia (Intervention)	Deendayalpur (Comparison)	p-value
<b>Caregiver:</b>	<b>n = 182</b>	<b>n = 188</b>	
Average Age	38.03	36.73	0.108(b)
Years of Education			0.647(a)
None	102 (56%)	109 (58%)	
Lower Primary	29 (15.9%)	30 (16%)	
Upper Primary	16 (8.8%)	13 (6.9%)	
Secondary or above	22 (12.1%)	16 (8.5%)	
Upper Secondary	10 (5.5%)	14 (7.4%)	
Graduate	3 (1.6%)	4 (2.1%)	
Post-Graduate	0 (0.0%)	2 (1.1%)	
Marital Status			
Married	173 (95.1%)	173 (93.1%)	
Married, with absences	0 (0.0%)	2 (1.1%)	
Never Married	0 (0.0%)	1 (0.5%)	0.435(a)
Widowed	6 (3.3%)	9 (5.0%)	
Separated	1 (0.55%)	0 (0.0%)	
No Response	1 (1.1%)	1 (0.5%)	
<b>Children</b>	<b>n=313</b>	<b>n=341</b>	
Average Age	13.42	13.13	0.10(b)
Age 10-14	194(61.98)	242(70.97)	
Age 15-17	119(38.020)	99(29.03)	0.015***(a)
Gender			0.325 (a)
Female	169 (53.99%)		
Male	144 (46.01%)		
Child migrants	1 (0.5%)	3 (1.7%)	0.30 (c)
Asterisks denote: * $p < 0.05$ , ** $p < 0.01$ , *** $p < 0.001$ . Significance tests are denoted by: (a) Chi squared test (b) Wilcoxon test (c) Parametric t-test.			

The economic profiles of the two areas are comparable. There is no significant difference in the wealth index, a composite measure of each household's cumulative living standard.<sup>24</sup> Qualitative interviews with community members and teachers suggested that monthly incomes are between Rs. 3,000 and Rs. 5,000 (~\$42 - \$72) in both areas, residents largely working as daily wage laborers in junkyard work, shop attendants, auto rickshaw drivers and sari weavers.<sup>25</sup>

There has been no major infrastructure investment in either location over the last three years. The river presents physical risks for children in both areas and Konia also is located along a railway line, which participants said is often the site of accidents and physical and sexual violence against children. There are no other nonprofits apart from Aangan operating in Konia.<sup>26</sup> In Deendayalpur, the nonprofit Pratham runs an evening non-formal education program for children ages 6-14.<sup>27</sup> There are an equal number of anganwadi workers in both

areas. In Konia, the higher proportion of girls interviewed may reflect a relative focus on girls by the CPVs. Where possible, all analyses control for gender.

<sup>24</sup> The wealth index detailed in Appendix C and developed based on the index used by the Demographic and Health Survey. See "The DHS Program - Research Topics - Wealth Index," accessed August 8, 2018, <https://dhsprogram.com/topics/wealth-index/index.cfm>.

<sup>25</sup> Three study participants in Deendayalpur also mentioned that a training had been run by the Shambhunath Foundation for the ward officer and this NGO had also operated Childline in the area prior to 2000.

<sup>26</sup> One participant mentioned that the organization Prayanta previously worked with the Muslim population there, but is no longer active.

<sup>27</sup> Established in 1995 in Mumbai, Pratham is an educational nonprofit that operates in urban areas to provide: pre-schools for children ages 3-5 years; support classes for children in primary school (Grades 1-5) to improve basic reading and numeracy skills; libraries; and after school learning camps for upper primary student (Grades 6-8) to build reading, writing and arithmetic skills. "Urban Programme," Pratham, accessed August 29, 2018, <http://www.pratham.org/programmes/urban-programme>.

## B. Process Evaluation: Is Aangan's Program Running as Planned?

### *Key Findings:*

- Data shows that all CPV activities in Konia are being carried out largely as planned, with the exception of house visits and community vigilance, which CPVs carry out less frequently than intended.
- There are substantial non-material benefits of participation for CPVs, whose activism makes them role models. These benefits often do not outweigh the considerable personal and financial costs of this demanding work for CPVs who have limited spare time. Several CPVs indicated that the current stipend is insufficient.
- While the training program has been transformative for many of the CPVs, respondents suggested that there is scope for training materials to be better tailored to local realities. There was also an expressed wish for greater CPV involvement in deciding topics for Parents Circles and Community Help Desks.
- This study found limited evidence around the benefit of central and field staff activities at the ward and district-levels.
- Lack of uniform recognition among residents about the name of the CPV group and its existence, undermines uptake of their services. Aangan wishes to ensure community volunteers are seen as local resources, not nonprofit representatives. So, Konia residents do not identify the women as "CPVs," but most commonly by their individual names. When recognized as a distinct group, residents refer to these women as "Udaan Mahila Sangataan" (translated as "women rising organization," a name chosen by the CPVs themselves), as "Mahila Mandal" or "Shakti": 15.3 percent of residents recognized at least one of these names.

### *What's in a Name?*

Aangan encourages the **Child Protection Volunteers** (CPVs) to come up with their own name for their group. To ensure local ownership and sustainability, they should not be formally affiliated with Aangan but rather be "anchored" in local communities and perceived as local resources. The CPVs gave their group the name "Udaan Mahila Sangataan," based on a popular television show. Select residents recognized this title, calling them by "Udaan," "Mahila Mandal," or "Shakti." Survey team members prompted participants with each of these titles, as well as CPVs' individual given names. However, the majority of residents who reported knowing CPVs at all knew them only by their given names. Three of the eight CPVs in Konia— one anganwadi (childcare center) worker and two ASHA workers (community health workers) – are also employed by ICDS and were most widely known. Many residents believed that the work that CPVs do for children and families is through their government jobs.

*Results show that CPVs have offered some kind of service to 55.1 percent of the target 300 caregivers in households surrounding the anganwadi center in Konia.*

A core assumption of Aangan's model is that children and caregivers know the CPVs to be resources for child protection issues and trust them with their problems. Data suggests that more consistent "branding" of the CPVs' could make Konia residents more likely to hear about the

CPVs' efforts, and therefore more willing to reach out or refer their neighbors. An association with a recognizable group may also increase authority and bargaining power; data shows that CPVs are often ignored or brushed off when advocating against child marriage or school dropout by service providers and parents.

Quantitative results show that CPVs have offered some kind of service to 55.1 percent of the target 300 caregivers in households surrounding the anganwadi center in Konia. This figure includes any caregiver who attended a community meeting hosted by a CPV; been interviewed by a CPV using a phone app; received a home visit from a CPV; or sent a child to participate in the Shakti/Chauraha program.

In this study, uptake on CPV services was difficult to identify in the qualitative surveys. Five of seven caregivers in Konia said that they did not know of "Udaan Mahila Sangataan" or individual CPVs and had not received their help. However, three of these five had made their Aadhaar cards at Aangan's registration camps and four of them had children who attended Shakti or Chauraha meetings.

### *Day-to-Day Activities*

CPV activities in Konia are being carried out largely as planned, though with varying levels of consistency and reach. CPVs reported that they have conducted the digital **door-to-door survey** once. Results were then fed back to CPV by Aangan in order to help them prioritize next steps. A CPV explained one such priority was "to help those who don't have ration cards, Aadhaar cards, bank accounts and others in getting their documents and integrate them with government schemes." Another priority was to open bank for those that did not have them.

Aangan's records show however that CPVs have collected two rounds of data in Konia with the app, surveying 363 families in September 2016 and 300 families in May 2017. In this study, 7.7 percent of caregivers reported that they were interviewed. One caregiver participating in the qualitative survey noted that "They come and do the survey but we don't get any benefits." This suggests a potential to increase buy-in by connecting the survey with other CPV activities and including community members in efforts to disseminate results.

**Shakti and Chauraha circles** are the primary means by which the CPVs gain recognition among parents in Konia: this program predates the rest of the prevention model: 47.9 percent of girls and 18.1 percent of boys reported they had attended the program. Multiple school officials stated that Shakti is popular among

Table 7: Engagement with CPVs

Caregivers	n = 182
Received any benefit from CPV ("yes" to any of below)	
No	80 (44.9%)
Yes	98 (55.1%)
Surveyed by CPV with mobile app	
No	167 (92.3%)
Yes	14 (7.7%)
Ever attended a Parent's Circle	
No	133 (73.1%)
Yes	49 (26.9%)
Ever attended a Community Help Desk	
No	158 (86.8%)
Yes	24 (13.2%)
CPV has come to house to ask about the family or follow up on an issue	
No	155 (84.2%)
Yes	28 (15.8%)
A child participated in Shakti/Chauraha	
No	103 (59.2%)
Yes	71 (40.8%)
Ever asked CPV for help dealing with a problem	
No	157 (86.2%)
Yes	25 (13.7%)
Children	n=313
Proportion who have heard of CPVs	
No	29 (15.3%)
Yes	153 (84.1%)
DK	9 (2.8%)
Participants in Shakti/Chauraha	
Female	
No	86 (50.9%)
Yes	81 (47.9%)
Male	
No	115 (79.9%)
Yes	26 (18.1%)
Ever asked CPV for help dealing with a problem?	
No	160 (87.9%)
Yes	22 (12.1%)



their students. "Udaan [Mahila Sangataan] and Aangan motivate our children," according to the secondary school principal, "and more than 25 children of ours are members of such [Shakti and Chauraha] programs."

Aangan's theory of change assumes that children regularly attend the Shakti and Chauraha groups. Girls that reported attending Shakti at all, had done so an average of 5.4 times. Boys attending Chauraha went on average 5.5 times. The Shakti program is made up of 12 sessions. While two children said in their qualitative interviews that they had only attended one Shakti session and did not remember learning much of value, all other participants interviewed felt that Shakti was valuable and fun. As one 14-year-old girl and one 16-year-old girl interviewed in Konia explained:

*47.9 percent of girls and 18.1 percent of boys reported they had attended the program.*

"I learned about how children should get married only after turning 18 years of age and about what I want to become when I grow up...They guided me regarding my education and career and also said that if I ever face a financial problem with my education, then I can approach them."

"[One of the things I learned] is that it is important to your parents of your whereabouts and if they ask you not to go to somewhere, then you should listen to them and not lie. If you are unable to share something then talk to your mother. Anything that happens I share with my mother... I also learned [in Shakti] that I should help my friends and give them suggestions."

Study results show that the girls' Shakti program is more discussed and better attended than the boys' Chauraha program. This could be because girls are more enthusiastic to learn from women than boys are, or because people assume Udaan Mahila Sangataan, meaning "women rising organization," is for women. Of the 4 girls and 3 boys randomly selected for qualitative interviews in Konia, all 4 girls had been to Shakti sessions. None of the boys had attended Chauraha, though all of them had heard it existed. Among all caregiver and service provider interviews, Chauraha is mentioned once by a service provider. This gender imbalance is also evident across the rest of Aangan's Konia programs: of the 13 children in Konia that reported they had asked a CPV for help, only one was male.

According to one CPV, over 20 people typically attend each **Parents Circle**. These meetings are held according to when the most number of participants are available and are regularly attended by a core group of mothers. Among survey participants, 26.9 percent reported ever attending a meeting. CPVs make efforts to invite families who do not usually attend ("[She] asked me multiple times to attend their meetings but I didn't go...I didn't go as I never had the time") but given the time consuming nature of doing this, information on Parents Circles usually spreads by word of mouth.

School officials, healthcare workers, Childline workers and the ward officer all said they have attended **Community Help Desks** in Konia ('CHDs', often referred to in Konia as 'camps' or 'meetings') and said that they found them beneficial, particularly for letting community members know what resources officials can provide. Among caregivers, 13.2 percent reported that they had attended a CHD. These events have largely centered on how to sign up for available schemes and identity documents: Aadhaar cards, different kinds of pensions and skill training schemes.

The model assumes that CPVs are able to meet with and influence service providers. Data show CPVs have

successfully initiated **meetings with service providers at the ward and block levels** to build trust and rapport, including with the auxiliary nurse midwife (ANM), anganwadi, ward member and police. The police in Konia initially turned the CPVs away. So the women did role-playing among themselves to gain confidence and continued to present themselves at the station. They wrote New Year cards to the police officers, tied *rakhi* bracelets for them during the *Raksha Bandan* festival as a signal of respect,<sup>28</sup> and took photos with them. Eventually, their relationships improved to the point where they were able to review the map of Konia created by Shakti girls with the police, identifying dangerous areas that the police now regularly patrol. Aangan staff explained that, “Whereas CPVs used to go to police for help, police since started coming to CPVs for help. Now, community members go directly to police.”

According to the ward officer: “We have participated in 2-3 meetings convened by Udaan. We have listened to their problems and those which are under my capacity, I have assured them of support.” Aangan field staff also provide trainings to select stakeholders at the ward and block level, such as a teacher and member of an NGO formerly working in Konia, who explained:

“In the training with Aangan we discussed issues such as child marriage, trafficking, child labor and sexual abuse. It made me aware of so many things...we have to make children aware of Childline, police and who to approach when they have a problem ... we [learned] how to integrate the children with Super Smart [Shakti] and Chauraha Programs. I am associated with child related issues only after coming across Aangan Trust. Before that, I wasn't.”

This study found inconclusive evidence about the efficacy of the **Varanasi central and field staff meetings with district officials**. Of the 7 district service providers interviewed for this project, one – the Childline District coordinator – said that they remembered meeting with Aangan staff: “I have attended two meetings run by Aangan Trust. They organize meetings with small groups of people to create awareness [on children’s issues].” The director of the Child Welfare Committee (CWC) incorrectly commented that Aangan is only concerned with working at the community level and not with district officials and so the CWC does not collaborate with them.

*[CPVs] wrote New Year cards to the police officers, tied rakhi bracelets for them during the Raksha Bandan festival as a signal of respect, and took photos with them. Eventually, their relationships improved to the point where they were able to review the map of Konia created by Shakti girls with the police, identifying dangerous areas that the police now regularly patrol.*

#### *Training and Ongoing Support for CPVs*

CPVs primarily have contact with the Aangan Varanasi field office through monthly **training sessions** with members of the field staff. When asked about the previous month’s training, one CPV explained:

“We planned the actions we would take to prevent child marriage. We were shown videos about child marriage and asked to disseminate this information [by] organizing a local meeting with a large number

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<sup>28</sup> Raksha Bandhan, is an annual Indian festival centred around the tying of a thread on the wrist as a form of ritual protection, offered principally as a form of fraternal respect and wish for wellbeing and happiness.

of men and women. We would show the videos and ask the crowd questions to generate a conversation about the issue.”

CPVs explained that government officials often attend and make presentations at their training sessions with information about schemes that could help families in their community. For example, the ward officer explained how to prepare Aadhaar cards and fill out pension forms for residents.

Aangan is committed as an organization to a collaborative, horizontal model of policy development that links the central office in Mumbai with field offices. However, in practice, the allocation of responsibilities between center and field sometimes leads to field staff, such as those interviewed for this study in Varanasi, perceiving central office decisions as not entirely appropriate to local conditions. For example, CPVs and local staff members stated that designs the curricula and materials for use in CPV training sessions could be better adapted to local realities and needs. One field staff noted that stories about adolescent romance used to engage young girls and have them think about safety are risky to introduce into some religious communities without adequate preparation. According to Aangan’s Varanasi field coordinator:

“The predetermined trainings are useful for teaching about which schemes and services exist, but they do not align with the ground reality and the priorities at that time and place. Also, the policies may be designed in one way and implemented differently. The trainings need to be amended to meet this ground reality. Training tools can also be more user friendly so they are more accessible.”

Field visits by staff happen less frequently than the planned 2-4 per week. They mainly occur to address individual cases of harm, rather than to help the CPVs coordinate Shakti and Chauraha, Parent’s Meetings or Community Help Desks.

### *Motivating CPVs, Prioritizing Prevention*

An assumption of Aangan’s theory of change is that the stipend and other non-tangible benefits of participation are sufficient to motivate CPVs to do the work required by the model. It is not clear whether this holds true for all the CPVs in Konia: study results show large variation in the degree of CPV involvement and satisfaction. Certainly, for many CPVs, participation brings with it considerable non-tangible benefits. Several described profound transformations in their sense of self-worth and personal development. Two examples:

“Before Aangan, I was nothing. I thought of myself as zero. I didn’t want to speak with anybody outside my house. I didn’t even speak to my children because I had this internal problem - I can’t even describe it ... Then Aangan started working here and my son started attending Chauraha. Because of that I came to the parent’s circle. And through joining with Aangan I have learned so much about children, about women ... how to make the child safe. So I let go of all the things that weighed on me at home ... I have a new strength and way of thinking about life.”

“I have had a lot of difficulties in my life and always had a lot of aspirations, but I never got such an opportunity to share what I thought. My mother died when I was 6 months old. I know how important it is for children to have attention and security ... I will put in as much time and energy as it takes to make sure children are given the help they need.”

However, working to transform social norms and practices relating to children’s rights among neighbors can carry significant costs for CPVs, including social ostracization and harassment from family and community members (“Many people taunt us as we visit the police station”). Most significantly, many CPVs cannot afford the time spent away from caring for their own families and wage-earning work. As a result, these women are often unable to invest the requisite time in the **community vigilance and household visits** that are key to Aangan’s risk mapping. Several CPVs stated that the stipend they receive is insufficient. As one put it: “We are trying to do a lot of good work” but receive “almost no incentive, only Rs. 700 (~\$10) per month, which is not enough. If [CPVs] were given more resources, we could do much more and better work?”<sup>29</sup>

## C. Results: What are the Outcomes and Impacts?

### i. Education

“Initially, parents here didn’t send their children to school and made them work. But with the intervention of Aangan, conducting awareness campaigns, now the children attend school.” – Konia anganwadi worker

#### *Key Findings:*

- Schools are less physically accessible in Konia than in Deendayalpur. Still, however, there are significantly fewer out-of-school children in Konia: 12.4 percent of primary age children and 24.4 percent of secondary age, compared to 17.8 percent of primary age and 35.7 percent of secondary age children in Deendayalpur.
- In Konia, CPVs have done several enrollment drives that have substantially reduced the number of children never enrolled and the number that have dropped out. They also conduct monitoring of school quality and participate in school management committees (SMCs).
- In Konia, caregivers reported that 80.4 percent of their children were enrolled in private school, as well as 82.6 percent in Deendayalpur.
- Security on the way to school remains a barrier to enrollment in both sites, as is a lack of identity documents.

There are several data sources for the number of out-of-school children (OOSC) in India, each with “underlying differences in the definitions of ‘attendance rates’ and ‘out-of-school children,’ data collection processes and estimation methodologies.”<sup>30</sup> This study defines “out-of-school” to include children who have never attended

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<sup>29</sup> CPVs receive an additional Rs. 100 per month in phone credit.

<sup>30</sup> UNESCO-UIS, “Estimating the Number of Out of School Children: Methodological Problems and Alternative Approaches. India Case Study”

school, who are not currently enrolled in school and who have missed more than 30 consecutive days of school in the past year.<sup>31</sup>

Table 8: School attendance and Out of School

Characteristic:	Konia (Intervention) n = 313	Deendayalpur (Comparison) n = 341	p-value for unadjusted analysis	Unadjusted		Adjusted	
				Odds ratio	CI	Odds ratio	CI
Net primary school attendance (10-14)	163 (84.0%)	190 (78.5%)	0.15	1.4	0.9, 2.4	1.3	0.8, 2.2
Gross primary school attendance (10-14)	196 (101.0%)	218 (90.1%)	..	..	..	..	..
Net secondary school attendance (15-17)	57 (47.9%)	35 (35.7%)	0.07	1.7	0.9, 2.9	1.5	0.8, 2.7
Gross secondary school attendance (15-17)	65 (54.6%)	46 (46.4%)	..	..	..	..	..
<b>Out of school</b>							
10 -14 years	24 (12.4%)	43 (17.8%)	0.12	0.7	0.4, 1.1	0.7	0.4, 1.2
Male	12 (13.6%)	27 (22.1%)	0.12	0.6	0.3, 1.2	0.6	0.3, 1.2
Female	12 (11.3%)	16 (13.3%)	0.65	0.8	0.4, 1.9	0.8	0.3, 1.8
15-17 years	29 (24.4%)	35 (35.7%)	0.07	0.6	0.3, 1.0	0.6	0.3, 1.1
Male	15 (26.8%)	21 (43.8%)	0.07	0.5	0.2, 1.1	0.5	0.2, 1.2
Female	14 (22.2%)	14 (28.0%)	0.48	0.7	0.3, 1.7	0.8	0.3, 2.0
Never enrolled	16 (5.1%)	31 (9.1%)	0.05*	0.5	0.3, 1.0	0.6	0.3, 1.2
Total	53 (16.3%)	79 (23.2%)	0.05*	0.7	0.5, 1.0	0.7	0.5, 1.1

Notes: In the adjusted model control variables included religion, years of education of caregivers, wealth index, gender and caste. CI indicates Confidence Interval. Net primary school attendance is the percentage of children in the age group officially corresponding to primary schooling (10-14), who attend primary school. Gross primary school attendance signifies the number of children attending primary school, regardless of age, divided by the population of the age group that officially corresponds to the same level (10-14). Asterisks denote: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ .

### *Preventative Strategies for School Dropout*

Data show that 12.4 percent of primary age children in Konia and 17.8 percent in Deendayalpur, are not in school. These numbers more than double at the secondary age, to 24.4 percent and 35.7 percent, respectively.

(Montreal, 2016), 3.

<sup>31</sup> The reference period for defining this “continuous absence” varies from state to state. This report uses a period of 30 days based on the 2016 recommendations of the Indian National Commission for Protection of Child Rights (NCPCR), “Summary of Recommendations on Out of School Children,” September 29, 2016, <http://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=886&lid=1223>.

Overall, children in the intervention site were 0.7 times as likely to be out of school as those in the comparison site. Crucial to this difference is that significantly fewer children have never been enrolled in school in Konia (5.1 percent) compared to Deendayalpur (9.1 percent).

The positive effects of Aangan’s model in Konia are even more impressive when considering the fact that primary schools in Konia are less physically accessible than those in Deendayalpur, where there is also a nonprofit conducting some efforts to enroll children in school.

In Konia, there is one private primary school and two government primary schools, one situated nearby but across a busy road, the other further away and in a Muslim dominated area that Hindu parents do not wish to send their children to. In Deendayalpur, there is one government school, at a distance of 1.5km and along a relatively safer route, as well as two private primary schools. Students have to travel roughly 2km from both Konia and Deendayalpur in order to reach a government secondary school.

To prevent children from dropping out of school in Konia, CPVs first conduct school enrollment drives.<sup>32</sup> They share information on individual OOSC with local schools and with the Aangan field office, who alerts district-level actors as appropriate. One CPV stated that she had personally enrolled 5-6 children in the past month. The Varanasi District Child Protection Coordinator commented:

“If there is any case of a drop-out child who is unable to get admission and if it comes under DCPU (District Child Protection Unit), then we help. For example, Aangan Trust sent us the list of 165 students who were unable to get admission. Then actions were taken involving the principals of the school and DCPU. In that meeting the matter was solved, those 165 students and future ones will get admission.”

Table 9: School descriptive data

	Konia (Intervention) n= 311	Deendayalpur (Comparison) n= 333	p-value
School Type:			0.005**
Government	59 (19.0%)	45 (13.5%)	
Private	250 (80.4%)	275 (82.6%)	
NR	2 (0.6%)	13 (3.9%)	
Government Assistance			
None	247 (79.4%)	277 (83.1%)	
Books	25 (8.0%)	21 (6.3%)	
Fees waived	4 (1.3%)	5 (1.5%)	
Other	18 (5.7%)	12 (3.6%)	
Shoes	17 (5.4%)	17 (5.1%)	
NR	0 (0.0%)	1 (0.3%)	
Midday Meals			0.3
Yes	35 (11.4%)	29 (9.2%)	
No	271 (88.3%)	284 (89.6%)	
DK	1 (0.3%)	1 (0.3%)	
NR	4 (1.3%)	19 (5.7%)	
Asterisks denote: * $p < 0.05$ , ** $p < 0.01$ , *** $p < 0.001$ .			

CPVs also attempt to raise awareness in Konia among caregivers about the importance of education, through Parents’ Circles and conversations with individual households. Several interviewees assessed these efforts positively: “Initially, the parents didn't send their children to school and made them work” said the anganwadi worker, “With the intervention of Aangan by conducting awareness campaigns, now children attend school.”

Finally, CPVs conduct monitoring of school quality and participate in school management committees (SMCs),

<sup>32</sup> Aangan own data show that CPVs have enrolled 450 children in Konia in school and 122 children in non-formal education since the start of the program. There are 461 children currently of school age (10-17) living in Konia.

which are forums mandated by RTE to encourage more community and parental involvement). CPVs regularly attend the SMCs and encourage other parents to come. As one CPV stated, "I was at the SMC in a government school. Initially, I wasn't aware of many things like I have to check the education quality, food quality and other things... [then we] shared knowledge regarding SMC to the parents." The primary school principal in Konia agreed that "these meetings are proving beneficial as parents are slightly taking cognizance of these problems." CPVs also regularly show up at the school to get information on teacher attendance and midday meal provision. One CPV noted:

"I came to understand that I have power and I can monitor things like teacher attendance and food quality. I came to know the powers of SMC through the other Didis.<sup>33</sup> Initially when I visited the school the Sirs started questioning me, "why have you come?" After a few visits, when we shared our observations with them, they appreciated my actions and welcomed me warmly. They invited me to their meetings, gave me a chair to sit on and food to eat so that I could taste and check the quality."

*CPVs have become a bridge between the school and the community.*

The same primary school principal remarked that CPVs have become a bridge between the school and the community: "Now explaining to the children or their parents has become easier. We have got a medium to communicate through Aangan. This is good."

#### *Other Findings: Education Optimism, Abandonment of Government Schools, Security and ID*

When parents were asked about their children's school enrollment, they reported that 80.4 percent of children in Konia and 82.6 percent in Deendayalpur, were enrolled in private schools. These parents therefore received no government assistance for their studies.

Children in this study cited "cost" second most frequently as their reason for prolonged school absence: 16.1 percent in Deendayalpur and 8.1 percent in Konia. Only "health" was reported more frequently: 29.0 percent in Deendayalpur and 44.4 percent in Konia. Parents and caregivers in both sites discussed the costs of schooling as a principal factor behind school dropout, including both the opportunity costs of not working and the actual costs of fees, books and uniforms. "Parents are unable to give education to their children because either they are poor and work as wage laborers, or the father is a drunkard," explained the anganwadi worker, "so children have to work." In Konia, 39.1 percent of children attending school also work, compared to 16.5 percent in Deendayalpur that work and attend school.

*Data show that 12.4 percent of primary age children in Konia and 17.8 percent in Deendayalpur, are not in school. These numbers more than double at the secondary age, to 24.4 percent and 35.7 percent, respectively.*

Despite these serious financial burdens, many families choose to bypass free public education in favor of low cost private schools. Among the reasons for this are acute issues with public school infrastructure, quality of instruction and teacher absenteeism. As the Deendayalpur government primary school principal explained:

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<sup>33</sup> Literally "aunties", a reference to the CPVs.

“The children don’t get genuine things related to education like benches for sitting. They sit on jute sacks. There is a problem related to water supply as there is no hand pump. From a security point of view, there should be a boundary wall but it is not here... We have written to the authorities. The blackboard cannot be seen. There should be an electricity connection. Basic facilities should be provided but they are not.”

Despite these structural problems with the education system, caregivers and children in both sites emphasized education’s crucial importance to a child’s potential and social progression.

Participants frequently mentioned two other key barriers to school access. The first, equally applicable to pupils in government and private contexts, is security on the way to and at school. “The problem is harassment that girls are facing,” stated a school principal in Deendayalpur, “It has increased to such a level that parents have stopped sending their girls to school.” In Konia, a principal noted that “the government should make such laws to prevent or stop problems such as harassment, kidnapping faced by children while they commute to school.” CPVs have done a considerable amount of work to make routes to school safer in Konia.

The second key barrier is lack of identity documents. Although RTE makes it illegal to deny children entry to school on the basis of lack of documentation, caregivers and service providers described this as a serious roadblock for poor families. According to the secondary school principal in Konia: “From a birth certificate their Aadhaar Card is made and if their date of birth is there then they can get admission in schools and colleges.” This is a particular issue for Bengali-speaking Muslims in Konia.

Two final findings are that the ratio of out-of-school boys to girls is roughly even in Konia for both age groups, but, in Deendayalpur, proportionally more boys than girls are out of school (68 percent more in the 10-14 category and 50 percent for 15-17). High gross primary school enrollment rates in both sites suggest that children start their studies late, as RTE requires that pupils are automatically moved up to the next grade each year.





## ii. Child Labor

### *Key findings:*

- Quantitative results for child labor among older and younger children, girls and boys, are significantly higher in Konia than in the comparison site, by both international and Indian legal standards. Much of the work that children are combining with their work could well be damaging to their health and development.
- CPVs have helped many child laborers in Konia to also access education, 76.5 percent of working children there also study, compared to 59.0 percent in Deendayalpur.
- Children in Konia work on average 7.5 fewer hours outside the house than children in the comparison site and an average of 12.5 fewer hours on household chores.
- CPVs have also connected families of child laborers with skill training that may open up less exploitative work options.
- Results point to a prevalent social norm among CPVs and residents against child labor that precludes schooling entirely, but not against child labor per se.
- In both sites, there is almost no awareness around the legal age limit for child work and little discussion of the health implications of child labor.

In this study, the ILO-SIMPOC child labor module was implemented in the child quantitative survey to assess prevalence by both Indian and international legal standards. Participants in qualitative surveys were asked questions on local child labor issues, prevention strategies and social norms. Caregivers and children answered questions about a vignette describing a hypothetical case of a child dropping out of school to engage in child labor (see appendix C).

### *Scope of the Problem: child labor law and prevalence in Varanasi*

International law puts limits on the age at which a person can engage in work and the type of work that young people can do. Children under 18 cannot engage in work that is hazardous or categorized as “another worst form” of child labor. ILO Convention No. 138 sets the minimum age for work when compulsory schooling is no longer required, no lower than 15. There are also forms of “permissible light work” for children between 12 and 14 years, defined as any non-hazardous work that does not prejudice school attendance or exceed 14 hours per week.

Indian law is in some ways more restrictive than international law. The Child Labour (Prohibition and Regulation) Amendment Act 2016, prohibits work in any occupation or process for all children under 14 years. Nevertheless, several exceptions to this blanket ban allow activities that would be considered unacceptable by international standards. Under 14s can work in any “family or family enterprise...after school hours or during vacations,” provided the work is not hazardous and does not “affect their school education.” Indian law defines hazardous work, also banned for children 14-17 years of age, more narrowly than international law: anything involving mining, explosives and occupations mentioned in the Factory Act.

*This study found significantly higher prevalence in Konia of child workforce participation and child labor than in Deendayalpur.*

Children participate in several kinds of labor in Deendayalpur and Konia. They work in sari handlooms, in pickle factories and factories stitching bags and purses, in domestic work, in hotels and shops, driving autos, or making flower garlands for sale to pilgrims along the river. Children earn anywhere between Rs. 10-100 (\$0.40 - 1.40) per day, depending on the work. Some are “waste pickers,” collecting and sorting waste for trade. Participants stated that labor trafficking is a problem. “Children on the guise of laborers are taken away and trafficked,” said Deendayalpur’s anganwadi worker, “They sell off the children and they are employed for work.”

This study found significantly higher prevalence in Konia of child workforce participation and child labor than in Deendayalpur, measured both by Indian and international standards. This is true for older and younger children and boys and girls (Table 10). Table 11 shows data on employers and earnings: most children in both sites work in a household business, or are self-employed. Significantly more working in Konia (46.3 percent) are not paid for their labor, either in cash or kind, than in Deendayalpur (29.8 percent). Child laborers in the comparison site, though smaller in number, are working on average more hours per week than those in Konia (24 hours compared to 16.5; Table 11).

Table 10: Child labor prevalence

	Konia (Intervention) n=313	Deendayalpur (Comparison) n=341	p value	Unadjusted Odds ratio 95% CI		Adjusted Odds ratio 95% CI	
<b>Children participating in workforce</b>							
10-14 years	73 (37.6%)	44 (18.2%)	<0.001***	2.7	1.8, 4.2	3.5	2.1, 5.9
15-17 years	74 (62.2%)	40 (40.8%)	0.002**	2.4	1.4, 4.1	3.3	1.7, 6.4
<b>Children in child labor (International legal standards)</b>							
10-14 years	51 (26.3%)	32 (13.2%)	<0.001***	2.3	1.4, 3.8	2.8	1.6, 4.9
Male	20 (22.7%)	14 (11.5%)	0.03*	2.3	1.1, 4.8	4.4	1.5, 12.8
Female	31 (29.3%)	18 (15.0%)	0.01*	2.3	1.2, 4.5	2.3	1.1, 4.6
15-17 years	19 (16.0%)	6 (6.1%)	0.03*	2.9	1.1, 7.6	4.1	1.3, 12.6
Male	11 (19.6%)	5 (10.4%)	0.20	2.1	0.7, 6.6	4.1	0.8, 19.8
Female	8 (12.7%)	1 (2.0%)	0.07	7.1	0.7, 59.0	5.2	0.5, 53.3
<b>Children in child labor (Indian legal standards)</b>							
10-14 years	45 (23.2%)	35 (14.5%)	0.02*	1.8	1.1, 2.9	2.6	1.4, 4.7
15-17 years	4 (3.4%)	1 (1.0%)	0.28	3.4	0.4, 30.7	4.0	0.2, 66.2
<b>Children in hazardous work (International legal standards)</b>							
10-14 years	10 (5.3%)	7 (2.9%)	0.83	0.9	0.3, 2.6	1.8	0.4, 8.9
15-17 years	19 (16.7%)	6 (6.1%)	0.14	2.2	0.8, 6.0	2.9	0.9, 9.7
<b>Children in hazardous work (Indian legal standards)</b>							
10-14 years	1 (0.5%)	0 (0.0%)	0.95	..	..	..	.. ..
15-17 years	4 (3.5%)	1 (1.0%)	0.44	2.4	0.3, 22.3	4.9	0.1, 152.0

Notes: Odds ratio (OR) for dichotomous outcomes, computed through logistic regression, indicate the odds of occurrence of an event. In the adjusted model, attendance in school, religion, years of education of caregivers, wealth index, gender and child age were used as control variables. Religion and attendance in school were not used for hazardous condition and child labor by Indian standards for 15-17 year olds. Asterisks denote: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ .

The sites are not significantly different in their wealth index, but this finding could be partly attributable to the fact that Konia has a major road and popular market in it, so nearby employment opportunities are more plentiful than in Deendayalpur. Another relevant factor behind this may be that 76.5 percent of working children in Konia combine work with school, compared to 59.0 percent in Deendayalpur.

Another factor may be that, in Deendayalpur, the NGO Pratham's non-formal education program offers an alternative for after school hours. Nevertheless, the representative of Pratham also advocated for combining work and school: "I visited their homes and said if they want to send them for work they can, but they should also send them to school."

More children in Konia than in Deendayalpur are injured as a result of work (34.0 percent). This study found significantly higher prevalence in Konia of child workforce participation and child labor than in Deendayalpur, measured both by Indian and international standards. versus 22.6 percent; Table 11) and more are exposed to hazardous work (Table 10), though this latter difference is not statistically significant. In Konia, 44.4 percent of children who had missed school, said that they had done so because of health reasons, compared to 29 percent in Deendayalpur. In both places, the most commonly cited reason for work was to supplement family income and significantly more children (12 percent) in Konia said they worked in order to learn skills than did in Deendayalpur (3.5 percent; Table 12).

### *Preventative strategies to address child labor*

At present, CPVs spend the majority of their energies in this area on identifying children who are working (through the mobile app and through community networks) and sharing a list of their names with schools, so

Table 11: Child laborer employers, earnings, and hours worked

	Konia (Intervention) n = 148	Deendayalpur (Comparison) n = 84	p-value
<b>Type of Employer</b>			
HH Business	63 (42.9%)	34 (40.5%)	0.000*** (a)
Self-employed	38 (25.9%)	32 (38.1%)	0.05 (a)
Outside Employer	25 (17.0%)	15 (17.9%)	0.66 (a)
NR	21 (14.3%)	3 (3.6%)	
<b>Payment for work</b>			
Yes, cash	63 (42.9%)	56 (66.7%)	0.002** (a)
Yes, Kind	1 (0.7%)	2 (2.4%)	
No	68 (46.3%)	25 (29.8%)	
NR	15 (10.2%)	1 (1.2%)	
<b>If paid, who decides how earnings will be used</b>			
Caregiver	55 (85.9%)	48 (82.8%)	0.63 (a)
Respondent	8 (12.5%)	9 (15.5%)	
<b>Hours worked per week if hrs &gt;0</b>			
Average	16.5	24.0	<0.001** (b)
Min	0.3	2.0	
Max	94.0	85.0	
<b>Hours worked per week household chores</b>			
Average	15.3	27.8	0.03* (b)
Min	0.3	2.0	
Max	82.0	84.0	
<b>Injured as a result of work</b>			
Yes	50 (34.0%)	19 (22.6%)	0.03* (a)
No	85 (57.8%)	64 (76.2%)	
NR	12 (8.2%)	1 (1.2%)	

Asterisks denote: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ . Significance tests are denoted by (a) Chi squared test (b) Wilcoxon test (c) Parametric t-test.

that officials work to facilitate school admissions and link families with schemes. CPVs also encourage parents to send these children to school. According to Aangan's data, this has been done for 278 children since the program's start. Konia's anganwadi worker explained:

"Children are used as laborers and they are not sent to school. Children above the age of 10 are employed as domestic servants and waste-pickers...We try to make them understand and the workers of Udaan [Mahila Sangataan] go and try to convince...Compared to before, the situation is under control now."

However, as noted above, although these children may be in school, many still work. According to Konia's ASHA worker. "The transformation that has taken place is that children go for work as well as to schools. Loitering around of children has reduced." One 14-year-old child in Konia, in responding to the child labor vignette, confirmed that "[The child] should study as well as work...if he doesn't have much of a [financial] problem then he should not leave studies. There are many examples in this neighborhood. Like my friend who studies as well as works in a cloth shop." The school principal in Konia similarly stated: "The majority of the

*Less than half of working children in Konia are paid for their work, and caregivers and children in both sites on average disagreed with the statement that "work by children is necessary to help supplement family income." This suggests that factors other than poverty are relevant to child labor's continuing social acceptability.*

Table 12: Working children's main task and reasons for work

	Konia (Intervention) n = 148	Deendayalpur (Comparison) n = 84	p-value		Konia (Intervention) n = 148	Deendayalpur (Comparison) n = 84
<b>Reasons for working (multiple choice)</b>				<b>Main task for working child</b>		
Supplement family income	72 (49.0%)	61 (72.6%)	0.11 (a)	Embroidery	23 (15.7%)	20 (23.8%)
Pay family debt	2 (1.3%)	11 (13.1%)	0.02 (a)	Trade	17 (11.6%)	13 (15.5%)
Household enterprise	27 (18.3%)	14 (16.7%)	0.02* (a)	Garland	22 (15.0%)	2 (2.4%)
Learn skills	38 (25.8%)	12 (14.3%)	<0.001*** (a)	Loom	3 (2.0%)	17 (20.2%)
School not useful	2 (1.4%)	..	..	Domestic work	11 (7.5%)	6 (7.1%)
School expensive	12 (8.2%)	4 (4.8%)	0.03* (a)	Construction	10 (6.9%)	1 (1.2%)
Not interested	1 (0.7%)	2 (2.4%)	0.61 (a)	Industry	5 (3.4%)	5 (6.0%)
Temporarily replace other worker	4 (2.7%)	1 (1.2%)	0.15 (a)	Transport	3 (2.0%)	1 (1.2%)
NR	22 (15.0%)	4 (4.8%)	<0.001*** (a)	Agriculture	3 (2.0%)	0 (0.0%)
				Wedding waiter	<b>Konia</b> (Intervention) n = 148	2 (2.4%)
				Rag picking		1 (1.2%)
				Candles		1 (1.2%)
				Carpet weaving	23 (15.7%)	1 (1.2%)
				NR	17 (11.6%)	14 (16.7%)

Asterisks denote: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ . Significance tests denoted by (a) Chi squared test (b) Wilcoxon test (c) Parametric t-test.

children who are registered or admitted to schools are employed in some work. Such children and their parents feel that the time spent in schools is a financial waste.”

CPVs connect families and vulnerable children to schemes and skill training. According to Aangan’s data, 35 working children were “linked to” the Naya Manzil scheme (providing education and livelihoods support for minority youths over 17 years); 17 children formerly in domestic work were linked to computer education and 15 were linked to other skill development schemes.

These efforts have increased awareness among some Konia residents of resources that could prevent child labor. In response to the child labor vignette, both parents and children suggested more preventative resources. One Konia caregiver stated, “He should study and not work. If he is facing financial difficulties then he should seek help from Childline and other NGOs... He should approach the police and complain that he is being compelled to work.” One 15-year-old child from Konia said, “She can go to the ward officer and ask him to link her to some government scheme.” However, as described in more detail in the Schemes Section VI.C.vii below, it is unclear if these schemes (if they arrive at all) are sufficient to address the various factors that drive children into child labor.

Qualitative data do not show a social norm against child labor per se. Rather, there is a norm against child labor that keeps children out of school. CPVs indicated that they believe that, for some families, work is inevitable and encourage both school and part time work as a viable solution for poor families. A CPV in Konia stated:

“[Parents say] if we can provide them food and money then they will not send their children for work ...We say that your son should earn money but do you want him to be a laborer throughout his life? We ask them to provide education to them as well. Some of them are convinced.”

CPVs told several stories of the challenges that they face convincing parents to choose school over work for their young, particularly given their poverty levels: “[Parents ask us] if they will not send then will we give them money for their basic requirements? They share that they are poor and have four children.” “Children work as laborers only to earn money and escape from the wrath of poverty.” Nevertheless, less than half of working children in Konia (43 percent) are paid for their work (Table 11) and caregivers and children in both sites on average disagreed with the statement that “work by children is necessary to help supplement family income.” This suggests that factors other than poverty are relevant to child labor’s continuing social acceptability.

#### *Other Findings: Impunity, Health, Definitions of Child Labor and the Limitations of the Law*

Though people in Varanasi understand child labor to be illegal, they believe that the law’s requirements are irrelevant to their lived realities and they know that the law is broadly unenforced. Three of the 36 service providers interviewed for this study knew that the legal age of work is less than 18: one teacher in Konia suggested 16 and two teachers in Deendayalpur suggested 16 and 17. Across both sites, caregivers in the quantitative survey on average gave 17.4 as the legal age for work.

No caregivers and only three service providers commented on criminal punishment for child labor in a positive context: two policemen (“we follow the legal procedure and arrest them or take the children in our custody”)

and one anganwadi worker (“Those who employ [child laborers] will be put in jail. We have heard this”). A Childline field worker for the Konia area mentioned an example that illustrates impunity for child labor:

“We rescued a child from the police station. The child was deaf and dumb and the policemen kept him to make tea and work in the kitchen...CWC intervened and they ordered that the child should get some compensation of 3 lakhs. We kept the child in the shelter home. But when we went to search for the child after 3 years to give the compensation, the child was not there...The Ministry was searching for this child [and] asked me to identify the person who had received custody. This home was of an influential person and he was also a minister in Lucknow [the capital of Uttar Pradesh] ... 20 people came with that person and he denied he got the child ... then my involvement got over. Still the child was not found.”

Unlike with child marriage, where the health consequences for children were widely factored into prevention efforts, the health implications of child labor were not raised by any interviewees. Yet evidence strongly suggests however that children’s work puts their physical and mental health at risk: 21.3 percent of child workers in Konia and 15.7 percent in Deendayalpur work with hazardous materials.

Results suggest that a lack of faith in the potential of school to increase work prospects plays a significant role in attitudes towards delaying the start of work. Why wait, if it will not benefit your earning potential or status? Children in both sites self-assessed their likelihood of reaching their work goals as “unlikely”.<sup>34</sup> Overwhelmingly, the most commonly cited reason for this was economic constraints: 63.2 percent of children. Lack of education or skills was given as a reason by 28.2 percent of children in Deendayalpur and only 13.3 percent in Konia.

*21.3 percent of child workers in Konia and 15.7 percent in Deendayalpur work with hazardous materials.*

Whether measured according to Indian or international standards, our estimations of children aged 10-14 engaged in unacceptable work are not widely different. However, Indian legal frameworks do not adequately protect older children engaged in work that the ILO would consider dangerous.

Children in both sites do considerable amounts of household chores – 15.2 and 27.8 hours per week on average in Konia and Deendayalpur, respectively (Table 11). Neither Indian nor international law considers this work to be child labor, though several service providers said that this work limits children’s education, health and opportunities. According to Deendayalpur’s school principal: “Household responsibilities fall on the child when both their parents go out for work. When we ask children why were they absent, they say that either they were busy with household chores or they went to deliver food to their parents.”

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<sup>34</sup> An average score of 2.96 on a Likert scale from 1 (“very likely”) to 4 (“very unlikely”).

### iii. Child Marriage

#### *Key findings:*

- Aangan's program has significantly expanded knowledge of child marriage prevention resources and strategies and positively influenced social norms around this issue, particularly among children.
- All five children qualitatively interviewed in Konia mentioned police and Childline as useful resources to resist impending child marriage. In the comparison site, one respondent named police while none mentioned Childline. There was also significantly lower levels of awareness among children in Deendayalpur of available government resources.
- Quantitative surveys confirmed no cases of child marriage during the period of Aangan's intervention across either study site. This contrasts with clear evidence from qualitative interviews that marriages involving children remain prevalent in various forms, including marriages facilitated by parents, "love marriages," and in situations of trafficking.
- There is widespread social awareness that child marriage is illegal and results suggest low reporting is a function of shame and taboo, factors that present serious challenges to addressing the issue.

#### *Scope of the Problem: Forms of Child Marriage in Varanasi*

The legal age of marriage in India is 18 for girls and 21 for boys.<sup>35</sup> In this study, not a single parent reported that a child under the age of 18 had been married. Reported marriages also did not cluster at the legal age: only 7 out of the 49 total marriages reported in both sites for this time period involved 18 year olds. Girls ages 13-17 and boys ages 15-17, were also asked directly about whether they had ever married and, if yes, what their current marital status was. No children reported that they had ever married. One in Deendayalpur chose not to respond (see Appendix B for exact questions).

Interviewees across both sites expressed the general consensus that the number of child marriages is reducing, a macro-trend confirmed by secondary data.<sup>36</sup> However, qualitative results confirm in both Konia and Deendayalpur that child marriages continue to happen: 18 separate cases were described by the 30 service providers in qualitative interviews. Aangan's registers show that there have been 33 cases of child marriage among the 300 families included in the intervention in the two years that the program has been running. Beyond child marriages facilitated by parents, participants in both study sites described the growing prevalence of "love marriages." These involve children who willingly elope and then marry to give legitimacy to relationships that would be otherwise forbidden by their families due to social or religious factors, or that

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<sup>35</sup> The Prohibition of Child Marriage Act 2006.

<sup>36</sup> In the 2015-2016 NFHS survey results for Uttar Pradesh, a total of 58.6 percent of 20-24 year olds reported marriage before 18 and 14.3 percent of 15-19 year olds were already mothers or pregnant at the time of the survey. International Institute for Population Sciences, "National Family Health Survey - 4 (2015-16): District Fact Sheet, Uttar Pradesh" (Mumbai), accessed September 25, 2018, [http://rchiips.org/nfhs/pdf/NFHS4/UP\\_FactSheet.pdf](http://rchiips.org/nfhs/pdf/NFHS4/UP_FactSheet.pdf).

would put the boy at risk of criminal prosecution: Indian law criminalizes all sexual relationships with girls under 18.<sup>37</sup> This recent change in the law poses a serious risk to consensual adolescent romances, allowing parents to press criminal charges against unapproved partners that their daughters chose.

Four service providers in Konia and none in the comparison site discussed “paid-bridge marriages,” which appear to be instances of sex trafficking, a form of structural and sexual violence. These cases involve unknown persons from outside the community who facilitate a girl’s marriage without asking for a dowry. After a wedding ceremony that promotes the pretense of legitimate marriage to one man, girls are then taken elsewhere to serve as prostitutes for several men. “The parents get lured by money,” one CPV explained, “the middlemen of the brokers are very powerful and they pay the full amount for marriage as well as gold and silver ornaments.” Another CPV herself narrowly avoided this fate:

“I saw that [another] family that didn’t have to spend a single penny of theirs. My mother said she will also get me married in this way. I agreed...[but] when I came to know the real thing, I started hating such type of marriages as one lady will be catering to four men, they will also not provide proper food, in short exploitation of women. I resisted it.”

*Aangan’s model has had a significant preventative effect on child marriage in Konia.*

### *Preventative Strategies to Address Child Marriage*

Results indicate that Aangan’s model has had a significant preventative effect on child marriage in Konia. According to Aangan’s data, 17 cases have been prevented since the intervention began, six of which were described by participants in this study.

The first preventative strategy that CPVs employ is the use of community campaigns with the police and Childline to increase awareness of risks associated with early marriage, the importance of education and the dangers of sex trafficking. The anganwadi worker stated that, “Child marriage has reduced drastically ... [because of] efforts to create awareness by the members of the Mahila Mandal.” In one illustrative example, a CPV describes how a girl realized that the marriage her parents were in the process of arranging was exploitative:

“A Shakti girl shared all this with me because in the past I have informed her about such marriage and brokers. She informed me that some people approached her family for marriage and said that they will give all these gifts. But the girl said that she refused ... she said that on the basis of my information that I shared with her she took the decision.”

This example illustrates how the Shakti programs can educate young girls about their rights and build their self-confidence and agency to keep themselves safe from harm. Shakti programs were referenced by other service providers as a useful way to build support among young girls and help them to identify high-risk children and families in the area. The ASHA worker in Konia noted:

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<sup>37</sup> The Protection of Children from Sexual Offences (POCSO) Act, 2012



"We came to know [about a marriage] from one of the Shakti Program volunteers ... the girl was 17 years old. We approached their neighbor for information but they said they are unaware. It was like a paid-bride marriage. Then we approached her mother and explained about the girl being a minor. They agreed first and as she reached 18 years old the parents got her married and that too in a hideous manner."

For the girl in this example, whose "hideous" paid-bride marriage was pushed back a few years, child marriage prevention does not equate to prevention of harm in the long run. However, proposing alternatives to delay marriage is a primary way that CPVs attempt to address this problem. One CPV explained how they intervened against the child marriage of one girl and told the parents that they would arrange for the girl's Anudaan Marriage. Anudaan is a program run by the UP government, offering cash incentive (Rs. 35,000 or ~\$500) to couples from families classified as Below Poverty Line for participation in a mass marriage, if they wait till the bride is 18.<sup>38</sup> The CPV explained that the girl now stays at home and does stitching work.

Beyond emphasizing this financial incentive to parents, CPVs attempt to prevent child marriages by emphasizing that the law prohibits this practice, as well as its negative health implications and effects on a girl's education and potential for earning. Aangan has a curriculum specifically designed to integrate conversations about adolescent sexuality into their prevention efforts. However, data shows this is not reflected in the CPVs current prevention efforts.

CPVs often go in groups to houses where a child marriage is imminent and enlist support of neighbors and influential community members. One CPV explained what her first steps were after hearing of a case:

"In one incident where we realized a child was about to be married ... we approached our elders in the community. Those elders approached the family's neighbors as gate-keeper and then together we approached the family. Initially the response was aggressive but continued conversation helped us prevent the marriage."

Success in these situations is largely contingent on CPVs' having the trust and respect of community members. For this reason, they try to first resolve issues among community members and do not bring in the authorities unless necessary: "We do not approach [the police] as that will scare people more and they might go to other places and organize the marriage," one CPV explains, "Police cannot follow everywhere."

If it is not possible to avert a child marriage through community negotiations, CPVs turn to Childline or the police. In rare difficult cases, Aangan field or national staff intervenes directly to support CPVs in their efforts. CPVs also focus on educating parents, children and service providers about preventative resources, an area where their results are particularly positive. All children interviewed in Konia mentioned police, Childline, or both as an option for help in response to the vignette probing social norms on child marriage (see appendix C). By contrast, only one out of five interviewed in Deendayalpur suggested police, and none mentioned Childline. Children in Konia have significantly higher knowledge of Childline, 21.1 percent versus 8.6 percent in Deendayalpur. In Deendayalpur, only two out of fifteen service providers mentioned preventive measures for child marriage, both which were in reference to desirable efforts, rather than ones being carried out.

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<sup>38</sup> Scheme formally known as 'Mukhyamantri Samoohik Vivaah Yojana.'

### *Other Findings: Surveying for Child Marriage*

Though rates of child marriage reporting were surprisingly low, other available secondary data on adolescent girls living in this area are similar.<sup>39</sup> According to the 2016 National Family Health Survey (NFHS), 2.4 percent of women aged 15-19 years in urban areas of Varanasi District reported that they were already mothers or pregnant at the time of the survey (5.6 percent in rural areas).<sup>40</sup> Results look different when older women report their age at marriage: the same NFHS survey found that among those ages 20-24 in Varanasi District, 11.3 percent in urban areas reported being married as children (24.9 percent in rural areas).

This discrepancy by age might partially be explained by marginal city-wide improvements in child marriage, or by clustering of marriages at higher ages (that is, those aged 15 are not *yet* married). Most significantly, however, interviewees above the legal age are more likely to faithfully report status, as they have little reason to fear social or legal retribution. Once they have taken place, child marriages in India are valid. In principle, they can be annulled on request, but as of June 2018, only 36 such annulments had ever been successfully filed, nationally.<sup>41</sup> The same challenges of secrecy and taboo apply to combating the problem. Two service providers in Konia spoke of deliberate attempts by parents to hide child marriage from them.

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<sup>39</sup> There is considerable variation in child marriage prevalence across districts and states in India. For example, NFHS-4 data show that 68.5 percent of total women aged 20-24 in UP's Shrawasti district were married as children, compared to 21.2 percent in Varanasi. See International Institute for Population Sciences, "District Fact Sheet Shrawasti, Uttar Pradesh: National Family Health Survey - 4 (2015-16)," 2.

<sup>40</sup> NFHS-4 found even higher rates of marriage before the legal age reported by men ages 25-29: 23.1 percent were married before 21. International Institute for Population Sciences, "Uttar Pradesh Fact Sheet: National Family Health Survey - 4 (2015-16)" (Mumbai), 2.

<sup>41</sup> Gita Aravamudan, "An NGO in Rajasthan Is Helping Annul Child Marriages, but the Practice Is Unlikely to Die out Soon," *Firstpost*, June 26, 2018, <https://www.firstpost.com/india/an-ngo-in-rajasthan-is-helping-annul-child-marriages-but-the-practice-is-unlikely-to-die-out-soon-4574341.html>.

## iv. Child Abuse

"There are several issues as many incidents are happening to girls such as abduction, rape and gang-rape of minor girls are common here. Small children are being kidnapped, trafficked or their organs are being smuggled." – Konia government secondary school teacher

### *Key findings:*

- Data indicate that CPVs' efforts have made a significant difference for select children in Konia who have suffered instances of child abuse. Nevertheless, the strength of the taboo around these instances of violence and the fact that community members do not associate CPVs' with any outside authority (Aangan or otherwise), limits CPVs' ability to raise awareness about these serious rights violations or prevent them before they happen.
- There is scope for Aangan to help improve CPVs' technical skills to address these difficult cases of child abuse, and provide support in individual cases.

### *Scope of the Problem*

Families as well as service providers in both sites stated in qualitative interviews that physical and sexual violence are prevalent problems.<sup>42</sup> Deendayalpur's ASHA worker argued that "rape of small girls is a common phenomenon here and everyone knows about it." Other respondents in that area agreed, sharing examples such as where a "9-year old girl child was gang raped and murdered." Anecdotal accounts were also shared from Konia, the ANM explaining that "rapes are happening while girl goes to school." Others characterized paid-bridal marriages (see section VI.C.iii), sexual abuse by family members and child marriages as problems of violence. Two children and one service provider mentioned cases of child corporal punishment in the home.

Widespread impunity for these crimes in Varanasi discourages reporting. As the Child Welfare Committee official for the district noted:

"Two girls recently reported sexual abuse against their step-father...4-5 cases have been filed like [this]. Cases of sexual abuse committed by step-fathers are common ... the case is now under investigation [but] in most of the cases, fathers allege that he has been falsely implicated because he has reprimanded the girl for having an affair and she has filed this case as revenge against him."

*Deendayalpur's ASHA worker argued that "rape of small girls is a common phenomenon here and everyone knows about it." Other respondents in that area agreed, sharing examples such as where a 9-year old girl child was gang raped and murdered."*

### *Preventative Strategies to Address Child Abuse*

Data indicate that CPVs' efforts have made a significant difference for some children in Konia who have suffered child abuse. In particular, the Shakti circles provide a safe space for girls to ask for help. In one instance, described by a

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<sup>42</sup> Quantitative surveys did not directly ask caregivers and children questions about the prevalence of such violence, following guidance from Harvard's Institutional Review Board that asking such questions inside the home would raise ethical concerns.

CPV, this led to a girl at risk of violence being physically moved to another village:

“A girl of 14 years old in our Shakti program approached us and complained that her family members hardly allow her out of the home and that her own paternal uncle doesn’t make her feel safe and may have “the wrong intentions.” We encouraged her to talk to her mother about this and to make sure she was not left unsupervised with her uncle. If her mother was not there then I encouraged her to call up Childline. Finally her mother took her daughter to her village. We also spoke with the mother to ask if the daughter would be safe, she said it would be, as her other female relatives were there to help.”

Nevertheless, CPVs do not appear to prioritize action to prevent sexual or physical violence. One stated that she believed “Eve-teasing,” i.e. sexual harassment, is happening, “but no rape case has taken place.” This conflicts with the information just presented which suggests widespread sexual violence. The CPVs’ reticence to discuss this problem likely reflects the strength of the taboo about raising it. Of the 37 qualitative interviewees who discussed violence in their qualitative interviews (14 from Deendayalpur, 17 from Konia and 6 from the District), all except two children from Konia were service providers.

CPVs commented that they are afraid to raise the issue of child abuse in community meetings because “it is a hidden issue. In another community, a CPV shared a child abuse story that leaked out and that broke a lot of trust and hurt everyone involved because a private story became public.” Now, CPVs say that they use training videos provided by Aangan Central to discuss child abuse more abstractly.

## v. Mapping Risk

### *Key findings:*

- Service providers in both sites reported that they get information on “high-risk” children from residents through direct reporting, through calls to Childline and by looking for signs in children’s body language, health or behavior.
- CPVs support these mechanisms by raising awareness of Childline and building residents’ trust in service providers.
- CPVs map risk by making themselves visible and available to residents as potential confidants, through the mobile app and Shakti and Chauraha circles. Of these, the Shakti circles appear most effective.
- Rates of reporting to police among children were significantly higher in Konia (7.4 percent of children had ever asked the police for help) compared to Deendayalpur (2.1 percent had ever asked for help).

Effective harm prevention requires real-time data on who is at risk. CPVs in Konia support service providers’ efforts to better identify children and families in need of assistance by raising awareness of Childline, and building residents’ trust in the ward officer, police, teachers and healthcare workers by increasing contact with residents. The ward officer explained that CPVs help him to better identify high-risk households: “The government recruited anganwadi workers, Udaan volunteers [CPVs] are there who meet us and apprise of the situation or problems of children. We work along with them for the development of children.”

As is laid out in detail in section VI.C.viii below, distrust of service providers was significantly higher in Deendayalpur. Reporting of children's issues by residents was also lower there than in Konia. Still, reporting remains infrequent in either site: only 7.4 percent of children in Konia, and 2.1 percent in Deendayalpur, had ever asked the police for help, and rates of reporting issues to police by caregivers were ever lower (3.9 and 2.1 percent, respectively). Significantly more children in Konia are aware of the emergency hotline, Childline, and its function: 21.1 percent in contrast to 8.6 percent in Deendayalpur.

Second, CPVs themselves map risk by making themselves visible and available to residents as potential confidants, through the Shakti and Chauraha circles, and the Aangan-designed survey on household vulnerability conducted via mobile app.

Parents, children and service providers in Konia shared numerous examples of community members turning to individual CPVs to share information on risks ranging from impending marriages to lack of identity documents. A teacher in Konia offered one such story:

"There was a lady who was a step-mother who wanted to hand out her daughter to someone else for foster care but the CPV took cognizance and reported to the police. The police intervened and the child wasn't given for such adoptions ... If we come across any such child-protection related incident then we have Child Protection Unit, and NGOs like Aangan whose members keep in constant touch."

However, this and other examples are not representative of broader awareness among Konia residents who do not regularly interact with CPVs, that they are able to help with children's issues.

Aangan's most successful risk mapping mechanisms are the Shakti and Chauraha circles, where children feel safe to share stories, and where CPVs appear to hear of most potential cases of child harm. The children in the Shakti and Chauraha programs also create a physical map of their community, which led to identification of physical areas of high-risk where men drink and gamble, and where girls without toilets in their home experience harassment and violence while walking to the public toilet. CPVs shared this map with the police, with the result, as the teacher explains, that "the police now are patrolling around Konia – eve teasing and molestation cases are down as a result."

The mobile app is used to identify households without identity documents, bank accounts or signups for schemes, out of school children and child laborers. This information seems to be useful for Aangan Central office in setting priorities and advocacy, but less so at the community level. Most of the follow up by CPVs on the survey results that Aangan Central share with them were broad efforts to get families to sign up for the appropriate IDs and schemes, rather than targeted efforts to individual high-risk households to deliver mentorship, support or other services.

*Distrust of service providers was significantly higher in Deendayalpur.*

## vi. Access to and Uptake of ID Documents

### *Key findings:*

- Enrollment to obtain free identity documents in Konia is higher and easier than in Deendayalpur. Families and service providers in Konia are also more aware of the role ID can play in child protection.
- Barriers to obtaining ID cards include lack of awareness among potential card holders, corruption and the complexity and inefficiency of enrollment processes. Caregivers and children at both sites reported technical difficulties with fingerprints not registering both when enrolling for and using Aadhaar cards. These problems result in an inability to access bank accounts, rations and other government benefits.
- The majority of people believe Aadhaar to be mandatory, if not by law, then in practice. Aadhaar cards present new risks to and opportunities for. child protection: traffickers falsify cards to avoid discovery, but cards can also help to identify missing children.
- Ownership of birth certificates remains low for children and many people believe Aadhaar cards have replaced the need for birth certificates.
- Bengali-speaking Muslim families in Varanasi are systematically excluded from identity cards. Service providers incorrectly believe these families are not Indian and therefore not entitled to such documents, even despite the fact that the Unique Identity Authority of India (UIDAI) has made it clear that residence, not nationality, is the eligibility criterion.

### *CPVs Help Families to Apply for ID Documents*

“Aangan ladies help families get identity documents so that they are not stuck in a time of need,” explained the ASHA community health worker in Konia. CPVs help to sign residents up for identity documents through Community Help Desks, bringing the ward officer into Konia to enroll residents, and also by identifying individual families without cards. As one caregiver in Konia said, “They do it instantly. They don’t take time in providing us [these cards].”

Quantitative results confirm that a larger proportion of residents in Konia than in Deendayalpur own each of the identity documents of interest. This difference is statistically significant in the case of ration cards and PAN (permanent Account Number) cards (Table 13). Aangan’s own data show that CPVs in Konia have assisted 1235 adults and children with Aadhaar cards, 15 residents with their disability certificate, 268 with Voter ID cards, 274 with ration cards, 338 with Labor cards and 275 with birth certificates.

Table 13: Identity Document ownership

	Konia (intervention)	Deendayalpur (comparison)	p-value
<b>Children 10-17:</b>	<b>n=313</b>	<b>n=341</b>	
Aadhaar	176 (96.7%)	177 (94.2%)	0.30
Birth Certificate	67 (37.2%)	53 (28.2%)	0.12
<b>Caregivers</b>	<b>n= 182</b>	<b>n= 188</b>	
Aadhaar	180 (98.9%)	183 (97.3%)	0.45
Birth Certificate	7 (3.9%)	5 (2.7%)	0.32
Below Poverty Line	41 (22.5%)	29 (15.4%)	0.08
Disability	1 (0.5%)	3 (1.7%)	0.37
Job	2 (1.1%)	0 (0.0%)	0.24
PAN	72 (39.6%)	44 (23.4%)	<0.001***
Ration	130 (71.4%)	96 (51.1%)	<0.001***
Voter ID	155 (85.2%)	143 (73.1%)	0.02

Asterisks denote: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ .

In Deendayalpur, service providers noted that in cases where people don't have cards, it is often because "they don't know where and whom they have to meet for their enrollment. It takes almost a month or two to get these cards. It will not be made in a day." Residents complained that bureaucratic inefficiency and corruption make signing up for identity documents difficult. Long delays, unexplained denials of applications and multiple visits to the office during the work day were all common stories. As one caregiver in Deendayalpur explained: "The place was closed, then the person in the authority says that they will not make [ID card] as they will say that they don't have time ... then after 2-3 months I got it. It was quite a harrowing experience."

*More than one quarter of all caregivers and children interviewed shared stories of the system's fingerprint technology malfunctioning. In one case this led to a family giving up on Aadhaar use altogether, exasperated at endless delays.*

As a result, many families turn to expensive middlemen to help facilitate the application process: for many, these unforeseen costs make identity documents prohibitively expensive. Deendayalpur residents reported that brokers charge up to Rs. 150 (\$2.30) to help families navigate opaque application systems, and "introducers" charge up to Rs. 200 (\$3.10) to sign necessary affidavits.<sup>43</sup> This problem was described in particular reference to enrollment in Aadhaar, India's national biometric ID system, and in the process required to secure birth certificates. One caregiver shared that "Many times people are unable to get Aadhaar. They have to pay money for making it. My Aadhaar was not made in the first instance then I had to pay money to get my card." A teacher in Konia explained that "people charge exorbitant amounts [for birth certificates] ... if it is a noninstitutional delivery. If you have not registered the name of your child in the Corporation list then either it will not be made or one has to pay money."

Residents in Konia raised these complaints about corruption and inefficiency far less, suggesting that CPVs' efforts to ease the process and build collaborative relationships with service providers were beneficial. In Konia, those who made their cards during the Community Help Desk service times did not have to pay: "I made it for free but those who didn't make it in the initial phase now they are being charged Rs.60-70."

*The Varanasi representative of the Anti Human-Trafficking Unit described cases where traffickers had falsified Aadhaar cards of children to avoid detection by law enforcement.*

CPV activities have also raised awareness around Aadhaar's other child protection benefits. Service providers and children discussed the system's benefit for identifying and returning missing children: "We can trace missing children with the help of their finger prints," said the anganwadi worker, "for this, Aadhaar card is really important." One child also explained: "[Aadhaar] contains

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<sup>43</sup> According to the UIDAI, adult applicants must go to the nearest Aadhaar card center, fill out a form, then wait an estimated 60 to 90 days for their Aadhaar card to arrive. They need an identity document and proof of address but, if they do not have these, they need an "introducer" appointed by the Registrar's Office, who will sign an affidavit free of charge to verify these details. See Elizabeth Donger and Ayesha Mehrotra, "Aadhaar and Child Protection in India: Access for the Poorest Remains Elusive," *Harvard FXB Center for Health & Human Rights* (blog), May 1, 2017, <https://fxb.harvard.edu/2017/05/01/Aadhaar-and-child-protection-in-india-access-for-the-poorest-remains-elusive/>.

all our details like our address. If any child goes missing, then his address and contact details and family can be traced [with the card]. Aadhaar is a good thing.”

CPVs have not equally helped all Konia residents sign up for identity documents. Qualitative results show that Bengali-speaking Muslims in Konia are systematically excluded from Aadhaar and have very low rates of birth certificate ownership.<sup>44</sup> Individual CPVs, the ward officer and other service providers explained this on the grounds that these people are migrants from Bangladesh and are therefore ineligible for Aadhaar. “People who are migrants or who have come from outside face lot of difficulties,” a teacher explained, “If the member of the Gram Sabha [local self-government] is not initiating identity certificate, then they can’t get their Aadhaar card.” According to one CPV:

“They don’t have [Aadhaar] as they are migrants and shuttle between Bangladesh. They don’t stay here permanently and neither have any document ...We have decided to organize a camp for Aadhaar enrollment but the member of the Gram or Ward... who make the Aadhaar card say that that as they live in jhuggies [slums] so it can’t be done.”

Regardless of nationality, Aadhaar is intended to be available for all legal residents in India. Information from the Aangan field coordinator and from informal conversations between study researchers and these migrant communities clearly indicated that these Muslims are Indian, originally from West Bengal state, and have been living in Konia for many years.

CPVs do not focus their energies on addressing challenges that arise while using Aadhaar for those enrolled, however, participants reported that Aadhaar’s biometric technology does not always work. More than one quarter of all caregivers and children interviewed shared stories of the system’s fingerprint technology malfunctioning. In one case this led to a family giving up on Aadhaar use altogether, exasperated at endless delays. In other cases, families already possessing Aadhaar were denied food rations or other welfare benefits: “Many females go to get rations and carry their Aadhaar card,” noted a caregiver in Deendayalpur, “But their fingerprints don’t match so the ration dealer doesn’t give them ration. Those people return empty handed.”

### *Other Findings: Aadhaar and Birth Certificates*

In March 2016, Parliament passed the Aadhaar Act, requiring any individual receiving any subsidy, benefit or service from the Consolidated Fund of India to either provide proof of Aadhaar enrollment or, if not assigned a unique identification number, to make an application. In September 2018, India’s Supreme Court ordered that Aadhaar registration is required for filing income tax returns and for access to government subsidies and welfare schemes. However, the court banned mandatory Aadhaar for nearly all other uses, including as a condition for education access, bank accounts, mobile phones or use of private services.<sup>45</sup>

Families and service providers in this study, at local and district-levels, overwhelmingly viewed Aadhaar as

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<sup>44</sup> Given that this population was not identified as being part of the program catchment area, quantitative data is not available on uptake of identity cards for the Bengali-speaking Muslim population.

<sup>45</sup> Writ Petition (Civil) No. 494 of 2012 (Supreme Court of India, September 26, 2018).



compulsory for a variety of basic entitlements. As Konia's ASHA worker explained, "everything is linked to Aadhaar ... The government has made it mandatory. No work could be done without Aadhaar be it private or government." Even when the language of Aadhaar being "mandatory" was not used, these cards were still seen as the de facto gatekeeper for access to government schemes, scholarships, bank accounts and other identity documents. "Everywhere it is required," explained Konia's anganwadi worker, "from school admission to get ration. They don't give ration if there is no Aadhaar card." This issue of rations is crucial for families in need of basic food support. Two children in Deendayalpur even noted that this is required to get a mobile phone: "Suppose if I have to get anything, like SIM cards, we must get it from Aadhaar."

Results suggest that Aadhaar is seen as beneficial in other ways. The principal of the primary school in Deendayalpur stated that previously there were "innumerable cases of children studying in Masjids (Madrasas) and also registering their name in the [public] school. But now with Aadhaar being mandatory they can only register in one place." Other research has described this widespread problem of "double enrollment" as artificially inflating enrollment statistics and hiding deficiencies in the educational system.<sup>46</sup>

However, Aadhaar cards can also more directly put children at risk. The Varanasi representative of the Anti Human-Trafficking Unit described cases where traffickers had falsified Aadhaar cards of children to avoid detection by law enforcement, something confirmed by the Childline District coordinator: "If the person wants to employ the child then he will put 18 years as their age in Aadhaar card ... We have rescued children from people like this."

Survey results indicate that birth certificates possession is very low: 28.2 percent among children in Deendayalpur and 37.2 percent in Konia, compared to 2.7 and 3.9 percent among caregivers, respectively (Table 13). Whereas, for Aadhaar cards, the percent is close to 95 or higher at each community for both caregivers and children. The government's public drive to sign people up for Aadhaar and promote its benefits appears to have influenced residents' assessment of the utility of birth certificates. For example, the ward officer in Deendayalpur stated that "there is no benefit" to having a birth certificate, but emphasized the importance of Aadhaar. The district-level Childline official stated that, "children from slums and backward communities don't feel the requirement of birth certificate ... for 60 percent of the children we [identify them] from Aadhaar card." One 16-year-old child in Konia commented:

"Now a birth certificate is not required so much. If people don't have birth certificate but have Aadhaar then they present that...I have seen many people making their Aadhaar card without presenting their birth certificate. They just ask the date of birth and then they just key in the verbal information...In our school, admission is given if they have Aadhaar card and we get benefits if it is linked."

*"Everywhere it is required," explained Konia's Anganwadi worker, "from school admission to get ration. They don't give ration if there is no Aadhaar card."*

Many respondents in both sites still see birth certificates as essential for school admission, for Aadhaar registration, and accessing government welfare schemes. The secondary school principal in Konia explained

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<sup>46</sup> Sathe Dhanmanjiri, "The 'Corruption' of the Human Development Index," *Economic and Political Weekly* xlvi, no. 17 (2012).

that “absence of [birth] certificates creates problem for the school authorities,” but that the alternative is to get a “written statement by the parents regarding the date of birth of children.” As such, low rates of birth certificate ownership mean that children who have not yet signed up for (or are systematically excluded from) Aadhaar cards are denied their basic rights and access to services.

## vii. Enrollment in Government Social Protection Programs

### *Key findings:*

- CPVs are a useful resource that raised general appreciation in Konia for the importance of schemes among community members and streamlined the enrollment process.
- This did not lead to significantly higher receipt of individual social protection programs. In both sites, overall rates of uptake were startlingly low. Less than three percent of primary caregivers reported being enrolled in a pension program or skill development scheme, in the National Livelihoods Mission, or in UP’s scheme to delay child marriage.
- Barriers to accessing schemes included: corruption among government officials; lack of transparency around eligibility; lack of access to documentation needed to apply; illiteracy; and failure to disperse benefits once enrolled.

### *CPVs Help Raise Awareness of the Importance of Schemes, but Do Little to Increase Uptake*

Welfare programs are the most common social protection measures used by the Indian government.<sup>47</sup> Aangan’s model considers uptake of these schemes as an essential means to building resilience to harm among families and children. In this survey, participants were read the below list of schemes (prompted with their formal and colloquial names), and asked if they were enrolled in any, and, if not, if they were aware of any schemes that they are eligible for, but were not receiving.

Results indicate that Aangan is a useful resource that makes information about schemes more accessible to residents. “The foremost responsibility [for enrollment] is with the parents,” said Konia’s ASHA worker, “but if the parents are unable to, then Aangan Trust and local ASHA will do it. If [parents] approach them, they will help.” The Konia ward member explained, “Last time I attended a meeting organized by Aangan where local people of the area like women, widows were there and a camp for the Pension of Disabled and Widows was organized. In this meeting, information related to the Pension was given.” The Konia secondary principal stated that “government schemes related to children” are applied to though “Udaan [Mahila Sangataan] and Aangan.”

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<sup>47</sup> UNICEF and J-PAL, “Supporting Adolescent Transition to Adulthood: What Works and What Doesn’t” (New Delhi, December 2017); ILO, “World Social Protection Report Data 2017-2019,” accessed August 8, 2018, <http://www.social-protection.org/gimi/AggregateIndicator.action#expenditure>.

Table 14: Awareness of and enrollment in welfare schemes

	Konia (intervention)		Deendayalpur (comparison)		Statistical comparison	
	Aware of eligibility not enrolled	Enrolled	Aware of eligibility, not enrolled	Enrolled	Aware of eligibility, not enrolled	Enrolled
	n=182		n=188		p-value	
Housing for All <sup>48</sup>	87 (47.8%)	37 (20.3%)	99 (52.7%)	41 (21.8%)	0.4	0.8
Toilet Construction <sup>49</sup>	17 (9.3%)	6 (3.3%)	60 (31.9%)	44 (23.4%)	<0.001***	<0.001***
Gas Connection <sup>50</sup>	41 (22.5%)	5 (2.7%)	26 (13.8%)	7 (3.7%)	0.03	0.8
Girls Scholarship <sup>51</sup>	6 (3.3%)	1 (0.5%)	14 (7.4%)	1 (0.5%)	0.1	1.0
Skill Development <sup>52</sup>	9 (4.9%)	0 (0.0%)	10 (5.3%)	1 (0.5%)	1.0	1.0
Pension schemes <sup>53</sup>	9 (4.9%)	5 (2.7%)	7 (3.7%)	2 (1.1%)	0.6	0.3
Livelihood Mission <sup>54</sup>	2 (1.1%)	1 (0.5%)	7 (3.7%)	1 (0.5%)	0.2	1.0
UP Grievance <sup>55</sup>	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	1.0	..
UP Mass Marriage <sup>56</sup>	3 (1.6%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0.4	..
Other	4 (2.2%)	4 (2.2%)	3 (1.6%)	1 (0.5%)	0.7	0.2

Asterisks denote: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ .

CPVs hold Community Help Desks to help community members fill out the relevant forms, and contact ward and councilor members on residents' behalf if they face challenges. They cite the example of the skill development scheme as a particular success: "Many poor children got skill training under Kaushal Vikas Yojana...people became aware and now they trust us and welcome us amiably and ask us about the schemes."

Despite these benefits, results in Table 14 below show that reported enrollment and awareness of eligibility for skill development programs are low in both sites.<sup>57</sup> Enrollment in the other schemes is likewise low for both groups. The only schemes of which more than 10 percent are aware include gas connection, toilet construction and housing for all. The only significant difference in reported uptake between the two sites was the toilet construction scheme, which more Deendayalpur residents were both enrolled in and aware of. About 50 percent of each group was aware of the Housing For All scheme with about one in five enrolled, but this rate

<sup>48</sup> Pradhan Mantri Awas Yojana (PMAY): an interest subsidy on a housing loan for purchase/construction/improvement of homes, available to members of Lower Income Groups / Economically Weaker Section (EWS/LIG) and Middle Income Group.

<sup>49</sup> Shauchalya Nirmaan Yojana: Rs. 12,000 to families without toilets in the house to offset the cost of construction.

<sup>50</sup> Pradhan Mantri Ujjwala Yojana (PMUY): Rs. 1,600 for a LPG cooking gas connection to BPL families.

<sup>51</sup> Uttar Pradesh Kanya Vidya Dhan Yojana: Rs. 30,000 to girl students who achieve merit distinction in 12th class and whose family income is below Rs. 35,000 yearly, in order to continue study.

<sup>52</sup> Pradhan Mantri Kaushal Vikas Yojana: skill training for unemployed youth at PMKVY centres.

<sup>53</sup> Includes widow pension, old age pension and disability pension schemes.

<sup>54</sup> National Rural Livelihoods Mission (NRLM) mobilizes rural households into self-help groups to promote access to formal credit; diversify and strengthen livelihoods; and promote access to entitlements and public services.

<sup>55</sup> Uttar Pradesh Jansunwai Portal: a web portal where citizens can register complaints with government services.

<sup>56</sup> Mukhyamantri Samoohik Vivaah Yojana: Rs. 35,000 offered to each couple that participates in a mass marriage, as well as gifts of mobile phones and household items.

<sup>57</sup> The total number of eligible residents will be higher than reported here, as it was not possible in this study to evaluate the number of people that were eligible for schemes, but unaware of their eligibility.

was similar in both communities.

Aangan’s administrative data indicate that CPVs in Konia have signed up 603 people in pension schemes; 115 people in the Housing For All scheme; 475 people in toilet construction; 170 women in the livelihoods mission scheme; 15 girls in the UP marriage prevention scheme; and 189 children for the skill development scheme.

*Less than three percent of primary caregivers reported being enrolled in a pension program or skill development scheme, in the National Livelihoods Mission, or in UP’s scheme to delay child marriage.*

Community members are less satisfied than service providers with the CPVs’ efforts in the area of schemes. One caregiver interviewed in Konia confirmed that there are CPV camps to enroll in schemes, though she had not herself actually signed up for any. Other residents complained that they do not receive any assistance: “Here we don’t get any benefits from the government scheme as we don’t get the information ... [CPVs] come and do the survey but we don’t get any benefits...no one helps us.” When asked if Aangan volunteers visited her, another caregiver in Konia stated that “They have never helped us. They don’t inform us. If I ever ask them then they reply by saying they don’t know.”

*Other Findings: Barriers to Scheme Enrollment and Receipt*

There are several challenges to scheme enrollment that Aangan’s model does not fully address. Crucially, many residents do not have access to the necessary facilities to make benefit payment possible in the first place: 9.6 percent of residents in Deendayalpur, and 12.3 percent in Konia reported that they did not have a bank account, Post Office savings account, or a Jan Dhan Yojana (JDY) zero balance account provided by government (Table 15). Aangan’s data from the mobile app states that only 4 percent of families do not have a bank account, and that CPVs have helped 232 families open bank accounts, and 768 people get access to benefits through JDY.

Results show that, even when successfully enrolled, the benefits of welfare schemes often do not reach eligible enrollees. This creates disillusionment among residents, a profound lack of trust in government systems and further reduces the willingness to apply for schemes. For example, a caregiver in Konia explained “First of all I am saying this repeatedly that government schemes are just there for show because no one has got it.” She goes on to suggest that if a child is at risk for early marriage, they should seek help from their family or the neighborhood, rather than apply for a scheme. Another caregiver in Konia expressed her frustration: “We filled the form for construction of toilets under Swachch Bharat Abhiyan. Others got benefits but I received a notice. This is the reason I don’t apply for government schemes.”

Table 15: Access to financial institutions

	Konia (Intervention) n = 182	Deendayalpur (Comparison) n = 188	p- value
Savings Account			0.80
No	84(46.2%)	84 (44.7%)	
Yes	98 (53.9%)	104 (55.3%)	
Savings account in the Post Office			0.01*
No	175 (96.2%)	188 (100%)	
Yes	7 (3.9%)	0	
Jan Dhan Account			0.71
No	103(56.6%)	103 (54.8%)	
Yes	79 (43.1%)	85 (45.2%)	
None of the above	26 (12.3%)	18 (9.6%)	
Asterisks denote: * p < 0.05, ** p < 0.01, *** p < 0.001.			

These findings confirm other reports that funds allocated by Indian government to specific schemes are often not fully spent out. For example, research shows that in 2015-16, the Minority Welfare Department in Uttar Pradesh used barely 25 percent of the funds allocated to government welfare schemes for minorities.<sup>58</sup>

Aangan's model does address several of the more practical barriers to enrollment: lack of information and onerous enrollment procedures. As one caregiver in Deendayalpur explained: "All schemes are operative but some are very far and so some children are not able to reach them or some families do not get information and so they cannot access them." Low literacy levels also play a part: 77.1 percent of all caregivers stated that they did know how to read and so would require taking time away from other work to get support from the ward officer or some other official filling out the applications.

Some residents do not apply because they lack necessary documentation for the application. The small proportion of residents without Aadhaar cards cannot receive schemes. However, ownership of Aadhaar is no panacea to the challenges facing vulnerable citizens in accessing social protection. Other forms of documentation beyond the Aadhaar card are often necessary. The ward officer in Konia noted that "If the person is old then they don't get their pensions easily. They have to toil very hard. They also have to provide their income certificate and they face a lot of difficulty. This demand of income certificate should be scrapped."

## viii. Improved Service Provider Performance and Trust

### *Key findings:*

- Service providers in Konia were found to be more effective and engaged in keeping children safe from harm than those in the comparison site. CPVs' work relieved overburdened local providers, reduced ignorance of and indifference to child protection issues and reduced some instances of corruption.
- CPVs were of particular help in facilitating residents' uptake on existing health services: rates of use of the anganwadi were almost double in Konia than in Deendayalpur.
- Distrust between community members and service providers is much more acute in Deendayalpur, where 21 interviewees mentioned corruption, unreliability or malice by service providers a total of 38 times. In Konia, only 6 interviewees mentioned these issues a total of 10 times.

### *CPVs Address Key Issues with Performance*

Fifteen local service providers were interviewed in each site (teachers, healthcare workers, police and local government representatives) and six district officials from various government departments (health, judiciary, social welfare, Childline and ICPS). Results showed that service providers in Konia have a positive view of the CPVs. Most had interacted with them either at CHDs or informal meetings and had collaborated on child

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<sup>58</sup> Mohd Faisal Fareed, "UP: Rs. 702 Crore Meant for Minority Projects Lie Unused," *The Indian Express* (blog), March 25, 2016, <http://indianexpress.com/article/cities/lucknow/up-rs-702-crore-meant-for-minority-projects-lie-unused/>.

protection issues. The ward officer, school officials and healthcare workers all remarked that Aangan's presence better informed them about local children's issues and helped them effectively meet their responsibilities. For many providers, CPVs addressed their problem of overwork, a particular issue for local health and education professionals serving huge populations with acute needs, with low levels of training and support. These are significant and positive results, especially given how frequently people rotate through these positions.<sup>59</sup>

An anganwadi worker in Konia stated that, between running the childcare center, providing immunizations and other duties, she is too busy to also track and prevent cases of child marriage in the community: "But the associates of Aangan Trust provide us information regarding child marriage. The associates keep asking us whether any such incident has occurred and we provide them information." She also said that the CPVs have made recruitment for the childcare center much easier and "when immunization camps are organized they come along with [the healthcare workers to] mobilize people and ask them to get their child immunized." In Konia, 62 percent of caregivers reported that they had visited the anganwadi, compared to 34.6 percent in Deendayalpur. Another caregiver reported that CPVs help families to access healthcare: "They escort and help us in getting medicines for those who cannot afford or they take us to the hospital if someone is ill."

Both the NGO school-teacher and the private primary school principal in Konia said that their responsibilities had increased since collaborating with Aangan because they had been alerted to the need for vigilance about child protection concerns in the community. "We have to be present all the time if any child has issues or anyone contacts me," says one teacher. "We try to solve their problem and help them." Both school officials see these added responsibilities as a positive change; they feel that they have become better equipped to help their students with problems they face at home and in the community.

Several examples showed how providers formerly unaware of or indifferent to particular child protection issues, are now taking concrete action to keep children safe. One CPV in Konia explained that they had several meetings with the police, where they shared information from Shakti girls on physical risks in the area, with the result that "now the police come regularly for patrolling and they also come at night. They have also given us the phone number to contact them if any problem comes up and said that they will come immediately."

The principal of the government primary school also believes that Aangan has helped her do a better job of supporting students. "The benefit is that along with the children we, the teachers, also come to know about the government policies or programs and how these are going to benefit the children. On that basis, we can also support the NGOs in their endeavor." She adds that she has been motivated to take on more child protection responsibilities since being trained by Aangan. "Now whichever programs are organized I participate in them. Now I am associated with the safety of girls. I try to impart knowledge to adolescent girls regarding menstrual hygiene." The ward officer also speaks highly of the "Udaan volunteers," who he says "meet us and apprise of the situation or problems of children. We work with them for the development of children."

*School officials feel that they have become better equipped to help their students with problems they face at home and in the community.*

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<sup>59</sup> ICPS officers cannot remain in a post longer than three years and more than half of the service providers interviewed for this study had started since Aangan's program began, two years previously.

Evidence from this study shows that in Deendayalpur there is a much greater level of distrust between community members and service providers: 21 interviewees mentioned corruption, unreliability or malice by service providers a total of 38 times. In Konia, 6 interviewees mentioned these issues a total of 10 times. Corruption is pervasive in law enforcement and in political administration (fees for obtaining documents or benefits being the most commonly cited example). These factors contribute to low levels of trust towards officials among residents, who then do not seek out available services or ask for help in a time of crisis.

However, CPVs do not address the lack of collaboration between different providers, a problem evident across both sites, without difference, that significantly contributes to weak child protection services. CPVs engage individual service providers by connecting them to residents and their issues, for example, CHDs typically bring one service provider into the community. The ICPS mandated Village Level Child Protection Committees are not currently operational.

## ix. Transformation of Social Norms and Beliefs about Child Protection

### *Key findings:*

- CPVs contribute towards social “sanctions” for families that arrange marriages for their children or allow them to drop out of school. Their public events that prioritize children’s issues encourage both empirical and normative expectations around children’s rights.
- Efforts to transform social norms would benefit by greater engagement of male members of the household and elders.

The work of scholar Christina Bicchieri’s has guided much of the theoretical work on social norms and children’s rights.<sup>60</sup> She characterizes a “social norm” as a preference to do X that people hold because:

1. They believe that others do X, or “empirical expectations”;
2. They believe that others think they should also do X, or “normative expectations”; and
3. They believe that if they comply with X others will sanction them positively (approve) and that if they do not comply with X others will sanction them negatively (disapprove).

For this study, vignettes were designed for qualitative interviews with 7 caregivers and 7 children in each site. These probed empirical and normative expectations, as well as sanctions, for child labor, child marriage and school dropout (full vignettes included in Appendix C). A series of individual questions to probe these elements of social norms was also included in qualitative interviews with service providers and in quantitative interviews with caregivers and children. Results should not be considered representative of a cohesive “community.”

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<sup>60</sup> See, for instance, Bicchieri, C. (2006). *The Grammar of Society*. Cambridge: Cambridge University Press; Ben Cislighi and Lori Heise, “Measuring Gender-Related Social Norms: Report of a Meeting, Baltimore Maryland, June 14-15, 2016.” (Learning Group on Social Norms and Gender-based Violence of the London School of Hygiene and Tropical Medicine), 4.

There is conflict in any given community, between genders, generations and families. Nevertheless, the study identified some significant trends.

In Konia, CPVs function to create social sanctions against child marriage and school dropout, showing up at people's homes and enlisting neighbors to help convince wavering parents. Data suggests also that CPVs' efforts to shift social norms around child marriage have experienced some success: residents in Konia showed greater awareness of the potential negative health consequences of early marriage than those in Deendayalpur, none of whom discussed this issue. For example, one caregiver responded to the vignette by stating, "Her body has not developed fully...marriage should only take place when her body is eligible." One child shared that "Child marriage leads to early pregnancies due to which her life becomes hell and she also has high chances of dying."

No significant difference was observed in norms around child labor and school dropout. In both sites there was a strong normative expectation that children should not drop out of school, but an empirical expectation that this is sometimes necessary in the context of dire family circumstances. This is closely tied to results for child labor, which participants stated ought not to happen if it entails total abandonment of schooling. Participants gave mixed responses regarding social sanctions for school dropout and child labor: even those that see education as nonnegotiable do not always feel they can judge other families struggling to survive.

An assumption of Aangan's program is that CPV activities are reaching and positively influencing the people that are most relevant to upholding social norms that are harmful for children. Yet, no specific efforts were discussed to engage fathers or male members of the household. Family elders, who CPVs did not discuss engaging and are less likely to attend Parents' Circles or CHDs, hold significant decision-making power within the household regarding children's trajectories. These individuals often have a bias in favor of child marriage and child labor. Two caregivers in Konia and one caregiver in Deendayalpur responded that the decision of the grandmother is final: "I will ask and consult my elders in my family and will tell that it is not the age for her to get married. But if my elders will press for that then I have to get her married."

Across both sites, a generational gap was evident in responses to social norms questions. When asked whether early marriage can prevent violence, the young responded with stronger disagreement on average than their parents (with average scores of 1.42 and 1.72, respectively, on a five point Likert scale). Similarly, both groups disagreed that "poverty justifies early marriage," but the young more than parents (average scores of 1.61 and 1.74). Significantly, however, caregivers in both sites reported agreement with the statement that "parents can force a girl into marriage, even if she does not want it" (average score of 3.70). Children also remain more optimistic about the potential of school to change their future trajectory. They disagreed that "children's time is better spent earning money than going to school" and that, "when children grow up to be adults, it hardly makes a difference if they attended school or not" (average score of 1.8). Caregivers reported agreement with these statements (average score of 3).



## x. Self-Efficacy and Self-Esteem Among Children

### *Key Findings:*

- Results suggest that Shakti and Chauraha programs have considerable short-term benefits for the self-esteem and self-worth of some children in Konia. This is particularly true for Shakti girls that go on to become CPVs.
- For long term impact on self-esteem and self-efficacy, Aangan needs to emphasize improved attendance and continued long term mentorship opportunities.

Service providers, families and children reported considerable benefit of Shakti and Chauraha for children's self-esteem and self-efficacy. The Shakti girls groups are the longest running and most well known of the CPVs' initiatives in Konia. A teacher stated that "Aangan has created immense awareness among children and girls especially. Girls feel aware and empowered." Participants believe Aangan's program has resulted in increased levels of freedom to participate in public space for girls and older women. "Activities of Aangan Trust brought changes and supported us with children's needs," according to the ASHA, "we were home-bound but this helped us in coming out." The Konia government primary school principal stated, "A visible transformation is that now parents are encouraging their girls to actively participate in education, playing and other activities. They are not restricting them like before. This is a major transformation and mentality is upgrading."

In this survey, children's sense of agency and self-esteem were also measured using the General Self-Efficacy Scale and Rosenberg Self-Esteem Scale, both widely used in international contexts with this age group (see full scales in Appendix B). Responses are on a Likert scale of 1-5, with 1 being highest self-esteem or self-efficacy and 5 lowest. Results do not show a significant difference in the sense of self-efficacy and self-esteem between children in Konia and in Deendayalpur. Averages for self-esteem were close to "neutral" (2.5 out of 5), which suggests that these particular instruments, not formally tested in the Indian context, may have not been fully comprehensible to participants. Results also did not show a difference between those children in Konia who had participated in Shakti and Chauraha and those who had not. Self-efficacy scales were, on average, slightly more positive (around 2.0), but again, not different for the two study groups (Table 16).

The key assumption behind increased self-efficacy and self-esteem is that children regularly attended Shakti or Chauraha, but data show those who are enrolled reported attending on average 5.4 times (the program is made up of 12 sessions). This is enough time to learn basic techniques for safety and knowledge of risks, but insufficient time for most children to have a transformational impact on their self-efficacy and self-worth. There are also no follow-up activities after the completion of these courses to encourage mentorship and continued learning. There are exceptions to this, for example, those Shakti girls that go on to become CPVs.

*"Aangan has created immense awareness among children and girls especially. Girls feel aware and empowered."*

Table 16: Self-Efficacy and Self Worth by site and by participation in Shakti/Chauraha

	Konia (Intervention)	Deendayalpur (Comparison)		Konia: Did not attend Shakti / Chauraha	Konia: Attended Shakti/Chauraha	
	LSMean (95% CI) n=313	LS Mean (95% CI) n=341	p-value	LS Mean (95% CI) n=201	LSMean (95% CI) n=107	p- value
<b>Self-Esteem:</b>						
All Ages	2.6 (2.5, 2.7)	2.6 (2.5, 2.6)	0.03*	2.7 (2.6, 2.7)	2.6 (2.5, 2.7)	0.11
10-14 years	2.7 (2.6, 2.7)	2.6 (2.5, 2.6)	0.04*	2.6 (2.5, 2.7)	2.6 (2.4, 2.7)	0.42
15-17 years	2.6 (2.6, 2.7)	2.6 (2.5, 2.7)	0.34	2.7 (2.6, 2.8)	2.5 (2.4, 2.7)	0.08
<b>Self-Efficacy:</b>						
All Ages	1.9 (1.8, 2.0)	1.9 (1.8, 2.0)	0.43	1.9 (1.8, 2.0)	1.8 (1.7, 2.0)	0.2
10-14 years	2.0 (1.9, 2.2)	2.0 (1.9, 2.1)	0.65	2.0 (1.9, 2.2)	1.9 (1.7, 2.1)	0.3
15-17 years	1.7 (1.6, 1.8)	1.7 (1.6, 1.8)	0.74	1.8 (1.6, 1.9)	1.7 (1.5, 1.9)	0.5

Notes: Above results are adjusted for a child's age, sex, wealth and school attendance. Age subset models utilize a binary response delineating whether or not children are between 10-14; Self-efficacy is measured according to the General Self-Efficacy Scale (GSE) and self-worth is measured according to the Rosenberg Self-Esteem scale. In both scales, 1 represents "Strongly Agree" and 5 represents "Strongly Disagree"; Questions with no responses were coded as missing. Asterisks denote: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ .

A family in Deendayalpur, Varanasi. (© Elizabeth Donger, 2018).



## IV. LIMITATIONS

*Quantitative data.* Analysis attempted to control for specific factors (covariates) such as gender, religion or wealth that may influence outcomes in quantitative analysis. These do not completely account for all differences between the two communities: while measured demographics and child protection challenges were similar, no two communities are identical on all relevant variables. The busy road in between the school and homes, for example, was a barrier to education in Konia that was not present in the comparison site, one that could not be accounted for in a mathematical model.

Analyses did not account for the fact that outcomes may be more similar for children in the same household, than for children across households. However, with the relatively large number of households in the sample and the relatively small cluster sizes, any effect of clustering on results should have been minimized.

Target sample sizes were reached both overall and within subgroups. In Konia, results are representative of the intervention site identified by CPVs, not of the community more broadly. For example, the Bengali-speaking Muslim population is not represented. Data quality was overall satisfactory to the research team, despite underreporting on child marriage. Although trained data collectors were local to the area, issues of trust may have factored into this.

*Qualitative data.* Due to the large number of research questions and stakeholders interviewed, saturation was not reached across items during analysis. Specifically, more interviews with children would have gleaned more information on the effects of the Shakti and Chauraha programs in Konia. It is challenging to get people to trust and open up to a stranger about the worst things that happen to their children. Even with well-trained, local researchers, often only a partial picture of these complex social realities is possible, something also true of quantitative results.

*Generalizability.* The results of Aangan's model on individual outcome/impact metrics may vary across the different areas, cities and states where it is implemented. The CPVs have a large role in determining their advocacy priorities and strategies depending on local needs. In certain areas of Varanasi, they may focus more on child trafficking and less on enrollment in identity documents. However, the findings around the advantages of this approach and areas for improvement are not location specific. The core structural challenges to child wellbeing that this model addresses are shared across geography, culture and language.

## VI. ANALYSIS AND CONCLUSIONS

Aangan's model invests in the capacity of female residents of poor communities to better identify and overcome challenges to children's safety, rights and development. The results of this study make clear just how difficult that work is, especially when carried out in a context where structural factors militate against child wellbeing. But it is also clear that these factors, which CPVs and Aangan cannot address, do not render their efforts ineffective. After little more than two years, this program has made significant gains for children, their families and the various people working for their welfare. Stories emerged of children whose marriages were delayed, who avoided being trafficked, who were signed up for school. The long-term benefits of these many victories are significant. They accumulate for the children who will develop in relative health and safety and for the societies of which they are part.

Results show that Aangan's approach is particularly successful at enrolling children who have never been in school and helping them and their families to obtain identity documents. These outcomes act both as gatekeepers for child protection, keeping children in a physically safe space and granting them access to rights and entitlements from the state that can address vulnerability to violence. The Shakti and Chauraha programs are crucial spaces for harm prevention, where CPVs learn about potential cases of violence and equip children to keep themselves safe and children build support networks and develop understanding of their rights and entitlements. However, low attendance rates undermine the potential long-term impact of these courses.

Aangan's model has successfully raised awareness in Konia, the intervention site, about children's issues such as trafficking ("paid bride marriage") and the negative effects of certain common practices like child marriage. Some of the most significant positive findings of this study underscored the effects of CPVs' work with service providers in Konia, who were found to be more effective and engaged in keeping children safe from harm than those in the control site.

*Aangan's model invests in the capacity of female residents of poor communities to better identify and overcome challenges to children's safety, rights and personal development.*

Study results also point to some limitations of this prevention model. Aangan assumes that trained local women are best placed to handle children's rights emergencies in their own neighborhoods and will seek support when necessary. There is evidence that supports this assumption. Konia residents interviewed for this study did not report any clear misidentification of a risk to a child by CPVs. However, it is not always clear whether the choices CPVs make are in the child's best interests. In one case, a CPV called the police to ensure that a mother attempting to surrender her child to foster care kept the child. In other cases, CPVs encouraged girls in Shakti circles not to share identifying information on people who made them feel unsafe in the community, because of the likely social repercussions. How best to address the pervasive risk of sexual abuse remains a vexed issue, given entrenched attitudes, loyalties and the limited legal options available, CPVs also often encourage working children to combine school and employment, rather than stop work entirely, a response to the community's widespread reliance on private education and the economic pressures that generates.

The Aangan central and field offices currently have low levels of oversight of ground-level activities. This

*CPVs generated more awareness of the government welfare scheme availability, [but] enrollment in and knowledge of individual schemes was not significantly improved.*

evidence suggests that more regular checks for any potential counter-productive effects of well-intentioned interventions would be a helpful addition to the program. Results also suggest that there is scope for more ongoing training of CPVs that is tailored to the local challenges they face, such as inactive police, opaque bureaucracies for welfare benefits and corrupt officials. Currently, training modules designed in Mumbai by Aangan central office do not fully equip CPVs to address these situation-specific challenges.

Aangan's theory of change assumes that the stipend and other nontangible benefits for CPVs are sufficient to motivate them to do the necessary time-intensive and difficult work within their mandate. Participation in the program is transformative for many CPVs, but the onerous demands of their own jobs and homes mean that the monthly stipend of Rs. 700 (partially spent on travel to program trainings) may fail to offset the opportunity cost of CPVs' limited time. In this context, CPVs feel compelled to cut some of their duties. Such cuts often include house-to-house visits, which are essential opportunities to reach families that otherwise would not choose to participate in CPV events, to build awareness and trust so residents reach out when in need and to map where high-risk children live.

The model also assumes that children and caregivers recognize the CPVs as resources for child protection issues and trust them with their problems. Residents' uneven identification of CPVs indicates that this assumption does not always hold true and also undermines CPVs' authority with caregivers and service providers. Aangan believes that this work is sustainable only if residents feel a sense of ownership over it, so CPVs are discouraged from presenting themselves as nonprofit representatives. But the title chosen by the CPV women in Konia, Udaan Mahila Sangataan (translated as "women rising organization"), is not well known among residents, who mostly know CPVs by their given names, if they know them at all.

The most successful CPVs surveyed also hold positions as paid government healthcare workers. CPVs gained leverage when demanding information and change from schools by invoking the authority of the School Management Committee. This suggests that there is scope for greater engagement by CPVs in other established group platforms.

One of Aangan's core assumptions is that uptake of social protection programs leads to harm reduction. CPVs accordingly spend a large proportion of their time signing children and families up for schemes. This study shows, however, that while CPVs generated more awareness of the government welfare scheme availability, enrollment in and knowledge of individual schemes was not significantly improved. These programs are central to the Indian government's anti-poverty strategy, so this evidence of their limited potential for child protection is significant and troubling. CPVs do not or cannot successfully address several key barriers to a community's uptake of welfare, specifically, corruption, lack of transparency around eligibility and failure to disperse benefits to those that are enrolled.

Structural social and economic constraints make transformation of child protection practices an uphill battle. For example, the Right to Education Act, 2009 guarantees free education for children in India between six and fourteen years of age, yet more than 80 percent of families pay to send their children to private schools. This

reflects troubling issues regarding the quality of Indian public schooling and popular perceptions thereof. Nationally, only 41.6 percent of students in Class V (10 year olds) can read text expected of Class II level (7 year olds), compared to 62.9 percent in private schools, a gap larger than in 2012.<sup>61</sup> From 2010-11 to 2015-16, public school enrollment across India fell by 13m and the number in private schools rose by more than 17m.<sup>62</sup>

*The fact that child labor compounds intergenerational poverty can seem irrelevant to families with school fees to pay, whose hopes for upward mobility are limited by inequality and increasing job scarcity.*

These issues frame how CPVs approach widespread child labor in their community. Results show there has not been a significant reduction in the number of children that participate in the workforce. Instead, CPVs' approach is to aim for achievable marginal benefits: get working children to also go to school, reduce the number of hours that children work and connect as many children as possible to skill training. In this, they have experienced some success. Children in Konia work fewer hours than those in the comparison site and many more are in school.

International human rights law would deem this approach as an unacceptable compromise on younger children's fundamental right to be free of labor that interferes with their schooling. Results indicate the doctrinaire approach simply does not appear realistic to CPVs or families trying to make ends meet. The fact that child labor compounds intergenerational poverty can seem irrelevant to families with school fees to pay, whose hopes for upward mobility are limited by inequality and increasing job scarcity. The fact that long hours of work during the evenings and weekends still compromise a child's ability to learn during the school day can similarly seem irrelevant when classes do not seem to produce learning at all. Although child labor and school dropout are measured as dichotomous variables for the purposes of this study, children's lived experiences of work and school attendance are often not binary, changing month to month depending on their and their families' circumstances. In this context, aiming for marginal benefits has clear merits.

Marriage under the legal age, however, is a dichotomous variable. It is here that CPVs have seen particular success. These women, some of whom were married as children themselves, are particularly effective advocates, using a variety of strategies to address the economic, social and cultural drivers of the problem and enlisting neighbors and state actors to support their efforts.

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

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<sup>61</sup> AESR Centre and Pratham, "Annual Status of Education Report (Rural) 2016" (New Delhi: AESR Centre, January 2017), 52, [http://img.asercentre.org/docs/Publications/ASER%20Reports/ASER%202016/aser\\_2016.pdf](http://img.asercentre.org/docs/Publications/ASER%20Reports/ASER%202016/aser_2016.pdf).

<sup>62</sup> "Why the World's Biggest School System Is Failing Its Pupils," *The Economist*, June 8, 2017, <https://www.economist.com/asia/2017/06/08/why-the-worlds-biggest-school-system-is-failing-its-pupils>.

## V. APPENDICES

### A. Program Costs

Below is the cost per individual “hotspot.” Costs for the whole district, such as staff and field office rent, have been divided by the number of hotspots.

	Indian Rupees	United States Dollars
Staff cost (national + local staff)	296,484	4,447
Community Programmatic & on-field materials (includes the child protection fund: amount spent on community events and stipend given to the women volunteers)	209,469	3,142
Training cost	113,438	1,702
Field office cost (a percentage part of the local field office rent distributed across priority locations)	12,813	192
	632,204	9,483

CPVs stand in front of the anganwadi center in Konia, Varanasi. (© Elizabeth Donger, 2018).



## B. Key Survey Questions

Below are the various derived variables used in quantitative analysis, as well as the text of questions from which they were derived. Several survey questions have Likert scale answer options ranging from “Strongly Agree” (1) to “Strongly Disagree” (5) and are denoted below with an asterisk (\*).

Demographics	
Wealth Index	<p>The Wealth Index is a linear combination of the weights corresponding to items the respondent indicated the household owned, as used in DHS. Quintiles were determined based on these scores. Weights were assigned to the indicators according to perceptions of importance to a household. For example, a sewing machine could be used to generate income or clothe a family we assigned a higher weight. Items that most households had (such as electric fans) were assigned lower weights.</p> <p>Categories and their weights were as follows: Electric fan (5); Tv or cd/dvd (5); Sewing machine (10); bicycle (10); cooking fuel - LPG or Kerosene (10); refrigerator (15); transport – ownership of an auto, motorcycle, rickshaw (15); mobile phone.<sup>63</sup></p>
Seasonal Migration	<i>Does any adult in the family migrate temporarily (more than one month and less than six months) to another place every year?</i>
Child Work – all data gathered using ILO-SIMPOC child module	
Child labor by Indian legal standards	<p>Any work by children between the ages of 10 to 14 is considered to be child labor, except if the work is conducted to help family, in a family enterprise or as child artist after school hours or during vacations. Children between the ages of 15 to 17 are considered to be under child labor only if they are exposed to hazardous work according to Indian standards.</p> <p>Hazardous work is defined as work that includes exposure to: mines, inflammable substances or explosives, or “hazardous processes” as defined by the Factories Act, 1948, which includes broken glass; chemicals (pesticides, paint etc.), or raw materials like cement, rubber, metal or paper.</p>
Child labor by international legal standards	<p>Measured using ILO-SIMPOC module. Children between the ages of 10 and 11 who perform any form of work are considered to be under child labor. Children between the ages of 12 and 14 are considered under child labor if they are exposed to hazardous work, do more than 14 hours, or whose education is prejudiced by their work. Children between the ages of 15 and 17 are considered to be under child labor if they have been exposed to hazardous conditions.</p> <p>International law defines hazardous labour as “work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.” For this survey, any answer given that included: broken glass, inflammable substances or explosives, chemicals (pesticides, paint etc.), working with</p>

<sup>63</sup> Alternative versions of the wealth index that substituted access to electricity for “electric fan” and that also included home ownership (weighted at 15) and number of rooms in the home (scored from 0-10) were also considered but not used in the final analyses.



	raw materials like cement, rubber, metal or paper, dangerous tools (knives etc.), machines or heavy equipment, fire or gas, work in places that are without air or light, or other dangerous or unhealthy conditions (specify)
Child likelihood of reaching personal work goals	<i>When you are about [add 10 years to the child's age] years old, what job would you like to be doing?</i> <i>Given your current situation, how likely do you think it is that you will reach that goal? (Very likely / Likely / Unlikely / Very unlikely)</i>
Child/caregiver perception of necessity of child work:	<i>Work by children is necessary to help supplement family income.*</i>
Rates of reporting of child labor	Total number of times caregivers have reported instances of child marriage/child labor to relevant authority/police <i>In the past year, have you reported a problem with a child in this locality to the police?</i>
<b>Child Marriage</b>	
Child marriage	This was measured through questions to the child and caregiver: Child survey: <i>Have you ever been married?</i> (asked of girls ages 13-17 and boys ages 16-17) and IF YES <i>What is your current marital status?</i> Caregiver survey: <i>Did any residents of this household get married during the last two years?</i> IF YES <i>What is their sex and what was their age at the time of marriage?</i>
Proportion of children that would ideally choose to marry	Proportion of total children who answered "Yes" to following: Imagine you had no constraints and can choose to marry when you want, or not at all. Would you choose to marry?
Child's desired age for marriage	For children who stated they wished to marry, average ideal age for marriage.
Child's expected age for marriage	The average age when children would realistically marry given their circumstances: <i>Given your current situation, at what age do you expect you will get married?</i>
Child acceptance of early marriage in dire economic circumstances	<i>Early marriage is okay if parents cannot afford to keep their daughter in their home.*</i>
Child acceptance of early marriage in dire economic circumstances	<i>If parents cannot afford to keep their daughter in their home, then early marriage is ok.*</i>
Caregiver /child perception that early marriage prevents violence	<i>Marrying girls young helps to protect them from violence and harassment.* (Question same for caregiver and child)</i>
Rates of reporting of child marriage	Total number of times caregivers have reported instances of child marriage/child labor to any relevant authority
Caregiver perception of forced marriage	<i>Parents can force or compel a girl into marriage, even if she doesn't want.*</i>
<b>Education</b>	
Net primary school	Percentage of children in the age group officially corresponding to primary schooling (10-14),

attendance	who attend primary school
Gross primary school attendance	The number of children attending primary school, regardless of age, divided by the population of the age group that officially corresponds to the same level (10-14)
Net secondary school attendance	Percentage of children in the age group officially corresponding to secondary schooling (15-17), who attend secondary school
Gross secondary school attendance	The number of children attending secondary school, regardless of age, divided by the population of the age group that officially corresponds to the same level (15-17)
Out of school	Children who have never attended school, who haven't attended school in the past month, or who have missed more than 30 days of school in the past year.
Perceived value of education to child	<i>My time is better spent earning money than going to school.* When I grow up, it will hardly matter if I attended school or not.*</i>
Perceived value of education to caregiver	<i>Children's time is better spent earning money than going to school* When children grow up to be adults, it hardly makes a difference if they attended school or not.*</i>
Caregiver importance of girls completing 10 <sup>th</sup> standard or higher	<i>Girls should ideally complete their education through 10<sup>th</sup> standard or higher.*</i>
Caregiver importance of boys completing 10 <sup>th</sup> standard or higher	<i>Boys should ideally complete their education through 10<sup>th</sup> standard or higher.*</i>
Child's ideal educational attainment	<i>Imagine if you had no constraints and could study for as long as you liked, or go back to school if you had already left. What level of formal education would you like to complete?</i>
Child's likely educational attainment	<i>Given your current situation, what level of education do you expect you will reach? (Levels were converted into years of education)</i>
<b>Self-efficacy and self-esteem</b>	
Self-efficacy	General Self-Efficacy (GSE) scale <i>If someone opposes me, I can find the means and ways to get what I want.* When I am confronted with a problem, I can usually find several solutions.* If I am in trouble, I can usually think of a solution.* I am confident that I could deal efficiently with unexpected events.* I can always manage to solve difficult problems if I try hard enough.* It is easy for me to stick to my aims and accomplish my goals.* I can remain calm when facing difficulties because I can rely on my coping abilities.* I can usually handle whatever comes my way.* Thanks to my resourcefulness, I know how to handle unforeseen situations.* I can solve most problems if I invest the necessary effort.*</i>
Self-esteem	Rosenberg self-esteem scale. <i>On the whole, I am satisfied with myself.*</i>

	<p><i>At times, I think I am no good at all.*</i></p> <p><i>I feel that I have a number of good qualities.*</i></p> <p><i>I am able to do things as well as most other people.*</i></p> <p><i>I feel I do not have much to be proud of.*</i></p> <p><i>I certainly feel useless at times.*</i></p> <p><i>I feel that I am a person of worth, at least on an equal plane with others.*</i></p> <p><i>I wish I could have more respect for myself.*</i></p> <p><i>All in all, I am inclined to feel that I am a failure.*</i></p> <p><i>I take a positive attitude toward myself.*</i></p>
<b>Relationships with Service Providers</b>	
Trust in anganwadi (caregiver)	<p><i>I trust the anganwadi worker to keep the children in my community safe from harm.*</i></p> <p><i>If people in my locality take children to the ANM/ASHA workers, they have will have fewer health problems.*</i></p>
Trust in anganwadi (child)	<p><i>If I am sick, I trust the anganwadi worker to help me feel better.*</i></p> <p><i>If I wanted to go to the anganwadi center, I would be welcomed there.*</i></p> <p><i>If I needed to find a safe place to go, I would consider the anganwadi center.*</i></p>
Trust in police (caregiver)	<p><i>I know how to contact the police for problems in my locality.*</i></p> <p><i>If there was a problem with a child in this locality, I would tell the police.*</i></p> <p><i>I trust the police to protect children in my locality.*</i></p> <p><i>If I work with the police, my locality will be a safer place.*</i></p> <p><i>Police and community work well together when trying to solve problems in the locality.*</i></p> <p><i>Police treat everyone in this locality fairly.*</i></p>
Trust in police (child)	<p><i>I know how to contact the police for problems in my locality.*</i></p> <p><i>If there was a problem in my locality, I would tell the police.*</i></p> <p><i>I trust the police to protect me.*</i></p> <p><i>Police treat everyone in this locality fairly.*</i></p>
Trust in Ward Officer (caregiver)	<p><i>I know how to contact the Ward Officer for problems in my locality.*</i></p> <p><i>I trust the ward officer to protect children in my locality.*</i></p> <p><i>The ward officer takes action specifically to protect the children in this locality.*</i></p> <p><i>The ward officer treats everyone in this locality fairly.*</i></p>
Trust in government (caregiver/child)	<p><i>I believe the government does what is right for people like me.*</i></p>
<b>Knowledge of child protection issues and resources</b>	
Caregiver perceived legal age of work	<p><i>At what age is a child legally allowed to work for an employer outside of the house?</i></p>
Caregiver perceived legal age of marriage for girls	<p><i>What is the legal age for marriage of girls in India?</i></p>
Child's knowledge of Childline and its function	<p><i>Do you know what childline is?</i></p> <p><i>What do you think childline is for? (Helping children / / Other(specify) / Don't know)</i></p>
Child perception of	<p><i>I feel safe when I go out of the house on my own.*</i></p>

community safety	<p><i>There are places in this community, outside home and school, where I can go to hang out with friends.*</i></p> <p><i>I feel safe walking to the toilet after dark.*</i></p> <p><i>I feel safe in my school.*</i></p> <p><i>If I have a problem in public spaces in the community, I know who to go to for help.*</i></p>
Child's knowledge of where to report problems at school/work	<p><i>If I have a problem at school, I know who to go to for help.*</i></p> <p><i>If I have a problem at work, I know who to go to for help.*</i></p>
<b>Uptake on Services by a CPV</b>	
Proportion of CG that have heard of CPVs (Derived variable)	<p>If caregiver responds "yes" to any of the below:</p> <p><i>Have you ever attended a community meeting hosted by a CPV?</i></p> <p><i>Have you ever attended a Community Help Desk camp?</i></p> <p><i>Has a CPV ever interviewed you using a phone app?</i></p> <p><i>Has a CPV ever come to your home to ask you questions about your children and family or follow up on an issue you had previously spoken to her about?</i></p> <p><i>Have any of your children ever attended the Shakti/Chauraha program?</i></p> <p><i>Have you ever asked a CPV for help accessing schemes or services, or dealing with a problem?</i></p>

## C. Vignettes

### Child Survey: child marriage

I would like to tell you a story. Imagine that there is a girl called Mangal in this community. She is 16 years old and is the oldest child in the family. I am only citing an example; she doesn't actually live in this community. She tends to her younger siblings and helps her mother around the house. Her grandmother one day hears of a wealthy family from Rajasthan who have come and are looking for a bride of about Mangal's age. Mangal's grandmother tells the Rajasthani family about Mangal and they are interested in the prospect. They say that they are a good family and will keep Mangal well.

*What do you think that Mangal should do in this situation? Who should she tell?*

*What would most other girls from this community do in Mangal's situation?*

Mangal tells her family that she is not comfortable getting married right now. She would prefer to wait until she is a little older.

*How would most other children in this community react to Mangal's decision?*

### Child Survey: child labor

Imagine that there is a 13-year-old boy called Kartik in this community. Kartik's father has left and his mother struggles to earn money for the family. Kartik is the oldest boy in the family and is considering dropping out of school to find work and help provide for his siblings.

*What do you think that Kartik should do in this situation? Who should he tell?*

*What would most other children from this community decide to do in Kartik's position?*

*If Kartik decides to drop out of school to get a job, how would most other children in this community react to his choice?*

Child Survey: school dropout

Imagine that there is a 15-year-old girl called Reema in this community. Her father has passed away and her mother is thinking that school is a luxury they can no longer afford. She wants Reema to get married and leave or stay at home and help with daily chores, including cooking, cleaning and looking after her siblings.

*What do you think that Reema should do in this situation? Who should she ask for help?*

*What would most other children in this community do if they were in Reema's situation?*

Reema loves going to school and does not want to drop out. She begs her mother to find a different way to save money.

*What would most other children in this community say about Reema's choice?*

Caregiver Survey: child marriage

I would like to tell you a story. Imagine that there is a girl called Mangal in this community. She is 16 years old and is the oldest child in the family. I am only citing an example; she doesn't actually live in this community. She tends to her younger siblings and helps her mother around the house. Her grandmother one day hears of a wealthy family from Rajasthan who have come and are looking for a bride of about Mangal's age. Mangal's grandmother tells the Rajasthani family about Mangal and they are interested in the prospect. They say that they are a good family and will keep Mangal well.

*What do you think Mangal's parents should do in this situation? Whom should they ask for advice?*

*What would most other parents of this community do in such a situation?*

Mangal's parents decide that she should be married into this family.

*How would other parents of the community respond when they know hear their decision?*

Caregiver Survey: child labor

Imagine that there is a 13-year-old boy called Kartik in this community. Kartik's father has left and his mother struggles to earn money for the family. Kartik is the oldest boy in the family and is considering dropping out of school to find work and help provide for his siblings.

*What do you think Kartik's mother should do? Whom can she ask for help?*

*What would most parents of the community decide in such a situation?*

*How would most parents of the community respond if Kartik drops out of school and finds a job?*

Caregiver Survey: school dropout

Pretend that Piyal is a mother of 4 in this community. Her husband has just died and she is worried about providing for all of her children on her own. Her husband's wage was the family's main source of income and Piyal now has to take care of everyone only on her meager earnings. She considers all of her expenses and believes that she could save a lot of money if her 15-year-old daughter Reema drops out of school to either get married and move out, or stay home and do chores like cooking, cleaning and taking care of her siblings.

*What do you think Piyal should do in this situation? Who should she ask for help or advice?*

*What would most other parents in this community do if they were in Piyal's situation?*

Even though she knows Reema loves going to school and does not want to drop out, Piyal believes it is the only way for her family to survive. She decides that Reema will drop out of school and help around the house while Piyal goes out to work.

*What would most other parents in this community say about Piyal's choice?*

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