



# Process Evaluation

## Building Safe Communities under Dasra Adolescent Collaborative in Jharkhand

**Submitted to**  
Dasra

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## Glossary

<b>BSC</b>	Building Safe Communities	Name of the intervention being implemented by the Aangan Trust in Jharkhand under Dasra Adolescent Collaborative
<b>CV</b>	Community Volunteer	Female volunteers hired from the community to help execute the program on ground. Some of them are quite young (late teenage years) and unmarried. Others are married. They interact with adolescents and community members.
<b>DAC</b>	Dasra Adolescent Collaborative	Initiative taken by Dasra to transform the lives of adolescents across health, education, employability and agency
<b>FGD</b>	Focus Group Discussion	Qualitative research technique that involves gathering people from similar backgrounds or experiences together to discuss a specific topic of interest
<b>HM</b>	Headmaster	School principal
<b>IDI</b>	In-depth interview	Qualitative research technique where intensive individual interviews are conducted
<b>IRB</b>	Institutional Review Board	An administrative body established to protect the rights and welfare of human research subjects. It reviews the methods and protocols adopted for research to ensure they are ethical.
<b>MRC</b>	Medical Research Council	Responsible for co-coordinating and funding medical research in the United Kingdom
<b>NPO</b>	Non-Participant Observation	A research technique whereby the researcher watches the subjects of his or her study, with their knowledge, but without taking an active part in the situation under scrutiny

# 1 Executive Summary

Adolescents in India remain a vulnerable and marginalized group. Adolescents face vulnerabilities in key aspects of their lives including sexual and reproductive health, education, nutrition, among other aspects facing challenges such as early marriage, early pregnancy, child labor, trafficking, sexual abuse, substance abuse and lack of agency (Population Council & UNICEF 2013)<sup>1</sup>. Dasra has taken an initiative to create a network of adolescent-friendly organizations under the '10to19: Dasra Adolescents Collaborative (DAC)' with an aim to transform the lives of adolescents across health, education, employability and agency.

One of the interventions under DAC is Building Safe Communities (BSC), which is being implemented by the Aangan Trust in Pakur district of Jharkhand. BSC aims at addressing gender-based violence by focusing on reducing instances of child marriage, child trafficking, child exploitation and child abuse through community-based preventive action. The program works with marginalized communities with high incidence of child harm by engaging various stakeholders including families, school officials, government officials, volunteers and adolescents themselves.

This study is aimed at undertaking an evaluation of processes under Aangan's intervention. Process Evaluation helps in informing the effectiveness of the intervention through detailed analysis of the activities and processes within it. In order to do this, mixed method research design was adopted with major focus on qualitative findings from the field and supplemented by programme data, wherever available. Study was conducted in two of the three working blocks in Pakur district. Four villages and four schools were visited to conduct in-depth interviews (IDI), focus group discussions (FGD) and non-participant observations (NPO) with different stakeholders (programme team, headmaster, teacher, cluster resource person, school facilitator, parents, girl champion, and adolescents in and out of school). A total of 25 interviews, 8 FGDs and 13 NPOs were conducted across these stakeholders. Data was collected and analyzed by adopting Framework method. It was interpreted based on MRC Guidance. Major findings that emerged from these discussions and observations are discussed below:

**Empowering in-school adolescents to tackle situations of child harm:** Community Volunteers (CVs) play an important mediating role in the intervention. They act as a bridge between school, community and the intervention. Safety sessions conducted by the CVs had reach issues as they were organized with low attendance, which was partly due to poor attendance in the school itself and disinterest among some students. The low participation could also be a result of poor facilitation skills of some of the CVs. Despite this, adolescents, who partook in the sessions, praised them, which were helping them lead a safer life and build self-esteem. Delivering sessions had helped CVs as well, who were seeing positive developments in them. Safety sessions, though, had been beneficial for the safety maps prepared in the sessions. Adolescents in school were aware of the risks around them through these maps. Preparing and presenting the maps to HM and PRI members helped in building agency of adolescents. Some of the identified risks were also acted upon by the HMs. While CVs played a key role, interviews with stakeholders suggested that their motivation needed a boost. Most accounts point to the fact that their work should be remunerative. In the school, CVs were able to garner the required support from the HM, which helped them engage adolescents through safety sessions. They shared monthly updates with the HMs on the status of their work.

**Building collaborative space in the community to reduce child harm and increase school attendance:** The intervention engaged with community to create awareness around child safety issues and increase school enrolment and regularity. Remedial classes were being arranged to re-enroll adolescents who had left school in midst of academic sessions. Identified families were being engaged one-to-one by CVs as well as through bimonthly awareness sessions. Multi-stakeholder meetings at panchayat-level were also organized to resolve

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<sup>1</sup> Adolescents in India: A desk review of existing evidence and behaviours, programmes and policies. 2013. New Delhi: Population Council & UNICEF

community level challenges. Intensity and reach were issues in both types of these meetings. In addition, the meetings were not converting into enough actions. Structural barriers were also found to be strong in the sampled area, which prevented most parents from sending their children to school. Lack of awareness among parents added another level of complexity to the whole issue.

### ***Recommendations***

The CVs were found to have good acceptability with the adolescents, HMs and parents. However, recruitment of CVs needs to be prioritized as planned to enhance engagement of CVs in schools and in the community.

Lack of incentives and salaries led to poor motivation and high attrition among CVs. While monetary incentives are important, non-monetary incentives can also be effective. A performance-linked incentive or a target-based incentive could be thought of, for instance, that requires CVs to engage a specific number of adolescents in a session to be eligible to receive non-monetary incentive.

The study found the need to improve capacity building training for CVs. The CV training should have an explicit focus on building facilitation skills for CVs so that the sessions are more interactive, playful and engaging and adolescents attend them regularly. The training as well as adolescent sessions could use audio-visual methods of learning, games, exercises, role-plays, or energizers, to attract more students. Conducting age specific sessions may also be thought of to enhance engagement of all adolescents in the sessions.

Intensity and reach were found to be issues in the community engagement strategy. Moreover, meetings and interactions with the stakeholders were not converting into enough actions. The intervention should think about improving action and accountability from these meetings. It may think of establishing a channel of constant follow-up with the relevant stakeholder through the School Safety Committee, School Management Committee or by engaging PRI members from the community that have the authority to be able to take relevant actions. This will ensure that meetings become actionable and child harm related concerns are gradually addressed. The intervention also needs to push training of the HMs as planned to build their capacity further in engaging with families and particularly extended stakeholders (PRI members, police, AWW etc.) so that actions are taken on identified risks.

The community awareness sessions are a good platform to make communities aware and link them with existing government schemes. These should be conducted with appropriate intensity and more participation should be encouraged. More awareness sessions can be undertaken to address specific needs of adolescents, if required, instead of only undertaking bimonthly sessions.

### ***Conclusion***

The intervention seemed to be making constant efforts at reducing child related risks by improving agency of adolescents and building awareness among community members and other stakeholders, with some intended results. The intervention found acceptance with adolescents as it was able to improve agency among a few girls through its safety sessions and was able to bring more adolescents under the ambit of regular schooling. The intervention, however, required better capacity building of CVs so that they could facilitate sessions better and build better awareness and improve knowledge among adolescents. Intervention also needed to augment intensity of training of HMs, recruitment of CVs and community meetings to yield better outcomes. Aangan's strategy of using hyper-local data to identify vulnerable families and engage with them was helpful in creating awareness around potential child-related risks in the community but the need to take action and fix accountability for the identified risks was felt. Hyper-local strategy needs to go along with effective coordination and collaboration with extended stakeholders to make the efforts sustainable in longer term and achieve improved child protection.

## 2 Introduction

Adolescence is a phase of transition towards adulthood and is characterized by rapid growth and development during which physical, physiological, psychological and behavioral changes take place. The demographic transition of the past few decades has created the highest proportion of adolescents aged 10 to 19 years than ever before in human history. Adolescent population across the world is more than 1.2 billion, in other words, nearly every sixth person is an adolescent (UNICEF 2012)<sup>2</sup>. However, the majority of the world's adolescents are growing up in conditions of widespread poverty, rapid urbanization, limited educational opportunities, globalization, and increased access to worldwide information through the internet and social media. These factors may have far ranging implications for the health and wellbeing of youth, affecting the ability of nations to achieve their 'demographic dividend' (United Nations Population Fund and Population Reference Bureau 2012)<sup>3</sup>.

India, one of the youngest countries in the world, has a huge demography with adolescents comprising around 21% (about 253 million) of the total population (Census, 2011)<sup>4</sup>. Even though there have been considerable improvements in health, nutrition and education outcomes among adolescents in the last decade, they continue to remain a vulnerable and marginalized group. Adolescents in India face vulnerabilities in key aspects of their lives including sexual and reproductive health, education, nutrition among other aspects facing challenges such as early marriage, early pregnancy, child labor, trafficking, sexual abuse, substance abuse and lack of agency (Population Council & UNICEF 2013)<sup>5</sup>. In addition, these vulnerabilities and challenges are exacerbated particularly for girls, who face gender disparities in education and nutrition, early marriage and discrimination. Especially, those belonging to socially excluded caste and tribes are at a higher risk of such vulnerabilities and poor health and nutritional outcomes<sup>6</sup>.

There are encouraging signals from Central and State governments in India to recognize some of the vulnerabilities faced by young people. Policies and programmes that reflect commitment towards promoting adolescent development needs and protecting adolescent rights have been initiated. Under education, the Draft National Education Policy 2019 aims to achieve access and participation in free and compulsory quality school education for all children in the age group of 3-18 years by 2030. It also aims to provide foundational literacy and numeracy for every student in Grade 5 and beyond by 2025 (Ministry of Human Resource Development 2018)<sup>7</sup>. Under health, Rashtriya Kishor Swasthya Karyakram (RKSK) envisions enabling all adolescents in India to take informed and responsible decisions related to their health and well-being and by accessing the services and support they need to do so. It aims to improve nutrition, sexual and reproductive health, mental health, prevent injuries and violence, prevent substance misuse and address non-communicable diseases (Ministry of Health & Family Welfare 2018)<sup>8</sup>. However, efforts by the government are fraught with issues such as limitation in resources, difficulty in reaching the target population, and insufficiently trained personnel, among others.

Non-governmental organizations, in tandem with the Central and State Governments in India, are trying to address the above issues by working closely with the affected population. In one such effort, Dasra has taken an initiative of creating a network of adolescent-friendly organizations under '10to19: Dasra Adolescents

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<sup>2</sup> [http://www.unicef.org/publications/files/Progress\\_for\\_Children\\_-\\_No.\\_10\\_EN\\_04232012.pdf](http://www.unicef.org/publications/files/Progress_for_Children_-_No._10_EN_04232012.pdf)

<sup>3</sup> United Nation Population Fund and Population Reference Bureau. 2012. "Status Report on Adolescents and Young People in Sub-Saharan Africa: Opportunities and Challenges " In.: UNFPA.

<sup>4</sup> Census 2011, Office of the Registrar General & Census Commissioner, India, Ministry of Home Affairs, Government of India

<sup>5</sup> Adolescents in India: A desk review of existing evidence and behaviours, programmes and policies. 2013. New Delhi: Population Council & UNICEF

<sup>6</sup> <https://www.unicef.org/sowc2011/pdfs/India.pdf>

<sup>7</sup> Ministry of Human Resource Development, Government of India. 2018. Draft National Education Policy 2019.

<sup>8</sup> Ministry of Health & Family Welfare, Government of India. 2018. Implementation Guidelines Rashtriya Kishor Swasthya Karyakram (RKSK)



Collaborative' (DAC) with an aim to transform the lives of adolescents across health, education, employability and agency, to help India achieve its Sustainable Development Goals. For this, Dasra has set four priority outcomes, viz. completion of secondary education, delaying age at marriage, increasing agency and delaying age of first pregnancy/ birth. Some of Dasra's efforts have synergies with existing government programs such as Rashtriya Kishor Swasthya Karyakram (RKSK). Their efforts would help achieve the broad mandate of government in improving health and education outcomes for adolescents. Dasra is trying to achieve its objective of improving the state of adolescents in Jharkhand with its partners - the Aangan Trust, Centre for Catalysing Change (C3), Child in Need Institute (CINI) and Quest Alliance - implementing DAC as a three-year intervention.

Although, a number of adolescent development programmes have been implemented to address education, health, skill development and employment generation in different states within India, only a select few have been soundly evaluated. There is scant literature and documentation around promising practices, evidence on what works and what does not work around interventions aimed at adolescent development. In order to fill this gap, Dasra has commissioned a process evaluation study to gain insights on key processes and distill what works and what doesn't with respect to delivery of such processes under the four interventions in DAC. Process evaluations of the interventions within DAC would be useful in informing the effectiveness of an intervention by investigating how it was implemented, the mechanisms by which it achieved its effect, how the intervention interacted with the context in which it was implemented and whether the process and outcomes of the interventions can be sustained over time (Haynes, et al., 2014)<sup>9</sup>. The Process evaluation study would help Dasra take learning back into program delivery and take steps towards course correction, if required.

The primary objectives of this process evaluation exercise are listed below:

- Document key processes and activities within it;
- Assess the quality of implementation of identified processes;
- Develop an understanding of interaction between the intervention and its key beneficiaries.

The next sections in this report delves into the details of BSC intervention being implemented by the Aangan Trust in Pakur district of Jharkhand and detailed findings from the process evaluation with respect to core activities envisioned under it.

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<sup>9</sup> Haynes, A., S. Brennan, S. Carter, D. O'Connor, C. H. Schneider, T. Turner, G. Gallego and C. Team (2014). "Protocol for the process evaluation of a complex intervention designed to increase the use of research in health policy and program organisations (the SPIRIT study)." *Implementation science*: IS 9: 113-113

### 3 About Building Safe Communities

Building Safe Communities (BSC) aims at addressing gender-based violence by focusing on reducing instances of child marriage, child trafficking, child exploitation and child abuse through community-based preventive action. The program works with marginalized communities with high incidence of child harm by engaging various stakeholders including families, school officials, government officials, volunteers and adolescents themselves.

Pakur has low literacy levels (64.8%) and child marriage is prevalent (more than 28% girls married before 18 years as on March 2011 in urban area<sup>10</sup>). The district also has a sizeable tribal (about 42%) and Muslim population (about 36%)<sup>11</sup>. Aangan is working in 3 blocks in Pakur district, namely, Litipara, Maheshpur and Pakur. Aangan is operating through two implementing partners, viz. Gram Jyoti and Srijan, in these blocks. They are engaging with adolescents in schools and community members. In-school activities are targeted at male and female adolescents while out-of-school activities are primarily targeted at a few identified families as well as the community at large. To meet its outcomes, Aangan is engaged in four core activities (**Figure 1**).

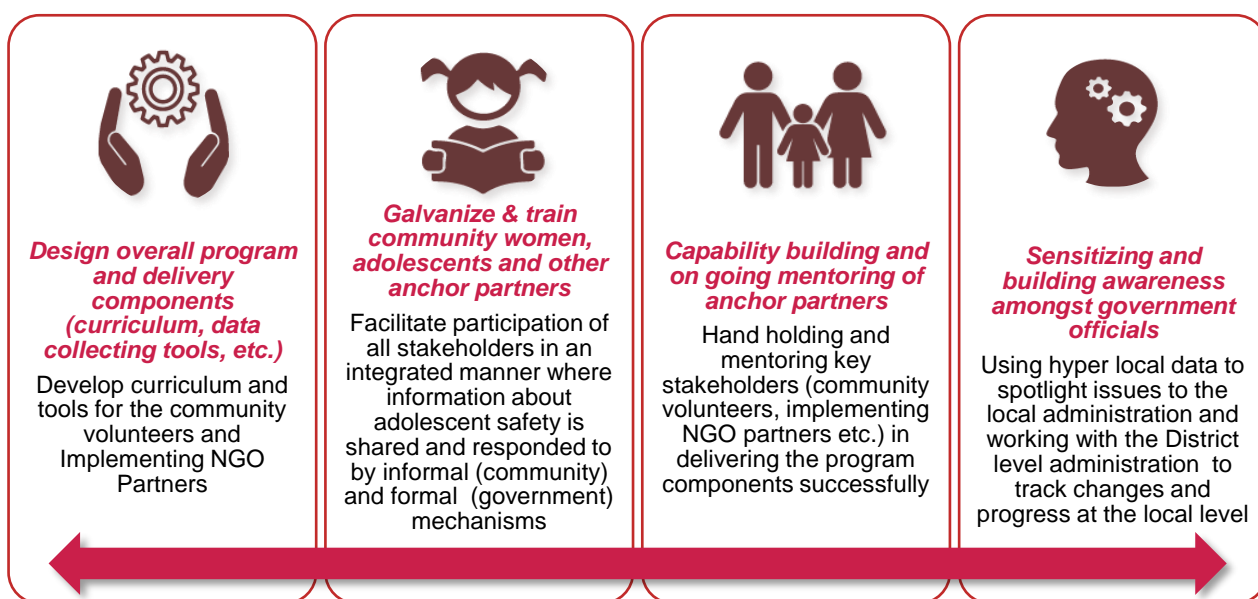


Figure 1: Core activities under Building Safe Communities (BSC)

- 1. Design overall program and delivery components (curriculum, data collecting tools, etc.):** Aangan developed a toolkit to induct and train women volunteers as barefoot child protection workers. Innovative curriculum is used to induct male and female adolescents into community safety circles.
- 2. Galvanize & train community women, adolescents and other anchor partners:** Adolescents are identified to be part of community safety circles to facilitate a holistic interaction among different stakeholders. They hold periodic joint meetings involving community members and other relevant stakeholders.
- 3. Capability building and ongoing mentoring of anchor partners:** This involves trainings of the key mediators including the NGO partners and CVs to support field planning and implementation on the curriculum and monitoring mechanisms.

<sup>10</sup> Goli, S. (2016). Eliminating Child Marriages in India: Progress and Prospects. Available at: [https://api.research-repository.uwa.edu.au/portalfiles/portal/58285434/EliminatingChildMarriageReport\\_e\\_Book.pdf](https://api.research-repository.uwa.edu.au/portalfiles/portal/58285434/EliminatingChildMarriageReport_e_Book.pdf)

<sup>11</sup> [http://censusindia.gov.in/2011census/dchb/DCHB\\_A/20/2008\\_PART\\_A\\_DCHB\\_PAKUR.pdf](http://censusindia.gov.in/2011census/dchb/DCHB_A/20/2008_PART_A_DCHB_PAKUR.pdf)

- 4. Sensitizing and building awareness amongst government officials:** To address the identified child harm concerns, Aangan engages with relevant stakeholders at district and state level. Reports highlighting local issues and associated action points are shared with officials who are encouraged to take action. Certain officials also take part in meetings with community members.

## 4 Methodology

### 4.1 Study design

A mixed methods study design was adopted for this process evaluation study. Qualitative approach was primarily adopted for data collection and quantitative programme monitoring data was utilized wherever available.

### 4.2 Study approach

We adopted a step-wise approach for carrying out the evaluation. The exercise was carried out in the following phases:

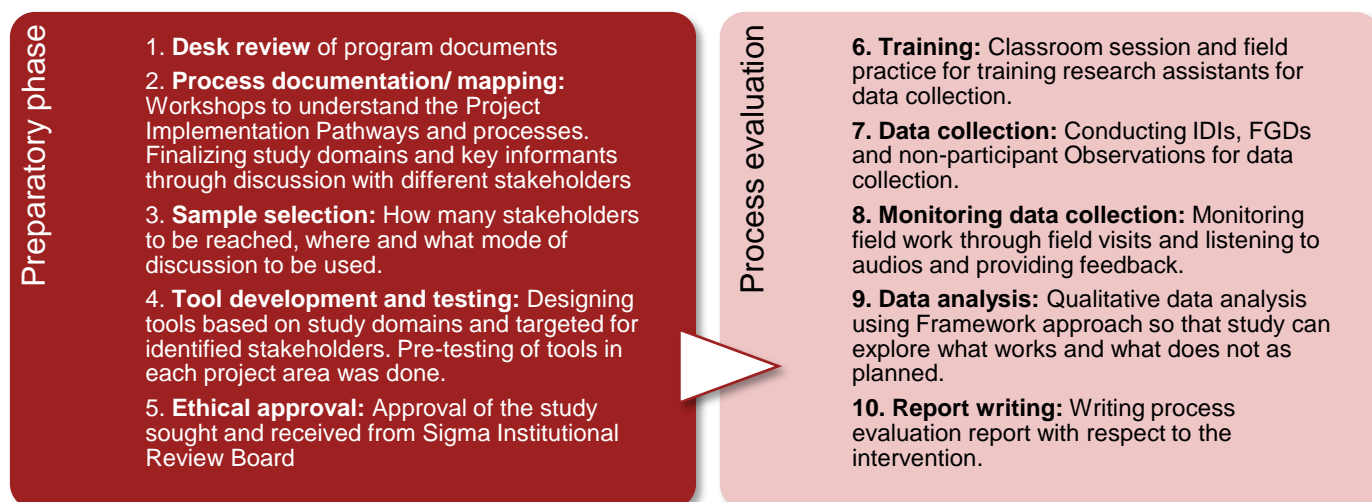


Figure 2: Study approach

These phases are discussed in detail in the next sections.

#### 4.2.1 Desk review and Process documentation

Sambodhi reviewed program documents to get a theoretical understanding of the programme and underlying processes. This gave preliminary understanding of the processes. Discussions were held with the program staff and Dasra team to refine the understanding of the processes. These discussions also helped in identification of relevant stakeholders for the evaluation. Process maps were created following the discussions outlining the implementation pathways. The process map that emerged from the discussions is provided in **Annexure 1**. Some processes were excluded from the evaluation based on mutual discussion. The processes around ‘using hyper-local data for better implementation and monitoring of the intervention’ component of the process map were excluded from the scope of evaluation. Additionally, some processes that were part of the scope could not be studied in detail as they were either one-off processes or did not take place during the data collection phase.

## 4.2.2 Qualitative data collection methods used in the study

A qualitative approach was adopted to collect primary data for the study. Among the different types of In-Depth Interview (IDI) techniques (structured, semi-structured and unstructured), **semi-structured IDI** suited the purpose of the study as they help in getting answers to the issues under lens and still provide enough leeway to secure responses which were not anticipated earlier. The IDIs are useful in assessing people's perceptions, their experiences, description of situations and construction of reality and hence were chosen as methods of data collection<sup>12</sup>. **Focus Group Discussions (FGDs)** were chosen as another mode of data collection for their ability to provide group perspectives and validating responses acquired in IDIs.. FGDs were conducted primarily with adolescents (in addition to IDIs with adolescents), as they are the primary beneficiaries of the intervention and the most important source of information. In addition, **Non-Participant Observations (NPOs)** were also conducted to observe various trainings and adolescent sessions being conducted as part of intervention activities.

## 4.2.3 Sample selection

We have adopted purposive sampling in this study. Purposive sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest (Palinkas et al. 2015)<sup>13</sup>. The variety of participants (**Table 2**) were purposively drawn from different settings to enable us to study contextual variations. This was done to capture maximum essence of the intervention and helped provide better feedback to Dasra on program implementation.

Two blocks were selected (Pakur and Maheshpur) from a total of three blocks where the intervention is being implemented after consultation with the Aangan Trust and Dasra. These blocks were selected for they represented the diversity of marginalized communities with significant Tribal and Muslim population. These blocks had also seen the intervention for maximum time and allowed to gauge the activities better.

For selection of villages and schools within the selected blocks, the following criteria were chosen to achieve maximum variation:

- a. Vulnerability of the overall population (presence of marginalized communities)
- b. Any known issues with adolescents (such as high incidences of child marriage, teenage pregnancy, school dropout etc.)
- c. Old and new intervention villages
- d. Challenging or smooth in terms of the rollout of our programs
- e. Geographical differences (distance of village from block HQ and school from the village)
- f. Good performing and low performing schools/ villages

Based on the above criteria, the Aangan Trust provided a list of 6 GP/ villages & 14 schools in Pakur and 5 GP/ villages & 13 schools in Maheshpur block. The list was further refined by Sambodhi using the same criteria to arrive at 2 villages and 2 schools in each block for the purpose of data collection. This is tabulated below (**Table 1**):

Table 1: Sample selection of block, village and school

Block	Village	School
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<sup>12</sup> Somekh, B and Lewin, C. 2005. *Research Methods in the Social Sciences*. London: SAGE.

<sup>13</sup> Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research*, 42(5), 533-544.

Pakur	Narottampur	Ramchandrapur
Pakur	Dadpur	UMS Kusmadanga I
Maheshpur	Pokhariya	Pokhariya
Maheshpur	Rampur	Lakshmipur

Another level of sampling was done at the level of respondents. They were targeted based on the following selection criteria methodology for each type of respondent:

A school was visited, and its HM was interviewed. Within the school, FGDs were carried out with adolescents. This included one with females and one with males in each school. The group composed of about 6-10 students from the students representing different secondary classes and who had taken part in safety sessions. Students were selected from classes 6-8 in upper primary school and classes 9-10 or 9-12 in secondary or higher secondary school. Respondents for FGD were selected randomly using attendance registers. For IDI, re-enrolled and out of school adolescents were chosen. CVs helped with identifying who were such students (those who were re-enrolled and those out-of-school who could not be enrolled despite efforts).

We also carried out two IDIs with adolescents from each school/ village. We chose these adolescents in such a way that we had one adolescent who had re-enrolled in the selected school while the other who could not get enrolled in any school despite efforts towards getting him/ her enrolled. We also attempted to maintain equal proportion of male and female adolescents in IDIs. The community volunteer, responsible for taking the safety sessions in school and engaging community members in villages, was also interviewed from each village.

In the community, IDIs with parents were conducted. One family member (mothers were preferred as they spend more time with the adolescents at home) was interviewed in each of the village. We chose parents in such a way that we had two members for re-enrolled adolescents and two whose children could not get enrolled in school despite efforts (these were parents of the adolescents selected above).

We also observed safety circle sessions in school, training of community volunteer, monthly safety committee meeting between HM and volunteer and meeting between volunteer and community members.

The final sample size and data collection methods for stakeholders are provided in the table below (**Table 2**):

*Table 2: Sample selection across stakeholders*

<b>Aangan</b>		
<b>Target respondents</b>	<b>Sample size</b>	<b>Data collection method</b>
<b>Project officials (implementation team)</b>		
State level	1	IDI
Block level	2 (1 per block)	IDI
NGO Partners	2	IDI
<b>Sample distribution among Stakeholders</b>		
Adolescent girls and boys	8 (2 per school)	FGD
Adolescent girls and boys	8 (2 per school)	IDI
Parents	4 (1 per school/ village)	IDI
Community Volunteer	4 (1 per school/ village)	IDI
School headmaster	4 (1 per school)	IDI
<b>Non-participant observations</b>		
Safety circle session	4 (1 per school)	Non-participant observation
Training of community volunteer	4 (1 per school)	(NPO)

Monthly safety committee meeting between headmaster and community volunteer	2 (at school level)
Community volunteer and guardians meeting	2 (at village level)

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#### 4.2.4 Tool development and pre-testing

In accordance with the methods identified for data collection, research tools were developed to guide discussions with different stakeholders and observe various activities. Tools focused mainly on understanding the processes implemented on the ground, interaction among various stakeholders and involvement of the program teams. Revisions to the study tools were also made following feedback from Dasra team and program staff. The tools, thus developed, were translated to Hindi as it is commonly understood by the identified stakeholders in Jharkhand. Translation of tools from English to Hindi was done by a professional translation firm. Data collection tools developed for the study were pre-tested in the field to ascertain their suitability to actual field conditions. The research team members carried out the pre-testing exercise in non-sampled project areas. Based on the experiences from pre-testing, the research instruments were further revised and finalized before submitting them for ethical approval.

#### 4.2.5 Ethical approval

Ethical approval for the study was sought from Sigma Institutional Review Board (IRB). Research documents, pre-tested tools along with other required documents were submitted to the IRB. Feedback received from the IRB meeting was incorporated in the research tools. Following this, ethical approval was received for the study.

Following protocols were adhered to, in order to maintain ethical standards in the study:

1. **Informed consent:** Any discussion with a respondent was initiated only after they agreed verbally and in writing for the same. Respondents were informed in advance about the purpose of the study, nature of information required from them, risks & benefits of the study among other aspects.

In case a respondent interviewed was minor (i.e. below 18 years of age), informed consent was taken from the respondent as well as from his/ her guardian. In case such a respondent belonged to a school, consent forms were sent to his/ her parents at least a day prior to the discussion after explaining all the contents of the consent form to the adolescent. Only those adolescents who came back with a signed consent form from their parent were included in the discussion. In case minor respondents being interviewed were out of school, the field team approached their parents and sought consent.

In case of non-participant observations, written consent was taken from the person in-charge of the activity. For examples, for observing morning assembly, informed consent was taken from the school principal.

2. **Confidentiality:** All measures have been taken to keep the information provided by respondents during data collection strictly confidential. This information has been used only for research purposes. Personal identifiers of respondents will be kept confidential from anybody other than the project team.
3. **Privacy:** While conducting interviews and focus group discussions, privacy of respondents has been maintained. No external person was present during the discussions beyond the project team and the programme staff.

#### 4.2.6 Data collection

The field team comprised two Research Assistants who were trained on DAC, AS intervention, nuances of conducting IDIs, FGDs and NPOs and the relevant tools to be administered in detail through two trainings. Each

training consisted of theoretical classes and field work practice. First training was organized for 4 days with 3-day classroom sessions and 1 day of field practice. Second training (refresher training) was conducted for 3 days followed by data collection and monitoring of data collection. The RAs worked closely with the Research Manager at Sambodhi and the field team of the implementation organization throughout the data collection process.

Field notes were taken during the interviews, and IDIs and FGDs were audio-recorded. During the IDIs and FGDs, questions were asked according to the interview and discussion protocol, thus prompting interviewees to provide further details until each line of inquiry was sufficiently covered. The average length of an interview was about 40 minutes. It is to be noted that all attempts were made that a male respondent is interviewed by a male person while a female adolescent is interviewed by a female person.

Certain challenges were encountered during the discussions. The time of the data collection coincided with harvesting of paddy. This led to lesser number of people available at home. Hence, the interviewers had to make multiple visits to the community to find relevant respondents. Further, festivities and election affected the flow of work. A few discussions could not be carried out as anticipated for reasons such as activities itself not taking place and unavailability of eligible respondents.

#### **4.2.7 Data analysis**

Organization and analysis of data has been carried out by adopting Framework method (Gale et al. 2013)<sup>14</sup>. This helped generate a framework of codes and code categories based on pre-decided themes. Major steps involved in developing analytical framework under Framework method included:

- Transcription and translation: The audio recordings collected during data collection were transcribed and translated verbatim by the RAs. Random samples from these translations of transcriptions were checked by research managers and feedback was given to RAs at this stage.
- Familiarization with the interviews: Members of the research team thoroughly read and re-read each transcript and listened to audio-recorded interviews to become familiar with the dataset. This process of familiarization is essential as the researchers analysing data are not present during the discussions.
- Developing coding frame: Data so collected is structured using codes and code categories. Responses from all IDIs and FGDs were coded by the principal researchers using R as a commercial, qualitative data analysis program. The adapted Framework method of Gale et al. directed the list of codes under predetermined themes to specifically assess quality of implementation, context and mechanism of action as directed by the Medical Research Council (MRC) framework. The principal researchers decided upon the most representative quotations to reflect respective themes.
- Developing framework: A framework of codes and categories was developed using a few transcripts. Once it was developed, each frame was checked and compared with the rationale behind it. The structuring and generation of the coding frame was done using a combination of two strategies:
  - In a concept driven way, i.e. based on what the researchers already knew from the literature review and field insights.
  - In a data driven way, i.e. by letting the categories/ dimensions emerge from the collected data.

The combination of these two strategies enabled us to incorporate both deductive and inductive processes. The developed framework of codes and categories was used to code other transcripts.

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<sup>14</sup> Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC medical research methodology*, 13(1), 117.



- **Interpreting data:** Based on the emerging framework of codes and categories, other transcripts were coded and reviewed. Among many approaches to interpreting data we adopted UK MRC Guidance (Moore et al. 2015)<sup>15</sup>. Evaluation findings are weaved together by adopting MRC Guidance. MRC guiding document helps in planning, designing, conducting, reporting and appraising process evaluations of complex interventions. It breaks the key functions for process evaluation of an intervention under implementation (how is delivery achieved and what is being actually delivered), mechanism of impact (how does the delivery intervention produce change) and context (how does context affect implementation and outcomes).

Findings are first structured strategically and then by themes. They are weaved together as a narrative following the MRC guidance.

#### **4.2.8 Limitations**

- The study adopted purposive sampling to get in-depth understanding of perspectives of the stakeholders and situations. However, the findings are not generalizable.
- Purposive sampling was adopted with certain inclusion and exclusion criteria, but this may still have led to creeping in of selection bias.
- Some processes were excluded from the scope of the evaluation based on mutual discussion with Aangan and Dasra. Some of the processes, that were part of the scope, could not be studied in detail as they were either one-off processes or were not scheduled to take place during the data collection phase.

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<sup>15</sup> Moore, G. F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., ... & Baird, J. (2015). Process evaluation of complex interventions: Medical Research Council guidance. *bmj*, 350.



## 5 Key Findings

Aangan aims to improve child protection systems for children and their families that are vulnerable to child trafficking, child marriage, child labor, and child abuse. This is done by engaging relevant stakeholders (such as school authorities, PRI members, police personnel, AWW etc.) and building capacities of CVs to mobilize families and communities to become more aware of child protection risks. In the sampled area, the intervention is being implemented by Aangan through two NGO partners, viz. Gram Jyoti and Srijan Foundation in Maheshpur and Pakur block respectively.

Female CVs are hired locally under the intervention and work directly with both male and female adolescents by engaging them in safety sessions in schools. These safety sessions are aimed to improve the agency, awareness around child protection systems and building their career, social connections and support among adolescents for their safe transitions into adulthood. Adolescents prepare a safety map in these sessions as a one-time activity meant to designate safe and unsafe places, people and situations in school and community. These maps are shared with HMs and relevant stakeholders to take actions.

CVs, along with HMs and teachers, aim at getting adolescents enrolled and be more regular in school through engaging their families. Aangan makes use of hyper-local data to identify vulnerable families in the community and engage with them through conducting bimonthly awareness sessions and multi-stakeholder meetings that include school authorities, PRI members, police personnel, AWW etc. Apart from reducing dropout in the community, these meetings are also meant to engage these stakeholders to take relevant actions on the risks identified by school children (during preparation of safety maps in safety sessions). These processes are detailed in the process map as **Annexure 1**.

The following section presents the thematic analysis of the IDIs and FGDs with stakeholders as well as findings from the NPOs of the various activities of the intervention that were conducted as part of the study. The findings of key processes under Aangan's intervention are discussed as follows:

### ***Acceptability of CVs among stakeholders but need for further capacity building among CVs***

CVs are important mediators of this intervention and need to be able to mobilize and engage adolescents and parents and also work with different stakeholders like school authorities, PRI members and other community members for implementation of intervention at ground level. The program monitoring data indicates that 2150 CVs need to be identified (5 CV each for 430 schools) by second year of the intervention. However, only 1398 could be identified and trained by Q3 of 2019.

A standard two-step selection process that involves a suggestion of the name for CV by the HM or teachers followed by an interview by the NGO partners has been the standard method of selection for CV. The HMs/teachers mostly recommended whom they knew and were aware of the credentials for such work. The CVs mentioned that the organization was looking for volunteers who were good speakers, educated and could take sessions with adolescents. The fact that selection of CVs was done based on suggestions from the HM or the teachers, helped establish congenial work atmosphere for CVs in the schools.

*“An officer came from outside and he informed the headmaster that he was searching for volunteer. The headmaster chose me and called me to his office and asked me to become a volunteer.” – IDI, Community Volunteer*

*“Some people had come from XX Foundation. The teacher here knew me. He recommended my name. XX Foundation people came to the school and explained the way this work is carried out. They asked me if I wanted to do this task. I said why not! If the work is good I will definitely do it. I worked as a teacher in a private*

*school. I like to interact with the children.” – IDI, Community Volunteer*

*“A detailed and long interview was taken before selecting us. They asked us where we studied and what all we learned and what were our subjects.” – IDI, Community Volunteer*

*“My experience has been very good with the CVs, they do really nice work. They come to school 2-3 times a month, also in village and organize meetings.” – IDI, Headmaster*

The CVs also found acceptability with the adolescents. The FGDs suggested that the adolescents felt the CVs were very helpful and motivated them to come to school. Adolescents didn't hesitate in talking with the CVs. The CVs had also helped in re-enrolling a few adolescents from the villages and made unsuccessful efforts with some others.

*“She is the reason I come to school (spoken by a re-enrolled adolescent) ... She has visited houses of all of us sitting here.” – FGD, Female Adolescent*

*“Volunteer didi asked me to come back to school, hence I started coming. I like coming to school...She was also giving us tuition as I had missed school for some time.” – IDI, Female Adolescent*

*“We enjoy the session. We are able to ask her (CV) doubts if do not follow a topic.” – FGD, Male Adolescent*

*“She (CV) told us to send our child to school in the past, but my son refused to go.” – IDI, Parent of out-of-school Male Adolescent*

Trainings of CVs are usually conducted once in a month by the implementing NGOs before CVs are to discuss a new topic with the adolescents in the safety sessions in the school. Only 1013 of the 2150 targeted CVs were trained by Q2 of 2019 as per PM data. CVs are taught how to effectively engage adolescents and parents and how to put forth to them different child related issues and the importance of education in dealing with those issues. The trainings used games and videos as mode of delivery, while some were only lecture-based.

Two trainings of CVs were observed, one in each block. These NPOs suggested that the trainings were organized in clean and comfortable space, had deliberations on various child safety issues and were interactive with participants taking part in the discussions. Although, the NPOs suggest that the training in Maheshpur block was conducted better as compared to the one in Pakur block. The trainers seemed better prepared and the CVs were more responsive to the training in Maheshpur block, asking more questions and responding more. The CVs, during their training in Pakur, seldom raised questions and there wasn't much interaction during the sessions.

The CVs in both blocks perceived their training to be useful as they improved their knowledge and awareness around various child related issues including child protection laws and government program and policies, and helped them deliver the same among adolescents and their guardians. The interviews with CVs also suggested that the training sessions and exposure in meetings and engagements with government officials also contribute in building up confidence and self-esteem among the CVs. This may also help the CVs to engage adolescent in a better way and conduct effective safety sessions in future. However, some CVs believed more training were required to learn and understand things better and they need to be attended by all the CVs.

*“It (training) was insightful, fun and not at all boring for me. The biggest part was that they used to interact with us the same exact way as we used to with them. They treated us like their friends and make sure that we don't feel any hesitation or any kind of discrimination.” – IDI, Community Volunteer*

*“The training has really been beneficial for the program. We learn a lot and feel like sharing that learnings with the villagers. The training teaches how to interact and communicate with the young students and also how to*

*communicate with the adults as well. We learn how best to explain to the adults and thus we are always called to speak whenever there is a village meeting.” – IDI, Community Volunteer*

*‘I feel more training is required so that we can learn more and thus teach more to the children.’ – IDI, Community Volunteer*

*“The main advantage it has given me is confidence. Now I can talk fearlessly in public and this confidence has opened new avenues for me. I have managed to associate myself with different organizations. I even attend block level meetings, where I talk in front of a lot of people. I don’t feel nervous anymore. It enables me to talk about child rights and protection in such forums.” – IDI, Community Volunteer*

*“As a community volunteer, the experience has been really good. I got to learn a lot of things, like the tenets of law, for example, the punishment for child labour, child marriage, child abuse was something that I was not aware of previously. I also know by heart the helpline numbers for child protection practices, fire emergency services, ambulance services, etc. These knowledges will come helpful in not only my work but also in personal life.” – IDI, Community Volunteer*

In the current model, non-monetary incentives are provided periodically, and allowances are paid to the group of CVs to cover for their expenses such as travel. The interviews with the majority of stakeholders suggest that lack of incentives and salaries was one of the major reasons for poor motivation and high attrition among CVs. That may also contribute towards their lack of preparation and irregular participation in the intervention. This may have long-term unfavorable impact on regular and effective conduction of the safety sessions in schools as well as towards community engagement.

*“Maybe if we are provided some monetary salary for our work, we would be better motivated to do the work. Many of us have to take care of our own families as well. Some of us even want to study further like learn computer etc. and thus a salary would have been a good way to ensure our personal development as well.” – IDI, Community Volunteer*

*“Salary is the biggest obstacle actually for which a lot of good volunteers have left. If they are provided regular salary, they would join back and the program would run much more efficiently.” – IDI, Community Volunteer*

*“There are a lot of challenges with these volunteers as well because they are not paid for their work. This makes it difficult for us to gather them and run this program. And also challenging for us to convince them to join the program.” – IDI, NGO Partner*

## **5.1 Empowering in-school adolescents to tackle situations of child harm**

Aangan is implementing its intervention in the school through CVs. Aangan envisaged to implement the intervention in 236 schools in year 1 (2018-19), 194 schools more in year 2 (2019-20) and 170 more schools in year 3 (2020-21) across its three project blocks and 85 gram panchayats. Thus, the intervention intends to cater to 430 schools in total by year 2. Aangan was, however, able to reach out to 354 schools by Q2 of 2019. Through its NGO partners, Aangan envisages hiring five female CVs from each village who work with community stakeholders as well as Government schools catering to those communities. The CVs give a consolidated monthly report to the partnering NGOs who are implementing these interventions in respective blocks.

In the schools, the CVs conduct safety sessions with adolescents. The CVs are supposed to take one monthly safety session, each with male and female adolescent group in the school. The sessions are open to all

adolescents of non-primary classes (class 5 onwards) and are taken by one or more of the CVs. A safety session is attended by students voluntarily. Aangan has prepared two separate modules for male<sup>16</sup> and female<sup>17</sup> adolescents, which are used as reference material by the CVs to deliver safety sessions. These sessions are meant to create awareness and enhance knowledge among adolescents on potential situations of risk and harm and the ways they can be dealt with.

Aangan has also facilitated the preparation of live maps, that are tools for collating gram panchayat level data around services available and flagging unsafe places, time and situations. Through this tool, the CVs identify risks and plan their actions based on the risks identified. The CVs should update these safety maps quarterly. The Program Monitoring (PM) data indicates that a total of 93 live maps had been updated by Q2 of 2019 that was in line with the anticipated target for the quarter. Based on these maps a few actions that were linked to improving safety of children, quality of education, regular services at school and increased coordination between community and school were identified and initiated. However, CVs indicated that some actions by relevant stakeholders like police, community members etc. were not taken even after identification of some unsafe situations and spaces through these live maps. Almost 3000 girls (as per PM data) have been highlighting all those issues through community maps made during safety sessions in schools and are sharing those with Principals and Panchayat to take some action. These maps include the safe and unsafe places within school and community, risky situations, and people who could be harmful as perceived by the adolescent themselves. The interviews with CVs and FGDs among adolescents suggested that these maps were prepared, and action was taken by school officials in 12 schools. Some of these actions included examples of HM arranging for access to clean and safe drinking water in the school premises, repairing of bathroom doors and locks, other stakeholders intervening in local factories or site of stone crushers to check child labor, etc.

*“We did prepare a safety circle map. We made village frontiers and areas where women folk live. Home, school and temple were marked as safe areas. Some roads, bridge, river and garden area were marked unsafe.” – FGD, Adolescent*

*“We made a map of the village pointing safe and unsafe places...there is a person appointed to guard the overpass where vehicles pass, and children cross to go to school. This is done to avoid accidents...the boundary wall around the school was also a response to the safety map. The bathrooms in the school have been provided proper doors because of the map.” – IDI, Community Volunteer*

### **Issues around school attendance and low participation in safety sessions**

The PM data suggests that safety sessions were being held in the targeted 189 upper primary and secondary schools in Quarter II of 2019 following the workbooks prepared for girls and boys. The safety sessions were being organized in all the four schools that were part of the study sample. However, the sessions observed in every school had low attendance in numbers as well as poor participation indicating a major concern around the reach of the intervention in schools. There were certain challenges that were identified with the attendance in safety sessions.

All the seven safety sessions that were observed indicated low participation of adolescents. Attendance in the sessions ranged from a minimum of 8 boys in a session in Pakur to maximum of 27 boys in a session in Maheshpur. Average attendance was found to be 12 in Pakur and 22 in Maheshpur. The NPOs conducted for these sessions also indicate that some of the participating students seemed disinterested and did not pay attention in the session while only a few were active among those who participated. The FGDs with adolescents

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<sup>16</sup> Includes aspects such as SWOT analysis; signs of risk; peer pressure; substance abuse; child safety related laws; ambitions; independency; child abuse; availability of help etc.

<sup>17</sup> Includes aspects such as signs of risk, risk related situations and plan of action; education, skill development, future aspirations and budgeting; support available to achieve goals; preparedness for risk related situations; child safety related laws; understanding different stakeholders and reaching them; safety mapping of village

suggest a lack of perceived usefulness and fun element in the sessions as reasons for low attendance. Participants were from different classes (most from the age group of 10-15 years). Findings of NPOs indicate that difference in age group of participating adolescents could also be leading to lack of activity from adolescents in the sessions.

*“Not everyone attends the session. Some children find the sessions useless. Hence, they do not come.” – FGD, Male Adolescent*

*“There are some students who simply attend the session for the sake of attending it. A few students do not pay attention in the sessions. They do not follow what's being taught in the sessions.” – FGD, Male Adolescent*

*“Some (adolescents) agree to our advice and some don't.” – IDI, Community Volunteer*

There were mixed findings around the quality of implementation with respect to facilitation of the safety sessions by the CVs. The NPOs indicate that the CVs were not well prepared to deliver the sessions. Most of the CVs read from the workbooks without much interaction with participating adolescents in these safety sessions. This was more prominent in Pakur block. The sessions that were observed in schools situated in Maheshpur block (as compared to Pakur) seemed to be more effective as these sessions were organized and facilitated in a better way. There seemed to be better participation from the adolescent in these sessions. This could be because of the difference in capacity of the CVs to organize and deliver the sessions as indicated through NPOs of the training sessions for CVs in Pakur and Maheshpur described above.

The overall low and irregular attendance in the schools also contributed to low attendance in the safety sessions. The existing social norms around early marriage, child safety issues and gender norms around adolescent girls emerged as a major reason for students, particularly girls, dropping out of school leading to low attendance in school in general. The other reasons cited by various stakeholders were around competing engagement of adolescent to support household chores and support families in income generation, remoteness of areas, and lack of teachers in rural schools leading to poor attendance and dropouts in schools in general.

*“Like for child safety; child marriage is major issue here. In 7th-8th class teenager girls get married. Last time we had 20 girl students in our school but in 9th class we only had 3.” – IDI, Headmaster*

*“We can't come to school everyday because we have to go to Madarsa also.” – FGD, Female Adolescent*

*“There is a road that we must take in order to reach here. There are many men and boys hanging out there and playing bets. They stare at us, they pass bad comments, they imposingly tell us not to take that road to school. We feel uncomfortable.” – FGD, Female Adolescent*

*“There is only one teacher right now and it becomes very difficult for her to supervise so many children. If she concentrates on a particular group, the other children simply run away. So, the education is not being imparted properly and perhaps, for a few students they are simply putting attendance. So, if another teacher is recruited in the village school, this program would be more effective.” – IDI, Community Volunteer*

*“We face a lot of challenges in our work, like during rainy season it is difficult to work and run this program and achieve our target. About 80% of schools and community will be flooded due to heavy rains. At least for 3 months there will be water logging. Schools are also closed for certain time. Commuting becomes very difficult.” – IDI, NGO Partner*



### ***Important Role of HMs and school authorities in safety sessions***

The HMs are the first point of contact for the CVs in the intervention. Their support is crucial for the CVs to conduct safety sessions. Hence, it is important that HMs receive training about the program. According to the PM data, block wise training of 430 school principals could not be completed by quarter 1 of 2019 as *Gyan Setu*, a State initiated program, was rolled out and HMs were not allowed to take part in any other non-academic activities. In addition, the interim breaks due to festivals and elections had also affected organization of training. However, the intervention had reached out to principals/ teachers in all the old schools (total 236) and in 118 of the 194 new schools at least once through on-to-one meetings and events. Further, 354 quarterly meetings with the members of school safety committee, which includes principal, CVs and children, have been conducted. Total 118 school safety hubs were established against the target of 194 schools safety hubs by end of Q2 in 2019-20. All the 236 schools from the first year had safety hubs. The PM data also indicated that 12 HMs had taken relevant action as per the safety map prepared by school adolescent to make their schools child friendly and safe. In **137** Schools, the HMs displayed posters on Cyber safety, Safe Migration and monsoon emergencies. The Principals were sharing some key messages on child safety in the assembly, parent meeting and SMC meetings. Through this initiative, the schools have reached out to more than 30000 school children.

Despite the low intensity of formal trainings with HMs, interviews with the HMs suggested that they were aware of intervention and were assisting CVs in the schools to conduct sessions. The interviews with HMs and CVs indicate that they seemed to enjoy a healthy working relationship. The HMs facilitated the safety sessions in schools along with assisting the CVs in conducting other activities that may improve school attendance and decrease dropouts.

*“I have very good equation with the Headmaster. He helps me a lot in functioning properly. Whenever I go, he ensures that all students are free for the sessions. We come a day prior and inform the headmaster regarding our intention to take a session the next day and the agenda of discussion. He grants us permission and also tells us a time to conduct the session”* – IDI, Community Volunteer

*“They do really nice work. They come to school 2-3 times a month, visit in villages also and organize meetings.”* – IDI, Headmaster

The interviews with stakeholders indicated that the monthly meetings between the HMs and CVs seem to work as suitable platform for engagement between CV and HM. The CVs use these monthly Safety Committee meetings to update the HMs about their monthly progress. The program monitoring data indicate that these meetings are held regularly in schools where interventions have been ongoing since the last year. However, the meetings are still to be regularized in schools where intervention is relatively new. These monthly meetings were taking place regularly in 236 out of 430 schools. We could observe three such meetings. The meetings we observed were between the HM and the two CVs (who usually took safety sessions with adolescents), occasionally presided by a program team member and teachers. The HMs usually take stock of CVs work and both of them discuss on the ill-effects of child risks (such as child marriage, child labor etc.) and ways to engage students better. These meetings are also a platform wherein CVs discuss plans to increase re-enrolment of adolescents and support required from the HMs.

*“We conduct monthly safety committee meeting in which community volunteers tell principals of their last and current month’s progress.”* – IDI, Block Coordinator

*“We conduct monthly meetings with HM. I tell him about the progress in the month – what topics we discussed and whatever outcomes that were achieved.”* – IDI, Community Volunteer

### **Perceived usefulness of sessions to adolescents**

Despite concerns in quality of implementation, the FGDs with participating adolescents suggest the usefulness of the sessions in terms of growing confidence and self-esteem among the participants. The sessions appeared to increase knowledge and awareness of adolescents towards potential risks and hazards. Information on risky situations, places and people could help adolescent to identify and avoid those and pave way for better protection of adolescents.

*“We definitely have self-confidence now and knowledge that working (child labor) at this age is not good for us.”*  
– FGD, Male Adolescent

*“...benefit is that we are more aware now. If someone asks for our Aadhaar card, we should not give it easily without verifying authenticity of the agency or person. We are aware which emergency numbers to dial.”* – FGD, Female Adolescent

*“This (session) is good, we should continue it. We are learning many things from this. We didn’t know about the negatives of child marriage earlier.”* – IDI, Female Adolescent

*“Sessions have made us think. We should not come under persuasion and greed for more money or more work if offered by a tout or stranger. We should not enter such situations.”* – FGD, Male Adolescent

A few adolescents spoke of increasing the frequency of such sessions, so that they can learn more and revise what have already been taught. Some also desired that their friends are also part of these sessions so that can also learn appropriate things.

*“It will be better if didi (CV) comes multiple times in a week. We will be able to remember more that way.”* – FGD, Female Adolescent

*“Yes sir, we feel we should be taught more (through safety sessions) and we need to gain more knowledge.”* – FGD, Male Adolescent

*“We could spread the word (about sessions) to those who don’t know about it. And yes, they should continue as they help us a lot.”* – FGD, Female Adolescent

## **5.2 Building collaborative space in the community to reduce child harm and increase school attendance**

The CVs, NGO partners, Aangan staff along with the school authorities engage with the community members in the intervention areas. A Safety Committee (SC) comprising CVs, HM, and teachers, is set with the purpose of creating awareness among community members towards child safety issues and encourage them to send their children to school regularly. This Safety Committee should meet community members and conduct bimonthly awareness sessions. The program monitoring data suggests that these safety committees were functional in all 236 schools from Year 1 but only in 118 of the newly added 194 schools. Some focused families are the main participants in these sessions but other families along with their children also attend these awareness sessions. The Safety Committee members also participate in quarterly multi-stakeholder meetings with community members and extended stakeholders to take action on potential child risks.

### **Community engagement used as a platform to encourage school enrolment and reduce child risks**

The intervention has adopted a targeted approach to increase the enrolment of out of school adolescents, regularize school attendance and reduce child risks. The intervention makes use of hyper-local data in the

community. This entails the CVs and the data officer from Aangan identifying vulnerable families based on criterion like enrolment and regularity of adolescents in school, any member facing or are likely to face child risk situations (such as migration, child marriage, abuse, trafficking or labor), socio-economically backwardness of the family and low awareness of family members on government schemes. After identification, these families are engaged through one-on-one interaction and community level meetings on importance of education and child safety issues.

CVs undertake one-to-one discussions with parents in case their children have been absent from school for some time. In such cases, CVs visit their houses to understand the reasons for absence and encourage parents to send them to school. Majority of the interviews suggested that the CVs had reached out to such parents and enquired with them about the reason for not sending their children to school before actually encouraging them to send children to school. CVs were also organizing remedial classes for adolescents in middle school who had stopped going to school in the midst of a session. The parents, who were approached by the CVs to send their child to the school, as well as the adolescent themselves, appreciated the work being done through the intervention. The parents also indicated positive developments in their children while adolescents seemed to be happier after joining school.

*“My daughter is now willing to attend the classes because she likes to be at the school rather than sitting at home. It has thus, reduced the frequency of absenteeism at the school. She also seems more confident. She now talks with others without much hesitation and has become more open to me as well.” – IDI, Parent*

*“I am feeling very good coming back to school. Now I want to study. I am enjoying studying and I will do it properly.” – IDI, Adolescent*

*“They are doing justice to their work and I am happy with what they do i.e. teach and train our children.” – IDI, Parent*

CVs engage community members through bimonthly awareness sessions. These sessions/ community meetings deliberate over a particular agenda as decided by the program team. This implies that subject area for the meeting revolves around a particular issue of relevance. For example, if child marriages are happening frequently in an area, then the meeting would attempt at creating awareness around child marriage and why should it be stopped. Similarly, the meetings would try and address child labor right before the time of crop harvesting. The program monitoring data indicates that 555 bimonthly awareness sessions had been conducted in the community by Q3 of 2019, wherein, families were made to pledge that the children remain in schools, and they stay away from child labor and early marriage. The CVs individually interfaced with over 4218 families.

The intervention also engages community members and extended stakeholders through panchayat-level multi-stakeholder meetings, which are presided over by Aanganwadi workers and Panchayati Raj members among others, to help with taking actions to strengthen child safety and other village level issues. These multi-stakeholder meetings are conducted quarterly. The intervention was able to reach 33 stakeholders and 463 families through 11 Gram Panchayats level multi-stakeholder meetings in the three blocks in Pakur district in Q2 of 2019 where the stakeholders committed to take action to ensure every child is safe in the community. The program monitoring data indicates that only 73% of the locations were reached through these sessions and meetings in Q2 of 2019. The remaining could not be achieved once in two months. However, all locations were covered at least through one meeting in the quarter. Thus, the intensity and reach of both of these meetings were found to be low, with many community members expressing that they were not aware of any such meetings taking place or them being invited for such meetings. This is corroborated through interviews of parents of a few out of school students and a few recently re-enrolled adolescents. Some parents did not join the meetings despite invitations to attend the meetings. In terms of actions being taken on the community safety maps presented to them by school children, only 12 HMs/ *Mukhiyas* had taken relevant actions in Q2 of 2019 as per the program monitoring data. Rest of the multi-stakeholder meetings have not yielded into much action yet.



*"I, myself, am not educated and therefore, I do not have enough information about all these issues. If there is a meeting organised by the concerned authority, it will help parents like me to know and inform their children regarding this in a much better way."* – IDI, Parent

*"I would attend (the meeting) if I am invited...I won't lie, they haven't come here for the past few days."* – IDI, Parent

*"I do not go the meetings regularly. I have gone only twice...I have young kids and have to prepare food."* – IDI, Parent

However, despite, limited intensity and reach, stakeholder accounts indicated that these meetings coupled with individual interactions in the community are helping improve school attendance and in turn are able to reduce child risks. The program monitoring data also suggests that 283 girls (494 adolescents in total) have been re-enrolled in school in Q2 of 2019. These girls were engaged in potentially harmful situations like beedi rolling, agricultural work or remained unsupervised when their parents were away at work. A total of 612 girls were also identified for remedial classes and linkages with Pradhan Mantri Kaushal Vikas Yojana and Tejaswini<sup>18</sup>.

*"She (CV) comes to our village for conducting meetings with the children. It is then she would come to talk to me. She tells us that we should educate our children. She also talks about how child marriage is bad for a child's mental growth."* – IDI, Parent

*"Yes, she (CV) had come and asked us to send our child to school."* – IDI, Parent

*"There were situations where few female students of class 8 had stopped coming to school. Maybe they felt that they are grown up now and must not go to school. Now, because of the efforts made by the volunteer, these girls have come back to the school and have registered their names."* – IDI, Headmaster

*"Initially this awareness was lacking. Girls and guardians were scared. We are sending our girls, what if someone gives them chocolate or toffee and kidnap them. These things had happened in the past. But now there is lot awareness because of the volunteer. Girls are not scared now and they are completing their education."* – IDI, Headmaster

The observation of one community awareness session indicated that CVs were able to engage with families. However, no HM or teacher was present in the observed meeting. The discussion was based on child marriage and why should it be avoided. It also discussed which government schemes can help a family with female child and what are the legal frameworks designed to penalize anyone found accomplice in child marriage. The discussion was found to be engaging with CVs and families interacting actively with each other. CV was found to be using local language to explain the concepts, and CVs motivated participants to work towards improving child safety. The interviews with stakeholders indicate that such meetings are useful and child risks are gradually reducing and adolescents feel safer than before.

*"There are lot of guardians in the village who don't want their girl child to study. Volunteer visits them and talks to them. She was able to admit these girls into class 9, in the high school. The atmosphere of the village is becoming good. Girls are studying. A girl had quit studying and was supposed to get married in two months. But the volunteer stopped this marriage, as it was a child marriage. She gave her social justice and made a point that the girl can study."* – IDI, Headmaster

*"Kids used to gamble. They used to be involved in substance abuse. Kids used to misbehave with the people*

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<sup>18</sup> Tejaswini Yojana intends to improve socio-economic empowerment of adolescent girls and young women (aged 14-24 years) in select districts of Jharkhand through expanding social, educational and economic opportunities to them.

*in the village during the night. These bad activities have stopped now. Things have drastically improved. There is a lot of development. Not just in our village, but in the neighboring villages as well.” – IDI, Headmaster*

*“I attended a village meeting with my father. She (CV) talked about prevention of child marriage in that meeting... I now know that we should only get married after 18 years.” – IDI, Female Adolescent*

### **Existing socio-cultural norms and poverty as a challenge to improving school attendance and decreasing dropout**

The majority of the population in the study area belonged to the socio-economically poorest and minority sections in society. Additionally, due to extreme poverty, many parents were compelled to engage their children in work to help sustain their families financially. The interviews with program staff and other stakeholders indicated that issues of child labor, child marriage, child trafficking and harassment of girls were rampant across the sampled area in the study. While the intervention was targeting vulnerable families and creating awareness, socio-economic and socio-cultural barriers prevented most parents from sending their children to school.

*“Main issue we are focusing on is child labor and marriage which is maximum among Muslims and Tribals. When we go to meet them about drop out students, they directly tell us that we don’t have anything to eat so we send our children to work. If we send them to school, who will provide us food?” – IDI, Block Coordinator*

*“Someone works at tea stall, some work at Dhaba. Those who don’t have father or are poor have to work to sustain their families.” – FGD, Female Adolescent*

*“Main reason for girls dropping out of school is beedi rolling. Another reason is that their parents have a different mentality. They marry off their children at young age. They think that their economic condition will not get better and think that if their girls get older, then it’s hard for them to get the girls married.” – IDI, NGO Partner*

*“Because it is Muslim dominated area, most girls are married at 17-18. There are parents who want to get their girls married at 15-16.” – IDI, Headmaster*

*“Going to school is a huge financial pressure on my family. Instead I find myself better engaged by doing work like rope making which makes me less of a burden.” – IDI, Out-of-school Female Adolescent*

*“Major problem in the block is from child marriage and child labor, due to which the girls don’t come to school. They study up to 6th standard but in class 7 and class 8, they drop out of the school. Their names are enrolled in the school but they don’t attend. They come once in 2 months or 6 months.” – IDI, NGO Partner*

*“Yes, it (child trafficking) happens over here. People from outside come and take our village children in lieu of giving them work and sell them off. Their parents don’t know about it but many of them are often swayed by greed. The outsiders tell them that they would give them money for villager’s children.” – IDI, Community Volunteer*

*“What I mean to say is whenever a girl is being harassed there are quite high chances that she will be married off forcibly to the person who harassed her.” – FGD, Female Adolescent*

*“Yes, child labor is a problem here. See, agriculture is major occupation here in countryside, so children also work. Also, there are cases that whole family moves out of state for work so children go with them and do labor.” – IDI, Headmaster*

Low awareness among parents towards child safety issues and importance of education exacerbates the already grim situation.

*“No, my child doesn’t tell me anything about child safety....I do not know about students learning to tackle risky situations.” – IDI, Parent*

*“[Adolescent 1] My grandmother says that what will happen after going to school. It is not a regular job that you do. Village women don’t work as salaried persons. They say that what is the use after marriage you have to the household chores only...[Adolescent 2] my mother says the same sometimes.” – FGD, Female Adolescent*

While we did not observe this as a part of the process evaluation, but the programme staff suggested that as a remedial strategy, the program was trying to raise awareness of community by introducing and linking them to various government schemes and helping them with the required documentation, which could be helpful for the villagers gradually availing these schemes and perhaps also improve their socio-economic state in times to come.

*“We have been able to link large number of families to various government schemes and policies which has helped them in lowering their economic burden. Some of the schemes such as- Pradhan Mantri Kaushal Vikas Yojana has helped the families by providing another source of livelihood option which is comparatively stable, while the Sukanya Samridhi scheme helps the girl child to postpone her marriage beyond the legal age.” – IDI, State Coordinator*

## **6 Discussion and recommendations**

The CVs emerged as the central figure in the appropriate implementation of the intervention. They act as a bridge between school, communities, and the intervention. The CVs were found to have good acceptability with the adolescents, HMs and parents. However, recruitment of CVs needs to be prioritized as planned to enhance engagement of CVs in schools and in the community. The CVs had been able to successfully re-enroll a few adolescents from the community to schools, which could ultimately help build child protection system stronger. School safety sessions conducted by the CVs were found to be beneficial for the adolescents. The sessions were able to engage adolescents around child safety issues. Safety maps prepared by the adolescents, and advocacy with the HM and PRI members to take action, appear to have helped in improving awareness and agency of adolescents. While this seemed like an appropriate step towards making schools and communities child friendly and safe, there is still a long way to go in terms of safety maps resulting into appropriate actions by relevant stakeholders.

The study findings indicate that the lack of incentives and salaries could be leading to poor motivation and high attrition among CVs. While monetary incentives are important, non-monetary incentives can also be effective. A performance-linked incentive or a target-based incentive could be thought of, for instance, that requires CVs to engage a specific number of adolescents in a session to be eligible to receive non-monetary incentive. Such incentives could include openly praising CVs’ efforts in stakeholder meetings, linking them to government’s skill-based training, and providing them with opportunities for professional development, among others.

The success of the program depends a lot on CVs performing their duties well. The study found the need to improve the training sessions for CVs being conducted by the particular NGO. The limited capacity among few CVs led to poor quality of facilitation of safety sessions that may have been responsible for low participation and lack of interest among some adolescents. Some other participating adolescents, however, perceived increase in knowledge and awareness towards potential risks and hazards. The CV training should have an explicit focus on

building facilitation skills for CVs so that the sessions are more interactive, playful and engaging and adolescents attend them regularly. The training as well as adolescent sessions could use audio-visual methods of learning, games, exercises, role-plays, or energizers, to attract more students. Conducting age specific sessions may also be thought of to enhance engagement of all adolescents in the sessions.

Community engagement, targeted interaction with vulnerable adolescents from families that were identified at risk for dropping out of school, and remedial classes for adolescents who had dropped out were helpful in increasing enrolment of adolescents to school and making stakeholders aware of the potential child risks and preventing them. However, intensity and reach were found to be issues in this strategy. Moreover, meetings and interactions with the stakeholders were not converting into enough actions. The intervention should think about improving action and accountability from these meetings. It may think of establishing a channel of constant follow-up with the relevant stakeholder through the School Safety Committee, School Management Committee or by engaging PRI members from the community that have the authority to be able to take relevant actions. This will ensure that meetings become actionable and child harm related concerns are gradually addressed. The intervention also needs to push training of the HMs as planned to build their capacity further in engaging with families and particularly extended stakeholders (PRI members, police, AWW etc.) so that actions are taken on identified risks.








Structural issues of low awareness among parents, poverty, inadequate infrastructure and remoteness of study areas were deterrent towards engaging better with stakeholders in schools and community. Program's attempt at creating linkages for the community members with existing government schemes towards education, child protection systems and potential ways for livelihood through sessions is a good step. The sessions are a good platform to make communities aware and link them with existing government schemes and should be conducted with appropriate intensity and more participation should be encouraged. More awareness sessions can be undertaken to address specific needs of adolescents, if required, instead of only undertaking bimonthly sessions.

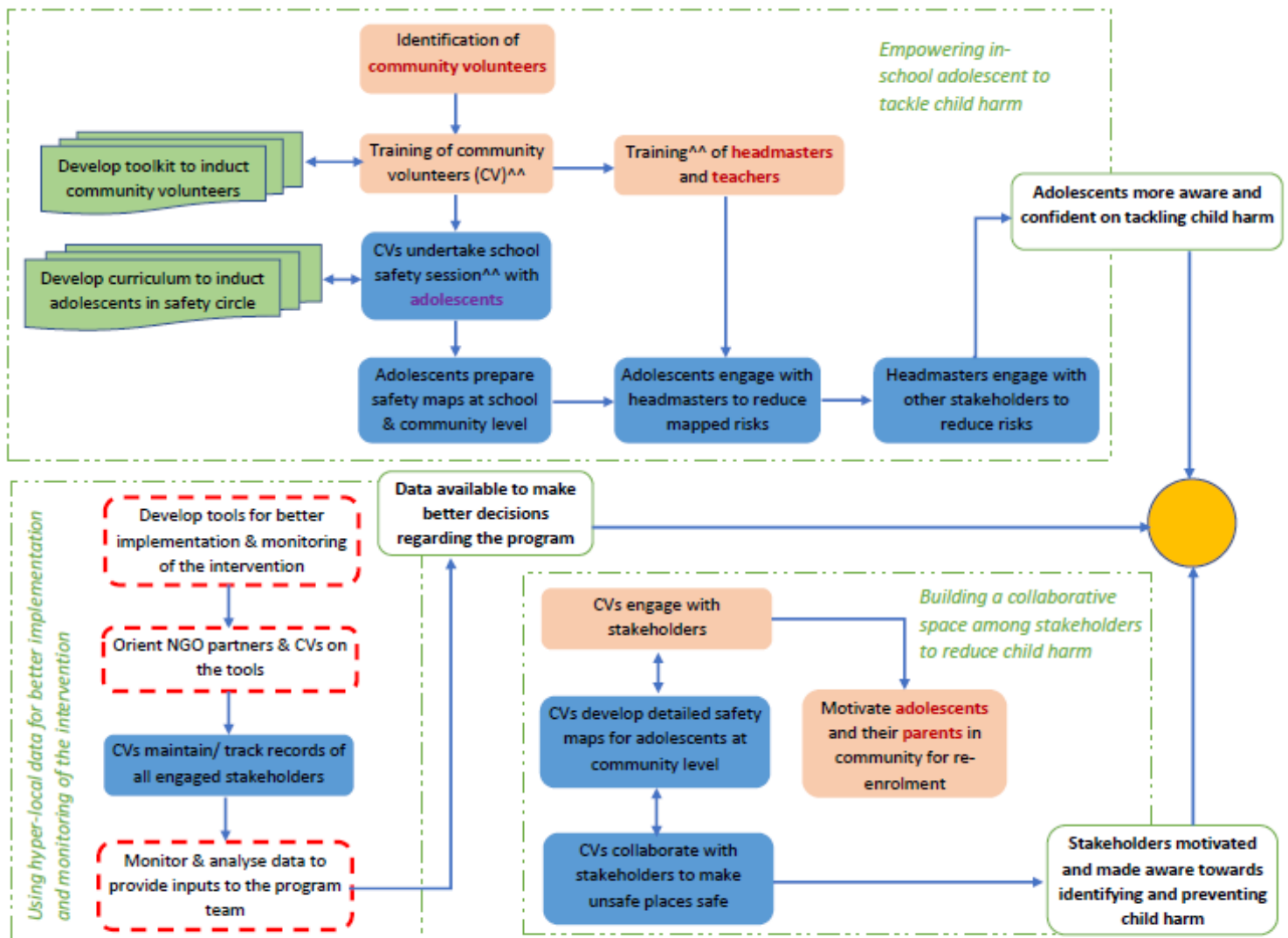
## **7 Conclusion**

The intervention seemed to be making constant efforts at reducing child related risks by improving agency of adolescents and building awareness among community members and other stakeholders, with some intended results. The intervention found acceptance with adolescents as it was able to improve agency among a few girls through its safety sessions and was able to bring more adolescents under the ambit of regular schooling. The intervention, however, required better capacity building of CVs so that they could facilitate sessions better and build better awareness and improve knowledge among adolescents. Intervention also needed to augment intensity of training of HMs, recruitment of CVs and community meetings to yield better outcomes. Aangan's strategy of using hyper-local data to identify vulnerable families and engage with them was helpful in creating awareness around potential child-related risks in the community but the need to take action and fix accountability for the identified risks was felt. Hyper-local strategy needs to go along with effective coordination and collaboration with extended stakeholders to make the efforts sustainable in longer term and achieve improved child protection.

## 8 Annexure 1: Process Map

### Key to the Process Map

	Key documents/materials prepared by Aangan team
	Process carried out by Aangan team
	Process facilitated by Aangan team
	Process carried out by change agent
	Intermediate outcome
	Final goal envisioned by Dasra
	Activities to be observed through non-participation observations
<b>Stakeholders</b>	Stakeholders to be interviewed
<b>Stakeholders</b>	Stakeholders with whom Focus Group Discussions will be conducted



**Note:** Stakeholders include panchayat facilitators, police officials, Field Level Workers, PHC officials, other government officials among others. Community volunteers (CVs) are the same persons across all the blocks in the above schematic.



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