

KLEW
2018

Knowledge
and Learning
Exchange Week



Save the Children

ACHIEVING **BREAKTHROUGHS** THROUGH **CHILD RIGHTS** PROGRAMMING





APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



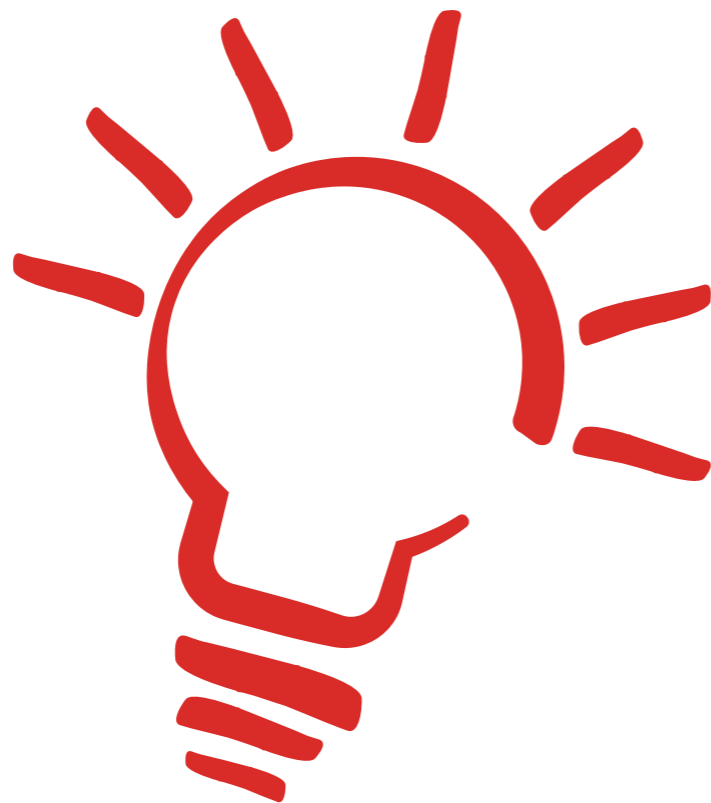
EVIDENCE & USE



BE THE VOICE

INNOVATION

- Giving 'Ananya' a Voice and Choice
- Placing Community Cadre for Protecting children within own families and communities
- Multipurpose Resource Centre (MRC) for Children
- Integrated WHO-UNICEF 7-Point Plan Implementation Model for Diarrhoea Control and Prevention



APPROACHES



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MARRIAGE NO CHILD'S PLAY



Donor: Ministry of Foreign Affairs, Netherlands

Theme: Child Protection

Goal: Enhanced Sexual and reproductive health and rights (SRHR) that improves the wellbeing and life chances of young people

Objectives: Young people are able to decide if and when to marry and pursue their SRHR in a supportive environment

Target Population: 35,197 children (10-19 years), (29,216 adolescent girls and 5,981 boys)

Geography: 3 states, 6 districts (Tonk & Jodhpur-Rajasthan, Gaya & Sitamarhi-Bihar, Nuapada & Kandhamal-Odisha), 308 villages, 42 gram panchayat

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Giving 'Ananya' a Voice and Choice

Problem Statement:

India has the largest number of child brides in the world. Despite the ban since over 85 years, 47.4% of women (20-24 years) are married before the age of 18 years, and 18% before the age of 15 years. In 2011, of the 0.78 million children born to girls below 15 years of age, 56,000 had already died. Thus, there are thousands of girls who each year get married at a very young age, give birth to children as children themselves and also see their children die. Limited education and livelihood opportunities for girls lead to marriage being one of the few options for girls' futures. Girls often have to travel long distances for institutional education through unsafe environments. School dropout rate amongst adolescent girls in India is as high as 63.5%. Despite the legal ban since so many years, child marriage continues to exist because of vicious inter-generational cycle of poverty, poor health and the lack of education and economic opportunities.

The Approach:

- **Theory of Change:** The project Theory of Change is applied through an innovative approach, and applied across five countries and high burden states of India. It is an integrated approach to understanding 'how investing in adolescents and simultaneously working on enabling ecosystem' impacts the lives of young adolescent girls and boys. The project intends to generate evidences at global level on that 'When girls are provided with opportunities to acquire life-skills, self-confidence and self-efficacy, they are more likely to delay marriage than girls who do not have these opportunities.' It has adopted divergent strategies to empower young people specifically girls to take decision on if and when to marry and pursue their SRHR in a supportive environment, which would improve their wellbeing and life chances.
- **Alliance Approach:** Working together in partnership and with multiple stakeholders, we aim to reach more young people and achieve results at beneficiary, community, and national levels; use a varied range of tools and innovations; strengthen civil society; and promote up-scaling of cost-effective strategies. The project through alliance approach will make deliberate efforts to scale innovations and good practices through system strengthening and leveraging existing government service delivery platforms and schemes.
- **Expert Inputs:** At the time of designing, project ensured valuable inputs from technical experts (Child Protection, Knowledge Management, State implementation team members) and also management perspective from Save the Children's senior leadership. In addition to this project also received inputs/feedback from SC-NL technical team at the design phase. Also at all stages of project cycle, project team is guided/supported by thematic and technical experts from Child Protection, Education, Health, Advocacy and Communication team members.

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Giving 'Ananya' a Voice and Choice

- **Global and Local Partnerships:** The project has forged strong partnership from Global to Local level. We are part of Global alliance 'More Than Brides Alliance' (Save the Children-Netherlands, Oxfam-Novib, SIMAVI, Population Council-USA, the alliance shares evidences and receives inputs from Ministry of Foreign Affairs-Netherlands. At India level, the project has developed effective partnership with three state governments of Odisha, Bihar and Rajasthan. Save the Children was one of the key players in developing 'State Strategy for Prevention of Child Marriage' for Govt. of Rajasthan. In Odisha we have developed 'Communication Material' and joint advocacy plans on child marriage convention with OSCPCR. We have forged strong relationship with SIMAVI partners (VHAI, CINI, NEEDS, BVHA) in states.
- **Rigorous Testing:** The approach has been rigorously tested through laying down various processes and is continuously collecting evidences from the field. As a learning and Knowledge Management partner Population Council is steering research agenda for the project. We are following Randomized Control Trial method across intervention areas and will have impact/evaluation level result by the end of 2020.
- **Integrated Approach:** The project works in an integrated approach (investing in life skill, child protection, Education, SRHR, and building policy environment). This as an approach to the innovative solution project has chosen to implement and evidences from the field will help in understand the outcome of this approach.
- **Child Participation:** Beyond capturing evidences through project MIS and periodic evaluations the approach uses other platforms also to document evidences and results i.e. adolescents are conducting 'Adolescent Score Cards' to assess SRHR and other facility-based services, also during Peer Review and learning Exercise, they are engaged in sharing their experiences and learnings so that necessary changes can be incorporated for course correction. Child Participation is central theme of the project with almost 90% target groups adolescents, of which 90% are girls. The project specifically focuses on adolescent girls and young women (mostly from vulnerable/marginalised cast/tribal groups) with an aim to provide multiple alternatives to child marriage.
- **Focus on Outcome:** The project has outcome-wise provisions (SRHR, Child Protection, Education, Financial Literacy and Livelihood) to ensure children and community level participation and learning. The approach uses Life Skill Education sessions as foundation for imparting all learning and protection related skills/values across targeted groups.

Results:

- Within a short span of less than 2 years of field intervention, this approach has helped in preventing/delaying 136 child marriages across intervention area, an evidence of success of this comprehensive package.
- The intervention has resulted into formation and strengthening of 217 child protection committees at village, block and district level, in accordance with government guidelines.

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Giving 'Ananya' a Voice and Choice

- More than 2,000 committee members were trained and capacitated on SRHR and child marriage issues and their role and responsibilities. This has also helped in linking 126 girls with income generation opportunities and has developed Financial Literacy Module for adolescent, one of the only few modules available in India, which dedicatedly caters to the needs of young adolescent boys and girls.
- Till date we have successfully re-enrolled 133 adolescent girls and provided capacity building support to 1,461 members of School Management Committees. This has helped them in developing school management plans for the schools, better utilization of funds and in improving the enabling environment.
- More than 2,500 discussion leaders have been created to lead the process of 1,200 groups reaching out 20,000 and above adolescents and facilitating the discussion on child marriage and SRH issues.

Challenges Faced:

- Men's roles in perpetuating discrimination against women is very high. Girls are not allowed to go school or play like boys, and in most of the places are not allowed to engage as freely as enjoyed by adolescent and young boys. Although girls/women have a huge potential to energize the economies of countries, many times gender discrimination frustrates these expectations. This was one of the major challenges faced by us while creating adolescent spaces for girls in villages. To address this, the project is engaging men using different opportunities and trying to make them sensitive towards the rights and choices of adolescent girls. Though the approach in its present format largely focuses on adolescent girls, adolescent boy's groups across each of the intervention villages have been formed to function as peer support groups for the empowerment of girls and to develop a conducive environment for adolescent girls. Along with these peer groups, the project engages men through various other platforms like CPCs, VHSNCs, SMCs, PTAs, VPMCs and ensure men's participation to influence the ecosystem for breaking gender stereotypes.

Learnings:

- Investment during Inception phase (DIP, geography selection, partner selection, HR recruitment) helped in creating enabling environment for project.
- Vulnerability Assessment, Process Strengthening, Cluster Planning, Facility Assessment of Educational institutes and MEAL was developed/conducted which ensured processes & systems well in place for smooth operationalization of project activities.
- Consultative approach and capacity building methodology adopted for developing key learning material for project vis-à-vis for organization (SRHR module for Service Providers & Adolescents, Financial Literacy Manual, etc.)
- Alliance provided cross-learning opportunity.

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PROTECTING CHILDREN THROUGH COMMUNITY CADRES



Donor: Oak Foundation and UBS Optimus Foundation

Theme: Child Protection

Goal: Child protection issues within families and communities in the intervention districts of Bengal and Jharkhand to be adequately addressed by a trained, competent and empowered Child Protection 'Cadre'.

Objectives:

- a. 30 Community Child Protection workers to meet occupational standards for their position
- b. Cadre of community-based protection staff to generate evidence of their being able to protect children
- c. To make state governments in Bengal and Jharkhand recognize the value of Community Cadre

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PROTECTING CHILDREN THROUGH COMMUNITY CADRES

Target Population: Vulnerable children and their families from 60 intervention panchayats of West Bengal and Jharkhand

Geography:

Implementation Area (Oak):

State	District	Block	Gram Panchayat	Number of Villages
West Bengal	South 24 Paragana	Patharpratima	8	24
		Mandir Bazar	7	20
Jharkhand	West Singbhum	Chakradharpur	15	116

Implementation Area (Oak):

State	District	Block	Gram Panchayat	Number of Villages
West Bengal	South 24 Paragana	Sandeshkhali-i	8	25
		Sandeshkhali-ii	7	22
Jharkhand	Gumla	Sisai	15	67

APPROACHES



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BE THE VOICE

Placing Community Cadre for Protecting children within own families and communities

Problem Statement:

The Integrated Child Protection Scheme, launched in 2009-10, has so far had patchy impact across states and, within states. The present shape and delivery mechanism of the Integrated Child Protection Scheme (ICPS) is available through District Child Protection Unit (DCPU) situated at District level. The distance increases the real time response by the DCPU and makes the DCPU frequently inaccessible to both the Village Level Child Protection Committee (VLCPC) and their communities. Child protection indicators in both the state of Bengal and Jharkhand are quite alarming and namesake VLCPCs, as mandated in ICPS, have been formed in both the intervention states.

In such a situation, the community 'Cadre' drawn from the local community has a crucial role in serving as the missing link between the DCPU and the VLCPC, the VLCPC and children, families and the community.

The Approach:

- **Technical Support:** Technical expertise has been sought from a UK-based agency. The Community Cadres are trained via a competency-based training approach for which partnership was forged with UK-based Council for Awards in Care, Health and Education (CACHE). They have supported development of Job Description for the position and also defined the Standard of Performance and mapped competency requirement for the Community Cadre's role. Based on the competency requirement, a training plan has been developed and training module for 1st phase training has also been created.
- **Government Support:** There is also an understanding with the governments of both Jharkhand and West Bengal to support the Cadre through DCPU by providing timely guidance in managing cases of children, to involve Cadre in rendering child protection services at community level in the intervention village and also assessment of Community Cadre's performance through DCPU. The DCPU functionaries have been involved from the beginning of the project and also assisted in finalisation of Job Description and in the recruitment process.
- **Project Evaluation:** Results are yet to be achieved. Vulnerability Assessment has been taken up using participatory approach to determine the common child protection issues and practices that cause harm and abuse to children and identify vulnerable households in the intervention panchayats. Project evaluation helps in determining support provided by Cadre in VLCPC strengthening and the number of children who have been protected in their own families and communities through intervention of Community Cadres. The information collection process and format have been developed. To identify vulnerable children and families, and protection issues of the intervention villages, vulnerability assessment was taken up through a participatory approach.

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Placing Community Cadre for Protecting children within own families and communities

Results:

- Preparation of 60 competent Community Cadres
- Graduation of vulnerable children to being less vulnerable
- Advocacy with state governments so that they recognise the value of Community Cadre in protecting children and encourage scaling-up of this model

Challenges Faced:

- Identification of vulnerable children and child protection issues like child marriage, teenage pregnancy, violence and punishment at household level was not getting captured through the household survey. Thus, a participatory approach was used in identification of vulnerable households and common child protection issues.
- Ascertaining the population at which a Cadre should be placed was a challenge. Through desk review and comparing the function of Cadre with Auxiliary nurse midwife (ANM), the Community Cadre was placed at 5,000 population.
- The other challenge faced by the project is its adoption by the government, as it is cost intensive.

Learnings:

- The project is at a nascent stage and yet to achieve results and develop learnings.

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MULTIPURPOSE RESOURCE CENTRE (MRC) FOR CHILDREN



Donor: NOKIA

Theme: Child Protection

Goal: Creation of a one-stop centre, enabling child friendly and child sensitive processes catering to children in conflict with law and children in need of care and protection.

Objectives:

- To establish a centre which will bring in essential stakeholders at one place, eliminating the need for a child to go to several places and reduce victimisation and trauma for the child

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MULTIPURPOSE RESOURCE CENTRE (MRC) FOR CHILDREN

- To facilitate better coordination among essential stakeholders and resolve bottlenecks in the process of inquiry, thus helping in early closure of cases and rehabilitation of the child
- To ensure child sensitive and child friendly approach in adjudication processes of the children

Target Population: Children in conflict with law and children in need of care and protection

Geography: Tamil Nadu

APPROACHES



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CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



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Multipurpose Resource Centre (MRC) for Children

Problem Statement:

The initiative caters to the basic needs of children in conflict with law and children in need of care and protection. It is aligned to a requisite within the Juvenile Justice (Care and Protection of children) Act 2015, which emphasises on establishing a 'child-friendly approach in the adjudication and disposal of matters.'

The lack of adequate human resources, infrastructural facilities, coordination, and more importantly the required sensitivity in dealing with children, have been some of the critical gaps in the system. The issue is further exacerbated by the lack of a designated space to have a dialogue with the child ensuring his/her confidentiality and privacy.

The Multipurpose Resource Centre (MRC) was ideated by Save the Children and Department of Social Defence, Tamil Nadu, to address such gaps by establishing a one-stop centre for the child while enabling child sensitive and friendly systems and processes.

The Approach:

- **Creation of child protection mechanism:** The initiative focuses on creating/strengthening structures and mechanism on child protection, which is one of the key strategies thematically for Save the Children under 2019-21 strategic outlay. The idea was co-created by Save the Children and department of Social Defence, Tamil Nadu, and engages in strategic partnerships with Juvenile Justice Board, Child Welfare Committee. More specifically and procedure wise the following were involved: Chairperson and members of child welfare committee, the principal magistrate or designated social worker of juvenile justice board, District child protection officer, Probation officer, Special juvenile police unit, Childline team, Local police, Psychologists, and NGOs.
- **MRC Centre:** The functioning of the Multipurpose Resource Centre is guided by child rights and protection principles as articulated in the Juvenile Justice (care and protection of children) Act 2015, and as mandated in the Protection of Children from Sexual Offences (POCSO) Act 2012. Save the Children has also developed the SOP for Functioning of the MRC Centre. The Centre was inaugurated on 1st September, 2018. It has been functioning well till now as per internal reporting.

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Multipurpose Resource Centre (MRC) for Children

Results:

- It highlights the best interests of children and their rehabilitation through appropriate and child sensitive processes, institutions and bodies established for the same.
- If a child is identified as either in need of care and protection or in conflict with law, he/she is then produced before respective bodies and undergoes several steps in the process of adjudication. During the entire process, the child has to, therefore, interact with multiple stakeholders and departments located at different places. The Centre therefore acts as a model centre in making access to different stakeholders easy while ensuring child sensitivity and child friendly approach in adjudication processes.
- The Centre is available to the administration to learn, document and demonstrate the most useful systemic processes and child sensitive practices to different stakeholders.

Challenges Faced:

- Getting necessary approvals from different departments on time
- Frequent and regular engagements with the government are required and these deliberations demand considerable staff time

Learnings:

- Identifying, pursuing, ideating and being able to take an opportunity to successful implementation is not an accident. Some of the critical steps in this case were: active and conscious exploration of issues and opportunities by project team, good rapport with the departments, focusing only on one idea, collaboration with department on all aspects from the very beginning
- Expectations of duty bearers from Save the Children on technical aspects is very high; management of robust internal technical expertise and knowledge on core areas is essential
- Collaborated models are likely to be sustainable
- Pre-collaboration with the government is necessary for efficient use of limited project time
- Administration is open for collaborations that strengthen systems and helps improve existing mechanisms
- Wider stakeholder credibility is gained when the judiciary is involved

APPROACHES



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STOP DIARRHOEA INITIATIVE



Donor: Reckitt Benckiser

Theme: Health & Nutrition

Goals:

- To achieve at least a **50 % reduction in the prevalence of diarrhoea**
- To achieve at least a **50% reduction in the incidence of acute diarrhoea**
- To achieve a **13 % reduction in diarrhoea related deaths across intervention**

Target Population: Children under 5 years – 2,08,269; Overall Population – 20,59,828

Geography: Implemented and tested across nine locations spread over 473 rural gram panchayats of Uttar Pradesh and Uttarakhand and 129 urban slum areas of Delhi and West Bengal.

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Integrated WHO-UNICEF 7-Point Plan Implementation Model for Diarrhoea Control and Prevention

Problem Statement:

Our mission that by 2030 “No child under five years of age dies of preventable causes” is challenged by the fact that more than 320 children aged under five die every day due to diarrhoeal diseases, accounting for almost 10 per cent of total under five-year-old deaths in India. Consumption of unsafe water, inadequate sanitation, poor personal hygiene and the lack of access to childhood immunisation are among the main reasons of diarrhoea and are in violation of UNCRC principles (1989): “the right of child to life, survival and development (article 6).

Interventions on Protect, Prevent and Treat, drawn from different sectors that have demonstrated potential to save children’s lives, lays out the basis of WHO UNICEF 7 Point Plan for diarrhoea control and prevention. The different interventions have been piloted and tested individually or in combination of one or two components, but all the 7 components have not been implemented in an integrated comprehensive manner to demonstrate their synergistic impact on diarrhoea control and prevention. To establish operational model of integrated comprehensive implementation of 7 Point Plan, Stop Diarrhoea Initiative Program intends to test the effectiveness and efficacy of WHO UNICEF 7 Point Plan on Diarrhoea Control and Prevention, collate evidence to demonstrate proof of concept and value for money.

The Approach:

- **Improving Delivery of Community Services:** Stop Diarrhoea Initiative (SDI) has been designed to achieve 100% coverage at ward level in urban areas and block level in rural areas, which is more than the 80% coverage recommended by WHO for a targeted location. SDI project cumulatively contributes to SDG 3, 6 and 17 by ways to improving delivery of community based services primarily related to childhood vaccination, improving supply chain and logistics of commodities such as Oral Rehydration Solution (ORS) and zinc, promoting positive behavioural changes related to infants and young child feeding practices, improving access to water and sanitation service along with personal hygiene, and creating effective partnerships for meeting the goal. The project works around key determinants to prevent, control and treat diarrhoea at community levels, Health Department, Integrated Child Development Services (ICDS), Rural Development, Education Department, Public Works/Public Health Engineering/Jal Nigam and NGOs.
- **Integrated implementation model for diarrhoea control and prevention:** SDI project operates at ward and block level as operational model to demonstrate integrated comprehensive implementation of 7 Point Plan. Approaches under prevention package are implemented in a concerted way instead of single interventions alone, so as to get better impact. The package is accompanied with clear, targeted and integrated behaviour and social change communication strategies to improve acceptance by families and communities.

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Integrated WHO-UNICEF 7-Point Plan Implementation Model for Diarrhoea Control and Prevention

- **Imbibing accountability and local ownership:** Community scorecard is an ongoing participatory tool for assessment, planning, monitoring and evaluation of services. It brings together the community and service providers of a particular service or programme, wherein community grades the quality of various services provided to them by the government and then both community and service providers jointly analyse issues underlying service delivery and find a common and shared way of addressing them.
- **Non-emergency helpline:** This was established with an aim to use information communication and technology for enhancing the quality of care, bridge the gaps in healthcare services and improve access to reliable and actionable healthcare information related to child health illness specially diarrhoea.
- **Use of innovative strategies:** ICT based modules were used for skill building of frontline workers. Low cost co-package of ORS and zinc was introduced to increase the uptake and adherence of zinc. ORS and Zinc demonstration corners were established at community platforms, outreach sessions and health facilities. Fully automated, low cost, low maintenance solar energy-based community water treatment system was set-up for providing clean safe drinking water. A household based low cost water filter to ensure the prevention of contamination of drinking water at point of use was also introduced. Age-appropriate hand-washing platforms were created to break the access barrier to hand wash for children.
- **Construction of toilets:** 391 individual toilets, 108 community managed toilets and one 80-seated community toilet complex constructed / renovated in order to generate demand at community level and demonstrate inclusive and innovative designs of toilets for replication. SDI also created user groups for community toilets and sensitised them on usage and maintenance of toilets. Introduced cadre of paraprofessionals and rejuvenation of water sources.
- **Strengthening WASH services and behaviours in schools:** 150 school sanitation blocks were constructed (38) and renovated (112) with features of separate toilet seats for boys and girls, age appropriate hand washing platform, facility of running water for toilet usage and hand washing with soap.
- **Children outreach:** 400 Child Health and Hygiene Clubs were established. Child Champions were developed. A Child Participating Learning Approach was promoted, which uses activity-based learning and thinking as it involves children in decision-making in the design of specific, relevant actions that can be taken at family and community level. Team Swachh Bharat Action Kit was developed for schools that educates children through fun and play about the importance of toilet use and hand-washing with soap. They also enabled children to effectively raise their voice at appellate forums through an innovative methodology of using photographs captured by children themselves.

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Integrated WHO-UNICEF 7-Point Plan Implementation Model for Diarrhoea Control and Prevention

- **Change in behaviour through contextualised Social and Behaviour Change Communication (SBCC) strategies and tools:** Conducted formative research to assess prevalent behaviour in different states, and used the evidence to design, create, implement, monitor and evaluate impact of these bespoke evidence-based interventions, focusing on social norms, cultural beliefs and attitudes in managing diarrhoea at the community level. Interpersonal communication (house to house visits and facilitation of community groups); two-way dialogue for collective action using the participatory learning and action cycle and Mother's Groups, User Groups, Youth's Groups, Children's Health and Hygiene Clubs (CHHCs) created in schools and Village Health and Nutrition Days (VHNDs) were strategised and rolled out.
- **Impact Evaluation:** A baseline and mid-line evaluation conducted in the project and an end-line evaluation is proposed in November 2018 and February 2019 to assess the project's impact on children under five across the intervention areas. The programme's impact will be assessed through a quasi-experimental design: the intervention areas will be matched with control areas through a range of matching criteria. Performance of both the intervention and control groups will be tracked to measure the impact of the programme on diarrhoea-led mortality in intervention areas. Evaluation of Key Performing Indicators is also done on annual basis.

Results:

- SDI project has averted more than 12,000 diarrhoea cases among under 5 children in three years.
- The prevalence of diarrhoea across intervention areas has reduced from 23.4% (2015) to 11% (2018).
- Diarrhoea incidence has shown remarkable reduction of 52.17 percent in three years of SDI implementation.

Challenges faced:

- Ensuring inter-sectoral collaboration and convergence between related departments on issues related to health and WASH and the 7 Point Plan
- Streamlined supply and procurement of zinc by state governments
- Rotavirus vaccine not rolled out in SDI states

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Integrated WHO-UNICEF 7-Point Plan Implementation Model for Diarrhoea Control and Prevention

Learnings:

- Integrated implementation and monitoring of 7 Point Plan have a great potential in reducing morbidity and mortality in under 5 years of children
- Empowering communities and improving ownership of interventions result in high impact intended child health and hygiene behaviour changes and services
- Children are great leaders of tomorrow and child champions are the best advocates to bring behaviour change
- Innovations must be customised to socio-cultural environment of the intervention areas for best results
- Convergence models to have buy in from all major stakeholders for successful implementation

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- Child centered Resilience approach to Disaster Risk Reduction
- Nutrition Champions and Nutrition Leaders as peer educators for strengthening School Health Programme



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BUILDING SAFER AND RESILIENT COMMUNITIES IN URBAN SLUMS OF INDIA



Donor: C & A Foundation

Theme: DRR (Resilience)

Goal: To better prepare children, mothers, communities and their institutions, with a child-centered approach, to respond adequately to everyday risks and any future disasters

Objectives: Increase coping capacity of vulnerable children and mothers to shocks induced by natural hazards and everyday risks by safeguarding them with protection, education, health and nutrition and other lifeline services in Patna

Target Population: Vulnerable households and individuals (especially children)

Geography: Patna

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Child centered Resilience approach to Disaster Risk Reduction

Problem Statement:

With increasing urban spaces and population, urban disasters have also been increasing in the recent years, some of them resulting from natural hazards, flash floods, fire, and others from everyday shocks and stresses. This is also true in the case of the project's target city of Patna, which comes under earthquake and cyclone/flood high risk zones. Urban populations and slum populations have expanded with migration, and the reclassification of rural settlements into cities and towns and urban populations, especially poor slum dwellers, face growing risks. In addition to the physical dangers they are often not aware of social entitlements and sometimes do not have the right skills/capacities and means to access these entitlements. This makes it extremely difficult to cope with the stresses and challenges caused by disaster, especially for vulnerable groups such as children, elderly and women.

Children are identified as change agents and recognised as “Resilient Child Champions” due to their exemplary work within their communities. They are further engaged through activities like training, media interaction etc. to strengthen their competencies.

The Approach:

- **Child-centered Resilience approach:** It aims at reducing children's vulnerabilities to disaster and daily risks while enhancing children and duty bearers' capacities. Under the UN Convention on the Rights of the Child (CRC), children have inalienable rights in all circumstances – including during disasters, when they are most at risk – and the right to participate in decisions that affect their lives. The CRC and disaster risk reduction are, as such, mutually reinforcing. For example, educating a child about disaster risk and empowering the child to use that knowledge supports Article 6 (life, survival, and development), while ensuring the participation and agency of a child in DRR activities upholds Article 12 (respect of the child's views).
- **Formation of Children Groups:** Children groups have been formed at the community level as a primary institution for working towards building resilience of children and their communities. Save the Children team approached children and shared with them the idea of resilience and need/importance of working as a group for building resilience. Throughout the implementation, meetings are held twice a month for listening to the issues of children in the communities and share information pertaining to the issues they face. Children groups comprise 10 to around 15 members with balanced representation of boys and girls. Also, all the children from the community (belonging to different casts, religions etc.) are encouraged to participate and given full representation. Children groups meetings and other activities are held in different locations/ pockets of the slums for creating opportunities of involvement/ participation in the discussions and actions for the children from every corner/pocket of the slum. These children groups give children a platform to learn and express themselves. It helps them to emerge as champions for becoming agents of change, primarily at the community level. Save the Children and its partners has been able to see around 60 children emerging as champions in resilience building for upholding the communities and stakeholders accountable for change and mitigation of risks at the community as well as school and Integrated Child Development Services (ICDS) level.

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Child centered Resilience approach to Disaster Risk Reduction

- **Risk and Vulnerability Maps:** All the community level planning is being developed in consultation with children. As a first step, risk and vulnerability maps are prepared with full participation of children. On the basis of these maps, future course of action of the project at community level is being planned.

Results:

- Trained volunteers (32), mostly children, were developed as community level resource persons on screening of Severe Acute Malnutrition/Moderate Acute Malnutrition children and education of mothers on Community Based Management of Malnutrition, including promotion of Water and Sanitation for Health (WASH) behaviour.
- This approach led to 20 - 25% decrease in the number of malnourished children within 5 months of implementing the nutrition initiative model for tackling malnutrition using Community-Based Management of Acute Malnutrition (CMAM) approach.
- 20% mothers have started using AAM Satu (a homemade energy dense food) and around 25% mothers have learnt how to use Mid-Upper Arm Circumference (MUAC) tape.
- Risk maps and plans (including its updation) are owned by the community
- Growth in culture of raising their voices by submitting written complaints using Grievance Redressal Mechanism
- Registration of 2,500 written complaints regarding different government schemes and development activities like denied access to different govt. schemes, failure of drainage systems, dilapidated streets, improper electric wiring system, rise in road accidents, improper functioning of Public Distribution System (PDS), ICDS, schools, health centres, etc.
- Leveraging more than Rs. 21 lakh investment of government through our advocacy on risk mitigation activities like toilet buildings, repairing of streets, drainage, water points etc.
- Restoration of Mid-Day Meal in five schools
- Overall 91 major and small risks identified by children and community members during risk and vulnerability mapping mitigated in our targeted 10 slums and schools.
- More than 50 illiterate women have learnt to read and write their name as signature instead of using their thumb impression.
- Children and youth trained as Master Trainers (24) for training children and other community members on package of Task Force Training, including mock drill on Early Warning, Search and Rescue, First Aid and Shelter Management.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Child centered Resilience approach to Disaster Risk Reduction

- Community has started taking initiatives to identify possible risks and initiate mitigation actions by themselves either by taking them to the Urban Local Bodies (ULBs), concerned govt. departments or at community level.
- Linking more than 1,000 children and community members with different government schemes like PDS, Pension Schemes, insurance, Swachhhta Mission, PAN Card, UID-AADHAR
- Non-functional School Management Committee (SMC) have been made functional in six schools of our intervention and meetings are being conducted regularly.
- School safety plans have been developed in all 10 schools with the participation of students, teacher and school community. The plan has been shared with ULBs and sunged by Ward Parshad.
- Institutional linkages of our intervention with different state level government line departments like; Dept. of Home guards & Fire Services, Bihar State Disaster Management Authority (BSDMA), Disaster Management Department (DMD), State Health Society, Dept. of Education, Patna Medical College (PMCH), National Register of Citizens (NRC) etc.

Challenges Faced:

- The status of slums we are working in continue to be unrecognised. Government departments do not recognise them thus issues raised regarding access of people to different government schemes are not being entertained by concerned departments due to the non-existence of these communities in government records.
- Blanket ban on the production and consumption of liquor imposed by the government of Bihar has led to the increase in unemployment, particularly in the slums of our intervention. The reason for this is that the people from these communities were involved in preparation of local liquor which also stands banned. So, the rate of child labour and child marriage in these slums has been increasing and it is becoming very difficult to address the issue immediately.
- Tackling malnutrition remained to be a main challenge due to the economic condition of families. The issue they are facing is the impact on the livelihood of families whose children get admitted in NRC. With a 21-days admission of malnourished children in NRCs, the parents of children are not able to go on their livelihood activities and are not able to take care of their other children.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Child centered Resilience approach to Disaster Risk Reduction

Learnings:

- During Jan Shikayat Campaign, we observed, community had more complaints regarding government services and schemes, but they have no knowledge about grievance redressal mechanism.
- We gained better understanding of local context. The most marginalised and vulnerable families in the project areas of Patna, especially people belonging to a certain caste like Mooshars, known as MahaDalits, are exploited and ignored by the people near them and also by the locally operational groups who control provision of essential services.
- Gender matters in tackling malnutrition. Educating mothers on the issue of malnutrition is not sufficient to address/ tackle the issue of malnutrition at community but both mother and father of a child must be addressed.
- Resilience at family/ community level cannot be seen in isolation. It is a complete package of livelihood, economic status, and basic services such as; health, education, livelihood, protection and WASH.
- Importance of institutional delivery of children and registration of children in schools in supporting to tackle the issue of child marriage. Importance of having identity cards mentioning the age.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

SHUBH AARAMBH



Donor: Mondelez International

Theme: Health and Nutrition

Goal: Improved Knowledge, Attitude and Practices (KAP) towards nutrition and healthy lifestyles among school children (age 7-14) among 4 blocks across 4 states in India, as a part of their overall education.

Objectives:

- Improved opportunities in school for children to learn and practice good nutrition and a healthy lifestyle
- Strengthened government structures and systems for delivering nutritional and health services to school-age children

Target Population: 21,770 school children of age group 7-14 years, 254 teachers, 1,270 School Management Committee (SMC) members. Indirect Reach: 21,770 parents.

Geography: 127 schools across 4 blocks in 4 states namely: Gohad (Madhya Pradesh) Annamalai (Tamil Nadu), Mavel (Maharashtra), Ramsahar block (Himachal Pradesh)

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Nutrition Champions and Nutrition Leaders as peer educators for strengthening School Health Programme

Problem Statement:

Government of India has set “**Healthy Children for a Healthy India**” as priority. However, despite this enabling policy environment and the intensity and quality of nutrition and physical well-being messages, services for students are still lacking in government schools in India. The issue/challenge is that child participation in schools (student’s clubs) and bal panchayats etc. is very limited and does not even exist in some cases. This approach of working with children in schools was adopted in the project with the aim to bridge this ‘participation gap’. Through this thematic intervention on health and nutrition, the project is trying to address the concern by ensuring that children get adequate platforms/opportunities (school level and if we have any case at panchayat/community level) to participate and engage actively in discussions and activities as change agents for promoting healthy lifestyles.

The Approach:

The project is focused on the child and Save the Child ensured that each child gets benefited from all the deliverables designed under the project. We believe that children learn by doing, after all they are natural learners. Hence, we encourage and facilitate their participation and involvement in each and every activity conducted at schools and create various opportunities as well as platforms to enhance their participation.

In each school, child champions and class leaders have been identified. The Bal Panchayats and student clubs were formed and two nutrition champions per school and two nutrition leaders were selected per class. The gender perspective was kept in mind and an equal ratio of boys to girls was maintained in selection of the leaders.

Child champions are selected on the basis of the child’s acceptance, talent, understanding capacity, leadership quality, sincerity etc. irrespective of their social group. Since inception of the project, we have oriented the children as well as the child champions on the project’s goal, objectives, school sessions, events and campaigns on a regular basis. The children got oriented on the final outcomes and project’s aims during the training of SNC (School Nutrition Champion) and SNL (School Nutrition Leader), organised on a quarterly basis through monthly classroom sessions. Besides organising or celebrating different events, campaigns, important national and international days, as well as holding monthly meetings of Bal Panchayat and student clubs, the child champions are involved in the planning process such as deciding the date and time of events, and the other children get informed accordingly.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Nutrition Champions and Nutrition Leaders as peer educators for strengthening School Health Programme

Bal Panchayat and student club committees have been strengthened through series of trainings and orientation meetings based on their needs to have a conducive environment at schools, related to health, nutrition, hygiene, environment, education etc. The needs or issues could be health services, hygiene of toilets and hand washing platforms, food delivered during Midday Meal, cleanliness of school environment, maintenance of kitchen gardens in schools, etc. As a result, these child champions have started discussing the issues among themselves in facilitation with our project team during the monthly meetings and put those before the SMC (School Management Committee) members in meetings. Bal Panchayat members have proactively formed initiatives like setting-up soap banks, looking after hygienic requirements, keeping the school environment clean by placing dustbins, creating compost pits and maintenance of kitchen gardens. In some schools, especially, high and middle schools, child champions have approached the local Panchayati Raj Institutions (PRI) leaders to develop school grounds and install RO systems to ensure safe drinking water for them.

During SMC meetings, the SMC members, which include teachers and parents, are sensitised on how to encourage and guide children on their overall development. Besides, they are also oriented to create an enabling environment, provide opportunities and give the children platforms to freely share their views, learnings, undergo attitudinal changes and put their learnings to practice in order to lead healthy lifestyles. We do interact with SMC members, teachers and Principals on the performance, progress and changes in the children as a result of our intervention and offer suggestions as required. In each school, we have identified two teachers as school mentors, who are trained on the subject. They helped us in the matter exclusively.

Apart from that, the field staff (SHNW – School Health and Nutrition Worker), makes household visits where children are facing issues related to school dropout, negative attitude towards the learnings, practices, events, campaign etc and try to sensitise and motivate their parents and elders in the house. Feedback of children was taken on training, orientation programmes, events and campaigns. On basis of the feedback, subsequent events were planned. During classroom sessions and meetings of Bal Panchayat and student clubs, feedback from child champions was also taken. Teachers and parents have also been approached to get feedback of the children from the project. Many times, the parents and teachers have suggested few points and helped in strategizing subsequent action points. As already mentioned above, the child champions of Bal Panchayat are now proactively looking after the health and hygiene status of the school.

We cannot expect 100% transformation within one year of the project's inception, but the project is already functional in more than 50% of the schools. Most importantly, child champions are coming out instinctively and asking for their rights, which is a sign of a really good beginning – thus the project name, **Shubh Aarambh**.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Nutrition Champions and Nutrition Leaders as peer educators for strengthening School Health Programme

Under the project, we have laid a strong base of child participation through promoting and strengthening of Bal Panchayats and student clubs. We are planning to connect these Bal Panchayats to Gram Sabhas and will advocate Panchayat raj department to include participation of these representatives in public decision making on health, nutrition and hygiene issues. The project is also trying to create various platforms (like block and district level meetings), where these child champions will meet and interact with other stakeholders as well as govt functionaries on their concerns and demands related to health, nutrition and other aspects. Grievance/suggestion boxes will be placed in schools, in order to carry forward the agenda in a democratic manner.

Results:

- Improved opportunities in school for children to learn and practice good nutrition and a healthy lifestyle.
- Capacity building of champions and leaders on nutrition has led to strengthening monitoring of Midday meals, personal hygiene, height and weight screening, and creation of kitchen gardens in schools to access fresh food.
- The Bal Panchayat comprise members of Parliament and a Council of Ministers on nutrition and health, which are essentially Adolescent Champions and the class leaders. Capacity building has helped them identify school related issues linked to Mid-day meal quality, hand washing platforms, functional and non-functional toilets, school boundaries, and enabled them to take these issues forward to SMC members so that they can note it for school plans and activities. They are also the voice of these school issues in Block level stakeholder meetings.

Challenges Faced:

- Government Departments' approval and co-ordination
- Teachers' participation with limited time for health and nutrition
- Showcasing of IEC videos is a challenge due to absence of electricity in some of the schools of project intervention. Very high demand of audio-visual aids is often put forward by school authorities.

Learnings:

- Nutrition champions and leaders of primary section are more active and enthusiastic in comparison to higher grades
- Use of Job aids for SNC and SNL training proved effective in building their capacities and in dissemination of further nutrition sessions.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

BUILDING PARTNERSHIPS

- Save the Children's unique collaboration with Jamia Milia Islamia University through Centre for Early Childhood Development and Research
- Collaboration leads to success
- Saving lives through collaborative efforts



APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

CENTRE FOR EARLY CHILDHOOD DEVELOPMENT AND RESEARCH



Theme: Education

Goal: To create an environment for enlightened policy and practice of Early Childhood Development (ECD), particularly with reference to children who are most marginalised, through sustained attention and efforts of the government and civil society based on a scientific understanding of children's developmental needs. To setup and operate a Centre for Early Childhood Development & Research (CECDR) to promote professional and institutional development for quality improvement of Early Childhood Development and to influence Early Childhood Development policy across India through the activities of the Centre.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

CENTRE FOR EARLY CHILDHOOD DEVELOPMENT AND RESEARCH

Objectives:

1. To promote professional and institutional development for quality improvement in ECD
2. To influence ECD policy through research and advocacy for promoting holistic development of young children

Target Population: Academia, Researches, Civil Society, ECD professionals, young professionals, etc.

Geography: India

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Save the Children's unique collaboration with Jamia Millia Islamia University through Centre for Early Childhood Development and Research

Problem Statement:

Centre for Early Childhood Development and Research (CECDR) was established at Jamia Millia Islamia, New Delhi, in February 2010, as a unique collaboration between Jamia Millia Islamia and Save the Children, India. Early childhood development was a neglected area with limited academic institutions focusing on the theme. This centre was set up with support from Save the Children as one of the first academic institutions in the nation with a mandate to work on early childhood development in emergencies and carry out researches to develop indigenous knowledge in the field.

The Centre's work is shaped by child's rights perspective, which recognises children not only as future productive adults, but also appreciates childhood as a value. Keeping this in view, the Centre's vision is to bridge the existing gap between theory, practice and policy formulation in India. The Centre aims to identify contemporary concerns in the field of Early Childhood Development (ECD) and undertake research, advocacy and capacity building.

The Approach:

- **Sharing Technical Expertise:** Jamia Millia Islamia is one of the central universities of the country with a centre dedicated to work on early childhood development and carry out research to inform practice in the area. CECDR is an extended arm of Save the Children where they provide technical expertise to different government and non-government agencies on early childhood education and development. The recent MoU between Save the Children and Jamia Millia Islamia has envisaged a more participatory role of the two organisations in each other's work. Save the Children India will be incorporating technical inputs in programming from CECDR's the well-known academicians in the field. CECDR will be involved in evidence generation and documenting best practices in the field for Save the Children which will be important for programming. In the past one and half years, a strong academic team has been put in place in CECDR which will help Save the Children in planning for field programming.
- **Organising Trainings and Workshops:** CECDR has been working on enhancing the quality of ECCE service in and around the university by regularly organizing trainings and workshops for different stakeholders. Mushir Fatima Nursery School, Jamia Millia Islamia, has been a beneficiary of the Centre along with the ICDS department in Delhi and Haryana. CECDR was among the resource group members to validate and/or develop context specific ECE curriculum for ICDS, within the parameters of national curriculum framework of Early childhood education (ECE), Ministry of Women and Child Development (MoWCD) and National Institute of Public Cooperation and Child Development (NIPCCD).

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Save the Children's unique collaboration with Jamia Milia Islamia University through Centre for Early Childhood Development and Research

- **Collaborations:** CECDR has collaborated with a number of other national and international academic institutions to add to the knowledge on early childhood development. Some of the associations which added on the existing knowledge in the area include its collaboration with the Brooklyn College to take up a project and promote 'Early Identification of Disabilities' among young children. CECDR has collaborated with the Indian Council of Medical Research (ICMR) and Indian Council of Social Science Research (ICSSR) to carry out a number of researches in the area of development. CECDR had collaborated with the NCPCR to document the best practices in the field of Early Childhood Care and Development (ECCD) in various states of India.
- **Enhancing Awareness:** Besides adding to the existing knowledge on the subject, CECDR is also playing an important role in enhancing awareness around early childhood development. CECDR has collaborated with other schools and subjects in the university like Department of Social Work and AJK Mass Communication and Research Centre. CECDR, in collaboration with the AJK-MCRC, has been running a series of radio programmes on the issue of 'Child Protection' on Jamia Community Radio. Subject experts are invited, and various issues related to child protection have been addressed through this medium. Till date, six episodes have been broadcasted and many more are in the pipeline.
- **Establishment of National Resource Centre on Foster Care (NRCFC):** NRCFC has also been established in the CECDR. NRCFC has been started with an objective to introduce and promote Foster Care as a family strengthening concept in India. The resource centre is envisaged to carry out researches in the area and generate evidence to promote foster care and also provide technical assistance at the systemic level by building capacities of field staff, government officials and NGOs working in the field. CECDR has also been empanelled as an expert institution (partner) by the Department of Women and Child Development (DWCD), Government of Delhi, to provide support in matters concerning alternative care. CECDR has supported the DWCD and government of NCT of Delhi by conducting research on educational needs of children in institutional care in Delhi, followed by introduction of appropriate intervention. It was an effort to build evidence base for advocacy that NRCFC have been doing to promote alternative care/foster care in India.
- **Development of Information, Education and Communication (IEC) material:** CECDR has developed IEC material on Alternative Care and trained government functionaries of Delhi (all districts).

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Save the Children's unique collaboration with Jamia Milia Islamia University through Centre for Early Childhood Development and Research

Results:

- Trained more than 150 students in the field of Early Child Development through M.A and PhD programme
- Capacity building of ICDS functionaries including CDPOs and Supervisors of anganwadis, ICPS functionaries including CWC members, DCPU & SAA staff of Delhi (all districts)
- Curriculum revision of ICDS; pilot of the revised curriculum (Delhi, Haryana, Rajasthan); and training of the functionaries on the same; mapping of ECCE centres including anganwadis and research on their functioning
- More than 18 research (minor and major) projects completed since 2011
- A series of international conferences on ECD; seminars; symposium and consultations
- More than 75 articles/research papers have been published and presented by the faculty since 2011

Challenges Faced:

- CECDR is currently a privately-run centre (completely funded by Save the Children) in the university, attempts are being made to sustain the centre by engaging with UGC
- The UGC members are part of the advisory committee of the centre and presentations are being to the UGC for it to become a permanent centre supported by the UGC

Learnings:

- Enhanced involvement of UGC and JMI in the functioning of CECDR is important
- There is a need to undertake large scale researches for sustainability of CECDR
- Clear Action Plan is required
- Fixing Accountability is important
- Mutually Beneficial to stakeholders

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

NEW HORIZONS



Donor: Lavazza & Western Union

Theme: Child Poverty

Goal: Break the vicious cycle of intergenerational poverty by bringing marginalised under a skilling platform, link them with dignified livelihood options and facilitate linkage with their families with government social security schemes

Objectives:

- Develop technical and soft skills capacity of marginalised youths by training through government accredited training centres and linked with dignified livelihood opportunities

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

NEW HORIZONS

- Facilitate linkage with government entitlements and social security schemes for the marginalised youths and their families
- Improve access to skills training opportunity for marginalised youths and compliance with provisions under Minimum Wage Act by the employers, corporates and training institutes through advocacy efforts with relevant authorities and government departments for necessary revision in the educational criteria under National Skill Development Corporation (NSDC) skills training programme

Target Population:

- Families with children, which have very low or highly insecure incomes and in extreme relative or absolute poverty;
- Older adolescents (aged between 18 – 24 years) who are suffering or have suffered deprivation, or who are at high risk of deprivation; and
- Educational level is minimum class VII standard/ as per requirement of the industry
- Dropout from formal education system for three months

Geography: Kolkata Municipal Corporation and North 24 Parganas

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Collaboration leads to success

Problem Statement:

Young people often encounter difficulties in accessing education, skill building opportunities, quality employment, social protection and full access to civil and political rights. The issue is severe for the marginalised youths and there is huge need to devise mechanism to tackle discrimination against young people and to remove the barriers that stops them from accessing their rights.

Poverty and work are a reality for millions of children and young adults in India. The youth who drop out of school from the poorest families are extremely exposed to multiple risk factors in absence of skill and opportunity. They have no choice but to take up harmful, exploitative, low-paid work with no prospect of a career ladder, and so the cycle of poverty continues.

To address that, New Horizons programme intervention is catering to the most marginalised youths having little or no educational qualification. Save the Children has been striving to ensure that the most significantly deprived young people transition away from exploitation and poverty and into fair and decent work.

The beauty of New Horizons programme is to build partnership with diverse stakeholders in order to achieve the success indicators. To address the above-mentioned issues, the programme created scope in partnering with crucial stakeholders in terms of reaching out to the most marginalised youths towards breaking the intergenerational poverty cycle.



APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Collaboration leads to success

The Approach:

- **Influence Policies:** We aim to exert substantive influence on policy decisions and the prioritisation of child poverty through working at all levels and in partnership with members of the coalition to end Child Poverty.
- **Mentoring Youth:** While working with the most marginalised youths having minimal or no educational qualification, the major challenge is to individually mentor the youths on day-to-day basis, select viable trade options, collaborate with resource agencies and enrol them in government affiliated skill building courses, so that they can be linked with dignified livelihood options.
- **Resource agencies:** There was a strong resistance from the skill building agencies to enrol most marginalised youths with less qualification. It was a long advocacy with the government training institute to include less educated dropout youth in the mainstream skill building programmes. Presently, through the evidences of New Horizons intervention, we are partnering with National Skill Development Corporation (NSDC) affiliated training institute to ensure standard government certification for New Horizons graduates.
- **Corporates:** Our past experience guides us to realise that inadequate education, lack of skill, competency and knowledge are the key factors affecting youth employment adversely. When initiated on New Horizons' interventions, potential employers of service industry were sceptical to employ New Horizons trainees considering their socio-economic-educational background. However, with a long-term structured employer engagement plan and positive relationship building with potential employers, a strong corporate partnership has been established. 100 percent skilled trainees are facilitated with income opportunities and at-least 75% of them are retained into employment.
- **Community stakeholder:** In partnership with different community stakeholders, New Horizons programme established community acceptance and popularity. The New Horizons' alumni members are the role models and changemakers towards scaling-up in diverse geographic locations by reaching out to the marginalised communities.
- **Government:** Save the Children believes in continuously working with various government departments and duty bearers to influence policies. We worked closely with West Bengal Labour Commissionerate to spread awareness on the following issues:
 - (i) Sensitisation and conceptualisation on minimum wage and basic employment benefits standardised in West Bengal complying with State Minimum Wage Act.
 - (ii) Discuss on allied issues and challenges to implement the Act in context to skill development and employment generation.
 - (iii) Ensure safe work environment

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Collaboration leads to success

- **Partnerships:** Partnerships involve knowledge sharing, replication and scaling-up, NGO corporate partnership and mass sensitisation of employment rights and obligation. The success of New Horizons programme largely depends on the partnership with community stakeholders, skill-building resource agencies, corporate collaborators. We are closely working with government departments for sensitisation of employment rights, social and legal entitlements of the marginalised youths.

Results:

Partnership

- **Community partnership:** New Horizons' trainees demonstrate increased confidence, sense of self-worth and self-esteem, commitment and leadership as a direct result of the training cycle. As skilled professionals, they enjoy a better status in the community. Also, as change agents they are linking other vulnerable peer members in some or the other career opportunities.
- **Corporate partnership:** When we started with New Horizons approach, we faced huge difficulties to mobilise employers to create employment opportunities in the organised sector for the New Horizons' trainees since the profile of marginalised youths we are working with does not match with the expectation of the industry. However, with our constant efforts and evidence the scenario has reversed, and corporates are in touch with us regularly for employing New Horizons' graduates.

Ensure rights of young people:

- Marginalised youths who were dropout from school at early age are skilled with government certification
- Marginalised youths who were into hazardous work are now linked with dignified livelihood options along with basic employment rights
- Marginalised youths and their family members are facilitated with basic legal documents and social security linkages (e.g. bank account, PAN card, Aadhar card, open school linkage, insurance schemes etc.)

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Collaboration leads to success

Strong and lasting economic impacts

- Nearly 90% of the young people we select into our training complete the module successfully.
- Over 66% of them are successfully placed in salaried jobs or gainfully self-employed.
- A year later, 82% of those placed are still found working. And what is more, the meagre Rs. 800 or so that they were earning prior to joining New Horizons is multiplied by 5.5 on average, at first employment.

Building partnership with NSDC training institutes, corporate and government departments ensured breaking intergenerational cycle of poverty through skill building and income linkage.

Challenges Faced:

For those below the poverty line, basic survival becomes the biggest battle leaving them unaware or negligent about their rights and entitlements. The situation becomes even grimmer as these marginalised young adults are either homeless or reside in unregistered slums without legal identity proofs. Poverty restricts them from availing educational or vocational training opportunities, on the other hand, lack of appropriate documents prevents them from availing employment opportunities in organised sector.

Learnings:

The charitable and private sectors can work together to achieve change. Towards that, skilling up marginalised youth makes business sense. The sectors we link them to are the fastest growing in India and will require over 50 million additional workers by 2022, according to the Ministry for Skills Development and Entrepreneurship. The collaboration we have instigated with the private sector needs to grow, for the benefit of marginalised young workers across India.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

IMPROVED MATERNAL AND NEWBORN SERVICE DELIVERY THROUGH STRONG IT ENABLED CAPACITY BUILDING AND MENTORING SUPPORT TO HEALTHCARE PROVIDERS



Donor: AVAYA

Theme: Health and Nutrition

Goal: Enhanced delivery of quality health services through strong IT enabled capacity building and monitoring systems

Objectives: Enhanced capacity of healthcare providers and strengthened monitoring systems through self-reinforcing web of communication using an IT enabled network between tertiary care health facilities and those further downstream

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

IMPROVED MATERNAL AND NEWBORN SERVICE DELIVERY THROUGH STRONG IT ENABLED CAPACITY BUILDING AND MENTORING SUPPORT TO HEALTHCARE PROVIDERS

Target Population:

Direct Beneficiaries (from 15 health facilities)

- Auxiliary Nurse Midwives (ANMs): 160
- Medical Staff (Obstetrics and Gynaecology /Paediatricians): 51

In-direct Beneficiaries

- Population: The population catered by the 15 health facilities is 2,70,000

Geography: Project Kushal is operating in urban primary health centre (6), Maternity Hospital (level 1 and level 2) (9) Pune, Maharashtra (total 15 health facilities)

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Saving Lives through collaborative efforts

Problem Statement:

The comprehensive situational analysis study carried out in Pune during 2015-16 under Saving New Born Lives (SNL) project, reflected many factors, which directly and/or indirectly affect both demand and supply side aspects. It also signified that the urban poor face healthcare issues due to lack of knowledge and awareness about health facilities, weak linkages between service providers and communities, and the limited role of communities in any kind of monitoring.

Despite the improvement in both the quantum and quality of health services in the last 10 years, Pune still requires work on improving its health indicators and required resources. Standards in Maternal and Newborn Health (MNH) care cannot be raised unless the health system warrants good quality care that follows a consistent and continuous dispersal of MNH services across the city.

The Approach:

Strengthening the capacity of duty bearers to meet their obligations (policies, practices and legislation) is one of the three pillars of Child Rights Programming (CRP) to be followed for implementation of our programmes. Kushal project is aligned with this particular component. It is aligned with building partnerships, one of the four components of Theory of Change.

- Save the Child has developed a partnership with AVAYA, Pune Municipal Corporation (PMC) and BJ Government Medical College (BJGMC) to improve the knowledge and skill levels of the PMC health facility staff – Medical Officers and Nursing staff.
- Save the Child has direct partnership with all the above-mentioned stakeholders. It's a unique partnership where corporate (AVAYA), ULB (Pune Municipal Corporation), state government (BJ Medical College) and NGO (Save the Children) are partnering for addressing issues related to Maternal, Newborn and Child Health (MNCH).
- AVAYA has provided Video Conferencing (VC) setup and is acting as technical expert for the project. BJ Medical College is fulfilling the role of training and developing capacities on MNCH components of PMC health facility staff. They are contributing in developing MNCH related curriculum for the VC sessions, conducting trainings, and mentoring the PMC staff.

In traditional training, Save the Children offers classroom training where attendance of the staff is an issue and at the same time it impacts the services at the facility. So, using VC they are trying to ensure the improvement of knowledge and skills of maximum staff members on all MNCH components, without affecting services at the facility. Training on MNCH components will enhance knowledge and skills of medical staff of corporation facility, which will lead to provide quality antenatal, postnatal and delivery related services and in turn will help save the newborns.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Saving Lives through collaborative efforts

Results:

- Established partnerships between three stakeholders AVAYA, PMC & BGJMC (Signing of MoU)
- Video conferencing units established at PMC health facilities
- Conducted MNCH related trainings
- Established a team of Mentors at PMC and BGJMC
- Established a team of Master Trainers at PMC level
- Increase in the knowledge level of health staff from the facilities related to MNCH (baseline and end-line study will help to track the progress)
- Increase in the utilisation of MNCH services at the facility level (Health Management Information System (HMIS) data for the Pune city over the period of time will show improvement)
- Better management of emergency maternal and newborn cases by the health staff

Challenges Faced:

- In project proposal, the requirement of advocacy and convergence within different departments of PMC (Health, BSNL, IT, & Bhavan) was not anticipated and it was an ongoing task to bring them on one platform for keeping the VC units running (internet connectivity, electricity etc).
- VC at 15 locations was another challenge, keeping the set up functional at these locations requires coordination with all the four departments mentioned above.

Learnings:

- Microplanning is required for such unique projects where technology and health go hand in hand with all the important stakeholders, managers and programme members.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

EVIDENCE & USE

- Evidence & its use to influence ECCD policy
- Testing of Simplified Antibiotic Regimens for Outpatient Treatment of Possible Serious Bacterial Infections (PSBI) in young Infants in India
- Evidence building on safety of girls in public spaces



APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

STRENGTHENING QUALITY OF LEARNING IN PUBLIC PRIMARY SCHOOLS THROUGH EARLY CHILDHOOD CARE AND EDUCATION (ECCE)



Donor: Save the Children, Norway

Theme: Education

Goal: To influence through evidence-based advocacy for Early Childhood Care and Education (ECCE) to be the right of every child (3-6 years) that results in easy transition for children from preschool to public primary schools. The component of ECCE will strengthen the quality of learning in public primary schools.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

STRENGTHENING QUALITY OF LEARNING IN PUBLIC PRIMARY SCHOOLS THROUGH EARLY CHILDHOOD CARE AND EDUCATION (ECCE)

Objectives:

1. To gather evidences in the field of ECCE and to document the existing gaps, challenges and best practices
2. To influence ECCD policy through the evidences from research and advocate for stronger education (ECCE) resulting in holistic development of young children
3. To explore areas of convergence between the government ministries responsible for children (ECCE) and strengthening of networks and coalitions to monitor the implementation of ECCE

Target Population:

- Children between the age group of 3 to 6 years
- Ministry of Human Resource Development (MHRD), Ministry of Women and Child Development (MWCD), National Council of Educational Research and Training (NCERT), National University for Educational Planning and Administration (NUPA), NCTE (National Council for Teacher Education) and National Commission for Protection of Child Rights (NCPCR) and CSOs
- Education Coalition and Network Groups at national and state level

Geography: Delhi, Telangana and Odisha

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Evidence & its use to influence ECED policy

Problem Statement:

Currently, poor learning and low confidence amongst children results in high dropout in public primary schools. An effective pre-school component would positively prepare children for primary schooling, making them confident of learning and enable joyful learning. Research has shown that quality ECCE helps to reduce repetition and dropout rates, improve school readiness, and retention rates in primary school by 15-20%. To improve the quality of learning in schools and to achieve the Sustainable Development Goal (SDG) 4 goal for the country, it is imperative that the policies and programmes concerning pre-school education are strengthened and it is made a right for all children.

The Approach:

- **Research Studies:** Save the Children intended to gather evidence on ECCE by documenting existing gaps, challenges and best practices, for which the following research studies were commissioned by CBPS: Status Report on ECCE and its implementation including Gap Analysis, Case Study on the different practices of ECCE to generate qualitative evidences particularly in 3 states (Telangana, Odisha and Delhi), Budget analysis of Integrated Child Development Services (ICDS), and Alternative Economic Model on ECCE. The study used a mix of primary and secondary research techniques. A combination of a comprehensive desk-based literature review and analysis of secondary data sources taken from the Ministry of Women and Child Development (MWCD), the Ministry of Health and Family Welfare (MoHFW), UNICEF, National Health Family Survey (NFHS) - Rounds 3 and 4, Annual Status of Education Report (ASER) 2016, and NIPCCD was used to analyse the scope and coverage of ECCE in India, and to identify the availability of various models and provisions and their features. In addition, ICDS budgets at the centre and state level (for three states – Delhi, Odisha and Telangana) have been analysed to understand the expenditure on ECCE vis-à-vis provisions.
- **Primary fieldwork:** Primary fieldwork was conducted across three states – Delhi, Odisha and Telangana – covering different models of ECCE. The primary fieldwork involved a combination of interviews with management and staff of ECCE centres, anganwadi workers, parents, and key officials of the ICDS, as well as observations at ECCE centres, to derive information on costs associated with the various models in relation to their processes and contexts. The models covered included state-run provisions such as the ICDS, private pre-schools, programmes run by non-governmental agencies (NGOs), as well as collaborations between NGOs and the state. The fieldwork also provided an opportunity to develop a comprehensive framework for costing ECCE models, which has been a pioneering effort, not attempted before (largely because of the dynamic nature of these programmes, with evolving philosophies and costs over time). Thus, a significant contribution of the study has been the development of a costing framework itself, which will be discussed in more detail below.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Evidence & its use to influence ECCD policy

- **National Consultation Workshop:** Following the identification of specific ECCE models, a national consultation workshop was held in New Delhi at the start of the study inviting experts and others who have extensively worked in the field of ECCE to attend, in order to gather additional information regarding ECCE programmes in the country, and to vet the approach to the study. Based on the inputs and suggestions received at the consultation, the list of ECCE model to be covered through primary survey was further modified. The Consultation stimulated debates regarding the value of including private models for an exercise on developing alternative economic models for public provisioning. Based on these discussions it was decided to drop high-end private preschools, but still retain low-cost preschool models as this is a growing segment and could generate insights on how to manage costs.
- **Setting-up of Advisory Committee:** An advisory committee of external experts in ECCE and research was set up to provide technical oversight to the research proposed under the project. The committee helped in setting the direction for effective research design and guide SC India in establishing strategic linkages with key government departments and ministries and to position itself at National and State Level to bring ECCE at the forefront of the Government of India's public education agenda. The advisory committee meetings took place twice with SC internal colleagues, once towards the beginning of the study and once the draft version of the reports was received. Dissemination will be at the state level where the study was conducted and one final at the national level with all key stakeholders to release this report. For further disseminating the gathered evidence, Save the Children has collaborated with national level networks like Right to Education Forum and Alliance for right to ECD for re-envisioning to ensure that the educational system addresses the continuum of development, and commits to integrating the components of health, nutrition, protection, early learning and education so that all citizens are ensured an equal start in life, and a chance to develop to their full potential.

Results:

- The results present a comprehensive review of the status of ECCE in the country and costing various ECCE models in order to be able to recommend alternate strategies and viable models for ECCE practice in the country.
- The results point to a need for a greater investment in provisioning, planning and administration of ECCE services.
- With regards to ICDS expenditures, nutrition takes major share with only Odisha having a separate budget for pre-school education.
- It has been recommended that non-negotiables and non-acceptable practices can ensure creative approaches to ECCE provisioning while preventing any adverse impact through compromised programmes.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Evidence & its use to influence ECCD policy

- The project is currently engaging with stakeholders such as MHRD, MWED and network partners i.e. RTE Forum, Alliance for ECCD, to create a collective ownership of the studies completed by Save the Children, India through CBPS. In the form of a cohesive advocacy agenda, the evidence will be shared at state and national level government stakeholders.

Challenges faced:

- Both public and private ECCE models show deficits
- The models assessed are based only on the costs and not quality. Since, there are no regulative and legislative framework for ECCE laying down conditions for quality, ownership, cost, curriculum, etc., it was hard to get the data and had to be cross verified.
- Further, one had to work with the data available in the public forum – which was only available for the publicly funded programmes – which were not updated and the data for private and NGO models were not available in the public forum.

Learnings:

- It has been found that public funds are declining and are poorly managed whereas private and NGO models show higher costs with surplus which in most cases are off-set to parents and communities.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

SAVING NEWBORN LIVES



Donor: BMGF

Theme: Health and Nutrition

Goal: To improve Sepsis (PSBI) management in young infants

Objectives:

- To learn what is required to provide PSBI management in young infants
- Generate evidence for policy change if required

Target Population: 10 lakhs. 53 % literacy rate and 17% population belonged to SC/ST

Geography: 5 blocks of District Saharsa, an aspirational district in Bihar

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Testing of Simplified Antibiotic Regimens for Outpatient Treatment of Possible Serious Bacterial Infections (PSBI) in young Infants in India

Problem Statement:

National guidelines recommend 7-10 days of inpatient care in health facilities for managing PSBI cases in young infants. Unfortunately, in more than half of the cases referral to higher health facilities is not feasible. This is due to non-availability of specialised newborn services in nearby health facilities or because families do not want to admit their newborn babies in health facilities for 7-10 days. Hence, these families are forced to go to informal and/or formal private providers leading to huge expenses from their own pockets. Based on global evidences that these PSBI cases can be managed by community health workers using simplified antibiotic regimen, Govt. of India in 2014 came out with new “Operational guidelines on Use of Gentamicin by ANMs for management of sepsis in young infants under specific situations.”

However, the challenge was to implement these guidelines in resource limited settings using existing health systems to generate learnings.

The Approach:

Implementation consisted of three phases:

- Baseline assessment s- Qualitative and Quantitative
- Implementation phase
- End-line assessments

Key findings of baseline assessments:

1. 98% families sought care for sick newborns but only 4% sick newborns were taken to public health facilities
2. Accredited Social Health Activist's (ASHA's) role in identification of sick newborns was minimal
3. Auxiliary nurse midwife's (ANM's) role in care of sick newborns was minimal, mostly restricted to providing immunisation services

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Testing of Simplified Antibiotic Regimens for Outpatient Treatment of Possible Serious Bacterial Infections (PSBI) in young Infants in India

4. Facility based providers – Primary healthcare (PHC) and Community Health Centre (CHC) level were reluctant to provide any care (except referral services) to sick newborns
5. HR, logistics, record keeping compromises were evident at all levels including in the Sick Newborn Care Unit at District Hospitals

Implementation phase: The strategy was to strengthen continuum of care at all levels – Facility (PHC and CHC), Community and Home through:

- Capacity building of health staff
- Ensuring regular availability of logistics and supplies
- Monitoring, reporting and use of data by block and district authorities
- Supportive supervision
- Social Behaviour Change Communication to increase awareness of the community and increase demand generation

A system was established under which ASHAs started identifying cases of PBI in young infants through home visits and referring the cases to ANMS or Block PHCs. The ANMs and/or Medical officers referred these PSBI cases after assessment and giving pre-referral dose of antibiotics to District hospital for admission. If referral was not feasible then Medical Officer/Staff Nurse/ANM would manage the cases with 7 days of oral amoxicillin and Injection Gentamicin on outpatient basis. ASHA and ANMs ensured completion of 7-days treatment by families through follow-up visits. The daily dose of antibiotic was recorded in the treatment card, which was available with the families and one portion with the ANM who submitted the card after completion to the block medical officer.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Testing of Simplified Antibiotic Regimens for Outpatient Treatment of Possible Serious Bacterial Infections (PSBI) in young Infants in India

Project monitoring data revealed:

- Consistent increased home visits by ASHAs and supervisory visits by their supervisors
- Reporting by ANMs increased significantly from 34% to 94%
- Improvement in availability of supplies at SHCs and PHCs
- A total of 1,036 young infants with PSBI were managed on outpatient basis (where referral was not feasible) by medical officers/staff nurses and ANMs through public health system, out of which 95% cases recovered
- Main providers of outpatient management were medical officers and staff nurses of PHCs and ANMs who supported completion of 7 days' treatment. In very few cases ANMs on their own initiated the treatment.

End-line assessments:

1. Qualitative assessment:

- Perceivable increase in the pregnancy and postnatal contact between Front Line Workers and beneficiaries
- ASHAs and ANMs were more confident in identifying PSBI cases and in timely referral to the PHC
- ANMs were more skilled, however, still in the process of owning up the responsibility of starting the management of sick young infants with PSBI if referral is not feasible
- PHCs evolved as a lead player in management of young infants with PSBI
- Communities showed greater trust in the public health system
- Poor infrastructure and erratic logistic supplies posed major challenges

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Testing of Simplified Antibiotic Regimens for Outpatient Treatment of Possible Serious Bacterial Infections (PSBI) in young Infants in India

2. Quantitative assessments:

- Care seeking for PSBI from public health facilities improved significantly, by more than four times
- Improvement in care seeking was higher for marginalised sections compared to general population
- Care seeking from informal private sector reduced from 25% to 11%
- Improved reporting of serious signs of PSBI by mothers and ASHAs/ANMs

Evidence generated:

1. PSBI cases can be managed in the community where referral is not feasible through health system strengthening approach; and
2. Not only ANM but a team of primary health care providers including Medical Officers, Staff nurses, ANMs and ASHAs are required for successful implementation of the guidelines.

This evidence was shared in the dissemination meetings and District, State and National level with policy makers. We were successful in formulation and release of a Facilitator guide and an Addendum in July 2017 to the existing National guidelines on PSBI (2014) by the Ministry of Health & Family Welfare, Govt. of India.

Results:

1. PSBI guidelines using simplified antibiotic regimen where referral is not feasible can be implemented in resource limited settings through health system strengthening approach
2. Primary Health Care providers (Medical officers/ Staff nurses/ANMs and ASHAs) play a critical role in providing continuum of care
3. Care seeking for sick newborns from public health facilities improved from 4% to 20%
4. ANM and ASHA were more confident and skilled in managing cases of PSBI in young infants

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Testing of Simplified Antibiotic Regimens for Outpatient Treatment of Possible Serious Bacterial Infections (PSBI) in young Infants in India

The evidence generated led to:

- Demonstration that sick young infants from poor marginalised sections of society can be managed in the community by primary health care providers
- Policy change at the national level in form of issue of an addendum to the existing national guidelines on PSBI

Challenges Faced:

- Ensuring regular availability of logistics and supplies in health facilities
- Supportive supervision of frontline health workers
- Limited documentation of treatment provided by private providers (qualified and unqualified) for newborn PSBI
- Out of pocket expenses paid by families

Learnings:

- Strong linkages across the 3 levels of service delivery (home, community, facility) is key to effective coverage
- System strengthening approach for sustainability of new interventions
- A Functional Primary Health Centre is vital for providing Primary care

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

WORLD OF INDIA'S GIRLS: A STUDY ON THE PERCEPTION OF GIRLS' SAFETY IN PUBLIC SPACES



Theme: Child Protection

Goal: To generate evidence on the issue of safety of girls in public spaces

Objectives:

- Provide an in-depth understanding of the perception of safety of girls in the context of public spaces in both rural and urban areas and identify the factors that make girls feel unsafe across these spaces
- Gain insights into the perception of other stakeholders (especially boys) about safety of girls across public spaces

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

WORLD OF INDIA'S GIRLS: A STUDY ON THE PERCEPTION OF GIRLS' SAFETY IN PUBLIC SPACES

- Identify the various response mechanisms adopted by girls when they perceive themselves to be unsafe
- Understand the implications of girls' perception of lack of safety in public spaces, on their access to various rights (mobility and education)
- Explore and understand the link between perception of lack of safety of girls at these spaces and early marriage of girls and consequent violation of their rights
- Provide an in-depth understanding of government, administrative and civil society interventions, mechanisms, infrastructure and services to address the issue of safety of girls and identify some of the good practices
- Recommend effective measures for improving the safety in public spaces identified by girls during the study and strengthen the provisions under various schemes and policies at national, state and local levels

Target Population: Rural - 84 villages from 12 Districts, Urban – 30 cities (Metropolitan, medium towns, small towns). Urban sample was taken from large cities, viz. super metros, metros and state capitals, and

medium and small towns (those with population of 50,000 and 5 lakhs). Rural Sample was from large villages located closer to the district headquarters and a population of above 5,000; and smaller villages with less than 1,000 population.

Quantitative survey – 5,359 respondents across urban and rural segments, consisting of 3,128 adolescent girls (aged 11-18 years), 1,141 adolescent boys (aged 15-18 years), 248 young, married girls (aged 19-22 years) who were made to marry early, and 842 parents of adolescent girls.

Focus Group Discussions (FGD) – 40 FGDs were conducted.

In-depth Interviews - A series of in-depth interviews with various stakeholders representing duty bearers, civil society organisations and academics were also conducted.

Geography: Six states from six regions of the country. East – Assam, West – Maharashtra, North – Delhi-NCR, South – Telangana, Central – MP, North-East – Assam

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Evidence building on safety of girls in public spaces

Problem Statement:

Interaction in public spaces is a crucial component for development of girls in their early and late adolescence as they prepare for a life of adulthood. The opportunity and ability to interact in public spaces enables them to get their education, exchange ideas and thoughts with their friends and peers, and offer overall development. But public spaces, while bringing opportunities, are also accompanied with the spectre of fear and abuse. Girls fear and experience various forms of harassment in public spaces – from lewd remarks, inappropriate touching, to physical and sexual assault. These incidents/affronts happen on streets, narrow by-lanes, in their neighbourhoods, in and around schools, on public transport, in public toilets, parks, local markets, malls and restaurants, among others. Harassment of girls in public spaces is a widespread phenomenon in urban and rural India, jeopardising the protection and care of children. This lack of safety in public spaces not only violates the girls' right to security and mobility, but it also leads to violation of rights provided to children in the United Nations Convention on the Rights of the Child (UNCRC) and United Nations Convention on Elimination of all forms of Discrimination against Women (UNCEDAW).

Though lack of safety of girls is an important issue affecting the lives of girls in myriad ways there has been dearth of evidence-building on the same. Lack of programmes and under-utilisation of allocated Nirbhaya Funds is a result of lack of understanding among policymakers about the perception of safety among girls and women. In recent years some researches have been done, notably the UN Supported study conducted by ICRW, which aimed at understanding how safe or unsafe women feel at public places in Delhi. Jagori has also conducted safety audits and surveys on the safety of women and girls. However, majority of these researches have been focused on urban areas and selected geographies. The focus of these studies has been more on how safe or unsafe girls and women feel in public places rather than identify factors that make them feel safe or unsafe.

The Approach:

- **Mixed method approach:** The issue of safety and its perception is intricately linked to structural and institutional aspects of society. Discussions on issues concerning research methods within the realms of gender studies indicate the limitations imposed by the collection of quantitative data and its analysis in unravelling layers of these phenomena. With this in mind, a mixed method approach was adopted for this study. This involved use of a combination of quantitative and qualitative tools, mainly representative quantitative surveys, focus group discussions (FGDs), in-depth interviews (IDIs) with stakeholders and key duty bearers, and analysis of civil society interventions.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Evidence building on safety of girls in public spaces

- **Internal and external stakeholders:** At the conceptualisation stage, inputs were sought from Governing Council (GC), Senior Management Team (SMT), campaign, advocacy and thematic leads. As the study was on Child Protection (CP) theme, CP thematic lead, advocacy lead, and technical advisor – gender, were involved at various stages of study. External stakeholders also provided guidance and an advisory committee of domain experts was formed. Once we had the findings and draft report ready, three stakeholder consultations were held with various government officials and NGO personnel to get inputs from a wide section of stakeholders with regards to the solutions and recommendations. Advisory committee reviewed the concept note, research framework, data collection tools, draft report and final reports.
- **Report Dissemination:** The report has been disseminated at a national level which was followed by launches in 6 states covered in the study. Stakeholders from government, relevant ministries, National Commission for Protection of Child Rights (NCPCR) and State Commission for Protection of Child Rights (SCPCR) Chairpersons, academia, civil society organisations and media attended these events. Copies of reports have been shared with these stakeholders at both national as well as state level. Findings of report were also shared with the students (1,500) of Mount Carmel college in Bengaluru. Report has also been covered extensively by media, including leading dailies in both English and Hindi languages. Moreover, regional media has also covered the report extensively. Links for the same are shared in later section.

Results:

- Report was presented in front of stakeholders in Delhi to ensure inputs in preparation of Delhi Master plan. It is still in its early phase as we had our last launch as recently as 18th September.
- As safety of girls is a multi-sectoral issue and recommendations by report are also multi-sectoral in nature, an advocacy team will be working and advocating with different relevant ministries to advocate for change in policies.
- An internal committee has been formed to devise programmatic strategy to take the report forward. Report also figures in the strategies of campaigns and media team.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Evidence building on safety of girls in public spaces

Challenges Faced:

- As part of this study safety of girls in child care institutions (CCI) was also planned and there was an emphatic focus on same. Despite best efforts, we could not get a go-ahead to enter CCIs.
- Getting appointments with governments officials needed a lot of planning, hence, missed getting some crucial appointments in the short span of study.
- Since this study was specifically based on perception, there was a challenge of steering clear of incidents while collecting qualitative data.
- In some instances, parents were apprehensive of the outcome of the study; therefore, they did not allow their wards to speak to the field team.

Learnings:

- Some more time should have been planned for collecting qualitative data from different stakeholders to further enrich the study.
- Also, community mobilisation on sensitive issues needs better planning at the field level.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

BE THE VOICE

- Empowering children on the move
- Journey of JJ Act in J&K
- Advocacy interventions for Children in Street Situation



APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

EMPOWERING CHILDREN ON THE MOVE



Donor: Oracle

Theme: Education

Goal: Empowering children on the move through quality elementary education in West Bengal

Objectives:

- a) Ensure enrolment of out-of-school children in 20 Activity Centres for smooth transition into Anganwadi centres or formal schools
- b) Improve learning levels and reduce school dropouts, especially girls
- c) To increase linkages with relevant stakeholders towards effective implementation of the Right to Education Act 2009 (RTE)

APPROACHES



INNOVATION



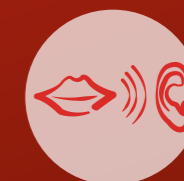
CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

EMPOWERING CHILDREN ON THE MOVE

Target Population:

Migrant children and adults working at brick kilns along with members of Panchayati Raj Institutions (PRIs), Brick Klein Association, health workers, school authorities, block level officials etc. The project reaches out to 1,600 children. The seasonal migrant families, from neighbouring districts and states, constitute a large and often uncoun- ted 'floating population' that battle to survive on the fringes of mainstream society. They are often excluded from local communities at the destination points due to cultural, socio-economic, linguistic and other differences. They are more likely to be involved in low paying and hazardous work like at the brick kilns. Their access to basic services - including health, nutrition and education for children and women - remains limited.

Geography: Four blocks in Malda and North 24 Parganas districts of West Bengal.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Empowering children on the move

Problem Statement:

West Bengal is one of the key brick-producing states in the country, primarily attracting migrant workers and their families from neighbouring states. The industry has remained largely unregulated with very little involvement from local self-government bodies. More than half of the workers in this industry are women and children. Children, who migrate with their families, provide support as unpaid assistants over long hours in extremely hazardous conditions. When they do not work they are engaged in household chores or made to look after their younger siblings. Thus, large number of children at brick kilns are deprived of elementary education and are usually the most affected when families migrate. This is further worsened by differences in academic curricula and language in destination schools, poor reenrolment rates in source schools at the end of the migration cycle, readmission into same classes owing to inflexible school procedures and lack of remedial classes to cover learning deficits. Girls, additionally, are vulnerable to sexual abuse and exploitation. Thus, basis the above context, the strategy has been to engage in implementation of specific provisions under the RTE (Right to Education Act 2009) and work towards developing a learner-friendly environment in targeted schools focusing on the rights of migrant children's access to elementary education. The efforts have been focused on first generation school-goers and promoting access to education for them, especially girls, and help break the cycle of intergenerational poverty.

The Approach:

- **Advocacy on Education Rights of Migrant Children:** The project tried to build and develop evidence on issues faced by migrant children in acquiring an education, and to be their voice in advocacy efforts. As a result, consultations at the block, district and state levels on RTE issues grew in importance and credibility, and the West Bengal Commission for the Protection of Child Rights (WBCPCR) also co-hosted state level consultations. Representatives of civil society organisations also participated. The consultation provided an opportunity to boost synergy between education and child protection functionaries. It also facilitated a review of the implementation of the RTE Act. The recommendations emerging from the consultation were consolidated in a report that was subsequently released on Child Protection Day in the state i.e. June 9, 2017, by WBCPCR. The recommendations included accelerating steps for initiating the Special Training component, provision for textbooks in multiple languages for migrant children, enhancing attention on child rights violations in schools (including corporal punishment), as well as addressing administrative and human resource related issues (such as shortfalls in numbers of teachers and other staff). Consequently, another state level consultation was held in the following year where members from WBCPCRs of Jharkhand and Odisha represented continuing challenges such as lack of data on migrant children, ensuring portability of entitlements across source and destination, and educational continuity for the migrant children. Good practices were highlighted as well. Specific recommendations encompassing source and destination points as well as cross-cutting aspects were formulated. This included the need for a migration policy on the rights of children as well as coordinated efforts by WBCPCRs in the eastern region. Significantly, the recommendations were endorsed by WBCPCR representatives from Jharkhand, Odisha and West Bengal, who also took the responsibility of ensuring dissemination in their respective states. Active involvement of the WBCPCRs generated a positive momentum.

APPROACHES



INNOVATION



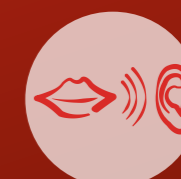
CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Empowering children on the move

- **Collaboration with Education Department; SSA (Samagra Shiksha Abhiyan):** The project developed linkages with the district level Sarva Shiksha Mission (SSM) and Primary School Council in terms of creating a database on the number of migrant children entering the project locations and socio-economic profiles of these children and their families. The partnerships help in advocating and publicising the education rights of migrant children. The databases of these migrant children are now being periodically shared with SSM at the state level. Training of teachers, and other concerned functionaries, are undertaken to integrate the inclusion of migrant children within the overall mainstream school environment. The child cabinets in these targeted schools have also been nurtured to raise the challenges facing children. This project engages with a wide range of stakeholders; key duty bearers, public representatives and administrative structurers to sensitise them and ensure education rights of migrant children. These key stakeholders are Panchayat Raj Institutions, block level officials, especially Block Education Officers, members of different standing committees, brick kilns owners' association, members of Circle Level Resource Centre (CLRCs) and Block Resource Centre (BRCs).
- **Engagement with community and key stakeholders:** Community members from project locations, parents of migrant children, brick kiln owners, and members of self-help groups are sensitised and involved in the project. The Child Protection Committees (CPCs) and Children's Groups (CGs) emerged as important platforms for bringing the issues and concerns of migrant children from the brick kilns into larger, community spaces. Many participants, from CPCs across the two districts, acknowledged that they had never thought about these issues or engaged with them directly before. These groups helped, to a large extent, in bridging the psychological distance between the brick kilns and surrounding villages. The project stepped-up the emphasis on working directly with selected government schools in the two districts to strengthen implementation of the RTE Act, particularly in terms of ensuring inclusive and quality education for children from the brick kilns. Linkages with brick kiln owners and their associations in the two districts continued during this phase. The dialogue continued to focus on ensuring children's access to entitlements (particularly education) and prevention of child labour at brick kilns. By 2017, all the brick kiln managers and owners covered under the project were sufficiently sensitised on these key issues.

Results:

Result of last year's work:

- Facilitating involvement and growing ownership of WBCPCR in issues related to migrant children, particularly ensuring their right to education.
- Forging linkages with various key actors related to the education domain in the state, including the Expert Committee on curriculum.
- The project consciously invests in a group of children who can take on the mantle of 'Child Champions'. The identified children who were interested and could represent their peers were further trained as child champions.

APPROACHES



INNOVATION



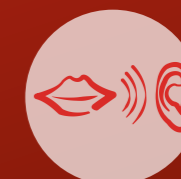
CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



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Empowering children on the move

- Gradual improvements in the brick kilns in terms of the living conditions and access to basic services, because of the Child Inspectorate process conducted, was another significant milestone. Save the Children played an important role in this state-wide process that was steered by WBCPCR.

Challenges Faced:

- Despite a plethora of legislations and programmes, the rights of migrant children in brick kilns are often compromised. Lack of consistent enforcement of legislations and inadequate coverage of public services (due to distance, human resource shortages and other factors), compound the vulnerabilities mentioned in the earlier section.
- Linkages were not always optimised. Since migrant communities and children rarely came forward to demand their entitlements, concerns related to effectiveness and accountability were not necessarily prioritised and addressed.
- Lack of interstate convergence and understanding is another challenge faced. Even as the interstate consultation in 2018 evoked optimism, the progress on facilitating admission of children from the brick kilns in schools hit a stumbling block in North 24 Parganas. Head teachers across multiple schools expressed their inability to admit children who did not have Aadhar cards with unique identification numbers.
- Several government teachers in both the districts conceded that they were unable to fully engage with the migrant children from Bihar and Jharkhand due to lack of familiarity with Hindi. Moreover, the migrant children came from different regions within these states and many did not even necessarily speak Hindi.

Learnings:

- Effective intra and interstate tracking system/mechanism for tracking migrant children and families is needed.
- Migration is to be addressed from a child rights perspective, incorporating education and protection.
- All the State Commissions for Protection of Child Rights in Eastern Zone collaborate to put together a policy for safe migration and the rights of migrant children to the Government of India.
- Differential planning for different groups of migrant children is required.
- Ensuring service delivery provided to migrant children and families are sensitive to their needs and requirements. As members of the Village Level Child Protection (VLCP) committees work at the grassroots level, they should take a more proactive role in addressing concerns of migration amongst children and families.
- Effective collaborations between NGOs, government and corporates is required.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



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JOURNEY OF JUVENILE JUSTICE ACT IN JAMMU AND KASHMIR



Donors: DFID, EU, IKEA, ECHO and European Union

Theme: Child Protection

Goal: Ensuring successful implementation of Jammu and Kashmir Juvenile Justice Act 2013 and Integrated Child Protection Scheme (ICPS) in the state as well as generating awareness among the government officials.

APPROACHES



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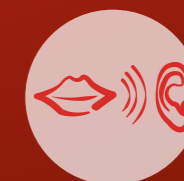
CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

JOURNEY OF JUVENILE JUSTICE ACT IN JAMMU AND KASHMIR

Objectives:

- a. Child Welfare Committee (CWC)/ Juvenile Justice Board (JJB) are formed and functional in the state
- b. District Child Protection Unit (DCPU) is formulated and functional in the state
- c. Capacity building of childcare institutions – Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCWL)
- d. Capacity building of police, railway police, child line, schools, shop owners on JJ Act

Target Population:

CWC/JJB/DCPU/Police/Child line/NGOs/School Teachers/Children

Geography: Entire region of Jammu and Kashmir

APPROACHES



INNOVATION



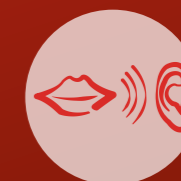
CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



BE THE VOICE

Journey of JJ Act in J&K

Problem Statement:

Conflict since the last 28 years in Jammu and Kashmir (J&K) has caused significant disruption to the fundamental rights of education and protection of children. Both children and communities have lived and continue to live in fear and trauma. While the situation has stabilised over the last few years, the overall protective environment is weak, and it has made children vulnerable to exploitation and violence.

From 2010 onwards, there has been escalating unrest and growing number of civilians have resorted to protests that have often turned violent. In 2010, official figures revealed that around 110 people lost their lives and 537 civilians were injured during stone-pelting incidents. After the killing of a rebel leader in South Kashmir's district of Anantnag on 7th July, every district witnessed massive protests that were quelled by security forces who had to resort to firing of bullets and pellets, leading in killings of 120 civilians and injuries to 15,000 people, of which most were teenagers. The injured mostly consisted of students, several of whom lost their eyesight due to pellets. In the aftermath of the 2010 uprising, incidents of violence have increased in the district due to intermittent fierce encounters between rebels and Indian security forces. Such violent incidents include the one on 12th February, 2017, which led to killing of two civilians and injuries to more than 21 people, mostly hit by destructive pellets.

In 2018, rape of eight-year-old minor girl in Kathua, Jammu, led to huge national outrage and unrest; the Bharatiya Janata Party (BJP) and The Jammu and Kashmir Peoples Democratic Party (JKPDP) coalition government was condemned for loose investigation and statements made by political representatives of the former political national party. The Delhi High Court issued a fine of ₹10 lakhs (1 million) rupees on 12 media houses in India for disclosing the name of the rape victim as well as other details, including usage of photographs of the victim. This action by the High Court of New Delhi was taken suo-motu and under the Protection of Children from Sexual Offences Act, 2012, and the Indian Penal Code.

Justice Madan B Lokur, Judge Supreme Court of India, inaugurated a 2-day State Roundtable Conference on Implementation of Jammu and Kashmir Juvenile Justice (Care and Protection of Children) Act 2013 at Sher-e-Kashmir International Convention Centre (SKICC) on 9th September, 2017. During the conference, the need for the implementation of Juvenile Justice Act 2013 in letter and spirit was stressed and called upon all the stakeholders to work in tandem to set up Juvenile Justice Boards, Child Welfare Committees, Advisory Boards and Observation Homes, which are a prerequisite for the effective implementation of the Act. It was also stressed that people are not born criminals and correct child rights approach must be implemented by setting up a system to address vulnerabilities of the children and ensuring their rehabilitation. With such multiple emphasis applied on setting-up of an effective system under the JJ Act in the state, it helped to come up with the solution and a roadmap to move forward for timely and effective implementation.

APPROACHES



INNOVATION



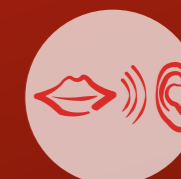
CHILD PARTICIPATION



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Journey of JJ Act in J&K



The Approach:

- **Media Involvement:** To generate awareness and support from the stakeholders, it was imperative that a media strategy and positioning was developed where by the media – both print and electronic – were informed on issues concerning the children. They were also briefed about the central Juvenile Justice Act and the need for the same in the state of Jammu and Kashmir. A Media Scholarship was offered to four journalists. It required them to cover stories of children and report their issues, concerns, challenges and violations of their rights in the state.
- **Sensitising State Officials:** Capacity building training sessions were conducted at state as well as national level for the Jammu and Kashmir Juvenile Justice Act 2013 and Integrated Child Protection Scheme. Child rights was introduced as a subject in Kashmir Administrative Services training. Every batch is now oriented on the issue and trained to be a child rights advocate. Continuous advocacy for Juvenile Justice Act in the state from 2014-2018 resulted in training of 1000+ Police officials, 400+ Social Welfare officials, 100+ Lawyers, 160 Media officials, and 65 state administrative officials.

APPROACHES



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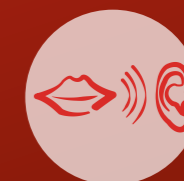
CHILD PARTICIPATION



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Journey of JJ Act in J&K

- **Publishing of IEC materials:** Easy and innovative Information, Education and Communication (IEC) materials such as coffee table calendar with JJ Act procedures, Dos and Don'ts of working with children in need of care and protection and in conflict with law were developed and shared with various stakeholders.
- **Garnering support of youth:** Awareness about child rights was also created among children and youth through child protection committees, student forums and child champions. The movement was further strengthened with the involvement of youth as volunteers and interns from Universities and academic institutions.
- **Garnering support of policymakers:** Public support was generated to encourage policymakers to respond more positively. Education Department trained principals and teachers on the concept of child rights, needs, challenges and assistance to make schools as safe zones, free from abuse. Networking with the Department of Social Welfare and Mission Director of Integrated Child Protection Scheme (ICPS) reinforced the need for a state-specific juvenile justice act and to implement the provisions of the Act and ICPS scheme was imperative as both are interrelated. The Director of Department of Welfare was also sensitised on child rights.

Results:

- To implement the J & K Juvenile Justice Act 2013 a selection cum oversight committee has been established in the state and the selection and formulation of the CWCs/JJBs have been completed.
- The DCPUs also have been recruited and appointed in the state.
- All the institutions providing residential care to the children in the state of Jammu and Kashmir were notified to be registered under the J & K juvenile Justice Act and maintain the minimum standards of care as specified under the Act. There has also been a crackdown on institutions that have not been maintaining the minimum standards and two facilities have been closed.
- Recently, Aftercare and Sponsorship Guidelines were formulated, and some children have also been enrolled under the sponsorship scheme of ICPS.
- Some organisations have applied for registration under the Juvenile Justice Act.
- State Government adopted "Quality Standards of Care and Protection of Children in Homes" which was drafted by Save the Children in collaboration with Social Welfare Department.

Challenges faced:

- After consistent hard work of nine years by Save the Children, the J & K Juvenile Justice Act 2013 was passed, followed by the Juvenile Justice Rules 2014, but it has been 5 years since the Act was passed but till date after much advocacy only the CWC/JJB have been formulated.

APPROACHES



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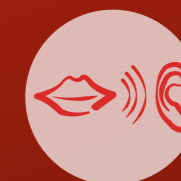
CHILD PARTICIPATION



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Journey of JJ Act in J&K

- Both CWC/JJBs lack in the implementation of the JJ Act and at times their decisions are far from being in the best interest of the child, forget about child participation.
- Huge gap prevails between the policy and practice of J & K JJ Act 2013.
- Social and political instability in the region cause continual challenges.
- 2014 floods in Kashmir caused further chaos in the state.
- Constant change of Department Director hinders and delays execution of policies.
- There is a lack of interest among government officials on the matter concerning child rights in the state.
- As the centre has reduced the age of criminal liability from 18 years to 16 years, pressure is also on in J & K to implement the same.

Learnings:

- It is essential for Save the Children to stay low profile and behave like a small organization.
- Think like a local organization and work like a practitioner.
- Support, participation and engagement of civil society is very important for successful implementation.
- Proper and updated documentation is highly essential.
- One should maintain good relations (formal and informal) with civil society, media, universities, police and judiciary.

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



EVIDENCE & USE



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SOP – GENESIS OF NEW WAYS OF WORKING



Theme: Child Poverty

Goal: States own and rolls out Standard Operating Procedure to support Children in Street Situations

Objectives:

- (a) Translating the Standard Operating Procedure (SOP) for Children in Street Situations into an implementable form
- (b) Rollout events organised at state level and bring stakeholders together to build a convergent platform
- (c) Build capacity of stakeholders to understand their specific roles and responsibilities specified in the SOP

APPROACHES



INNOVATION



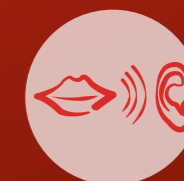
CHILD PARTICIPATION



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SOP – GENESIS OF NEW WAYS OF WORKING

- (d) Assist state to prepare a convergent action plan for the capital city to begin with
- (e) Assist state in mapping children in street situations and support in getting identity document
- (f) Assist state in setting up a mechanism to connect identified children in street situations with entitlements

Target Population: Identified 84,000 children in street situations from the census study 'Life on the Streets'

Geography: Delhi, Mumbai, Hyderabad, Kolkata, Lucknow, Bhubhneswar and Patna. Uttar Pradesh executed for entire state with participation of all district officials

APPROACHES



INNOVATION



CHILD PARTICIPATION



BUILDING PARTNERSHIPS



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Advocacy interventions for Children in Street Situation

Problem Statement:

It is an unfortunate reality that Indians, being planning geniuses, are not so effective when it comes to implementation.

As per the Economic survey 2017-18, India has emerged as one of the world's largest and best performing economies in midst of a global economic slowdown. Several policies and schemes have been launched for financial inclusion and social security. Most of these ambitious schemes and programmes, however, fall short in successful implementation and the desired benefits do not reach beneficiaries. One of the reasons for which could be that the government machinery is not fully adept in both these aspects. The reason for ineffective implementation and reach can be attributed to multiplicity of agencies involved, lack of coordination between planners and implementers, insufficient monitoring and accountability, and gap in objectives and desired outcomes.

Despite the best intentions of the government to provide assistance to the poor for their upliftment, the discourse on state of welfare policies in India usually concludes with a statement "the problem really is implementation."

The problem is not only external, but an introspection also portrays silos within our organisation, particularly, when the intervention is not driven by a programme with laid design. Advocacy is spread across programme, research, and humanitarian as well as standalone influencing.

The Standard Operating Procedure (SOP) for Care and Protection of Children in Street Situations developed in collaboration with The National Commission for Protection of Child Rights (NCPCR) is a fine example of research, planning, documentation and successful implementation. The SOP is a unique endeavour to streamline the processes and interventions regarding street children.

The Approach:

The SOP has been the genesis of various cross-functional and multi-dimensional activities undertaken in Save the Children.

- **Clarity of goal:** This begins with Save the Children's belief that every child, including the most vulnerable street children, should have access to right of survival, protection, identity, education and health, and that no child remains invisible in policy and practices.
- **Research:** Next, we undertook mapping and analysis of existing policies as a part of evidence generation to strengthen and influence policy for the care and protection of street children in India. The study recommended plugging the existing policy gaps. It highlighted that urban street children were not just excluded but also 'invisible' as they do not have any identity to establish them as the citizens of the country, thus precluding them from accessing basic rights education, protection and survival. Thereafter we conducted a sensitive participatory mapping of the numbers and profile of street children to gain an insight into the quality of their lives. The census / head count ('Life on the Street') of street children indicated that 1.25% of the total children population were street children in area covered under study. This indicates that there may be well over 2 million children on the streets of India. Based on the evidence generated and experience gained, we noted that there is no legal, policy or programme framework specifically for street children in India. The matter was advocated with Ministry of WCD and NCPCR.

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CHILD PARTICIPATION



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Advocacy interventions for Children in Street Situation

- **Partnership:** Save the Children then partnered with NCPCR to acknowledge and correct this policy blind spot by developing the SOP for Care and Protection of Children in Street Situations based on the prevailing legal and policy framework. SOP suggested convergence of various functionaries, institutions/ agencies, and the multifarious government schemes and policies; for a more holistic approach in providing care, protection and rehabilitation of Children in Street Situations.
- **Translating SOP into Action:** State Teams (both Advocacy, and Programme) have worked together in the SOP rollout process resulting in SOP being rolled out in nine Indian states. It was an incredible moment of bringing all relevant stakeholders together with more than seven departments, civil society, bank and UIDA representatives and State Commissions together to know the facts about children in street situation in their area and then deliberating on building a strategy to build a comprehensive plan of action. Followed by rollout meetings, the cities had organised capacity building programmes for the stakeholders like SCPCR, Child Welfare Committees, Labour Commissioners, Juvenile Welfare officers and railway officials. These trainings were done in collaboration with the State Government and more than 600 officials were trained along with more than 1,700 railway staff. With railway stations in India having a footfall of over 1 crore every day, Ministry of Railways and NCPCR tied up and Save The Children supported the campaign on training component to identify and support children in railway street situations. This initiative also aimed at orienting railway staff to identify children at the risk of trafficking, at the risk of abuse and other crime.

Results:

- The roll-out of SOP has led to formation of the task force in Telangana; launch of a programme for street children named 'Surakshit Bachpan' in Uttar Pradesh; in Maharashtra it led to the extension of the provisioning of educational entitlements/ scholarships for street children; whilst in Bhubaneshwar it was integrated within the state's "smart city" plan. In Delhi, as street children engaged in begging is a significant problem, a survey was undertaken to identify these invisibles; similarly in Kolkata a survey was initiated by the department of child development to provide identification. State level committees have been constituted as per the provisions of the aforementioned SOP to monitor the plan of action for the State.
- As part of Joint Action Plan, Aadhaar Camps have been conducted by Save the Children in association with NCPCR, State Government agencies, UIDAI etc. Training and orientation of key stakeholders have been conducted for effective implementation of SOP. First Aadhar camp was organised in last week of March 2018, and within six months identity documents of over 6,000 children have been made. These children had no form of identity with them and for many nobody in the family possessed an identity document.
- The momentum was built with success at ground and Resource Mobilisation Team has also chipped in by ensuring two grants for SOP implementation.
- In order to synergize the efforts of various state governments and central government in addressing the issues of Children in Street Situations and to create a sustainable model for these children through homogeneous effective policy and framework formulation, National level Steering group has now been proposed.

APPROACHES



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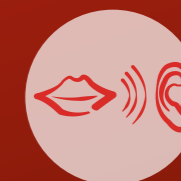
CHILD PARTICIPATION



BUILDING PARTNERSHIPS



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Advocacy interventions for Children in Street Situation

- The SOP, which began as an advocacy initiative, has now become the basis for developing different intervention models for rescue and rehabilitation of Children in Street Situations (CiSS). One of them being our programme on ensuring a life of dignity through identity for CISS in 10 cities across 4 states of India. Our interventions for CISS have also manifested in an integrated campaign (#The Invisibles).

Challenges Faced:

- Though the rollouts and building convergent platforms have happened from the organisation's own funds, lack of programme funds also brought limitations to assist states in complete rollout with support to District level Task force and continuing support to capacity building needs that had emerged.
- The challenge was not only in terms of financial resources but also team at ground that came in only with the new programme.
- The Task force constituted at the state level were initiated by Commission and had lesser stake under ICPS. Getting ICPS as nodal point was essential to ensure sustainability and active implementation of the SOP steps.
- #TheInvisible campaign was expected to get increased reporting of children in street situations at 1098 Childline number but it was difficult to capture number of cases in this category reported. The reporting helps prioritise the issue at city specific level.

Learnings:

- Keeping a convergent platform active at State Level also needs support from National level agencies like NITI Aayog.
- We will advocate for continuum of education for CISS aligning with the Samagra Shiksha Abhiyaan, which is an integrated model of school for holistic development of children.
- We are working towards classifying CISS as ultra-poor in urban context. For this we plan to conduct policy retreats with experts from NIUA, IIHS and other institutes and societies working for the ultra-poor.
- We will also be mapping the schemes for rehabilitation of Children in Street Situations and getting schemes/interventions for rehabilitation of CISS like setting up open shelters etc. incorporated into the city plans.
- We will create awareness around Sexual Reproductive Health Rights, Deaddiction and HIV AIDS for CISS.
- Going forward we will work towards influencing tangible policy outcomes for children in street situations especially provisions like access to grains/pulses at a subsidised rate under the existing programmes of government of India called Antyodaya Anna Yojana, lumpsum cash assistance schemes, scholarships for education and provision to ensure that children living in street situation find a special mention in central government supported programme on skills development for decent employment.

APPROACHES



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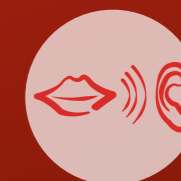
CHILD PARTICIPATION



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