BEFORE, NOT AFTER II

An Evaluation of CINI's Preventative Approach to Child Protection in India

HARVARD FXB
CENTER FOR HEALTH AND HUMAN RIGHTS

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ABBREVIATIONS

AHTU	Anti-Human Trafficking Unit
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BLCPC	Block Level Child Protection Committee
CFC	Child Friendly Community
CS	Comparison Site (Alamsahi)
CWC	Child Welfare Committee
DCPU	District Child Protection Unit
EIS	Early Intervention Site (Bajitpur)
EPHN	Education, Protection, Health, Nutrition
Harvard FXB Center	François-Xavier Bagnoud Center for Health and Human Rights at Harvard University
HRBA	Human Rights Based Approach
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Services
ILO	International Labor Organization
MIS	Mature Intervention Site (Mahesail)
NFHS	National Family Health Survey
OOSC	Out of school children
POCSO Act	The Protection of Children from Sexual Offences Act
RTE	Right of Children to Free and Compulsory Education Act, 2009
SC/ST/OBC	Scheduled Caste / Scheduled Tribe / Other Backward Caste
UIDAI	Unique Identification Authority of India
UNCRC	United Nations Convention on the Rights of the Child
VLCPC	Village Level Child Protection Committee
WLCPC	Ward-Level Child Protection Committee
WIFS	Weekly Iron and Folic Acid Supplementation Programme

EXECUTIVE SUMMARY

This report documents innovative community strategies for preventing serious violations of children's rights. Most interventions intended to protect children are designed to begin after harm has occurred. A particularly common strategy is the removal of children from places of exploitation followed by attempts to support their recovery and social integration. This report describes an altogether different approach: a "systems strengthening" approach to improve holistic overall functioning of child protection systems so that different types of harm and violence against children are prevented from occurring.

Little rigorous research exists that unpacks how preventative strategies can be implemented at the local level, or that assesses how they influence child protection systems for the benefit of children. This study documents and evaluates the harm prevention work carried out by the children's rights nonprofit Child in Need Institute (CINI) since late 2008 in Murshidabad District, an area located in the eastern Indian state of West Bengal on the border with Bangladesh.

We find that CINI's harm prevention approach is a sophisticated and wide-ranging intervention into entrenched socio-economic deprivations in some of the poorest communities in India. It represents a holistic approach to children's rights at the local level, an approach based on the principles of children's participation, accountability of duty bearers, social inclusion and community ownership. The central organizing principle of CINI's preventative approach is the development of Child Friendly Communities, intended as the anchors on which a range of programmatic interventions are developed. Results show that the organizing and facilitation work carried out by CINI staff, guided by this overarching approach, significantly improves the functioning of the local child protection system in comparison to similar contexts. This generates significant buy-in for children's rights, shifts in attitude and performance among duty bearers. Nevertheless, results also demonstrate that communities (including those on their way to being effective child friendly communities) rely heavily on CINI for organizational continuity and that the potential impact of this model is limited by significant countervailing pressures that are unaddressed by this approach, specifically pervasive poverty, entrenched gender bias, poor delivery of services and financial benefits, low uptake on welfare schemes and low returns to education.

Methodology

This study identifies the theory of change for CINI's harm prevention program, evaluates how this matches up to the reality of program implementation, and documents the program's results for vulnerable children, families, and providers. The Harvard FXB team carried out its first round of research from February-March 2017 in three CINI intervention areas in West Bengal. Researchers gathered data on the program's theory of change – the philosophy and organizational framework informing CINI's work – through ten in-depth interviews, five focus groups, observational research and available administrative data.

Based on these results, researchers designed a mixed methods experimental study that was implemented in a second stage of field research from July-September 2018. In partnership with the Kolkata-based research institute, Pratichi Trust, the study was implemented in three rural villages in Murshidabad. These sites were chosen in order to fully reflect the potential results and changing process of CINI's time-bound intervention. First, a "mature intervention site," (MIS), village Bamuha of Mahesail-II GP was identified where CINI's staff ran its program from 2010-11 to 2014-15 before handing over ongoing activities to local stakeholders. In the second study site, an "early intervention site" (EIS) named village Gopalgunj of Bajitpur GP, CINI staff had worked consistently since 2016. Finally, Alamsahi Village of Chachanda Gram Panchayat and Samserganj Block, a comparison site (CS) where CINI does not work was chosen, based on pre-determined criteria indicating that this site had similar child protection challenges, and social and political context.

Researchers administered a quantitative survey with a representative sample of primary caregivers and children aged 10-17 in the MIS (n=385) and in CS (n=538). Researchers also conducted 69 in-depth qualitative interviews and 7 focus groups across all three sites with children, primary caregivers, as well as service providers relevant to child protection: education professionals, healthcare workers, civil servants, police, and political appointees. Surveys were designed to evaluate a wide variety of metrics, each representing some of the components of CINI's organizational theory of change. Among others, these metrics included: rates of child labor, child marriage and school dropout, uptake on welfare programs and health services, service provider performance, the functionality of existing forums for children's rights, and levels of child participation in local self-governance mechanisms.

Theory of Change

The following section sets out, in language provided by CINI, the organization's theory of change. CINI's harm prevention programme is inscribed in its wider organizational theory of change (ToC), distilled in the CINI Method, the conceptual framework that guides the entire CINI's operation, from long and short-term strategic planning and programming to organizational management. The goal of CINI's harm prevention program work is to shift from the prevailing vertical, fragmented, remedial strategies conventionally adopted in this realm to a comprehensive, preventive and systemic approach embedded in a human rights-based approach (HRBA) to development planning for and with children. In CINI's work for deprived children, "the epidemiological preventive, participatory and rights-based learnings, developed since the mid-seventies in the context of the community healthcare movement emerged from the Alma Ata Conference on Health for All, have been applied, since the nineties, also to the fields of education and child protection".

CINI's Child Friendly Communities (CFC) approach is the core component of the CINI Method. The CFC process seeks to implement the CINI Method at the community level, where children live and should be protected. This is the setting where systemic participatory, accountable and convergent action can be best tested out to prevent harm before it occurs at home, in school and in the community. CINI defines "Child Friendly Communities" (CFCs), as a local constituency where all children, "irrespective of their...background can fulfill their rights to survive and be healthy, develop to their full potential, be protected and cared for and participate in decision-making processes that shape their lives."

The CINI Method, with its CFC component, is ultimately designed to translate child rights principles into practice. It is built on a set of four CINI Method Core Rights-Based Programmatic Principles for Children, distilled to encompass the full range of human and child rights principles, namely:

◊   Children's participation,
◊   Accountability by duty-bearers,
◊   Multisectoral convergence and
◊   Prevention.

All CINI activities and systems are driven by such core principles. Drawing directly from the UNCRC, the CFC approach hinges on the responsibility of the primary duty-bearers. At the community level, they have been identified as:

◊   Parents (the primary CRC duty-bearers) and, by extension, families and communities
◊   Service providers, such as teachers, healthcare workers, child protection workers, the police, the judiciary and
◊   Local government institutions (LGI), namely the Panchayat (PRI) in rural areas and the Urban Local Bodies (ULB) in urban centres, which represent the State at the decentralized constituency level

In brief, therefore, the CFC approach seeks to mobilize primary duty-bearers active in the local constituency. CFCs are intended to support these actors in translating into development practice for children the entire range of human and child rights distilled as the core principles by the CINI Method.

This mobilization and support are intended to span the continuum of care from the home to the government realm. Duty-bearers are encouraged to collectively participate in the design, implementation and ongoing improvement of policies and practices that support the entire range of children's rights to survival, development, protection and participation, including in the areas of children's health, nutrition, education and protection ("EPHN"). Adult duty-bearers are supported in increasing their accountability and capacity; child rights-holders are empowered to claim their entitlements. CINI acts as a catalyst in such a process through CFC Facilitators, who are periodically trained in HRBA programming.

To enable this, CINI has developed a logical pathway to implementing children's rights. At the community-level, the process includes the CFC Seven Building Blocks. These are sequentially linked steps, adapted for use from the United Nations Convention on the Rights of the Child (UNCRC) implementation guidelines[1] designed to guide the government systems to implement and monitor children's rights. The 7 CFC Building Blocks include:

1. Raising awareness of duty-bearers and rights-holders about children's needs and rights in the community
2. Institutionalizing the children's rights implementation process in local governance and in child-focused systems
3. Collectively analyzing the status of children and the responses available in government, family and community
4. Identifying priority issues for adults and children stakeholders to act upon
5. Developing a Community Plan of Action for Children as a systemic tool to ensure a participatory, accountable, multisectorally convergent and preventive process to implement children's rights
6. Implementing the children's local plans with the active participation of all concerned
7. Monitoring progress toward strengthening the overall governance, service provision and family systems relevant to children's wellbeing, protection and rights

CINI regards itself as a facilitator rather than a duty-bearer. It acts in communities through CFC Facilitators. Each facilitator is responsible for 10-12 villages, an area of roughly 10,000 residents chosen because of high levels of child vulnerability. CFC Facilitators are supported by a CFC Supervisor at the block level, as well as a CFC Coordinator at the district level. Primary inputs to facilitate the implementation of children's rights at the local level are meant to focus on strengthening the ability of relevant adult and children in the community to execute the seven phases in the CFC process. The goal of the model is to strengthen systems to improve protection, health, nutrition and educational status of children residing in the community.

The overarching expected outcome of CINI's systemic, epidemiological CFC process is to provide a tested model for the creation of **a preventive system** that fulfils the entire range of rights for all children, with a special focus on the most vulnerable ones. Adult duty-bearers are accountable for providing child rights-holders avenues for participation and empowerment. CINI's vision intends to build on policies developed by government and other child focused entities over the years, policies articulated but not fully realized. The intention thus is to contribute to the paradigm shift in the work for children, particularly in the child protection area.

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[1] UNICEF, Implementation Handbook for the Convention on the Rights of the Child, 2007 https://www.unicef.org/publications/files/Implementation_Handbook_for_the_Convention_on_the_Rights_of_the_Child.pdf

The realization of horizontal processes aimed at strengthening crosscutting systems (from the perspective of children's participation, accountability by duty-bearers, intersectoral convergence and prevention) allows for vertical sectoral interventions in education, protection, nutrition, and health areas (EPHN) to be systematically 'woven' in.

Thus, CINI's focus is on strengthening the existing system rather than on introducing new, and in CINI's view, potentially unsustainable mechanisms instead. In rolling out the CFC process, horizontally, CINI strives to improve and make functional established governance forums and groups and platforms responsible for managing interventions for children, including in the areas of child protection, in the community. Vertically, it works to increase quality and uptake by families and children of available EPHN services and programmes. According to CINI's theory of change, by taking prevention to this more systematic and integrated systemic approach, key child rights violations, such as child marriage, child labor, unsafe migration and trafficking, are more likely to be prevented than they have been so far by addressing them in isolation.

According to CINI, after a period of roughly five years, the mechanisms can be taken over by the government system and institutionalized in a particular community, so that CINI's staff can leave. Finally, complementing its community level work, CINI also considers advocacy and policy influencing at the national government level to be crucial. Its vision, thus, is a harm prevention strategy developed at the very local, community level that generates changes and insights that can be transmitted to implementation by policy makers at district, state, and national level. This elaborate and theoretically sophisticated intervention model was the object of the study reported on in what follows.

Results: Process and Outcomes

Results from the FXB study show that local CINI staff members provide leadership to a wide array of individuals, programme sectors and groups, acting in the role of a particularly effective and dedicated social worker or organizer. Residents and providers respond to staff with respect and allow them to help implement changes in part because of CINI's excellent reputation, earned over twenty years of work in Murshidabad. The core activities outlined above are all largely being carried out as planned. As a result, some aspects of the local child protection system, as detailed below, have been strengthened.

The groups and forums that CINI considers essential for child protection – from village-level child protection or nutrition and health committees to the women's Self-Help Groups – are significantly better established in the MIS, and to a lesser extent in the EIS, then in the CS. For example, while participants in the CS uniformly agreed that the Village Level Child Protection Committee "doesn't function here," 48 percent of caregivers in the MIS knew about this monthly forum, which serves to address local issues ranging from harassment to early marriage and school access. Study participants in CINI intervention sites expressed the belief that dedicated spaces for discussion of local child protection issues facilitate information sharing, cooperation and accountability.

In the CS, no children or caregivers reported participating in meetings relevant to children's rights. In CINI intervention sites, by contrast, there is meaningful child participation in local events that affect children. This happens largely through the Children's Groups, which are 'child participation groups' for children up to age 18 that provide peer support and conduct advocacy around issues like child marriage and school dropout among local residents and attend local governance platforms. In the MIS, 35.7 percent of children reported having attended a meeting.

This study revealed that in CINI sites service providers had much greater awareness of their own child protection responsibilities and cooperated more effectively amongst themselves and with residents around children's issues. In the MIS, regular engagement has helped to form a sense of shared responsibility among service providers. This site had the greatest number of instances where providers discussed working with a team to address a problem with a child. "I have stopped seven

marriages on the day of the wedding," said the Panchayat Pradhan, "This was done with the co-operation of the BDO and members of the local area. It was only due to the co-operation of the people."

Our results are less conclusive regarding social norm change among residents themselves, who in all sites demonstrated a wide range of views on child protection issues. Quantitative survey data on social norms showed no significant differences among children and caregivers between the MIS and CS. While individuals that participate in the various meetings and forums for children's rights in CINI sites have evolved considerably in their views on CP issues, these benefits have not significantly shaped the attitudes of members of the broader community. A change in views (attitude) is grounded in an evolution in social norms. Action (behaviour) may not change as a result of change in attitudes (views).

There were considerably stronger mechanisms to identify children and families at high risk of harm in CINI intervention sites than in the comparison site. These mechanisms include increased knowledge among children of ways to report risk (emergency hotlines as well as to trusted individuals), as well as increased attentiveness to early warning signals among organized groups of children, women, and service providers. Quantitative evidence suggests that children in the MIS are more familiar with ways to report risk: 41.7 percent of children in this site, compared to only 3.6 percent in the CS, were aware of Childline and its function. This 24-hour emergency helpline provides a critical means to disclose potential harm. Significantly more children in CINI sites had also asked service providers for help with a problem.

CINI's staff encourages local stakeholders in Murshidabad to connect families to existing services and welfare programs, providing alternatives that might mitigate the pressures leading them to marry their children young or pull them out of school. Results indicate that the CFC Facilitators, community health workers, women's groups, Children's Groups and others inform residents in the EIS and MIS about the availability of government welfare schemes and other government benefits, as well as secured the financial support for select students through the panchayat. However, CINI staff and local stakeholders in intervention sites help families to actually enroll in schemes or troubleshoot issues with receiving benefits. Results strongly suggest that enrollment and receipt of benefits among eligible residents is a significant issue for both the MIS and the CS. Rates of enrollment among eligible residents were low overall, but also for programs directly relevant to children's welfare, among others, scholarships for school fees and associated costs for minority students and Kanyashree, a conditional cash transfer scheme to delay child marriage.

The large number of people that each local CINI staff member must train, support and motivate across 10-12 villages means that their work has a wide reach, though some respondents suggested their impact could be increased if the area they attend to were reduced. Local staff receive a daily wage of ~$3 (Rs. 217), which helps the program to operate sustainably at low cost: in fiscal year 2016-17, the total cost for Murshidabad district was Rs. 637,738 (~$9,100), not accounting for staff at the Kolkata State Office. However, some local staff members assume additional responsibilities to supplement their income that can take away from their CINI work. Finally, a core premise of the CFC model is that CINI withdraws from a community after five years. Yet while staff members stated that this has happened in the MIS, results show many residents and providers continue to depend on CINI in their child protection activities.

It is unclear from study data if the seven separate "building blocks of CFC" were taking place in CINI sites. No participants when asked described a data driven, coordinated, monitored plan to address specific child protection issues. Nevertheless, in both the MIS and EIS there was general consensus among stakeholders that the priority issues locally to address were: (1) child marriage; (2) school dropout; (3) out migration; (4) child and maternal health, and; (5) sexual harassment. The CFC Building Blocks were reviewed in the background of the five core research issues.

Results: Impact on Child Marriage, School Drop-Out, Child Labor, Distress Migration, Health and Child Abuse

Results show that early marriages were a problem across all study sites: data from the recent National Family Health Survey-4 ranks Murshidabad among India's highest prevalence districts. Early marriages were sometimes arranged coercively and respondents also stated that self-arranged marriages, construed as "love marriages", were increasingly common: cases where adolescent couples elope and then marry (either willingly or not), in order to give legitimacy to their relationships. Finally, a core premise of the CFC model is that CINI withdraws from a community after five years. Yet while staff members stated that this has happened in the MIS, results show many residents and providers continue to depend on CINI in their child protection activities.

Preventing child marriage is a top priority for stakeholders in CINI intervention sites. This is also the child protection issue where positive results of the intervention were most visible. Findings suggest that intervention sites successfully employed a multipronged approach of community engagement, coalition building among children, early detection networks, and utilization of a government cash transfer program, Kanyashree to prevent child marriage. In comparison to Alamsahi (CS), these efforts in CINI intervention sites were markedly more coordinated and inclusive of local stakeholders. Anti-child marriage advocacy efforts led by children and women who were married as children – something not present in the CS – were viewed as being particularly effective.

In the MIS, twelve specific cases were reported to the research team where an early marriage was prevented, compared to ten in the EIS and only one in the CS. Separate cases where a child marriage could not be prevented were mentioned twice in the MIS, eight times in the EIS, and zero times in the CS. Child marriage was likely under-reported in the quantitative survey due to social taboo and fear of legal repercussions: only two children in each MIS and CS reported that they were already married.

Addressing school dropout is also a high priority for providers and residents in the MIS and EIS. Local stakeholders seek to prevent dropout by collecting lists of out of school children (OOSC) and sharing them with teachers; training Children's Group members to advocate for the importance of education with their peers; helping families enrol their children in schools, and access support from the Panchayat or government schemes. CINI also provides free supportive education services at Community Safe Spaces for Children to support formal education in schools' to children in the MIS that was viewed positively by local residents. Qualitative evidence indicates these efforts have achieved some success in changing local attitudes towards education. "Changes are coming gradually," the Gram Panchayat member in the EIS stated, "the frequency of attendance of irregular students has increased in comparison to earlier." Several interviewees connected these changes directly to CINI.

Despite these consistent efforts, the high number of OOSC remains a serious and ongoing problem in all areas. There was no difference in the quantitative results for rates of OOSC across sites. At the primary level, 11.5 percent of children in the MIS were out of school, as well as 11.8 percent in the CS. At the secondary level, results were worse in the CS (34.8 percent) than in the MIS (26.6 percent) but this was not statistically significant. There are several structural challenges relating to education in Murshidabad not addressed by this model, including pervasive child labor and out-migration among school age children; structural poverty, exacerbated by widespread use of private tuition; and double enrollment of children in both private and public schools. These factors contribute to school dropout, but also lead to highly irregular school attendance that undermines learning and the perceived value

of education.

Stakeholders in CINI intervention areas seek to address high rates of unsafe migration by children that are seen across all sites. Most commonly, boys migrate after completing primary school for work in different districts and states of India. Many perceive this income as essential to household economies. Some children leave for one or two months, just long enough to earn the income needed to cover an emergency expense. Others go for a few months, return, then head out again. While a majority of children migrate to work as masons on construction sites, there is wide variety in the purpose, destination and facilitator. Arrangements that lead to exploitative migration, or trafficking, are often very difficult for local service providers and residents to distinguish from other forms of movement.

Unsafe migration is addressed in CINI intervention sites through efforts by CFC Facilitators and Children's Groups to identify child migrants and persuade them to move safely out of the village and to enroll in school. For children who wish to move, safe migration is encouraged through a system of "Migration Cards." Qualitative data show this approach has been successful in some cases. Three service providers in CINI sites (none in the CS) noted recent improvements in migration for work among the youngest children: "Earlier I had seen 9-10 years old going away" said the ICDS worker in the MIS, "but that doesn't happen anymore." Despite this, there was no significant difference in rates of migration reported in the survey across sites and none of the caregivers or children surveyed reported using Migration Cards.

There is widespread child labor in Murshidabad, in particular among girls who from as young as ten years work in the home on a contractual, piece-rate basis rolling beedis (cigarettes). In the CS, 54.1 percent of children aged 10-14 and 76.8 percent ages 15-17 were in child labor, compared to 41.0 percent ages 10-14 and 62.0 percent ages 15-17 in the MIS. These differences across the sites were not statistically significant after accounting for the effects of religion, sex, wealth and caregiver education levels. Importantly, working children in the MIS did so for fewer hours per week than those in the CS (19.1 hours vs. 27.5 hours), however this difference too was not statistically significant. Beedi rolling is intrinsically hazardous to health, putting children at high risk of respiratory diseases and tuberculosis. In many cases, it also prejudices school attendance and learning.

None of the CINI staff, service providers, caregivers, Children's Group members or other children interviewed for this study highlighted the prevention of child labor as an explicit priority for action since targeting directly child labour is no longer a strategy in existing policy.. There was no social norm observed against child labor per se, which is considered an inevitable local reality. There is a norm against work that precludes schooling entirely, a problem that CFC stakeholders address by re-enrolling children in school and signing families up for government welfare programs. Respondents did not generally consider children's work rolling beedis (Indian cigarettes) to be illegal. Criminal prosecutions are very rare in part because Indian law does not consider beedi rolling to be hazardous work. While the ILO would consider the large majority of 15-17-year-olds in the CS, 76.8 percent, to be engaged in unacceptable work, Indian law would only find 8.9 percent to be so.

CINI view child health and nutrition as intrinsic to their harm prevention approach. In intervention sites, staff members provide support to community health workers and train Children's Group members and local women on health issues, who then work alongside community health workers to increase uptake on existing services. Key results of these efforts from qualitative and quantitative analysis were that enrollment rates among children age 0-17 in the government's Weekly Iron Folic Acid Supplementation (WIFS) programme were significantly higher in the MIS, (49.5%) compared to the CS, (35.0%). Relatedly, children in the MIS had statistically significantly better Height for Age scores compared to the CS, though other markers of nutritional status, such as BMI for Age and Weight for Age scores, did not vary significantly by site. Uptake in community health programs for adolescent children as measured by attendance at Anwesha[2] clinic and awareness of JSY were also significantly

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[2] Answesha clinics are "Adolescent Friendly Health Clinics initiated under NRHM...envisioned as a key service delivery point for adolescent friendly services including counseling, linking with clinical services, referral and outreach" (https://swasthyapurulia.org/prog_AdoHealth.aspx).

higher in the MIS compared to the CS.

The last issue that stakeholders in CINI intervention sites seek to address is violence against children (VAC). There were several kinds of VAC reported in Murshidabad: domestic violence in the context of early marriage; sexual harassment; physical violence and murder; and sexual abuse and incest. VAC was discussed, especially in the context of actions to address VAC, more frequently in CINI intervention sites than in the comparison site. However, the only form of VAC that respondents raised spontaneously as a priority for action was sexual harassment and this was not discussed in the CS. Children's Group members advocate in the VLCPC and in school to address this problem, raising awareness of the issue and initiating several concrete actions with the police and teachers to address the problem.

Conclusions

The prevailing focus on reactive responses to children's rights violations urgently needs supplementing by creative, bottom up strategies that prioritize early engagement with known risky situations before, not after devastating harm occurs. CINI's harm prevention approach is ambitious. It represents an attempt to radically transform the child protection system from the local level, upwards. CINI's vision, that the creation of child friendly communities is the critical building block for transformation in social responses to children and child protection, is both inspiring and impressive. In some respects, this thoughtful and ambitious approach has seen noteworthy success. The study documents success in preventing child marriages, engaging young people in social change, and generating buy-in for children's rights among diverse stakeholders that would otherwise give little focus to these issues. These are impressive achievements, that can be expected to grow and expand in years to come as the organization's work and influence proliferate. Yet this model also operates in a context where structural factors continue to militate against child wellbeing. Inevitably, as this reports notes, there is scope for the program to more effectively address some of these structural factors. Other factors require complementary preventative investments by the state, private sector, and justice and law enforcement systems that are greater, more sustained and effective than at present. Together, these efforts, if realized, can be expected to further enhance child protection in India and accelerate the development of child friendly communities across the country.

I. INTRODUCTION

Most interventions designed to protect children in India from harm are carried out after the harm has occurred, instead of before the harm takes place. Child protection workers remove children from places where they are being exploited, and then attempt to support their recovery and social integration.

In 2016, the Harvard FXB Center for Health and Human Rights published a report entitled *Is This Protection?* The report evaluated this after the fact "rescue and reintegration" model of response, by focusing on one aspect of pervasive harm against children in India – trafficking for labor exploitation.[3] The results revealed startling inconsistencies between the Indian government's legal and policy obligations to protect children on the one hand, and its practice in implementing those obligations on the other hand. The report found that exploited children, if they did not fall through the cracks of the protection system entirely, received a series of poorly executed, disjointed and fragmented services. The vast majority of these children remained exposed to the same structural vulnerabilities after government intervention as they were before being trafficked for exploitation in the first place.

People working to address serious violations of children's rights have long acknowledged that, while essential, responses that occur after harm has happened are insufficient to protect children. Efforts to reduce the risk of re-victimization, sometimes characterized as "tertiary prevention," involve significant challenges in effectively addressing the enduring legacy of exploitation and as a result do not fully address the causes of the problem. Some efforts have attempted to proactively target child vulnerability to harm through universal services ("primary prevention"); and through targeted services for high-risk individuals ("secondary prevention"). These focus on health-promotion and competence-enhancement, rather just on illness prevention.[4]

In practice these efforts have tended to isolate just a few of the complex and interconnected causes of child harm. Some interventions address poverty through economic development programs; some focus on the risks arising from lack of information about exploitation by offering awareness programs; and some entities concentrate on the criminalization of exploiters. But because the precipitating factors for instances of child violence, abuse and exploitation are complicated, and because they encompass structural, interpersonal and circumstantial impacts, these one-dimensional preventative actions have tended to be ineffective.

What would a community-level harm prevention program look like that more comprehensively addressed the interactive and idiosyncratic risks that face so many of the world's children?

At a discussion about the Harvard FXB Center's *Is This Protection?* report, an analysis of India's anti-child labor trafficking programs, held in Patna, Bihar in 2016, a nonprofit organization with long experience in the child protection field, the Aangan Trust, explained its own harm prevention program. Aangan invited Harvard FXB to conduct an objective evaluation of its model, its methods and its results, in conjunction with evaluations of other nonprofits in India that also run interventions that they consider to be preventative. Child In Need Institute (CINI) was suggested by Indian experts in child protection. The goal was to generate an evidence base for increased investment in prevention as a strategy for addressing child protection needs. Harvard FXB completed a full analysis of Aangan's prevention model centered on the organization's work in Varanasi, Uttar Pradesh, in 2018. It then

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[3] See Elizabeth Donger and Jacqueline Bhabha, "Is This Protection? Analyzing India's Approach to the Rescue and Reintegration of Children Trafficked for Labor Exploitation" (Harvard FXB Center for Health and Human Rights, March 2016).

[4] Roger P. Weissberg, Karol L. Kumpfer, and Martin EP Seligman, Prevention That Works for Children and Youth: An Introduction., vol. 58, 6–7 (American Psychological Association, 2003). Weissberg, Kumpfer, and Seligman.

embarked on a second child protection study, examining a different model of community-based harm prevention, the model developed by CINI in West Bengal. What follows is a case study of CINI's prevention model. It is intended to examine in depth how a thoughtful prevention approach to child protection works in practice, with a view to deriving empirical data that can stimulate greater investment in initiatives that prevent children from being exposed to harm in the first place.

II. BACKGROUND

The Indian Child Protection System

The 2011 Indian Census documented 474 million children under the age of 18, accounting for nearly 40 percent of the country's population. Article 39 of the Indian Constitution[5] directs that these children should be given opportunities and facilities to develop in a healthy manner, in conditions of freedom and dignity and that they be protected against exploitation and against moral and material abandonment.

An extensive body of law has been developed to guard against violations of these rights.[6] Government has also designed several complementary policies and programs to ensure child protection, the responsibility for which spans a wide array of departments: women and child development, health, education, labor, panchayati raj (local self-governance) and rural development. Protection extends to the educational setting through the Right of Children to Free and Compulsory Education (RTE) Act enacted in 2009, which guarantees free primary education to all children ages 6-14 and funds free mid-day meals to enhance children's nutritional intake and incentivize attendance.

The Government of India (GOI) Integrated Child Development Services (ICDS) provides critical health and nutritional programs including food supplementation, early childhood development (ECD), early childhood care and education (ECCE), and mother and child health (MCH) to pregnant women and nursing mothers, infants, preschool children and adolescent girls. Over four-decades-old, ICDS aims to deliver these services in an integrated manner at the community level through the anganwadi, or childcare center, run by an anganwadi worker and a helper, and outreach services at the home level. The anganwadi worker also collaborates with local healthcare workers, the Auxiliary Nurse Midwife and Accredited Social Health Activists and teachers.

In 2009, the Ministry of Women and Child Development launched the first national child protection scheme, the Integrated Child Protection Scheme (ICPS). The goal was and is to coordinate and strengthen the various services relevant to child wellbeing – from the grass roots level through the central government entities – and to raise public awareness of child rights and available services. ICPS provides care, support and rehabilitation services, including: emergency response to urgent cases through Childline, a toll-free 24/7 helpline[7] ; drop-in and long-term shelters for children in need; and family based non-institutional care (foster care and adoption). ICPS also provides

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

legally mandated support services through Child Welfare Committees, Juvenile Justice Boards and Special Juvenile Police Units. Finally, the scheme allocates funds for: training the personnel of these committees; research on child protection issues and development of systems to share data on individual children across stakeholders; advocacy and education campaigns on specific child rights violations; and monitoring and evaluation of services provided.

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[5] Constitution of India, 1950, article 39.

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

[7] CHILDLINE is included in ICPS as an important emergency and outreach service. In the revised guidelines of ICPS, Child Line India Foundation (CIF) is listed as a Mother NGO running the service through its regional centres. http://cara.nic.in/PDF/revised%20ICPS%20scheme.pdf.

ICPS is implemented by state-level governments – through a State Child Protection Society and a network of District Child Protection Units in each state – with financial and technical support from central government. ICPS also mandates the creation of village/ward, panchayat and block level child protection committees (CPCs). They are intended to raise awareness about child protection issues, facilitate local solutions to cases of harm or refer to appropriate authorities, disseminate information from the formal child protection system and improve performance by duty bearers. There is no guaranteed budget for the CPCs. While the process of establishing CPCs is well documented,[8] their outcomes have not been well-studied, and their reach is limited. This research deficit is true more broadly for ICPS, with the exception of a few state-specific evaluations funded by UNICEF.[9]

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

In the Indian Government's Union Budget 2018-19, children received 3.24 per cent of total financial resources (including education, health, development and protection services), a decline of 0.08 percentage points from the previous year and short of the 5 percent recommended in the 2016 National Plan of Action for Children.[10] Child protection received 0.06 percent, a level almost stagnant since 2014 and the Ministry of Human Resource Development has noted in Parliament that utilization of these meager funds has been very slow.[11]

The social protection system, which counts for 1.3 percent of public expenditure, offers families of vulnerable children additional funds through welfare programs or "schemes."[12] These schemes are targeted to families designated as belonging to a scheduled caste, scheduled tribe, backward class, or other minority group, on the basis of historic social and economic marginalization. They include cash transfers for pensions, education support, or poverty alleviation; food transfers; food and fuel subsidies; and nutritional supplements.

Child Protection in West Bengal

The eastern state of West Bengal is India's 4th most populous state, with 91 million people, 35 per cent of whom are children. A fifth of the state population is poor, a rate close to the national average. Poverty reduction has accelerated since 2005, though at a slower rate than in most other states, and pockets of high poverty still persist particularly in rural and border areas.[13] In 2011, the child sex ratio – defined in India as the number of females age 0-6 years per thousand males - was 956 in West Bengal. This ratio was among the highest rates in the nation. As of 2015 the infant mortality rate was 28 per 1,000 live births[14], which is slightly below the national average of 32 per thousand live births[15] and the global average of 29 per thousand live births.[16]

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[8] UNICEF, "Preventive Strategies for Child Protection: Practical Guidance to Form and Strengthen Child Protection Committees" (New Delhi: UNICEF, July 2013).

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

[10] HAQ: Centre for Child Rights, "Union Budget 2018-19 Budget for Children in #NewIndia," February 2018, 2.

[11] Centre for Budget and Governance Accountability, "Of Hits and Misses An Analysis of Union Budget 2018-19" (New Delhi: CBGA, 2018), 45.56 National Bureau of Statistics. (2017). Labor force statistics Vol. 1: Unemployment and underemployment report. Available at: africacheck.org/wp.../q1-q3_2017_unemployment_report_VOLUME_1-1.pdf

[12] ILO, "World Social Protection Report Data 2017-2019," accessed August 8, 2018.

[13] World Bank Group, "West Bengal: Poverty, Growth & Inequality," June 20, 2017.

Significant progress has been made in the area of education for the younger generation, who are staying longer in school and improving in learning outcomes. According to the National Household Family Survey (NHFS)-4, primary school attendance is almost universal (94 percent) between the ages of 6-14 years, dropping to 70 percent at ages 15-17 years compared to 2006 where overall rates were below 90 percent.[17,18] A large majority of children in the state attend public schools, and a lower percentage of children attend private school in West Bengal compared to India as a whole (8.8% vs 30.3% ages 8-14) as per the most recent Annual State of Education Report.[19] Levels of educational attainment also vary starkly between social groups and castes.[20] For example, the state's Scheduled Tribes record particularly high levels of poverty on average, lower levels of educational attainment, and less access to drinking water compared to Hindus, Sikhs, Christians and other groups. According to the 2011 Census, 27.1 percent of the state's population is Muslim, a minority group that research has consistently shown is more likely to experience adverse living conditions, higher rates of poverty, and lower literacy rates, and health quality compared to Hindus, Sikhs, and Christians.[21,22]

Child In Need Institute - CINI

Child in Need Institute (CINI) was founded in 1974 in Kolkata, West Bengal, by the Indian pediatrician and humanitarian Dr. Samir Chaudhuri. The non-profit began with a focus on public health and human rights, in particular on alleviating child malnutrition. Pioneering the community health worker model, CINI sought to combat root causes of inequity such as poverty, gender inequality,

CINI works closely with entities at the national, state, district and local levels and has trained government staff, workers from other nonprofits, local healthcare workers and nursing students, among others, from West Bengal as well as other states nationwide.

powerlessness, and inadequate health and sanitation practices. In the 1990s, CINI expanded to cover the areas of education and child protection in addition to health and nutrition, a combination known organizationally as "EPHN." Today, CINI is present in eight states of India. It runs operations in urban and rural areas of the states of Jharkhand, Odisha and Assam, as well as West Bengal. In addition to these states, it extends technical assistance to four North-Eastern states, namely, Arunachal Pradesh, Manipur, Tripura and Nagaland.

The organization works closely with entities at the national, state, district and local levels. Since 1975, its CINI Chetana Resource Centre (CCRC), the largest public health and early childhood development (ECD) training facility in West Bengal, has trained government staff, workers from other nonprofits,

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[14] World Bank Group, "West Bengal: Health and Education," June 20, 2017.
[15] UNICEF, "India Country Profile." 2017.
[16] World Bank Group. "Infant Mortality." 2017.
[17] International Institute for Population Sciences, "National Family Health Survey - 4 (2015-16): West Bengal" (Mumbai: Ministry of Health and Family Welfare, October 2017), 4.
[18] "Annual State of Education Report: West Bengal" Pratham. ASER 2006-2014. http://img.asercentre.org/docs/ Publications/ASER%20Reports/ASER%20TOT/State%20pages%20English/westbengal.pdf
[19] Ibid.
[20] World Bank Group, "West Bengal: Social Inclusion," June 20, 2017, http://documents.worldbank.org/curated/ en/138391504251675688/pdf/119338-BRI-P157572-West-Bengal-HealthEducation.pdf.
[21] Association SNAP, Pratichi Institute, and Guidance Guild, "Living Reality of Muslims in West Bengal" (Kolkata: SNAP, 2016).
[22] "Employment and Unemployment Situation Among Major Religious Groups in India." National Sample Survey Office. 2013. http://mospi.nic.in/sites/default/files/publication_reports/nss_report_568_19feb16.pdf.

local healthcare workers and nursing students, among others, from West Bengal as well as other states nationwide. CINI's work has been recognized by receipt of the 2011 WHO Award for Excellence in Primary Health Care, and twice by the Government of India's National Award of Child Welfare.

Over the past decade, CINI has further distilled its human rights approach into the CINI Method and its community-level component, the Child Friendly Communities (CFC) approach. The CINI Method/CFC is a human rights-based approach (HRBA) to development programming for children. CINI was awarded the 2017 HCL Award for innovations, as the best NGO in the health category in India.

III. METHODOLOGY

A. Overview

Prevention is a long-term process and measuring harm that is avoided (or not inflicted) presents obvious challenges. This section describes the mixed-methods methodology adopted in this study and designed to both qualitatively and quantitatively evaluate the following overarching research questions:
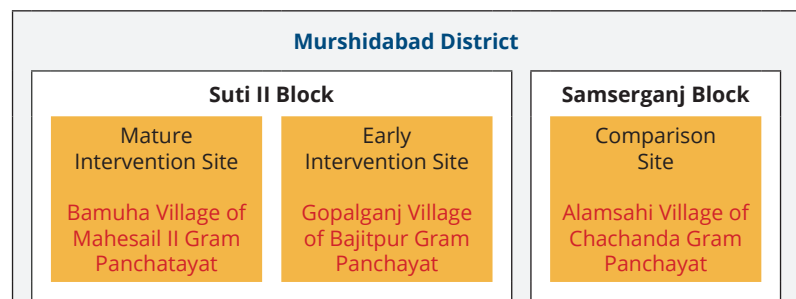
1. What is the THEORY OF CHANGE for CINI's prevention program?
2. How does this theory match up to the REALITY OF PROGRAM IMPLEMENTATION?
3. What are THE RESULTS of CINI's prevention program for vulnerable children, for their families and communities, and for service providers and government officials?

To answer these wide-reaching questions, this study included a global literature review, analysis of existing organizational and administrative data provided by CINI, and two phases of field research. The first phase, conducted during February-March 2017, involved visits to four of CINI's program sites in Kolkata and Murshidabad, West Bengal, to research and understand the organization's Theory of Change (Section IV of this report). Harvard FXB researchers collected available administrative data on CINI's programs, and conducted extensive observational research, as well as in-depth interviews and focus groups with CINI staff.

Based on this information, survey instruments were developed to qualitatively and quantitatively evaluate the extent to which CINI's work reflects its theory of change. The instruments address the realities of program implementation (inputs and outputs), as well as program results (outcomes and impacts) measured across one comparison site and two intervention sites – one where CINI's model has been operating for one and a half years, and the other where it has run for five years. These surveys were carried out in a second phase of field research from June-August 2018 in Murshidabad, West Bengal, by Harvard FXB's field partner, the research institute, Pratichi Trust. Established in Kolkata in 1999 by Amartya Sen, using funds from his Nobel Prize, Pratichi conducts action-oriented research on education, health and gender equality.

B. Locations

CINI's child protection intervention – as part of a wider community-based intervention – evolves over time: staff withdraw from an intervention site when they judge that the local systems accountable for children in the government and in the community are prepared to take responsibility for the protection processes that CINI has helped to catalyze. In order to capture the model's impact and processes, data collection was conducted in three sites.

Murshidabad District		
Suti II Block		**Samserganj Block**
Mature Intervention Site	Early Intervention Site	Comparison Site
Bamuha Village of Mahesail II Gram Panchatayat	Gopalganj Village of Bajitpur Gram Panchayat	Alamsahi Village of Chachanda Gram Panchayat

The first is a **mature intervention site (MIS) – Bamuha village of** Mahesail II Gram Panchayat (hereafter Mahesail or MIS), in Murshidabad's Suti II Block - where CINI's intervention was running between 2010-11 to 2014-15 A quantitative household level survey and qualitative surveys here investigate CINI's model at its most developed stage, and whether its impacts continue even after CINI has withdrawn.

The second is an **early stage intervention site (EIS)**- Gopalganj village of Bajitpur Gram Panchayat (hereafter Bajitpur or EIS) also in Suti II Block – where, at the time of evaluation, the intervention had been operating for 18 months since February 1, 2017. Evaluation here illuminates the process of CINI's model during the stage when staff is most intensively engaged in the community. CINI chose both intervention sites as best reflecting their program's strengths.

Evaluating the impact of a program requires a counterfactual.[23] CINI's programs had already been operating for a minimum of 18 months when this research was launched. So, in order to isolate program effects – what happened only because of the program and would not have happened otherwise – research was also carried out in a **comparison site (CS)**– Alamsahi village, in a nearby block. This site, where CINI is not operating, was selected based on pre-determined demographic and child protection criteria relevant to the outputs and impacts of interest in this study (Table 1).

> *CINI's child protection intervention evolves over time: staff withdraw from an intervention site when they judge that the local systems accountable for children in the government and in the community are prepared to take responsibility for the child protection processes that CINI has helped to catalyze.*

CINI provided information on the mature and early intervention sites and suggested one potential comparison site based on its similarity to the intervention sites. Harvard FXB and Pratichi staff identified two other potential comparison sites based on advice of local teachers and government officials. They then visited these three sites, collected information on identified criteria from community members, teachers and other public officials, before choosing the CS as the best comparison site. Demographic tables comparing these locations are found in Section IV of this report.

The comparison site, Alamsahi, was also chosen because it appeared to show no discernable "spillover effects" from the prevention work CINI was conducting elsewhere in Murshidabad. Mahesail (MIS) and Bajitpur (EIS) residents reported that they do not spend time in or have other organized contact with those in Alamsahi (CS). CINI is the nodal agency responsible for running the Childline 24-hour emergency helpline for child protection issues in Murshidabad. This means that they sometimes respond to cases of harm to children in the CS. However, they do not do any sustained work in this community that might lead to systemic changes in children's issues or the child protection system. CINI also does training and awareness raising activities with district-level government officials that have general obligations towards residents of the CS. However, CINI does not assist any public officials that work directly with the CS residents.

Table 1: Criteria to determine suitability of comparison	
• Caste/tribe makeup • Religion • Migration (out-migration or in-migration, domestic or international) • Economic profile of residents (income) • Principal industries and occupations • Urban/peri-urban/rural • Number of schools, type (primary/secondary and government/private) and accessibility	• Physical risk factors (e.g. railways, bodies of water, international borders or railway stations) • Principal child protection issues • Other NGOs operating in the area and details on programs offered • Number of anganwadi centers • Recent events that have impacted child protection outcomes (e.g. disease outbreak, teacher absence) • Infrastructure investment – e.g. new roads, construction of new municipal buildings

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[23] Judy Baker, "Evaluating the Impact of Development Projects on Poverty : A Handbook for Practitioners" (Washington, D.C.: World Bank, 2000), 2; OECD, "Outline of Principles of Impact Evaluation," International Workshop on Impact Evaluation for Development (Paris: World Bank and the DAC Evaluation Network, November 15, 2006). Baker, "Evaluating the Impact of Development Projects on Poverty : A Handbook for Practitioners," 2; OECD, "Outline of Principles of Impact Evaluation."

C. Sampling Strategy & Survey Design

CINI's area of intervention includes all the residents of a particular gram sansad. This study consisted of a holistic evaluation of the entire child protection system in the gram sansad in Mahesail II GP (MIS), Bajitpur GP (EIS) and Alamsahi (CS). The evaluation consisted of 1,002 quantitative surveys and 64 qualitative surveys.

Quantitative household-level surveys

CINI provided a complete list of all households and their inhabitants in the mature intervention site. A complete house listing of the comparison site was then conducted. From each list, a representative sample of all children aged 10-17 (UNCRC definition), and of primary caregivers was drawn for participation in the quantitative survey.[24] Minimum sample targets per site, presented in demographics section below (V.I.I), were calculated with a 95% confidence interval and 5% margin of error.[25]

Table 2: Household Surveys						
	Primary caregivers with children 10-17	Girls 0-14	Girls 15-17	Boys 10-14	Boys 15-17	Total
Mature Intervention Site – Bamuha						
Total in site	151	76	50	90	72	439
Min target for representative sample (CI 95% and margin of error 5%)[26]	109	64	45	74	61	353
Final study N interviewed	150	75	34	81	45	385
Comparison Site – Alamsahi						
Total in site	240	170	84	130	96	720
Min target for representative sample (CI 95% and margin of error 5%)	148	119	70	98	77	512
Final study N interviewed	206	116	73	104	39	538

Quantitative surveys were designed to test all elements of the theory of change described in Section V of this report. The caregiver survey included sections on: household composition and demographics for all children; knowledge and uptake of identity documents; knowledge and uptake of welfare schemes and other government programs (health, education etc.); social norms and beliefs; knowledge of laws; relationships with service providers, including healthcare workers, police, ward officers (government appointed head of the local municipal unit), teachers; and participation in CINI's initiatives. The child survey included sections on: demographics; education; work; relationships with service providers; safe spaces; personal sense of agency and self-confidence; plans for the future, social norms and beliefs, and participation in CINI's initiatives.

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[24] Quantitative data was not collected in the early intervention site due to funding constraints.
[25] Sample sizes calculated using Raosoft sample size calculator at: http://www.raosoft.com/samplesize.html
[26] Sample sizes calculated using Raosoft sample size calculator at: http://www.raosoft.com/samplesize.html

Qualitative interviews

Table 3: Qualitative research participants		
Mature Intervention Site: Bamuha In-depth Interviews	**Early Intervention Site: Bajitpur** In-depth Interviews	**Comparison Site: Alamsahi** In-depth Interviews
» Children 14-17 (x5)[27] » Primary caregivers (x5) » Gram Panchayat Pradhan (elected head) » Gram Panchayat member » Primary school principal » Secondary school principal » Policeman » Health workers: Anganwadi, ASHA and ANM » Focus Group Discussions » Children's Group members » Child Parliament members » Self Help Group (SHG) members	» Children 14-17 (x5) » Primary caregivers (x5) » Gram Panchayat Pradhan » Gram Panchayat member » Primary school principal » Secondary school principal » Policeman » Health workers: Anganwadi, ASHA and ANM » CINI facilitator » Focus Group Discussions » Children's Group members » SHG members	» Children 14-17 (x5) » Primary caregivers (x5) » Gram Panchayat Pradhan » Gram Panchayat member » Primary school principal » Secondary school principal » Policeman » Health workers: Anganwadi, ASHA and ANM » Focus Group Discussion » SHG members
Suti II Block In-depth Interviews » Block Development Officer » Childline field worker » Focus Group Discussion » CINI CFC Supervisor and Facilitator		**Samserganj Block** » Block Development Officer » Childline field worker
Murshidabad District » Childline District Coordinator » ICPS District Child Protection Officer » ICDS District Programme Officer	» District Social Welfare Officer » Chief Medical Officer of Health » Child Welfare Committee member	» Assistant District Magistrate » District Education Inspector

In-depth interviews (IDIs) were conducted with a total of 69 individuals, in addition to 7 focus group discussions (FGDs). In each study site, 5 primary caregivers and 5 children aged 14-17 were purposively selected based on interest in the study, and also to reflect diversity of demographic characteristics (religion, age, caste) and a range of involvement with CINI's program. Individuals with professional duties towards the children in the two intervention sites were also interviewed, at the village, block, and district level. The majority of these positions were filled by only one person. In cases with multiple candidates (e.g. police), interview candidates were randomly selected. The district level stakeholders were selected by CINI: researchers asked for a list of the officials with whom CINI staff work most closely.

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

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[27] Children were purposively sampled to reflect the following subgroups: 3 actively participating in CINI's intervention through the "Children's Groups," 2 not directly participating. Adults were sampled purposively: 2 members of the Self-Help Groups, 1 caregiver to a child participating actively in CINI's intervention through the Children's Group, 2 that are not actively participating in CINI's intervention

D. Study Implementation

For the quantitative survey, researchers went in pairs to sampled households, conducted informed consent procedures, and interviewed the person that self-identified as being "primarily responsible for the care and upbringing" of the household's children, as well as all consenting children ages 10-17. Surveys were conducted in the location affording the greatest degree of privacy, chosen by the participant. Interviewers administered the survey on an electronic tablet using the software Qualtrics. Responses were automatically uploaded to a secure database following completion. Participants were then screened for interest in participating in the qualitative interview at a later time.

No direct incentive or benefit was given to participants. A list of local resources and available services was offered to all those interviewed, and a system of referrals for urgent cases established. No emergency cases occurred during survey implementation, but several participants were referred to services. In the EIS, 8 households declined to participate, as well as one household in the MIS. Other households were excluded because eligible participants were not available after two return visits. In the households where all children ages 10-17 had migrated outside the village, the primary caregiver was still interviewed.

This study was reviewed by the Institutional Review Board of the Harvard T. H. Chan School of Public Health and by a Community Advisory Board of children's rights experts in India. All survey instruments were translated to Bangla and back-translated to ensure accuracy. They were subsequently test piloted in a nearby area of Murshidabad to identify remedy issues with the phrasing of questions and survey implementation strategy. Interviewers for the study were recruited by Pratichi from their own staff as well as local universities and nonprofits in Berhampore, the capital of Murshidabad district: all had research experience, many in the area of children's rights, and appropriate language skills. A week-long training on research ethics and strategies was conducted by Harvard FXB and Pratichi with study team members. Data collection was paused for a period of three weeks in July 2018 due to an outbreak of dengue in the MIS.

E. Analysis

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

Initial "subject reports" were created by a Harvard FXB team. These reports consolidated relevant data on each element targeted by CINI's CFC theory of change (such as improved performance of service, identifying major themes and differences observed across the three sites in terms of content and how often subjects were raised. The lead author then reviewed the qualitative data and developed the analysis. The lead author was familiar with the subject matter and context, spending time in the study site during data collection for the theory of change, study piloting, training and launch of data collection. Findings were verified with Pratichi and other local experts through both informal conversations and formal feedback mechanisms.

Quantitative data quality was monitored through Qualtrics throughout data collection. Any differences in results across the sites were explored through unadjusted analyses, as well as analyses adjusted to account for the effects of potentially confounding variables such as religion, gender and wealth. Overall distribution between groups in categorical variables (such as religion or caste) was first analyzed using chi-square tests of independence. For continuous and ordinal measures, descriptive statistics (median and interquartile ranges or means and 95% confidence intervals) were presented for treatment and comparison sites. Unadjusted values were compared using a Wilcoxon rank-sum

test to assess whether their population mean ranks differed, accounting for variables not normally distributed.

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

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

IV. CHILD FRIENDLY COMMUNITIES (CFC) THEORY OF CHANGE

The following description of CINI's Child Friendly Communities Theory of Change is very largely drafted by CINI itself. Later sections of the report address the extent to which the theory translates into practice.

A. Vision of Prevention

The CINI Child Friendly Communities (CFC) Theory of Change (ToC) is embedded in the institutional CINI Method ToC. CINI regards the CFC ToC as the central component of the broader CINI Method ToC. The overarching goal of CINI's Child Friendly Communities (CFC) prevention intervention is to translate children's rights into local practice. CINI describes a CFC as a local constituency (urban or rural) where "all children up to 18 years and irrespective of their socio-economic cultural, gender, ability or other background can fulfill their rights to survive and be healthy, develop to their full potential, be protected and cared for and participate in decision making processes that shape their lives."[28]

The specific goal of the model is to translate the child's right to survival, development, protection and participation into action by involving adult duty-bearers and child rights-holders in:

◊ Strengthening systems and services for children in the family/community, service provision and local governance
◊ Strengthening interventions in the areas of health, nutrition, education and child protection

CINI believes that CFCs can be achieved only if three key duty-bearer groups – local residents (especially women and children), service providers (such as teachers and healthcare workers), and local government institutions (LGI) – participate in the design, implementation and ongoing improvement of policies and practices that support children's health, nutrition, education and protection ("EPHN"). This participatory process is facilitated by CINI staff. CFC Facilitators convene people relevant to promoting harm prevention several times a month. They also provide training to members of the three key stakeholder groups and logistical support with individual cases. The CINI team advocate with political leaders and government officials for improved child protection policies.

> *The overarching goal of CINI's Child Friendly Communities (CFC) prevention intervention is to implement the CINI Method ToC at the level of the community by creating Child Friendly Communities in order to translate children's rights into local practice.*

Finally, field teams visit the homes of particularly vulnerable children. All these efforts are directed at strengthening family, community, service provision and governance systems so that they meet their obligations toward children in a more participatory, accountable, convergent and preventive manner

In sum, CINI believes that their teams can motivate and organize local institutions mandated to implement children's rights and children, entitled to have their rights fulfilled, to work together to develop and strengthen protective mechanisms for children. After a period of approximately five years CINI staff leave duty-bearers to continue working on their own in Child Friendly Communities, i.e., implementing children's rights in practice on the basis of the experience developed with CINI. The following section will break down how the CFC process of turning children's rights into practice takes place in the context of a poor Indian community: the steps in the pathway that CINI programme teams facilitate, the indicators used to assess whether it is working, and expected results.

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[28] Child in Need Institute (CINI), "Institutionalizing Children's Rights in in Indian Communities" (CINI Child Protection Resource Center, 2012). Child in Need Institute (CINI).

Table 4: Child Friendly Communities (CFC) Theory of Change – Provided by CINI

Child Friendly Communities (CFC) Theory of Change
(The CFC Theory of Change is the community component of CINI Theory of Change - The CINI Method)

Vision/Aim: CINI envisions to create Child Friendly Communities (CFC) where children and adolescents are empowered to fulfill their right to survival, development, protection and participation by engaging in decision-making processes affecting their lives; and duty-bearers in the family/community, service provision and local governance systems are accountable to ensure preventive and convergent interventions in the areas of health, nutrition, education and protection for all children, especially the most vulnerable groups.

Overarching goal	To implement the CINI Method ToC at the community level, creating Child Friendly Communities as an approach to translate children's rights into practice.
Specific Goal	To translate the child right to survival, development, participation and protection into accountable, intersectorally convergent and preventive action by empowering adult duty-bearers and child rights-holders in comprehensively • Strengthening systems for children in the family/community, service provision and local governance • Strengthening sectoral interventions in the areas of health, nutrition, education and child protection
Outcomes	Achieving outcomes for children at the system and sectoral levels comprehensively. **Systemic Outcomes** Realisation of a child-friendly process based on the principles of participation, accountability, intersectoral convergence and prevention by implementing the 7 CFC Building Blocks towards translating children's rights into practice at the local constituency level by 1. Raising awareness of duty-bearers and rights-holders about children's rights and responses available in the community 2. Institutionalizing the children's rights implementation process in family/community, service provision and local governance systems 3. Collectively analyzing the status of children and the responses available to address their issues in the family/community, service provision and local governance systems 4. Identifying priority issues for adults and children stakeholders to act upon collectively in a planned manner 5. Developing a Community Plan of Action for Children on the pattern of the National Plan of Action (NPA) for Children as a systemic tool to ensure a participatory, accountable, multisectorally convergent and preventive process to implement children's rights at the local level 6. Implementing the children's local plan with the active participation of all concerned adult duty-bearers and child rights-holders 7. Monitoring progress in comprehensively strengthening the family/community, service provision and local governance systems and EPHN sectors that have obligations towards children's wellbeing, protection and rights **Sectoral Child Health, Nutrition, Education and Protection (EPHN) Outcomes** Ensuring that all children in the community, especially those who are more vulnerable, • Live and grow up in a conducive family and community environment that ensures proper health, nutrition, education and protection outcomes • Gain universal access to quality child health, nutrition, education and protection services and programmes • Contribute to implementing child health, nutrition, education and protection-related policy and budgeting making the local government institution work as a statutory body for the protection of children's rights • Gain agency and actively participate in the family, the service provision and local governance systems responsible for fulfilling their rights

	Achieving outputs for children at the system and sectoral levels comprehensively.
Outputs	**Systemic Outputs** • Vision and commitment by duty-bearers toward child-friendly local governance based on the principles of participation, accountability, intersectoral convergence and prevention • Awareness and empowerment of duty-bearers and rights-holders on children's rights • Advocacy at all levels of government and community leadership • Enhanced capacity by local government representatives, service providers, parents, community members and children • Partnerships between children and adult stakeholders engaged in the government, service provision and the family/community • Effective institutional convergent platforms in the government and the community to support children's rights • Evidence and collective analysis on the status of children and resources available for them • Development, implementation and monitoring of an evidence-based human rights-oriented Community Plan of Action for Children and Children's Budget • Inclusion of vulnerable children, with a special focus on gender equality • Active participation by children and adults in strengthening systems for children in the government, service provision and the family/community **Sectoral Child Health, Nutrition, Education and Protection (EPHN) Outputs** • Institutional commitment by accountable duty-bearers in the government, service provision and the family/community to achieve health, nutrition, education and protection for all children, especially the most vulnerable ones • Awareness on EPHN issues and responses • Advocacy on universalizing access to quality EPHN services • Enhanced capacity among government elected representatives, service providers and community/parents in child health, nutrition, education and protection (EPHN)-related government policies and community practices • Stronger intersectoral convergence among service-providers and partnerships with parents and community members, including children • Universal EPHN coverage with a focus on the most vulnerable children, including girls • Effective programme platforms to enhance convergent and preventive EPHN responses • Robust MIS systems for collective programme monitoring • Active participation by children and adults in managing EPHN-related services in the government and practice in the family/community
Impacts	Achieving impacts for children at the system and sectoral levels comprehensively. **Systemic Impacts** • Strengthened family, community, service provision and local governance systems in meeting their obligations toward children in a more participatory, accountable, convergent and preventive manner. **Sectoral Child Health, Nutrition, Education and Protection (EPHN) Impacts** Reductions in • School drop-out to enhance education and address child labor • Child marriage • Child abuse in the context of "eve teasing" at the village level • Unsafe migration and trafficking of children • Childhood illness and malnutrition

Because CINI views itself as strengthening and catalyzing rather than replacing or supplanting government systems, its intervention model is intended to be as minimal as is compatible with being effective. It follows from this approach that intervention cost is to be kept to a minimum. The assumptions are that a) such interventions over time can have an enduring impact and b) payment to community level workers are more akin to volunteer contributions than staff salary. No payment at all is made to community leaders or members as the CFC approach regards them as primary actors in their own development process

B. Program Inputs

The ultimate objective of CFC is to provide a methodology for translating children's rights into practice at the community level. The CFC approach cannot be regarded as an intervention programme. Rather CINI has conceptualized it as a process to support community-level duty-bearers having obligations for implementing children's rights in the government, service provision and the family systems to strengthen the overall system capacity to implement rights. From this perspective, one of the main objectives of CFC is to be easily adoptable in legally and institutionally mandated systems.

Inputs by CINI are limited to enhancing individual and systemic capacity of both duty-bearers and children to carry out the role expected of them. The inputs that

Program Inputs and Levels

STATE — Kolkata

DISTRICT — Murshidabad — CFC Coordinator

BLOCK — Suti II — CFC Supervisor

VILLAGE — CFC Facilitators

(10-12 villages, 10,000 people per facilitator)

CINI provides are intentionally limited to those of a supportive, not replacing, nature. They include:

◊ Advocacy and awareness creation on the roles and responsibilities of all individuals and systems concerned with the rights of children at the local constituency level
◊ Capacity building of adult duty-bearers to strengthen both systems and sectoral interventions to appreciate and implement each phase in the process of implementing children's rights (CFC process)
◊ Capacity building and empowerment of child and adolescent rights-holders to claim their rights and take related responsibilities
◊ Engaging duty-bearers and rights-holders in rolling out each consecutive phase across the 7 Building Blocks in the CFC process toward the implementation of rights of children at the horizontal system level
◊ Providing technical assistance and capacity building support on issues affecting children as well as existing policies and programmes in vertical EPHN areas

In CINI's view, it is critical that the cost of such intervention be kept at a minimum. Most of the actions included in the CFC process are already underway or mandated in policy and law with existing systems, both in the government and in the family. CINI inputs are confined to help orient such actions, rather than burdening the system with additional ones. To be progressively institutionalized, CFC needs to keep its cost as low as possible. For CINI this implies covering mainly staff costs (salaries and ongoing progressive training), a component that is already contemplated in government budgets.

CINI's staff is organized in teams at the state, district and local levels. Through its CINI Resource Centre (CRC), the central unit responsible for quality control, CINI Head Office, located in the rural areas on the outskirts of Kolkata, is responsible for programme design, coordination, financial control, supervision and training for staff across Field Offices located in West Bengal, Jharkhand, Assam and Odisha state capitals and districts. In West Bengal, CINI runs in all of the State's twenty-three Districts; in Jharkhand in all of the State's twenty-six Districts; in Odisha in five Districts; in Assam in two Districts. In CINI Head Office, the CINI Resource Centre (CRC), a core unit responsible for quality
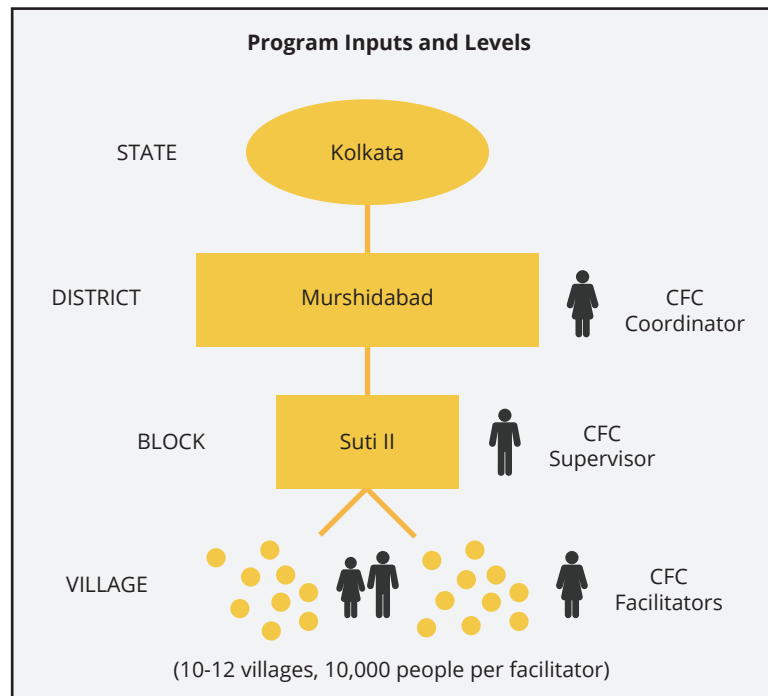
control and coherence with regard to the CINI Method across all programme and organizational functions, guides and coordinates the development and implementation of the CFC approach. In the Murshidabad district of West Bengal, where this study takes place, there is one CFC Coordinator working at the district level and one CFC Supervisor that covers one of the district's 26 blocks. Two CFC Facilitators at the local level each cover an area with a total of approximately 10,000 residents within this Gram Panchayat block, 10-12 villages. In fiscal year 2016-17, monthly salaries were Rs 30,000 ($422 USD) for the CFC Coordinator, Rs. 10,000/-($141 USD) for the CFC Supervisor and Rs 8,000/- per month ($112 USD) for CFC Facilitators. CINI salaries are set at par or above comparative salaries in the government. Community members involved in the CFC process receive no payment for their involvement in cash or kind, nor are involved as pro-bono volunteers, on the shared assumption that they do not participate in "running a CINI programme" but are rather engaged in contributing as parents and proactive citizens to the development of their children and communities. Paying them would defeat the essence of this particular model. CINI dedicates other program funds for training materials, and to operations for select time-bound projects that it runs in intervention villages. The annual project budget for February 2017-January 2018 for the CFC project in Murshidabad district for two Gram Panchayats (Bajitpur & Mahisail-I), supported by an international donor, was INR 35,25, 200, not accounting for staff costs at the Head Office in Kolkata. Further details on program costs are found the Appendices.

C. Program Outputs

CFC staff involved in CFC programing, many of whom are trained as social workers, act as organizers and facilitators for the wide range of mechanisms represented in the figure below. As the technical advisor to CINI on the CFC approach, Eliana Riggio, put it: "The CFC Facilitator is not the one running the CFC program - no! They act as the catalyst. They support the community to do the real work for the benefit of their own children."

Implementing the CFC approach entails for the CFC Facilitator to engage key stakeholders, who normally provide fragmented inputs across the government, service provision and family systems, in converging multisectorally on the child.

The overarching objective of the CINI Method and its core component, the CFC approach, is to translate children's rights into practice. The CFC process seeks to implement the CINI Method at the most critical level – that of the community, where children live and should be protected. The CFC model has been derived directly from the framework of the Convention on the Rights of the Child (UNCRC). The CINI Method, with its CFC approach, seeks to capture the wide-ranging children's rights and principles in a set of four CINI Method Core Rights-Based Programmatic Principles for Children, namely,

- ◊ Children's participation,
- ◊ Accountability by duty-bearers,
- ◊ Intersectoral convergence and
- ◊ Prevention.

The three stakeholder groups engaged in the CFC process are the primary duty-bearers accountable for fulfilling children's rights, as established in the UNCRC, at the local level. CFC Facilitators guide the key adult duty-bearer groups, together with child rights-holders, through a seven-step progressive process (the Seven CFC Building Blocks), which has been adapted for use by local governance systems from the UNCRC implementation guidelines designed to guide government systems. The 7 CFC Building Blocks provide a pathway into implementing children's rights at the local constituency level. They include

1. Raising awareness of duty-bearers and rights-holders about children's needs and rights at the community level
2. Institutionalizing the children's rights implementation process in local governance, service provision and the family/community systems
3. Collectively analyzing the status of children and the responses available to address their issues in local governance, service provision and the family/community systems
4. Identifying priority issues for adults and children stakeholders to act upon collectively in a planned manner
5. Developing a Community Plan of Action for Children on the pattern of the National Plan of Action (NPA) for Children as a systemic tool to ensure a participatory, accountable, multisectorally convergent and preventive process to implementing children's rights
6. Implementing the children's local plans with the active participation of all concerned adult duty-bearers and child rights-holders
7. Monitoring progress in strengthening comprehensively the overall governance, service provision and family systems and specific EPHN sectors that have obligations towards children's wellbeing, protection and rights

How is the seven BB CFC process rolled out on the ground? And how do CINI CFC Facilitators support the key systems responsible for protecting children's rights in fulfilling their obligations by ensuring that the CFC process takes place? CFC teams are expected to engage as catalysts to make duty-bearers accountable and provide child rights-holders with avenues for claiming their rights, in order for young and adult actors to contribute jointly to the realization of children's rights. The assumption is that CINI, as a civil society organization, should act as a partner in people's development processes, rather than expecting people to partner with CINI programmes, as it may be the case at times in conventional development work.

> *"The CFC Facilitator is not the one running the CFC program - no! They act as the catalyst. They support the community to do the real work for the benefit of their own children."*
>
> *- Eliana Riggio, Technical advisor to CINI on the CFC approach*

The Child Friendly Communities (CFC)
Seven Building Blocks

1. SENSITISATION - Raising awareness on children's rights and their local implementation through the CFC process with the active involvement of duty-bearers and children

2. INSTITUTIONALISATION - Bringing duty-bearers together and institutionalizing children's rights implementation in local systems by helping forming/strengthening multi-stakeholder steering committees/working groups as provided for in national policy

3. COLLECTIVE ANALYSIS - Conducting participatory situational analysis on the status of children and the resources available for them involving duty-bearers and children, led by SHG and CGs, and identifying key concerns based on the findings

4. PRIORITISATION - Collectively prioritizing a feasible set of issues from the list of identified issues to plan action toward implementation of rights

5. PLANNING – Jointly developing a Community Plan of Action for Children and a children's budget making duty-bearers accountable against set targets, responsibilities and timeframes

6. IMPLEMENTATION - Jointly implementing the children's action plan and budget with the involvement of duty-bearers and children to strengthen systems for children and improve EPHN performance

7. MONITORING - Collectively developing and applying community-based monitoring mechanisms to measure progress toward children's rights implementation on the basis of the Community Plan of Action for Children

Feedback

CINI identifies intervention areas for its CFC approach on the basis of the commitment toward children made by duty-bearers and high levels of vulnerability identified among children living in the local community. On the duty-bearer side, it assesses the interest of local partners (government institutions, service providers and community members) to engage in a process aimed at strengthening systems (local governance, basic social services and parenting/family protective mechanisms) to make them more child-friendly from a rights perspective. From the complementary side of rights-holders, CINI measures the degree of children's vulnerability through area-wide multiple method assessments. The CFC sites in Murshidabad have been selected on the basis of both the willingness expressed by the duty-bearers to be involved in the CFC process and poor performance measured against basic development indicators in the local setting, such as high rate of early marriage; high rate of teenage pregnancy; high rate of child labor (especially, beedi rolling) ; high rate of unsafe migration of young children; existence of cross-border migration or trafficking between Bangladesh and West Bengal; low awareness and education levels; high family size; high rate of malnutrition; poor status of immunization and institutional delivery; and sharp gender inequality.[29]

[29] CINI, "CINI Information of CFC Intervention Area Suti II," 2018.

CINI's Inputs

As discussed, the main objective of CFC is to create the conditions for the fulfilment of the rights of all children. The CINI Seven CFC Building Blocks aim to strengthen the main institutions responsible for keeping children protected from harm that may occur to them in all spheres, hinging in particular on parents and the State. CINI sees itself as providing coherent children's rights framework to a variety of actions that, on the one hand, families carry out to ensure the all-round wellbeing of their children and, on the other, the government mobilizes to provide a child-friendly governance system and offer effective child-focused basic services.

The CFC process does not aim to bring in new inputs for children. Rather, it considers its work to be about setting in motion a collective process toward supporting existing institutionally mandated systems to respond to children.

The CINI Method does not therefore seek to introduce new projects in CFC programme sites. In CINI's view, short-term, external initiatives may risk threatening the long-term, institutional nature of the the CFC approach. Many child protection organizations adopt a different approach. They identify critical child protection gaps in existing systems, which in their view communities or government agencies are incapable of addressing. Accordingly, they experiment with new programming for children. CINI-promoted interventions are informed by the principle of subsidiarity: CINI starts acting where other systems have stopped, in other words the organization's goal is to avoid substituting for existing systems or duplicating the work they do. Such inputs have so far included remedial coaching support for slow learners, or providing HIV positive residents and their families with counseling, nutritional support, or health education. Innovative interventions started by CINI normally fall in the child protection sphere where a dedicated government public sector is still lacking and awareness in the general public has continued to be limited. As a result of this approach, all program inputs by CINI are of a facilitation nature.

Capacity building and technical support

CINI's facilitating approach to child protection is translated into the step by step roll out of its building blocks plan; in parallel, CINI attempts to strengthen the capacity of the frontline actors to progressively own the local development process and take responsibility for implementing related activities. CFC teams **provide training and ongoing technical support,** individually and systemically, to the Panchayat, service providers and community members. They support groups and institutional platforms for convergent programming acting as catalysts on issues and responses related to the broad field of child protection. CFC field staff often target a smaller cohort of service providers to strengthen their capacity in a specific professional or technical area. They encourage trainees to disseminate information and share knowledge with their peers. Some specific examples of CINI/CFC capacity building work include:

◊ Training leaders of the Children's Groups on a large range of issues, including trafficking and early marriage
◊ Training members of the SHG on how they can support the Children's Groups and increase access by community members to government EPHN services and programmes.
◊ Training private school administration on the content and implementation of the Right to Education Act: including setting up a grievance mechanism for children and its reservation policy, that allocates 25% of places in fee paying schools to be children from disadvantaged groups free of charge.
◊ Training police personnel on creating a "child-friendly" police station.

There are some residual roles that CINI plays in the community. CFC field staff may support the Panchayat or the service providers in ensuring special referrals of individual children. For example, if a case of a child at risk of child marriage cannot be resolved at the community level, the CINI Supervisor or Coordinator will help the Panchayat to refer the case to block or district level mechanisms and follow up to ensure it has been addressed. CFC Facilitators are not directly responsible for implementing EPHN programmes. Occasionally they may **carry out home visits** in villages to back up the routine home visits carried out by workers in the existing service delivery system when individual families have particular child-related issues and require specific support. As one CFC Facilitator put it: "When we first entered the community, people would not allow us into their homes, but we built rapport through friendship, meetings, and trainings." Once there, CFC Facilitators follow-up on the process ongoing in the community, provide referrals to service providers, or inform families about government services and programmes available to them facilitating the link with implementers.

D. Program Outcomes

Early identification of children at risk of harm

There are considerably stronger mechanisms to identify children and families at high risk of harm in CINI intervention sites than in the comparison site. These mechanisms include increased knowledge among children of ways to report risk (emergency helplines as well as trusted individuals), as well as

> *Clearly, CINI's efforts to mobilize children's agency through increased participation in children's groups and diffusion of awareness about children's rights throughout duty-bearers in the community and government generated positive results. This is a significant vindication of the CINI/CFC Method.*

increased attentiveness to early warning signs among organized groups of children, SHG members, and service providers.

Quantitative evidence suggests that children in the MIS are more familiar with ways to report risk: 41.7 percent of children in this site, compared to only 3.6 percent in the CS, were aware of Childline and its function. This 24-hour emergency helpline provides a critical tool for reporting potential harm. Significantly more children in CINI sites had also asked service providers for help with a problem.

> *41.7 percent of children in the Mature Intervention Site, compared to only 3.6 percent in the Control Site, were aware of Childline and its function. This 24-hour emergency helpline provides a critical tool for reporting potential harm.*

While four children in the MIS had reported a problem to the police during the last year, none in the CS had done so. Importantly, while the majority of children in both sites knew who to ask if they experienced a problem at school, very few (10.6 percent in the MIS and 4.8 percent in the CS) knew who to ask if this happened at work.

> *Quantitative evidence suggests that children in the MIS are more familiar with ways to report risk.*

Table 9: Children's knowledge and use of child protection resources			
	Bamuha (MIS) % (n)	Alamsahi (CS) % (n)	Statistical comparison
Knows about Childline and its function	41.7% (98)	3.6% (12)	p<0.0001***
Knows who to ask for help if they face a problem at school	83.8% (197)	80.7 (268)	p=0.22
Knows who to ask for help if they face a problem at work	10.6% (25)	4.8% (16)	p=0.23
Has ever sought help from the police	3.4% (8)	1.8% (6)	p = 0.22
Has reported a problem with a child to the police in the last year	2.7% (4)	0	p= 0.03*
Has ever asked the Panchayat or one of its members for help dealing with a problem	22.1% (52)	13.9% (46)	p=0.01*
Knows of other children who have asked the Panchayat or one of its members for help dealing with a problem	16.2% (38)	9.3% (31)	p=0.03
Has ever asked the SHG or one of its members for help dealing with a problem	1.7% (4)	2.1% (7)	p =0.65
Knows of other children who have asked members of the SHG for help dealing with a problem	4.7% (11)	2.7% (9)	p = 0.77

***indicates statistical significance with threshold p<0.0001 from chi-squared hypothesis test adjusted for single covariates
* indicates statistical significance with threshold p<0.05 from chi-squared hypothesis test adjusted for single covariates.

The CFC Facilitators play a crucial role in identifying children at high risk, as the BDO in the MIS explained: "Due to our network, we do get the information beforehand related to child marriage... CINI has a very good system, and then some information we get from the public." Only in the EIS and the MIS, and not in the CS, did children themselves talk about identifying risks. This appears to

The child tracking process assumes that children are best placed to get information from other children in their communities about risk, and this process of risk mapping does not expose them to harm.

happen informally through the Children's Group. One member in the MIS said: "Everyone in the village knows the Facilitator and they know they work for CINI. We are also known in the village.... One of the neighbors gave us the news [of a child marriage] as they know the work we do."

CINI has established a formal "child tracking" mechanism for the Children's Groups: members are encouraged to carry out a regular survey with local children and record the results in a "register" as well as visualize them on a map of the local area, which is then shared. However, participants gave conflicting reports about whether the CG members currently update the child tracking register in the MIS. There are 689 children under age 18 in this village, a large area for less than ten children to cover. Only one of seven CG members in a focus group, when asked in several ways about the register, mentioned doing this: "sometimes we do a survey...twice a year." Results suggest that even if a survey does not happen, children may informally check in on others. One Child Parliament member from the MIS said that "each of us track 10 children from our respective area." In the EIS, one member of the group stated that "we do not keep such a [child tracking] record," however, another member stated that the record is kept by the ICDS worker, who they communicate their own findings to: "We tell the information and our madam writes it down. She also herself writes the information." Overall, the evidence about consistent child tracking was not uniform.

The child tracking process assumes that children are best placed to get information from other children in their communities about risk, and this process of risk mapping does not expose them to harm. One member of the CG in the MIS addressed this question, explaining:

First, when we used to go for child tracking, parents got irritated. They used to ask, what are you doing? They used to say that we are only small children. They didn't use to give us any importance but now we don't face such problems.

-CG in the MIS

Transformation of social norms and beliefs about child protection, education, and health

The CFC process is intended to positively influence harmful social norms and beliefs about child protection, education and health. This is true both for the direct participants in the CFC process (e.g. Children's Group members and SHGs) as well as the broader community of which they are part. For this study, social norms were assessed through vignettes in the qualitative interviews with caregivers and children in each site, as well as a series of individual questions in quantitative surveys with caregivers and children. Results should not be considered representative of a cohesive "community." Questions were designed to explore the various components of a social norm as described by scholar Christina Bicchieri:[30] empirical expectations ("I believe that others do X"), normative expectations ("I believe that others think I should do X"), as well as sanctions ("If I comply with X, I believe others will approve, and if I do not comply with X, I believe others will disapprove"). The full vignettes for child labor, child marriage and school dropout are included in the Appendix.

Results of the vignettes show a wide spectrum of beliefs on child protection issues across all sites. In all sites, select residents expressed the normative belief that child marriages should not take place, even those that would allow for the bride to marry into a wealthier family, because of the legal and/ or health implications. As one caregiver in the EIS stated: "A 16 years old girl shouldn't be married off. It isn't right … When she bears children, she will have problems. Also, there is a government rule." Nevertheless, some residents in all sites, but most frequently in the CS, stated that it would be acceptable for a girl child to get married if this secured her financial stability. As one caregiver in the CS stated: "Some who are not financially strong will ask why they aren't getting their daughter married? But others say it shouldn't be done."

Quantitative results indicate that Likert scales were used to assess attitudes towards various normative statements. A few statistically significant differences were observed across the two sites. Some significant and important differences were observed between the MIS and the CS. Caregivers in the MIS were more adamantly opposed to child marriage than in the CS and less likely to agree that it offered better circumstances. Children in the MIS also felt school was more important to their future than those in the CS. These findings imply that CINI's model is shifting behavior, norms and harm prevention responses among service providers.

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[30] See, for instance, Bicchieri, C. (2006). The Grammar of Society. Cambridge: Cambridge University Press; Ben Cislaghi and Lori Heise, "Measuring Gender-Related Social Norms: Report of a Meeting, Baltimore Maryland, June 14-15, 2016." (Learning Group on Social Norms and Gender-based Violence of the London School of Hygiene and Tropical Medicine), 4.

Table 9a: Social Norms among Children					
Social Norm Factors	**Bamuha (MIS)**		**Alamsahi (CS)**		**Statistical comparison**
*Likert score: 1 = Strongly agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree.	Mean (s.d.) min, max	% (N)	Mean (s.d.) min, max	% (N)	
"Self-assessed likelihood of reaching personal work goals" (average Likert score)	2.01	72% (169)	2.03	83% (332)	p = 0.9
"My time is better spent earning money than going to school" (average Likert score)	4.1	99.5% (234)	3.98	99.7% (331)	p=0.11
"Work by children is necessary to help supplement family income" (average Likert score)	3.99	98.3% (231)	3.61	100% (332)	p < 0.001**
"Child labor is necessary to help supplement family income" (average Likert score)	3.89	100% (150)	3.76	99.5% (205)	p = 0.58
"My time is better spent earning money than going to school." (average Likert score)	4.12	99.60%	3.98	99.70%	p = 0.11
"When I grow up, it will hardly matter if I attended school or not." (average Likert Score)	3.82	98.30%	3.59	98.20%	p = 0.03
Proportion of children that would choose to marry given the choice	146	62.10%	182	54.80%	p = 0.048*
Child's desired age for marriage Average	22.1 (3.1) [18, 35]	N=141	22.3 (3.4) [17, 35]	N=175	p = 0.49
Child's expected age for marriage Average	21.7 (3.6) [17, 32]	N=69 (29.4%)	21.4 (3.6) [16, 35]	N=88 (26.5%)	p = 0.62
Do Not Know	19	8.10%	43	12.90%	
No Response	147	63%	201	60.50%	
"Early marriage is okay if parents cannot afford to keep their daughter in their home" (average Likert score)	3.88	98.70%	3.64	97.20%	p = 0.09
"Marrying girls young helps to protect them from violence and harassment" (average Likert score)	4.1	96.60%	3.82	93.40%	p = 0.08

Table 9b: Social Norms among Caregivers					
Social Norm Factors	Bamuha (MIS)		Alamsahi (CS)		Statistical comparison
*Likert score: 1 = Strongly agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree.	Mean (s.d.) min, max	% (N)	Mean (s.d.) min, max	% (N)	
"Work by children is necessary to help supplement family income" (average Likert score)	3.89	100% (150)	3.76	99.5% (205)	p = 0.58
"Girls should ideally complete their education through 10th standard or higher" (average Likert Score)	1.58	100%	1.53	100%	p = 0.88
"Boys should ideally complete their education through 10th standard or higher" (average Likert Score)	1.45	100%	1.56	100%	p = 0.053
"Early marriage is okay if parents cannot afford to keep their daughter in their home" (average Likert Score)	3.53	100%	3.17	100%	p = 0.006**
"Parents can force or compel a girl into marriage, even if she doesn't want" (average Likert Score)	4.45	100%	4.28	99%	p = 0.33
"Marrying girls young helps to protect them from violence and harassment" (average Likert Score)	4.21	97.30%	4.15	99.50%	p = 0.64
Caregiver desired age for girl marriage Average Age	18.9 (1.6) [16, 26]	N=122	18.9 (1.7) [14, 25]	N=194	p= 0.66
Not Applicable	28	19%	12	5.82%	
Caregiver desired age for boy marriage Average Age	22.7 (2.2) [18, 30]	N= 133	22.8 (2.8) [18, 36]	N=199	p = 0.60
Not Applicable	15	10%	7	3.40%	

Increased enrollment of families and children in government programs, welfare schemes and ID documents

The Indian Government has initiated numerous welfare programs or "schemes" to low income and marginalized populations. CINI staff at the Head Office emphasized the importance of government programs, noting that "The CFC intervention in Murshidabad relies on a range of schemes and programs with the objective of adding value to existing resources to meet children's rights." At the same time, increasing benefit enrollment and disseminating information about government anti-poverty initiatives and schemes is not a part of CINI's CFC program. Indeed, CINI views this as beyond its scope of work based on a human rights framework. The study presents the evidence about benefits, however, because it is an inherent element of a holistic, child protection program in a resource poor setting. Evidence indicates that, at the local level, CFC Facilitators and Children's Groups regularly share information about schemes to raise awareness about their availability and importance: "Those who don't go to school," said one CG member, "we go and tell them that they can get Kanyashree money and scholarship money."

The quantitative results for rates of eligibility, enrollment, and receipt of benefits in schemes that were mentioned by CINI staff as most important, are shown below.

Table 10: Schemes: Eligibility, Awareness, Enrollment and Delivery					
	Participants aware of their eligibility for schemes		Participants aware of their eligibility for schemes who are also signed up		Participants that are signed up, who are also receiving benefits	
	Bamuha (MIS)	Alamsahi (CS)	Bamuha (MIS)	Alamsahi (CS)	Bamuha (MIS)	Alamsahi (CS)
NFSA (Food)	40.7 % (61 | 150)	16.0% (33 | 206)	86.9% (53 | 61)	84.8% (28 | 33)	98.1% (52 | 53)	96.4% (27 | 28)
NREGA	44% (66 | 150)	39.8% (82 | 206)	66.7% (44 | 66)	48.8% (40 | 82)	88.6% (39 | 44)	60% (24 | 40)
Shabujshathie (bicycle scheme)	25.3% (38 | 150)	11.7% (24 | 206)	86.8% (33 | 38)	83.3% (20 | 24)	93.9% (31 | 33)	95% (19 | 20)
Housing For All	75.3% (113 | 150)	71.8% (148 | 206)	27.4% (31 | 113)	33.1% (49 | 148)	22.5% (7 | 31)	51% (25 | 49)
Gas Connection	30.7% (46 | 150)	21.4% (44 | 206)	56.5% (26 | 46)	54.5% (24 | 44)	11.3% (17 | 26)	75% (18 | 24)
Kanyashree	20.7% (31 | 150)	20.4% (42 | 206)	77.4% (24 | 31)	57.1% (24 | 42)	50% (12 | 24)	83.3% (20 |24)
Swacch Bharat (latrine infrastructure)	37.3% (56 | 150)	36.9% (76 | 206)	42.9% (24 | 56)	38.1% (29 | 76)	54.2% (13 | 24)	65.5% (19 | 29)
Bidi	22% (33 | 150)	21.4% (44 | 206)	51.5% (17 | 33)	25% (11 | 44)	76.5% (13 | 17)	63.6% (7 | 11)
Minorities Scholarship	8.7% (13 | 150)	13.1% (27 | 206)	46.2% (6 | 13)	37.0% (10 | 27)	50% (3 | 6)	80% (8 |10)
Pension	3.3% (5 | 150)	10.2% (21 | 206)	20% (1 | 5)	19% (4 | 21)	0% (0 | 1)	25% (1 | 4)
Disability	0	0.5% (1 | 206)	0.0% (0)	100% (1 | 1)	0.0% (0)	100% (1 | 1)
Livelihood Mission	0	3.9% (8 | 206)	0.0% (0)	25.0% (2 | 8)	0.0% (0)	50.0% (1 | 2)
SSA (education)	0	1.5% (3 | 206)	0.0% (0)	66.7% (2 | 3)	0.0% (0)	100% (2 | 2)
Other Scheme	4	2	2.7% (4)	1.0% (2)	25% (1 | 4)	50% (1 | 2)

Differences across sites in rates of residents' awareness of eligibility for schemes may be attributable both to organized efforts to raise awareness and underlying differences in actual eligibility. Nevertheless, it is clear that general awareness of eligibility for welfare schemes among these indigent populations is low: 90 percent of residents in the MIS and 86.7 percent in the CS own ration cards, implying that they should be receiving food benefits from the government. Yet only 40.7 percent in the MIS and 16.0 percent in the CS are aware that they are entitled to food rations. Similarly, in areas that are predominantly low caste or Muslim, it is unexpected that only 8.7 percent of residents in the MIS, and 13.1 percent in the CS were aware of their children's eligibility for a "minority scholarship" for school, perhaps a reflection of historically lower literacy rates among this section of the population.

This study did not find evidence that CFC Facilitators or local stakeholders in intervention sites take steps to help families actually enroll in schemes, or to troubleshoot issues with receiving benefits from schemes. Results strongly suggest that enrollment and receipt of benefits among eligible residents is a significant issue for both the MIS and the CS. Rates of enrollment among eligible residents were low overall, but also for programs directly relevant to children's welfare: scholarships for school fees and

This study did not find evidence that CFC Facilitators or local stakeholders in intervention sites take steps to help families actually enroll in schemes, or to troubleshoot issues with receiving benefits from schemes.

associated costs for minority students, Beedi Welfare Scheme (a cash transfer of Rs. 20,000 to families in this beedi industry), and Kanyashree (a conditional cash transfer scheme to delay child marriage). This could be due to CINI's focus on fundamental rights rather than on social security and welfare schemes. Health providers in the MIS are considerably better coordinated than in the CS on average, and data suggest that the major source of information on schemes and services as well as source of help to access schemes and services is the Panchayat. In all sites, families mentioned getting information on schemes from schools, health workers, and the panchayat.

Table 11: Dissemination and Source of Scheme Information				
	Bamuha (MIS)		Alamsahi (CS)	
	Source of information on schemes & services	Source of help to access schemes and services	Source of information on schemes & services	Source of help to access schemes and services
Panchayat	65.3% (98)	71.3% (107)	74.8% (154)	80.6% (166)
Family friends, neighbors, and colleagues	10.7% (16)	5.3% (8)	27.7% (57)	23.3% (48)
NGO	7.3% (11)		0.0% (0)	
CPC	1.3% (2)	1.3% (2)	0.5% (1)	0.5% (1)
Social/Health workers (Anganwadi, ASHA, ANM)	16.7% (25)	8.7% (13)	14.1% (29)	6.8% (14)
SHG	8.7% (13)	10.0% (15)	8.7% (18)	10.0% (15)
Teachers/Schools/PTAs	23.3% (35)	3.3% (5)	30.1% (62)	10.7% (22)
TV, radio, posters, newspapers, and magazines	0.7% (1)	0.0% (0)	0.5% (1)	1.0% (2)
CINI	0.0% (0)	4.0% (6)	0.0% (0)	0.0% (0)

Table 11a: Identity Documents				
	Document	Bamuha (MIS) % (N)	Alamsahi (CS) % (N)	Statistical comparison
Child	Aadhaar	87.6% (338)	88.9% (559)	p =0.48
	Birth Certificate	92% (355)	84.2% (530)	p <0.001***
	No birth certificate but registered with civil authorities	0	0	
	No birth certificate and not registered with civil authorities	0	0	
Caregiver	Aadhar Card	100.0% (150)	99.5% (205)	p = 0.39
	Birth Certificate	6.0% (9)	16.5% (34)	p =0.006**
	Disability Card	0	1.0% (2)	p =0.25
	Job Card	10.7% (16)	29.1% (60)	p < 0.001***
	PAN	26.0% (39)	17.0% (35)	p = 0.055
	Ration Card	90.0% (135)	86.9% (179)	p = 0.37
	Voter ID Card	100.0% (150)	100.0% (206)	

***indicates statistical significance with threshold p<0.0001 from chi-squared hypothesis test adjusted for single covariates **indicates statistical significance with threshold p<0.005 from chi-squared hypothesis test adjusted for single covariates.

CINI staff members and service providers in intervention sites did not discuss ID documentation as a significant child protection issue. A few providers expressed the belief that birth certificates were necessary for school enrollment, but others shared that Aadhaar national ID cards could be used instead. One SHG member explained that the panchayat in the MIS "decided that they would not issue birth certificates to children born in the home...This rule has swayed the public mindset [about home

deliveries] greatly as birth certificate is mandatory for school admission and Aadhar enrollment."[31]

In line with a near total lack of focus on Aadhaar among providers, a significant number of children in both sites did not have Aadhaar cards: 12.4 percent in the MIS and 11.1 percent in the CS. This may be explained by the fact that Aadhaar registration in the area only started in 2015-2016. These documents are crucial for accessing basic services and receipt of government benefits and entitlements. They also provide helpful identity information to support family reunification in case of separation, leaving children vulnerable. There were significant differences in ownership of child and caregiver birth certificates as well as job cards, but findings were inconsistent in the MIS versus CS.

CINI assumes that the CFC processes can address existing barriers to accessing basic services and programmes, including lack of knowledge. However, this study identified a few important barriers that are currently unaddressed in study sites. First, there was lack of clarity around eligibility for different schemes. Families talked about others who received the benefits of schemes while they did not, undermining their confidence in the system generally. The ASHA worker in the EIS stated that there is corruption in the allocation of BPL (Below Poverty Line) cards, which prevents many poor families from qualifying for government schemes:

> *The officers allot BPL cards at random without looking at documents. Nowadays even wealthy families possess BPL cards. We told the Panchayat member but they said that the process is controlled by external agencies and they have no power… There are lot of very poor families who are not getting cards. Everyone is affected. Families in need are deprived from free hospital benefits including medicines and healthcare, and they do not get food at subsidized rates.*
>
> *- ASHA worker in Bajitpur (EIS)*

Second, mistakes made while filling out application forms mean that people become ineligible: "my daughter was eligible for Kanyashree benefit," explained one mother in the MIS, "But for a slight spelling mistake, she couldn't receive." The primary school head teacher in the EIS stated that only half of students who fill out applications for scholarships, receive the benefit: "There might be some mistakes while filling up the application forms. Suppose among 100 applications, 50 get a scholarship."

Finally, many families that successfully sign up do not receive any benefits. For example, one caregiver in the EIS said that her daughter gave birth in a hospital, and "the money was supposed to come but nothing has been credited in the bank." A girl in the CS noted that "At the time of my exams my school teacher gave me a slip and told to collect a cycle from block office. But I never got it." A caregiver in the CS signed up for health benefits that never arrived, and asked if they had spoken to anyone about it, replied, "No. What would be the benefit?"

CINI believes that the above program inputs and outputs can progressively transform and strengthen the child protection system from the local constituency level, upwards to the block, district, state and national levels. The benefits of this are assumed to be wide-ranging, and vary from community to community, depending on the focus that local stakeholders choose: members in one village may focus on addressing child marriage, but in another, child labor.

Crucially, CINI believes that after a period of roughly five years, the mechanisms established by this organizing approach will be institutionalized in a particular community, and CINI's support will no longer be necessary, except for periodic targeted inputs as required: "Whatever the project, there is always a time limit associated with the work, after which the work ends. The community is informed that they will be responsible for the betterment of the people in the locality, we are only the mediators." Community leaders sign a "social contract" to take responsibility for carrying on the work of the Child Friendly Community themselves.

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[31]   According to CINI, commenting on early draft of this report, a policy such as the one attributed to the Panchayat in the quotation cited in the text, would violate national government policy.

An important anticipated outcome of the CFC process is that all mandated children's rights groups and forums will become functional. In other words, the various groups identified above will meet on a regular basis, will be well attended, and will carry out the activities for which they have taken responsibility.

Assumptions: Participants in meetings allow CINI staff to attend and facilitate their meetings; participants change their behavior as a result of CINI's participation; and CINI's support is sufficient to overcome other barriers, such as resource constraints, that these groups face.

Also, CINI believes that performance of local government and service providers will improve. More specifically, duty bearers will be more aware of and accountable to their own and others' roles and responsibilities vis-a-vis children and have a better understanding of issues that affect local children. Communication and collaboration between the many different stakeholders will also improve, as well as collaboration and trust between duty bearers and community members. As the CFC Coordinator succinctly explained: "CINI builds bridges between stakeholders and beneficiaries." Referral and response mechanisms will become more effective and timelier. In the short term, the number of cases of individual harm that are successfully addressed will also increase (CINI's long run aim is for an overall reduction in the need for case management). Finally, policy gaps will close over time, and practices that promote and protect children's rights will become independent of CINI's support, part of standard operating protocols.

Assumptions: Increased participation in meetings, and participation in CINI trainings, result in improved performance by service providers in both the short run and long run.

Further CINI assumes increased uptake of government schemes and services by community members. These schemes include programs that support families in making better decisions for their children, such as Kanyashree Yoddha, which aims at empowering adolescent children, girls in particular, and also provides financial incentives for girls to defer marriage until after 18, and the scheme that provides children with bicycles to get to school safely. This anticipated outcome also includes increased uptake on health services like the anganwadi (child and maternal health) center and education services.

Assumptions: CINI's activities successfully address existing barriers to enrollment in schemes, including lack of knowledge. People that sign up for schemes receive benefits.

Another affected outcome is transformation of social norms and beliefs about child protection, education, health and nutrition. CINI's view is that a Child Friendly Community can be realized if local actors take ownership of their own children's rights challenges, and act to address them. Finally, CINI believes that communities, service providers and government officials in their intervention areas will better identify children and families at high risk of harm in the area preventatively before harm happens. This risk mapping is achieved through increased reporting to service providers by community members, and through increased vigilance by service providers and officials and through the child tracking mechanisms by the Children's Groups. As a CINI Coordinator explained: "It is important that children fill the [child tracking] register because children will share their private information with other children, not adults. They can get proper information [on risk]."

Assumptions: Children share CINI's notion of risk. Children are best placed to get information from other children in their communities about risk, and this process of risk mapping does not expose them to harm. Children effectively pass on this information to responsible adults.

E. Program Impacts

CINI staff discussed six principal impacts that they believe result from the program outcomes just discussed: reductions in child marriage, school drop-out, child labor, child illness and malnutrition, distress migration, and child abuse. These impacts are assumed to be the progressive result of the processes that CINI's multilayered interventions produce. By stimulating existing child protection across domains – from parents and communities to local and central government players – CINI's main desired impact is to realize improved implementation of children's rights by the frontline and permanent actors. CINI in this, hoped for, situation can withdraw having achieved the central goal of system strengthening, thus having rendered its own role redundant. The question this study investigates is whether, and if so to what extent, this ambitious, facilitative role was realized in the sites investigated.

Assumptions: Communities, service providers and government officials will continue to carry out the CFC process after CINI staff withdraw from a community. Other structural factors militating against child wellbeing, which CINI cannot address, do not render their efforts pointless. Low financial investment in schools, poorly paid service providers, widespread acceptance of child abuse and exploitation, lack of job opportunities, slow economic growth, and natural disasters like floods, among other things, all make children vulnerable to harm.
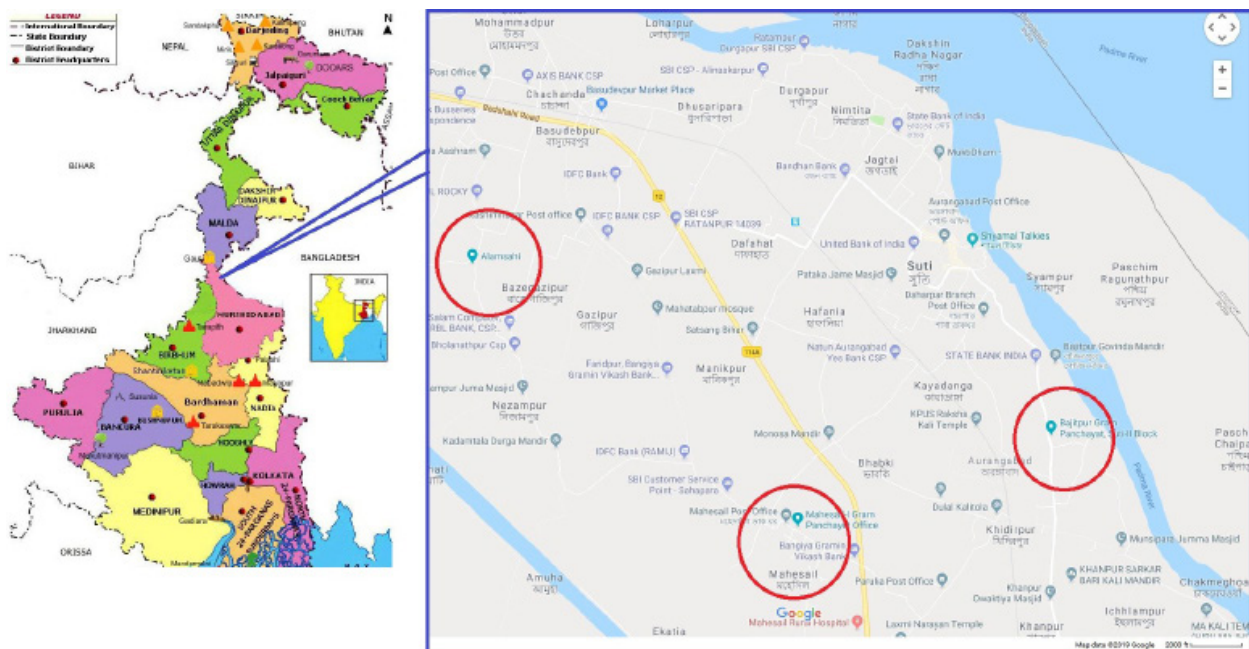
V. RESULTS

A. Site and Sample Demographics

The three study sites – Bamuha Village of Mahesail-II GP (MIS), Gopalgunj Village of Bajitpur GP (EIS) and Alamsahi (CS)– are rural villages located near India's Bangladesh border. Quantitative survey results comparing the mature intervention site, Mahesail, and the comparison site, Alamsahi, are found in Table 1 below. The characteristics of study participants are listed in Table 1a below.

The economic profiles of the MIS and CS are comparable. There is no significant difference between them in the wealth index, a composite measure of each household's cumulative living standard.[32] Qualitative interviews with community members and teachers indicated that monthly household incomes are between Rs. 3,000 and Rs. 5,000 (~$42 - $72) in all three study sites, including the EIS, and that residents largely working as daily wage laborers in the beedi rolling industry, in agriculture or textile manufacturing. There is no difference in the caste makeup of the sites.

The most significant difference between these sites is religious affiliation. Murshidabad is one of two districts state-wide that has a Muslim majority population (66.3%). Survey results show that the CS is 77.2% Muslim and the MS is 40% Muslim. Qualitative data indicate that EIS is 100% Muslim. Researchers chose the comparison site based on information from CINI, which indicated that "both the mature field area [Mahesail] and the suggested comparison site have a mix Hindu-Muslim population (the rate of the Muslim population is higher than that of the Hindu population in both areas)." All quantitative comparisons in this report control for religion wherever possible. However, religion is a significant indicator of child outcomes, and so this mismatch may have some limiting impact on the suitability of this comparison.

Figure 2: Map of Study Sites

Table 5a: Study Site Demographics			
Parameter	**Site**		
	Bamuha (MIS) **N=150**	**Alamsahi (CS)** **N=206**	**Statistical Comparison**
Household Size			
Mean (SD)	5.2 (1.46)	6.1 (2.02)	P<0.0001***
IQR	2	2	
Min, Max	2, 11	2, 16	
Number of Children (0-17) in HH			
Mean (SD)	2.60 (1.320)	3.10 (1.510)	P=0.0015**
IQR	2	2	
Min, Max	1, 7	1, 10	
Religion			
Hindu	90 (60.0%)	47 (22.8%)	Chi-sq.: 50.7 P<.0001***
Muslim	60 (40.0%)	159 (77.2%)	
Caste or Tribe			
Scheduled Caste	17 (11.3%)	29 (14.1%)	Chi-sq.: 3.2 P=0.52
Scheduled Tribe	0	1 (0.5%)	
Other Backward Class	18 (12.0%)	17 (8.3%)	
General	109 (72.7%)	154 (74.8%)	
No Response	6 (4.0%)	5 (2.4%)	
Household Ownership			
Own	149 (99.3%)	205 (99.5%)	Chi-sq.: 0.51 P=0.82
Makeshift	1 (0.7%)	1 (0.5%)	
Electricity Access			
Yes	144 (96.0%)	191 (92.7%)	Chi-sq.: 1.8 P=0.41
No	6 (4.0%)	15 (7.3%)	
Primary Caregiver Occupation			
Housewife	128 (85.3%)	176 (85.4%)	Chi-sq:16.9 P=0.074
Beedi rolling	116 (77.3%)	174 (84.5%)	
Agriculture	9 (6.0%)	1 (0.5%)	
Stockbreeding	17 (11.3%)	21 (10.2%)	
Other occupation	19 (12.7%)	24 (40.3%)	
Household Head Occupation			
Caregiver is head of household	12 (8.0%)	17 (8.3%)	Chi-sq:94.6 P<.0001***
Beedi Rolling	47 (31.3%)	10 (4.9%)	
Stockbreeding	62 (41.3%)	72 (35.0%)	
Textile manufacturing	2 (1.3%)	50 (24.3%)	
Shopkeeper	9 (6.0%)	11 (5.3%)	
Other occupation	26 (10.7%)	83 (40.3%)	
Wealth Index			
Mean (SD)	32.90 (11.85)	31.40 (13.47)	P=0.25
IQR	10	20	

***indicates statistical significance with threshold p<0.0001 from chi-squared hypothesis test adjusted for single covariates
**indicates statistical significance with threshold p<0.005 from chi-squared hypothesis test adjusted for single covariates.

Table 5b: Study Participant Demographics		
Parameter	**Site**	
	Bamuha (MIS) **N=150**	**Alamsahi (CS)** **N=206**
Caregiver Age		
Mean (SD)	37.80 (8.540)	39.50 (8.190)
Inner Quartile Range	10	12
Min, Max	21.0, 66.0	19.0, 63.0
Sex of Caregiver		
Male	17 (11.3%)	15 (7.3%)
Female	133 (88.7%)	191 (92.7%)
Caregiver Highest Level of Education		
None	69 (46.0%)	120 (58.3%)
Primary / Upper Primary	55 (36.7%)	60 (29.1%)
Secondary	17 (11.3%)	15 (7.3%)
Higher Secondary	6 (4.0%)	5 (2.4%)
Graduate or Above	3 (2.0%)	6 (2.9%)
Caregiver Marital Status		
Married	126 (84.0%)	167 (81.1%)
Separated	0	1 (0.5%)
Widowed	6 (4.0%)	15 (7.3%)
Never Married	1 (0.7%)	2 (1.0%)
Married Frequent Spousal Absences	17 (11.3%)	21 (10.2%)
Caregiver Literacy Level		
Read Write & Sign	63 (42.0%)	60 (29.1%)
Read And Sign	4 (2.7%)	2 (1.0%)
Sign Only	44 (29.3%)	75 (36.4%)
Illiterate	39 (26.0%)	69 (33.5%)
	Mahesail (MIS) **N=235**	**Alamsahi (CS)** **N=332**
Child Age		
Mean (SD)	13.30 (2.270)	13.30 (2.210)
Inner Quartile Range	4	4
Min, Max	10.0, 17.0	10.0, 17.0
Child Sex at Birth		
Male	126 (53.6%)	143 (43.1%)
Female	109 (46.4%)	189 (56.9%)
Child Disability Status		
Disabled	6 (2.6%)	5 (1.5%)
Not Disabled	229 (97.4%)	322 (97.0%)
Do Not Know	0	3 (0.9%)

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

CINI staff are tasked with organizing the people and entities in particular villages that are responsible for child protection. On a day-to-day basis, the CFC Facilitators meet at the central Murshidabad office to write down their activities from the previous day, sit together, and discuss challenges experienced or new developments. They then bicycle to the villages to organize programme activities, including attending meetings with counterparts, carrying out training, or conducting follow-up visits with pre-identified vulnerable families among other activities included in the CFC model. Facilitators meet with the Supervisor once every two weeks to review progress and strategize for the next fortnight, and with the CINI Field Office Coordinator once a month. They receive training "every two or three months." The CFC Coordinator and Supervisor meet weekly. All staff members use WhatsApp to communicate amongst themselves, with service providers and local government officials. They share pictures of documents, information about cases and trends, and updates from news or local government. All these activities are the organizational correlates of the holistic transformation in realizing child rights that CINI's/ Child Friendly Communities theory of change is designed to achieve. Of course, meetings and trainings are thus means to an end, rather than goals in themselves. Nevertheless, to evaluate the efficacy of a theoretical and conceptual vision, reliance on concrete activity and evaluation of its consequences is inevitable.

In **Bajitpur (the early intervention site)**, the CFC process has been running for 1.5 years and is in what the staff call the "development phase." Evidence suggests the CFC Facilitator has become widely known and well respected here. "Everyone listens to him," said the ICDS health worker, "He has become one of our own people. Children start to run behind him whenever they see him." A parent explained, "We tell our children to follow minutely the good lessons given by [The Facilitator]. If you listen to his advice you will gain afterwards, you will be intelligent enough." When [the Facilitator] does not come to the village for some reason, his absence is sorely felt. "[The Facilitator] used to visit different houses and gives good messages. [But] no one from the local office has come for few months," said another caregiver. "If [the Facilitator] could come regularly, the condition of the village would be better enough. Now he is coming only after every 15 days."

Much of the time that the Facilitator is in the village he spends organizing and attending meetings relevant to children. Study participants indicated that a general child-focused meeting now happens in EIS at least every month: these appear driven by CINI's impetus, and their agenda determined by CINI. As the Gram Panchayat member explained, "a [VLCPC] meeting is called at Gopalganj Primary school.... after a month's gap. ICDS, CINI workers are there along with school teachers, local Block Development Officer (BDO) and officer-in-charge of police station. Generally, CINI's [Facilitator] takes the main role... It helps to increase awareness as well as to take stock of the latest problems." [the Facilitator] also facilitates meetings for health providers and for the local Children's Group. One child member stated that "every month, two meetings are held. [The Facilitator] informs us over phone in advance and we inform the others … The discussion is started by [the Facilitator]." "Some members of the adolescent children's group Yodda formed at the Block level reside in the EIS", which a local head teacher describes incorrectly as "some females in the team of CINI." The Facilitator provides training and ongoing logistical support to the Kanyashree Yoddha, and Children's Groups. According to the Panchayat Pradhan, this "includes lessons on the laws against social evils and bad habits like child marriage, child labor and open defecation etcetera, as well as methods of awareness campaigns and interventions against them." Health workers stated that CINI ran a training with EIS health workers about six months previously. No other providers stated that they had received training. A local head teacher noted: "Our school does not organize awareness camps but when CINI organizes, we participate. CINI have not arranged any training program. If I had the opportunity, then I would attend."

The Facilitator conducts frequent visits to individual households and has personal relationships with many of the EIS residents. He counsels them on children's rights issues and available services: "When [the Facilitator] visits, it helps us," said the ICDS worker, "Suppose I have to meet ten mothers, if I meet

seven of them and [the Facilitator] meets the other three then we together can meet all of them."

In Mahesail (the mature intervention site), the CINI staff withdrew three years prior to this study, after the model had been running for five years. As one CINI Facilitator explained: "Before leaving this place we made a contract [with] the ICDS and ASHA workers, ANM, Panchayat Pradhan and SHG members" to transfer "responsibility to advance the various activities" in the CFC process. A local Self-Help Group (SHG) member confirmed that CINI "always told us to be independent and prepared us for such roles in the drive for better community life. They provided the stepping stone for us, but we have to move ahead."

However, results showed that CINI continues to appear at and take a key organizing role in many of the local child focused meetings in the MIS. The Gram Panchayat Pradhan stated that he attends "the [health-focused] meeting organized every 4th Saturday by CINI, where two CINI personnel attend." A Gram Panchayat Member said that CINI organizes the child protection committee meeting (VLCPC). The ICDS worker said that, "It's better when CINI remains, otherwise we face some problems...Probably it was a 3-4 years long project, then the work was stopped for 5-7 months. Then Mr. Sirajul and others came and work was resumed...A few of them came yesterday."

CINI continues to appear at and take a key organizing role in many of the local child focused meetings in the MIS.

CINI staff remain widely recognizable in the MIS: 67.2 percent of children reported knowing the CINI Facilitator, as well as 68.7 percent of caregivers. Results indicate that residents and providers continue to depend on CINI in their child protection activities, in particular prevention of child marriage, something that is likely due to CINI's ongoing role running the district-wide emergency child hotline, Childline. Respondents disagreed widely as to whether there would be any change if CINI stopped coming entirely. A local head teacher stated "[this] would create a problem... what little is happening will not happen, what little consciousness is being created, even that will stop." Others disagreed. The ASHA health worker said that "people have learnt a lot from [CINI]. People have become a lot more aware. But even if they stop showing up, people are still going to be aware. This can't be taken away from them."

In line with CINI's stated intention of keeping the costs of its intervention to a minimum (see p. 19 above) the costs of the program are low. Because CINI views the development of CFC as facilitating what is already mandated by government and community norms, CINI facilitators are expected to be engaged in activities besides those in the study sites. CINI facilitators earn Rs8000/- per month, supervisors earn Rs 10,000/- and the CFC Coordinator earns Rs 30,000 /- per month. According to CINI, these salaries are set according to the government pay scale. However, qualitative evidence suggests that despite staff's great dedication and belief in the value of the CFC process, other demands sometimes render them unable to dedicate the required time and energy to their work.

One Facilitator recommended that enlisting and training community volunteers dedicated to improving child outcomes would be a good addition to the program and increase capacity. Other Facilitators suggested that if they were able to cover 5-6 villages instead of 10-12, they could monitor the situation on the ground better and help more families get scheme linkages and reach entitlements more easily.

It is CINI's view that the building blocks approach inherent in their program and planning is implicit in the work done and not explicitly articulated. Participants could not provide specific information on the CFC 7 Building Block process as this component stood in the background of the research project In both sites, however, there was broad consensus among stakeholders that the main issues in the area are: (1) child marriage; (2) child and maternal health; (3) sexual harassment; (4) school dropout, and; (5) out migration. The

Facilitator in the MIS was the only one to clearly describe the building blocks:

We conducted a baseline survey to know the situation of this sansad (village) and also collect health data. Comparing those data, we made a planning. Then we told the concerned person that here all children get married early. The extent of child labor...and even teasing is also very high. The education status was also very poor. All these have come down because of intervention by CINI.

-Facilitator in the MIS

At the **district level,** results indicate that CINI is integral to regular child protection meetings: organizing, providing data, and doing follow up on individual cases. The principal contribution of CINI's work at this level, similar to the local level, is one of facilitation and convening. The majority of the providers stated that they were familiar with CINI's staff largely in their role as organizers of Childline: "when they are sending out invites," explained one official, "they are doing so on behalf of Childline." Respondents stated that there are meetings at the district level on child protection "every 3 months...CINI arranges the program... CINI organizes meetings with the DCPO, the BSW or other government meetings or training sessions...they invite everyone. It is usually funded by the district." Staff also organize a district-wide forum for local nonprofits, involving "around 121 NGOs ... there is no secretary, there is CINI staff."

There were also select examples given that illustrated the advocacy work that CINI does at this level, particularly around child marriage. For example, CINI was instrumental in the Murshidabad District Administration pushing the Kanyashree Yoddha program, a government cash transfer initiative to delay child marriage. Additionally, a district labor official stated that CINI shared the results with them of a socio-economic survey on workers in the beedi (cigarette) industry in a few villages, which "helped the government to execute their work." Nevertheless, the official also noted that "officially there is not much child labor in the district."

There was not a clear sense among providers interviewed at the district level about the work that CINI does at the local level. For example, the Child Welfare Committee member, who had been working in the district for three years, stated incorrectly that "CINI has got the responsibility to work in Murshidabad only about 8-9 months ago. Before that they were not found to work here directly... CINI is not much working in our site. But they have an office in Kolkata and they have a Home for children, many children are benefited in this way." However, the District Social Welfare officer did have a clear sense of CINI's work in communities: "We have tracked two Gram Panchayats and seen that CINI does major work in the area of child marriage: they organize meetings; provide logistical support to local staff. This is good work they are doing. They have a lot of connections at the grassroots level."

C. Evaluation of Results: Outcomes and Impacts

i. Outcomes

Functional Child Protection Groups and Forums

Results clearly show that the many different groups and forums that government policy has established as essential for child protection are significantly better established in the MIS, and to a lesser extent in the EIS, than in the comparison site. Three overarching themes stood out from the data in this area. First, study participants in CINI intervention sites expressed the belief that dedicated spaces for discussion of local child protection issues facilitate information sharing, cooperation and accountability: "Overall, these meetings are a huge positive," explained the ASHA in the MIS, "There has not been a month without a meeting! It is not that everyone attends all meetings … [but now] we are able to make people aware and solve any problem."

> *Results clearly show that the many different groups and forums that CINI considers essential for child protection are significantly better established in the MIS, and to a lesser extent in the EIS, than in the comparison site.*

Second, many community members in both intervention sites continue to see CINI as essential to convening child protection groups and platforms like the VLCPC and health meetings. For example, the BDO in the MIS commented that CINI participates regularly in all the programs he organizes: "The programs run successfully because [CINI] does it, else it wouldn't be possible."

Third, there were significantly higher levels of child participation in all events that affect children in CINI intervention sites. In the CS, no children or caregivers reported participating in meetings relevant to children's rights. Particularly in the MIS, there was meaningful participation by children in the VLCPC and panchayat meetings: "We list the problems [facing children] in front of the Panchayat," explained one Children's Group member, "so that the Panchayat can help find solutions to stop child marriage, to issue migration cards for those children who are going out for work, and to help disabled persons to get certificates, who many times do not know where to get these certificates."

Village Level Child Protection Committees (VLCPCs)

Qualitative participants in the CS uniformly agree that the VLCPC "doesn't function here." In the MIS, however, 48 percent of caregivers knew about this monthly forum. "The [VLCPC] meeting here is attended by panchayat members and other important villagers as well as ASHA, ICDS, SHG workers," explained one SHG member, "We discuss issues related to health, education, nutrition, safety and security of children and general village population. The menace of girl trafficking also came up." The ICDS worker in the MIS explained that "issues of eve teasing and use of slangs on the streets have been addressed [in the VLCPC]." Nevertheless, attendance is often sporadic: the primary school head teacher, who had worked in the MIS for 5 years, does not attend the VLCPC, and the head teacher of the secondary school, who had worked there for 12 years, had "heard the term" but never attended.

In the MIS, various community health workers, the BDO, and the panchayat discussed the benefits of child participation in the VLCPC. In the EIS, children attend in the VLCPC, but there were far fewer concrete examples given of meaningful participation. For example, the Gram Panchayat member stated that "I joined the [VLCPC] meeting which is held once in a month generally. [The members are] a Panchayat member, a teacher from my school as well as some children."

Self Help Groups (SHGs)

There are several SHGs operating in the CS, however, none of these women mentioned that they do any specific work for child protection in the area. Similarly, SHGs in the EIS stated that they "have not got any such opportunity" to work for child protection. Yet in the MIS, the women in these groups work not just on livelihoods and microfinance, but also are invested in children's rights and see "social work" as part of their duties: "We volunteer as counselors to such families and girls," explained one member, "Many people come to us knowing that SHG members work as social motivators too." The Facilitator explained that "as a result of CINI training with the SHG members, these women venture outside on their own. When we first came to the MIS there were only three or four groups...now there are about 20-22." SHGs participate in the VLCPC and health meetings and support the Children's Group in cases of school dropout or child marriage. Nearly all caregivers in the MIS – 98 percent – were aware of the SHGs.

Health meetings

Meetings of health workers at the village and block level were common across all study sites but were mentioned as a positive force at a higher rate in the MIS. Survey results also show significantly higher awareness among caregivers in the MIS of the Village Health Sanitation and Nutrition committee, compared to the CS. One ICDS worker there explained:

Table 6: Caregiver knowledge of and involvement in different groups						
	Bamuha (MIS)		**Alamsahi (CS)**		**P-value**	
	Aware % (n)	**Involved % (n)**	**Aware % (n)**	**Involved % (n)**	**Aware**	**Involved**
Self Help Group	98.0% (147)	38.0% (57)	86.9% (179)	31.6% (65)	<0.001***	0.206
VLCPC	48.0% (72)	3.3% (5)	7.8% (16)	0.5% (1)	<0.001***	0.087
School Management Committee	25.3% (38)	0	24.3% (50)	1.0% (2)	0.819	0.511
Mother's Committee	20.0% (30)	0.7% (1)	8.7% (18)	0.5% (1)	0.002*	1
Village Health Sanitation Nutrition Committee	19.3% (29)	0	11.7% (24)	0.5% (1)	0.044*	1
No Group or Committee Enrollment		60.0% (90)		64.1% (132)		0.433

***indicates statistical significance from Chi-squared hypothesis test adjusted for single covariates p<0.001
*Indicates statistical significance from Chi-squared hypothesis test adjusted for single covariates p<0.05

> *In our neighborhood we have two meetings every month where all the mothers are explained things. We usually have around 10-12 mothers with us at a time...Currently there's a dengue epidemic going on which is causing a lot of problems. So, we had to talk to the mothers about that. We have also discussed about the need of proper nutrition for pregnant mothers for the wellbeing of both mother and child...The biggest help or positive outcome [of the mothers' meetings] is that the mothers in each family are becoming more aware and that in turn is keeping the children and then the rest of the neighborhood well. Usually in every family, mothers are crucial when it comes to supervising.*
>
> *-ICDS worker, MIS*

In the EIS, CINI staff has a large role in organizing health meetings with providers and residents: "CINI is involved in almost everything," explained the ICDS worker, "They talk about immunization for pregnant ladies. Every month they conduct mother's meeting."

Children's Groups, Kanyashree Yoddha and Balika Badhu

There are no groups specifically for children functioning in the CS. In the MIS, results suggest that there is a well-known Children's Group (CG): 57% of children reported knowing of the group. The CG was larger in the past: reports from children about current membership numbers ranged from four to forty.

CG members stated that their work focuses principally on preventing child marriage and school dropout, several examples of which are found in the corresponding sections below. They hold meetings with other children to raise awareness about these issues: 35.7 percent of children in the MIS reported having attended a meeting. "Meetings are held in school or in somebody's house," explained one child, "I have attended. The [CG members] told us…that parents should send their children to school and we should inform them in case parents try to get us married before we come of age."

Results show that CG members also advocate with the panchayat to raise awareness of problems facing local children like sexual harassment or menstrual hygiene and to demand action, including requesting funds (what CINI call advocacy for increased resource allocation for children and development of "child budgeting"):

I talked to the Panchayat about those who could not afford books and notebooks, and so the Panchayat bought them books, notebooks and play equipment.
-Children's Group member

The latest [meetings] that we have convened were attended by children of various ages. Representatives of CINI and Childline were also present. Children below the age of 10 and 12 were not there…Children shared their problems verbally as well as by writing it down. Some of the issues were of local nature or of no significance…One issue which I found noteworthy was the number of sanitary napkins distributed in schools. They found the number insufficient. This is very important.
-Group Interviewee

Table 7: Child protection groups	
CHILD	**Bamuha (MIS) % (N)**
Has heard of Children's Group (CG) in Mahesail (MIS)	57.02% (134)
Has attended a CG meeting	35.7% (84)
If yes, how many times in the last year?	
1 to 5	72.62% (61)
6 to 10	9.52% (8)
More than 10	7.14% (6)
Has ever asked a CG or one of its members for help dealing with a problem	10.71% (9)
If yes, how effective were they?	
Very effective	1.70% (4)
Effective	0.85% (2)
Ineffective	1.28% (3)
Very ineffective	0
Knows of other children in this locality who have asked members of the CG for help	9.79% (23)
CAREGIVER	
Has heard of CINI	68.7% (103)
Has heard of CINI Facilitator	68.0% (102)
Has heard of CG	31.3% (47)
Their child has attended a CG	19.3% (29)
A member of the CG or SHG has visited their home	25.3% (38)

In the early intervention site, Bajitpur, the Children's Group is functioning: these youths also participate in VLCPC meetings and carry out advocacy against child marriage and school dropout. Members gave six examples of early marriages they intervened in with the help of the Facilitator. "When required, like if there is an underage marriage taking place, he simply gives us a call and we join him," explained one member, "If we are at school at that time he informs over phone or personally visits our school and takes the permission of the head teacher to take us from school."

However, the group is small and poorly attended: results show it has "about twelve members." Several attendees at the relevant focus group for this study lived outside the EIS village. One child stated, "there is a [children's] group like that here…they come from another area." The group members said that they meet when "[The Facilitator] informs [them] about a meeting," and at such gatherings, one

member explained, "many of us are absent. So, the meeting is not organized properly."

Participation in the CG group has big personal benefits for members: "I was always afraid," said one child, "but now I am not afraid. CINI has given me courage, now I am not afraid to tell anyone anything." The CFC Supervisor explained that "some of the members of the groups have become ASHA workers, some of them are ICDS, and some may be mid-day-meal workers." However, some children made the complaint to study researchers that "they spend time on CINI's work, which affects their own education and work in the family, but they don't get any material benefit out of it. Once, the BDO wanted some children to attend a program, and CINI recommended three CG members, who were supposed to receive Rs 500 per month for six months, but these girls did not receive that benefit." Clearly some children have positive perceptions of CINI's work, while others have more qualified views. CINI does not consider "child participation" to be an aspect of CINI work, but rather a child right to be encouraged and supported. Nevertheless, the fact that this point was raised suggests confusion about the boundaries of CINI work. Perhaps this indicates the potential for more clarity about the expectations, agency, and the contexts where payment should be received. Again, given the complexity of the CINI/CFC ToC, some confusion within the community is not surprising.

The Facilitator and BDO described two recent government programme platforms that, once introduced, were leveraged by CINI to institutionalize child participation in the MIS. They are the Kanyashree Yoddhas, and the Balika Badhus (literally translated as "child bride"), specifically involved in conducting anti-child marriage advocacy with local children and families. In the EIS, only the Kanyashree Yoddhas are operational. The females in these groups identify and meet with families and children thinking of getting married. One Balika Badhu, who was married at 15 years, shared why she is involved in the group:

> [My child] died of illness....I was 16-17 years old. We could not understand what happened to him. After we brought him home from the hospital he got a cold and cough ... There was no problem [for me] at the time but now I have many issues. I suffer from gastritis, headaches, weakness, and other things. That's why I became member of this group, to tell others in the village not to get married before age of 18 and not to leave school... I share everything that I have suffered...When I got married I did not know how to do household chores and that also caused me problems... beating up and many other things [by my husband] ... my in laws would instigate my husband and he would trouble with me... We have stopped many early marriages.
>
> -Balika Badhu in the MIS

District level meetings

The evidence around district level meetings was mixed. Some providers found these events to be helpful in raising awareness of their own responsibilities and of local issues, as well as in encouraging inter-departmental collaboration. A District Childline official explained CINI organizes "all kinds" of meetings, some in collaboration with government, others as standalone meetings, in which "the problems we are unable to resolve or the district is unable to resolve are taken up." Assistant Labor Commissioner reported that he participated in several meetings that CINI organized and noted that "Officers of all departments are members of various committees. I don't know which committees I am member of. The roles are not clear to the members of a committee. Actually, there is no important role there."

Others raised the limitations of this approach. The District Inspector noted that "almost 75 percent of our working days we are involved in some kind of meeting or other work. Inspection of schools isn't increasing because of this." According to a District Child Welfare Committee member:

"CINI and some other organizations organize various programs with ASHA workers, Childline workers etc. They are good but not very effective. If it is only we who know the Acts and laws, it will not be fruitful. These are for the common people, so until and unless they reach the common people, there is no solution to these problems."

-District Child Welfare Committee Member

Improved Performance of Local Governance and Service Providers

With the CFC model, CINI also seeks to improve the performance of local governance systems and service providers to strengthen the capacity of government actors to act as duty-bearers in implementing children's rights. CINI seeks to help government duty-bearers become more accountable to children's rights; capable of converging intersectoral policies and programmes to ensure an integrated implementation of child rights; prioritize preventive approaches to ensure protection of rights before needing to address rights violations; and finally, promote participatory approaches to foster citizen's, including children's participation in fulfilling fundamental entitlements. Efforts made to improve performance of local governance and service providers are ultimately targeted to strengthen the statutory power of local governance systems to work as institutions having obligations towards implementing children's rights in decentralized constituencies.

In this study, participants largely self-assessed on their own performance. In order to reduce bias, service provider collaboration on child protection issues with other providers and with community members is used as a proxy for performance: this is something that participants can reliably assess for others. Problems solved collaboratively involve greater levels of commitment and accountability, and this is one of CINI's key principles of the Child Friendly Communities model, what they call "multisectoral convergence". Trust of community members in elected representatives of local government institutions and service providers was also assessed to gauge the level of collaboration achieved between duty-bearers in families and communities and those in the government.

Results broadly showed that there are significantly greater levels of cooperation in both CINI sites among service providers and also between providers and residents. In the MIS, regular meetings have helped to form a practice of multisectoral programme convergence and shared responsibility

Results broadly showed that there are significantly greater levels of cooperation in both CINI sites among service providers and also between providers and residents.

among service providers. This site had the greatest number of instances where service providers discussed working with a team to address children's issues. "I have stopped seven marriages on the day of the wedding," said the Panchayat Pradhan, "This was done with the co-operation of the BDO and members of the local area. It was only due to the co-operation of the people."

In particular, healthcare workers in this area were crucial to mediating between residents and other service providers, in conjunction with the SHG members and CINI. For example, the Panchayat Pradhan discussed helping health workers to persuade unwilling residents to vaccinate their children, and the health workers described working with other women of the area to address sexual harassment:

The SHG, CINI workers along with our workers from ASHA all work well together. Recently, we all worked together for early marriage prevention...If I feel like it's not possible for me to solve a problem by myself, then I ask for their help.
-ASHA, Mahesail (MIS)

In case of serious issues, Panchayat Head and members help us. If they are not able to solve the problem, the matter is looked upon by the higher authority.... I do a lot of fieldwork. In case I need help, people are just a phone call away: members of the Childline come... Panchayat Head and members, CINI and the police. This can make any work problem easier.
- ICDS worker, Mahesail (MIS)

Table 8: Child and caregiver views of service providers			
	Bamuha (MIS)	**Bajitpur (EIS)**	**Statistical Comparison**
Children's beliefs about whether the Panchayat in the village cares about children^	2.2	2.21	p=0.89
Children that can name any action that the Panchayat has taken to improve the condition of local children	8.9% (21)	9.3% (31)	p=0.98
Children's beliefs about whether the government "does what is right for people like" them ^^	1.92	1.96	p=0.89
Children's trust in Anganwadi^^	2.59	2.24	p=0.82
Children's beliefs about whether the government "does what is right for people like" them ^^	1.76	1.86	p=0.22
Caregivers' trust in Anganwadi^^	2.62	2.7	p=0.57
Caregivers' beliefs about whether the government "does what is right for people like" them ^^	1.76	1.86	p=0.22
^ Likert scale 1-3 where: "a lot" = 1; "moderately" = 2'; "not at all" = 3; and "no response" =0 ^^ Likert scale 1-5 where: "strongly agree" = 1; "agree" = 2'; "neutral" = 3; "disagree" = 4; and "strongly disagree" = 5. Statistical comparisons are from exact tests or Chi-square tests			

Service providers in the CS discussed collaborating with their peers much less than in the MIS and EIS. There were only four excerpts identified where this topic was raised, two of which were about deficiencies in inter-stakeholder collaboration. "Normally, we don't face any issues in child-related problems," commented the policeman, "But if representatives of Childline or CINI were there then it would be good for us." When responding to child marriage cases, stakeholders did not discuss collaborating with education officials, health officials. The focus was on law enforcement, local elected officials and the BDO. None discussed working with service providers that live in the community, except the policeman who mentioned collaborating with the Mahila Samiti or "women's association".

Suppose something happens to a child, and I am unable to do anything, I tell the village chief or I tell the munshis. The munshis are beedi merchants, those who transact in the intermediate products. I tell them.

-Gram Panchayat Pradhan, Alamsahi (CS)

Inter-stakeholder collaboration in CINI sites was most often described happening between the providers and the CINI Facilitator. Many providers, particularly community health workers, have more responsibilities than they can fulfill. CINI staff works to fill these gaps: "Here the population is 11,000" explained the ANM in the EIS, "and we need one ASHA per 1,000 population. But we recently have only four ASHA workers. There are a lot of vacancies." In some cases, CINI improves performance by alleviating different providers' workload, which suggests a relationship of reliance rather than facilitation. As the Gram Panchayat member in the EIS responded when asked how to decide who should be informed and involved in a child protection intervention: "We inform CINI."

Multiple education and health providers in the comparison site stated that it was not their responsibility to deal with particular children's rights issues. This was not the case in areas where CINI works. For example, the ANM commented that "We do not deal with children problems in such details. We only look after the vaccination of the child." A head teacher stated that "child protection basically means children.... wherever they go they should go without any fear... I think if we take actions on this regard then it would be good for children, but it doesn't fall onto our responsibilities. If it would have been

our responsibilities, then we would have studied it." The multiplier effect of CINI's presence in raising an awareness of children's protection needs among a wide group of public officials is thus quite significant.

Nevertheless, quantitative survey results shown above in Table 8 did not reveal any difference across sites in the level of trust that children and caregivers hold in service providers. This suggests that inter-stakeholder collaboration may not directly translate into improved relationships between other residents and these duty-bearers.

Quantitative survey results did not reveal any difference across sites in the level of trust that children and caregivers hold in service providers.

At the district level, CINI's involvement seems to have had various positive effects, for example, the District Social Welfare Officer stated that there would be a "big vacuum" if CINI stopped working in the area. This was not felt equally by all district level interviewees. The District Child Protection Officer, who had been in his post for only a month, commented that he doesn't attend workshops organized by CINI and that CINI "doesn't work on child protection really." Another district level official raised concerns that despite the important help they offer, CINI's focus on raising public awareness of children's rights issues can sometimes make their work more difficult:

CINI has big back up and they are very well connected. For example, they have staff at the BDO office to make facilities available. We do get help from them. But we also have a problem nowadays, because they do something we don't - they want to be media famous ... we do not want the media, because if we inform the media, we will not be able to get our work done ... Suppose we are going to stop a child marriage and without our knowledge two media persons have been picked up into our vehicle... The media is talking to the family, guiding them ... the facilities are receding to the background and promotion is becoming primary ... [And so] later, when I have to visit the same place for a different issue, say to provide facilities to another child, then this family can easily recognize me and say you're the ones who stopped my daughter's wedding. We have a lot of problems with this.

-District official

ii. Child Marriage

Key findings

» In line with its ToC, CINI works both to support norm change and agency among duty bearers in the community, and at the same time to strength the integration of services that prevent child marriage.

» Preventing child marriage is a top priority for stakeholders in CINI intervention sites. In comparison to the CS, efforts in these locations to address early marriage are markedly more coordinated and inclusive of local stakeholders.

» Participants in qualitative interviews described significantly more cases of child marriage prevention in the MIS and EIS compared to the CS. In the MIS and EIS, ten and nine specific cases respectively where an early marriage was prevented were reported to the research team, compared to only one in the CS. Separate cases where a child marriage could not be prevented were mentioned twice in the MIS, five times in the EIS, and zero times in the CS.

» Child marriage was likely under-reported in the quantitative survey: two children in each site reported that they were already married, one of whom had already given birth.

» In CINI sites, advocacy against child marriage led by children themselves and women who were married as children was viewed by recipients of government services and their community as particularly effective. Children sometimes suffer retaliation, both physical and verbal, for their advocacy.

» In all areas, the availability of government cash transfer programs to deter child marriage has had a significant positive effect.

» CINI's role operating the 24-hour emergency helpline, Childline, has facilitated their involvement in child marriage prevention in the CS.

» Several participants said that fake Aadhaar cards are used to facilitate early marriages.

» Some underreporting of child marriage was likely due to the distinction between "love marriages" and child marriage. Love marriages are cases where adolescent children or couples willingly elope and then marry (either willingly or not). This is usually done to give legitimacy to relationships which would be otherwise be forbidden by their families due to social or religious factors or would put the boy at risk of criminal prosecution.

Context

Murshidabad district has one of the highest rates of child marriage in India. The 2015-2016 National Family Health Survey-4 (NFHS-4) found that 29.5 percent of girls ages 15-19 there were already married or pregnant, compared to a national average of 7.9 percent. In this study, early marriages in various forms were described by participants in all sites. Respondents in the MIS described two specific cases of marriage that they had tried unsuccessfully to prevent. Respondents in the EIS described five, including the following case, which took place the year before the CFC process began:

The boy who is now my son-in-law was brought up near our family. We would make beedis sitting in the same place... Noticing good things in my daughter, the boy's parents proposed long ago. But I had told them that I would not get her married before she reaches eighteen. One day I was away from home to see a doctor and the boy came to our house ... My husband's mother handed him lock and key and he locked himself in the room where my daughter was... Later, my daughter called me over phone. I asked her, "Where are you?" She said, "I am locked in." ... When I got to our house a large number of people were together outside.... The boy's father and uncle came and told us that we had agreed verbally in the past that we would get them married.... I was forced by the situation, so we had to get them married. She was a little less than 18 years. She passed her higher secondary after the marriage. Then she did not continue her study because of her child.

- Caregiver (EIS)

As this example illustrates, early marriages in Murshidabad are an embedded part of community life. Respondents also stated that "love marriages" were increasingly common. These are cases where adolescent couples willingly elope and then marry. They do so in order to give legitimacy to relationships which would be otherwise be forbidden by their families due to social or religious factors, or which would put the boy at risk of criminal prosecution: Indian law criminalizes all sexual relationships (whether consensual or not) with girls under 18.[33] One illustrative example from the EIS:

> There was a boy of 16 or 17. He wanted to marry the girl of 18 with whom he had love affairs. But the parents did not want it. Then the boy tried to take poison to commit suicide... Then the parents were compelled to arrange for this marriage of their son with that girl only in presence of neighbors and villagers. When the Facilitator heard it, he called the boy so that he could make him understand the problems...But the boy did not come. Nowadays things are changed. Approximately 95 out of 100 of these children are taking the decision [to marry] on their own.
>
> -Caregiver in the EIS

The CFC facilitator in the MIS agreed that these marriages are by far the most prevalent: "There was child marriage before. It is no more in the village...love marriage by underage children is separate case. But arranged marriages for underage children don't take place anymore."

Methods for Child Marriage Prevention Evaluation

In this study, qualitative interview participants were asked about common local child protection issues, cases they knew of where such an issue had been prevented; and to respond to a vignette which outlined a hypothetical case of child marriage (See Appendix). The quantitative survey asked children about their marital status and asked caregivers about their relationship to each child in the household, as well as the motivations for any child that they reported had migrated away.

Results for Child Marriage Prevention

Quantitative Results
Two children in each the CS and the MIS reported being currently married. One of these four reported she had a baby girl [N=529].

Table 12: Demographic characteristics of children respondents reported as married.						
Site	Ever Married	Marital Status	Household Status	Sex of Respondent	Age at Marriage	Current Age
Bamuha (MIS)	Yes	Married, Living With Spouse	Grew Up In House	Male	17	17
Bamuha (MIS)	Yes	Married, Not Living With Spouse	Grew Up In House	Female	14	15
Alamsahi (CS)	Yes	Separated	Grew Up In House	Female	12	16
Alamsahi (CS)	Yes	Married, Not Living With Spouse	Arrived As Bride	Female	16	17

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[33] The Protection of Children from Sexual Offences (POCSO) Act, 2012. Whether the marriage is "willingly" entered or not, child marriage is prohibited under international human rights law. The 1978 Convention of the Elimination of All Forms of Discrimination Against Women states in Article 16 that "the betrothal and the marriage of a child shall have no legal effect. Child marriage is not referred to directly in the CRC, but the committee on the Rights of the Child consider 18 to be a minimum for marriage.

Table 13: Child Marriage Actions by the Community			
Site	Ever Reported Child Marriage	Action Taken	Action Effective
Bamuha (MIS)	Yes	Yes	Yes - Stopped entirely
Bamuha (MIS)	Yes	Yes	Yes - Stopped entirely
Bamuha (MIS)	Yes	Yes	Yes - Stopped entirely
Bamuha (MIS)	Yes	Yes	Yes - Stopped entirely
Alamsahi (CS)	Yes	Yes	Yes - Stopped entirely
Alamsahi (CS)	Yes	Yes	Yes - Stopped entirely

Table 14: Knowledge of legal age for marriage					
CHILDREN	Bamuha (MIS)		Alamsahi (CS)		Statistical Comparison
Legal age for girls Average Age	18.2 (0.79) [16, 26]	N=223	18.3 (0.98) [15, 25]	N=306	p = 0.29
Do Not Know	11	4.70%	21	6.30%	
Any Age	0	0	2	0.60%	
Legal age for boys Average Age	21.3 (1.2) [17, 28]	N=220	21.4 (1.7) [16, 30]	N=300	p = 0.37
Do Not Know	0	0	0	0	
Any Age	0	0	1	0.30%	
CAREGIVERS					
Legal age for girls Average Age	18.1 (0.51) [18, 21]	N=147	18.4 (1.0) [17, 25]	N=201	p = 0.10
Do Not Know	3	2%	5	2.42%	
Any Age	21.7 (1.5) [19, 30]	N=146	21.9 (1.99) [18, 30]	N= 199	P = 0.30
Legal age for boys Average Age	4	2.67%	7	3.39%	
Do Not Know	18.1 (0.51) [18, 21]	N=147	18.4 (1.0) [17, 25]	N=201	p = 0.10
Any Age	3	2%	5	2.42%	

Statistical comparisons from chi-squared hypothesis test adjusted for single covariates

Qualitative Results

Data collected from qualitative interviews and surveys make clear that the quantitative data on child marriage and child marriage prevention are likely underestimates driven by the fear of consequences from the interviewer and possible criminal repercussions. There was almost uniform understanding among residents that marriage is legally allowed for girls only after age 18, and for boys after age 21: "People have become conscious," said one caregiver in the MIS, "that if they make their children marry at the age of 16 or 17, they might be arrested."

> *Preventing child marriage is a top priority for stakeholders in CINI intervention sites. In comparison to the CS, efforts in these locations to address early marriage are markedly more coordinated and inclusive of local stakeholders.*

> *In CINI sites, advocacy against child marriage led by children themselves and women who were married as children was viewed by recipients of CINI services and their community as particularly effective.*

Early marriage was the child protection priority most frequently mentioned by local stakeholders in the MIS and EIS. As one child in the MIS noted, "The main task of the [Children's Group] is to discuss with parents if any girl in the family gets married before 18 years." Participants in the MIS described ten separate cases where an early marriage had been prevented and in the EIS nine were described. In the CS, only one successful case was mentioned. This difference is a vindication of CINI's CFC approach. It demonstrates that long embedded social norms harmful to children are responsive to

measures for change that translate legislative principles into meaningful information and discussion at the local level.

Almost 4-5 months ago... some children informed their teacher that their minor friend's father was getting her married against her will. The teacher informed the police.

-Teacher, Alamsahi (CS)

Qualitative data suggested that local stakeholders employed more robust, coordinated, and inclusive strategies to prevent child marriage in the intervention site than those in the comparison site principally through increased direct programme facilitation, community engagement, and resource disbursement. Some of the methods used by CINI in the sites are described in detail below. We group them by "strategy" merely for purposes of clarification (CINI does not describe or categorize its work in these terms).

Strategy 1[34] : Awareness Raising
The first major strategy used was to raise awareness about the health effects of child marriage and its legal implications, as well as the problem of trafficking. This was achieved through community meetings and through the individual efforts of the Children's Group members, the CFC Facilitator and local political representatives. In the CS, local residents did not describe any awareness-raising efforts around child marriage. Only the Block Development Officer (BDO) described any such event: "People here consider that it is appropriate to get their daughters married when they turn 15-16 years of age... In every Gram Panchayat, we have organized camps. We have made the teachers aware and organized camps along with the girls. Due to these activities, the number of child marriage cases has reduced."

Strategy 2: Development of Early Detection Network
The second strategy used to address early marriage seen in the MIS and EIS is the development of a network for early detection of child marriages. This network consisted of the Children's Groups, SHG members, teachers, health workers, Kanyashree Yoddhas, Balika Bodhus, and CFC Facilitator. These stakeholders coordinate and act in the context of the CFC process as mentioned in the first part of the report. Many pending marriages are discovered because these individuals are seen as actively vigilant and trusted locally as confidants. Children in particular are able to access direct information from their own peers at school and in the community: "Around 20 days back, near the school, a girl's marriage was fixed who was too young," explained a Children's Group member in the MIS. "One of the neighbors gave us the news, as they know that what work we do. Then we informed our peer leader, held a discussion among us and then informed CINI. Then we went to the police and prevented the marriage." Similarly, a Children's Group member in the EIS explained, "When we were roaming here and there, someone had informed us that a marriage ceremony was going on illegally. Then many of us reached there instantly and asked them to stop the marriage, otherwise the police would come and take action. The police came, and the Facilitator." By contrast, the only mechanisms described by participants for reporting child marriages in the CS were anonymous calls to the BDO or to Childline (which is operated by CINI) and, in one case, disclosure by a child to a teacher.

Strategy 3: Local Coalition Development and Social Norm Change.
The third anti-child marriage strategy used in CINI sites is the building of local coalitions of people to intervene in planned early marriages. Each case of child marriage averted involved collaboration of numerous stakeholders – from health workers to the local political representative. Many respondents directly stated that they felt they were part of a team effort. As the head of the Panchayat in the MIS explained, "I have stopped seven marriages... with the co-operation of the BDO and members of the local area. I was able to do this only because of the co-operation of the people."

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[34] For ease of presentation, the authors have organized the results as set out, though this division of strategic thinking is presented differently in the CINI ToC described above.

The quantitative data on child marriage and child marriage prevention are likely underestimates driven by the fear of consequences from the interviewer and possible criminal repercussions.

The CFC Facilitator has a catalyst role in these local coalitions that are mobilized to respond to child marriage. In the EIS, the Facilitator was mentioned in all but one child marriage case. Children are directly supported by the CINI Facilitator in the context of preventing child marriage because of the potential legal consequences and the potentially negative reactions towards children trying to stop their marriages. A child explained that "CINI people have told us to inform them if such type of situation arises." In the MIS, where the Facilitator's role in the CFC process has technically concluded, the BDO explained that "many [child marriage] cases have been solved. But we don't act directly too much on this. The designs or information are with [the CFC Facilitator] and only in serious or tough cases then we send Police personnel. We only record those cases." In other words, most cases are handled at the community levels and, only when solutions are not found through local action are the police called in. A local child stated that if CINI stopped coming to the MIS, "People will not be ready to take any action on their own if any underage marriage takes place."[35]

In the CS, there was no involvement in child marriage prevention reported by health workers, SHG members, or other community members. There was also no reported involvement by children themselves, though child participation was common in CINI sites. One Children's Group member in the MIS described the sense of empowerment that this active engagement gave her:

"There was a girl who was going to get married off. I phoned everyone and called them. I was the one who did the maximum confrontation with her parents. I was really happy that I could be so brave and speak so much, I could never imagine myself doing that... we stopped the marriage."

-Children's Group member (MIS)

The SHG in the MIS described a case where the involvement of a Balika Bodhu – a woman who was married as a child – was especially effective strategy in preventing an early marriage:

About a month ago, a marriage was fixed for this girl in our village. But she didn't want to get married. At first, I went but the family didn't listen to me... then I went along with 10-12 local people, but the family was from some other place, so they didn't listen... So then all of us along with [CFC Facilitator] went and convinced her grandfather and parents... A girl who had been married before 18 years went and she told the mother about the problems this had caused her. Thus, the mother decided against her daughter's marriage and the wedding was called off.

-SHG member, MIS

There are no similar efforts in the CS. Nevertheless, in CINI sites this advocacy is often met with hostility and, occasionally, violence. Nearly half (5/11) of the cases of child marriage described by children in CINI sites included accounts of retaliation: "they grabbed our neck and threw us out" said a Children's Group member in the EIS. Yet children met this pushback with remarkable courage:

Some days back, a family was adamant that they will marry their daughter. Everything was finalized and the girl was willing. We told the parents – why will you get your daughter married at such an early age? It will only harm her...But they did not pay any heed to our requests. Then we went to the BDO's office. We came back accompanied with the police. A huge uproar followed. Afterwards, the family did not know my home but they went to the home of one of the other [Children's Group] members and asked, "Why did your daughter quash my daughter's marriage?" So I went directly to their place. I asked them, "Why do you want your daughter to be married at such a young age? This is not fair! You tell me at what age did you get married?" The mother said that she got married at 16 years of age, so I replied, "You see your health condition, you are malnourished." She was convinced and agreed that I was right.

-Children's Group member, EIS

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Nearly half (5/11) of the cases of child marriage described by children in CINI sites included accounts of retaliation.

In some cases, Children's Group members said that they reported pending child marriages to the CINI Facilitator, but did not disclose their name:

A marriage was about to take place in secret, the bride's age was 16 and the groom was 19... They invited us, I got the details from my mother and immediately informed the Facilitator. He came to our house and we discussed the matter in detail. The police came and stopped the wedding. My name was not disclosed to anyone.

-Children's Group member, EIS

Strategy 4: Linkage with Government Child Prevention Schemes
The final strategy used was enrolling people in government cash transfer schemes designed to prevent child marriage. In particular, the 'Kanyashree Prakalpa' Scheme by the West Bengal government, which was awarded a United Nations Public Service Award in 2017, was widely praised by residents in all sites. The scheme provides unmarried girls that are attending school an annual scholarship of Rs. 750 starting at age 13, and then a one-time grant of Rs. 25,000 when they reach 18 years of age and are still unmarried students. The quantitative data from this study do not show any difference in levels of uptake on Kanyashree between the CS and the MIS. However, the benefits of enrollment were discussed significantly more often in CINI sites than the comparison site.

Because of government schemes like Kanyashree and programs and facilities for minorities, children are increasingly going to school. Because of this, child marriage has come down.

-Head teacher, EIS

Several participants in all sites indicated that child marriage has reduced in recent years. However significantly more respondents in CINI sites gave this opinion and more forcefully. In the EIS, a Children's Group member said that there had been "no such marriage in the village during the last 6 months. No one accepted proposals for underage marriage" A Gram Panchayat member said, "Child marriage of girl students at their V-VI grade was rampant. But now marriage below 18 has almost stopped." In the MIS, the ICDS worker directly attributed improvements to CINI ("The situation has gotten a lot under control ever since CINI came"). In the CS, several participants referred to child marriage as a common problem, for example, a member of the Panchayat noted: "There are many girls who have dropped out [of school] and if they get marriage proposals then they get married at the age of 16-17.... it happens."

Several participants in all sites indicated that child marriage has reduced in recent years. However significantly more respondents in CINI sites gave this opinion and more forcefully.

Despite the above described progress made towards eliminating early marriage and its side effects, particularly in CINI sites, the social retaliation faced by anti-early marriage advocates in this study and the cases of successful early marriage described above all point to continued social norms that support this practice. Results suggest families believe in some cases early marriage provides necessary financial relief: "We got the news in advance but we could not prevent [the marriage]," explained an ASHA worker in the EIS, "Firstly, they were very poor and secondly her mother had died. The girl would find it difficult to get married afterwards because of prevailing social prejudices." Results also show early marriage can save a parent's reputation by providing legitimacy to situations that do not conform to traditional expectations of gender roles, or of adolescent relationships. For example, "love marriages" or cohabitation of unrelated children of the opposite sex, as in the following example:

My elder daughter had an early marriage due to a special situation. I was told to look after a local orphan boy in his late teens. His married sisters lived far away and were unable to take care of him. I was hesitant since my daughters were adolescent and rural social norms might have objected to my raising an unrelated male in my household. It would have made my daughter's marriage difficult. Then the boy's family asked me to get him married to my elder daughter. The boy was from a comparatively well-off family with some land holding. So I agreed. She was then 13 years old.

-Caregiver, MIS

Results suggest some families in the MIS use several tactics to facilitate early marriages they know are illegal.

"The laws are there and it cannot be disobeyed...but say, for example, if parents or I get a good potential match for my daughter who is 17 years old, then I will hide her age and get her married."

- Panchayat member in CS

One strategy to avoid repercussions, the CFC Facilitator explained, is that "some families do not have or keep birth certificates of their girl child and increase their age during Aadhaar enrolments to bypass the law." Two cases were found of Aadhaar fraud, one each in the EIS and the CS:

Only a few days back, we were at school when The Facilitator took us from school and we intervened and stopped an underage marriage...we had talked with that family on the previous day, but nobody listened to us.... The family managed to prepare an Aadhaar card, with the age mentioned in the card much higher than the actual age of the girl. We informed the police, who came and instructed the family to stop the marriage immediately or otherwise they will have to pay a fine, the amount I cannot remember and they may be jailed for some years.

-Children's Group member, EIS

In some cases, early marriages were prevented by stakeholders, only to take place shortly thereafter in secret elsewhere. "Marriages are not conducted in the village," explained one Children's Group member, "but they take the girls outside the district and get them married from outside." These practices also continue because of broad impunity for those involved. In all interviews in this study, the only example of child marriage given where a prosecution resulted involved the arrest of the boy: "Once a boy less than 21 years of age was about to get married to a girl less than 18 years old," said a Children's Group member in the EIS, "So the police came and arrested the boy." In the CS, the policeman stated that the purpose of arrests for early marriage is to avoid marital sex, and arrests can often cause more harm than good:

She has got into a relationship with a boy hailing from good background. From the legal perspective, we should take actions. But from the social perspective, the family will question us and ask if we annul their marriage, will the police feed the girl for another year? Will we get another potential bridegroom?

-Policeman in CS

Conclusions

Our findings suggest that CINI has had success preventing child marriage in its intervention sites by leveraging a multipronged approach of community engagement, coalition building, and early detection networks. To achieve a broader and more sustained impact, CINI might consider strengthening its staff efforts to improve the ability of local communities to take advantage of governmental conditional cash transfer schemes targeting child marriage prevention. Active engagement with individual enrollment into these schemes might be a highly productive endeavor.

iii. Education

> **Key findings**
>
> » Addressing school dropout is a high priority for providers and community members in the MIS and the EIS. Preventative strategies used include collecting lists of out of school children (OOSC) and following up on them with teachers; training Children's Group members to advocate for the importance of education with their peers; and helping families get financial support from the Panchayat or government schemes. CINI also provides free supportive education to children in the MIS. Qualitative evidence indicates these efforts have achieved some success in changing local attitudes towards education.
> » There was no difference in the quantitative results for rates of OOSC in the mature intervention and comparison sites.
> » There are several structural challenges relating to children's education in Murshidabad. Pervasive child labor and out-migration among school age children; structural poverty, exacerbated by widespread use of private tuition; and double enrollment in both private and public schools. These factors contribute to school dropout, but also lead to highly irregular school attendance that undermines learning and the perceived value of education.
> » Rates of OOSC were higher for boys than girls at all ages, related both to high rates of out-migration for work among boys, and exclusion of boys from many cash transfer programs for education.

Quantitative Findings & General Context

CINI's CFC intervention in Murshidabad leverages a range of schemes and programmes with the objective of adding value to existing resources to meet children's rights according to the realms encompassed in the Convention on the Rights of the Child.[36] With respect to education, the Sarva Shiksha Mission is the main scheme CINI relies upon to universalise elementary education through community-ownership of the school system.[37] The scheme is core to their model, as it seeks to provide useful and relevant elementary education to all children in the age group of 6 to 14 years. The Kanyashree scheme is designed to promote and support the formation of Kanyashree Clubs and Kanyshree Yoddhas, with the twin objective of mobilising adolescent girls and increasing school retention.[38] In the research area, the Yoddha model seeks to help institutionalize the adolescent participation approach in the system. The Shikshashree Scheme is set up to ensure assistance to scheduled caste (SC) day-scholars of Class V to VIII.[39] A GoWB initiative, the scheme is applicable to the day pupils enrolled in classes V to VIII in any Government, Government-aided and Government-recognized schools of West Bengal.[40] The stated objective of the scheme is to provide financial assistance to the SC students in classes V to VIII to improve their participation at pre-matric stage (pre-class X exam) and minimise the incidence of dropout, especially in the case of girl students.[41]

There are several data sources for the number of out-of-school children (OOSC) in India, each with "underlying differences in the definitions of 'attendance rates' and 'out-of-school children,' data

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[36] Correspondence with Eliana Riggio, 27 December 2018.
[37] id.
[38] id.
[39] id.
[40] id.
[41] id.

collection processes and estimation methodologies."[42] This study defines 'out-of-school' to include children who have never attended school, who are not currently enrolled in school, and who have missed more than 30 consecutive days of school in the past year. [43]

There was no difference in the quantitative results for rates of out of school children (OOSC) in the mature intervention and comparison sites.

There was equal school availability in both sites, with primary and secondary government schools within safe walking distance. At the primary level, 11.5 percent of children in the MIS were out of school, as well as 11.8 percent in the CIS. This is in line with estimates by the NSS, which 16.8% of students in West Bengal at the primary level were out of school.[44] Rates of OOSC jumped considerably at the secondary level. Results were worse in the CIS (34.8 percent) than in the MIS (26.6 percent). However, this was not statistically significant, even before controlling for the effects of individual covariates. This difference cannot be attributed to CINI's program. Analysis also showed that attendance at school among all surveyed children, but particularly at the secondary level, was higher among girls than among boys.

Results also showed that school attendance among all surveyed children, but particularly at the secondary level, was higher among girls than among boys.

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[42] UNESCO-UIS, "Estimating the Number of Out Of School Children: Methodological Problems and Alternative Approaches. India Case Study" (Montreal, 2016), 3. UNESCO-UIS, 3.

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

[44] Muchkund Dubey, Ashok Pankaj & Susmita Mitra. "Still Too Many Children Out of School." The Hindu. < https://www. thehindu.com/opinion/op-ed/still-too-many-children-out-of-school/article24857149.ece>.

	Site		Bamuha (MIS) N | Alamsahi (CS) N	Unadjusted Statistical Analysis			Adjusted Statistical Analyses		
Table 15: Education attendance									
	Bamuha (MIS)	**Alamsahi (CIS)**		**P Value**	**Odds Ratio**	**95% CI**	**P Value**	**Odds Ratio**	**95% CI**
Net Primary Attendance	73.08% (114)	79.09% (174)	156 | 220	0.9952	0.998	0.52, 1.92	0.87	1.064	0.51, 2.23
Gross Primary Attendance	0.74 (116)	0.86 (190)	156 | 220						
Net Secondary Attendance	70.89% (56)	50.0% (56)	79 | 112	0.0608	0.539	0.28, 1.03	0.328	0.65	0.27, 1.54
Gross Secondary Attendance	1.01 (80)	0.68 (76)	79 | 112						
Attendance among working children									
Net Primary Attendance	64.06% (41)	70.59% (84)	64 | 119	0.3663	1.346	0.71, 2.56	0.9444	0.974	0.46, 2.04
Net Secondary Attendance	61.22% (30)	44.19% (38)	49 | 86	0.0585	0.501	0.24, 1.02	0.1503	0.483	0.18, 1.30
Out of School Children	16.60% (39)	19.58% (65)	235 | 332	0.3665	0.817	0.53, 1.27	0.9613	1.012	0.62, 1.66
OOSC Age 10-14	11.54% (18)	11.82% (26)	156 | 220	0.9339	0.973	0.51, 1.84	0.8624	1.066	0.52, 2.19
Females	9.33% (7)	6.90% (8)	75 | 116	0.5423	1.39	0.48, 4.01	0.3051	1.853	0.57, 6.02
Males	13.58% (11)	17.31% (18)	81 | 104	0.49	0.751	0.33, 1.69	0.6241	0.794	0.32, 1.99
OOSC Age 15-17	26.58% (21)	34.82% (39)	79 | 112	0.2282	0.678	0.36, 1.28	0.9477	1.028	0.45, 2.32
Females	14.71% (5)	30.14% (22)	34 | 73	0.0938	0.4	0.14, 1.17	0.7232	0.795	0.22, 2.83
Males	35.56% (16)	43.59% (17)	45 | 39	0.4527	0.714	0.30, 1.72	0.5808	1.378	0.44, 4.30
Odds ratios generated from logistic regression analysis. Adjusted analyses controlled for caregiver religion, caregiver highest education level, wealth, gender.									

Table 16: Education descriptive statistics		
	Bamuha (MIS) % (n)	**Alamsahi (CS) % (n)**
School Type ^		
Government School	99.0% (285)	96.7% (405)
Khariji Madrasa	0.0% (0)	0.7% (3)
Private School	1.0% (3)	2.6% (11)
Received tuition or material assistance ^	85.1% (245)	88.1% (369)
School Fees	72.6% (209)	72.6% (304)
Books	76.4% (220)	75.2% (315)
Uniforms	58.7% (169)	63.2% (265)
Bag	52.4% (151)	38.7% (162)
Shoes	21.2% (61)	25.5% (107)
Bike	17.0% (49)	16.0% (67)
Other	12.5% (36)	13.6% (57)
Children that reported missing more than a week of school	23.0% (54)	29.5% (98)
Reasons they reported missing school		
Not Interested	70.4% (38)	75.6% (74)
Health of Child	50.0% (27)	26.5% (26)
Work	16.7% (9)	21.4% (21)
Domestic Work	13.0% (7)	17.3% (17)
Other Reason	20.4% (11)	17.3% (17)
Family Issues	7.4% (4)	6.1% (6)
Wedding	3.7% (2)	10.2% (10)
Cost	11.1% (6)	4.1% (4)
Menstruation	0.0% (0)	3.1% (3)
Abuse	0.0% (0)	2.1% (2)
Low Quality of School	0.0% (0)	2.1% (2)
Marriage	1.9% (1)	1.0% (1)
Pregnant	0.0% (0)	1.0% (1)
Safety	0.0% (0)	1.0% (1)
Vacation	5.6% (3)	3.1% (3)
^ As reported by caregivers		

Table 17: Net School Attendance Among Working Children			
School Level / Adjustment	**P Value**	**Odds Ratio**	**95% CI**
Primary School, CG Education	0.3178	1.394	0.73, 2.67
Primary School, Religion	0.9184	1.037	0.52, 2.09
Primary School, Wealth	0.5766	1.213	0.62, 2.39
Primary School, Sex	0.3377	1.373	0.72, 2.63
Secondary School, CG Education	0.0579	0.49	0.23, 1.02
Secondary School, Religion	0.5129	0.766	0.34, 1.70
Secondary School, Wealth	0.0716	0.502	0.24, 1.06
Secondary School, Sex	0.0034*	0.269	0.11, 0.65

Odds ratios generated from logistic regression analysis. Adjusted analyses controlled for single covariates. *Indicates statistical significance for p<0.05.

The vast majority of caregivers in both sites reported that their children were in government schools and a high proportion of those caregivers with children in school also reported that they received some form of assistance for schooling, most commonly fees (government school is free of cost). As illustrated in Table 17, net school attendance did vary significantly by sex (OR: 0.27, 95% CI 0.11-65, p = 0.0034) after single covariate adjustment. Children who attended school sporadically gave a wide variety of reasons for their absences, yet the most commonly given rationale was lack of interest, followed by health concerns, and then by work and domestic work.

Preventative Strategies for School Dropout and their Impact

Qualitative data show that addressing school dropout is a top priority for providers, communities and local governance actors in the MIS and the EIS. How exactly are stakeholders in CINI's intervention sites seeking to address this problem, and are these strategies observed in the comparison site?

In the MIS, the Facilitator stated that CINI has established a free supportive education center, CINI calls it a "community safe space for children" where young children who are "slow learners" or out of school can go for tutoring. This center has been operating "for two years, [since] withdrawal of CINI support." One SHG members stated: "We visit families to convince them to send their daughters to the CINI School. We were instrumental in sending some 10-12 girls [there]. They have continued their studies after being admitted." This was one of the interventions mentioned in a positive way most frequently by families in the MIS. Although this did not significantly affect OOSC rates in the MIS overall in comparison to the CS, none of the five children selected for qualitative surveys in the MIS had participated in the program, so it is likely that there are positive benefits of this intervention for individual participants that were not captured by this study. This may be due to the recent introduction of the center's programming at the time of the evaluation. It may also be related to the educational measurements themselves, which focused on markers of educational access rather than on growth or learning based outcomes. By emphasizing safety and encouraging continuing education, CINI's Community Safe Space for Children initiative provides a useful preventative precedent. It encourages school attendance and supports children particularly likely to dropout, both key deliverables for child protection.

> "CINI holds a meeting every month to monitor children who attend school irregularly , make a list of them and meet with the students and their guardians at their home, persuading them to resume studies. CINI also meets parents at school. Changes are coming gradually."
>
> -Gram Panchayat member in the EIS

CFC staff also collaborate with schools to locate and then enroll children that are out of school. They identify OOSC based on their own observations and information from Children's Groups, as well as receive information directly from school officials themselves. This strategy was mentioned only once in the comparison site. The primary school head teacher in the CS stated: "We do extensive tracking to bring back to school those children who are very irregular. I myself have visited their house during rainy seasons to find out why they are not coming to school."

A Gram Panchayat member in the EIS explained that "CINI holds a meeting every month to monitor those who attend school irregularly, make a list of them and meet with the students and their guardians at their home, persuading them to resume studies. CINI also meets parents at school. Changes are coming gradually." The CFC Facilitator stated that "in Bajitpur, [the EIS], perhaps you have seen, we have re-schooled seven drop out children."

The BDO in the mature intervention site reported that CINI continue to do this work in the MIS despite having stopped the CFC process there: "Still school drop-outs are found. CINI as well as School Inspector bring them [back to school] through the teachers. CINI does this work." The Facilitator explained that in the MIS, "We identified around 40 children whose names were not there in the school register.

At the high school level, 50 students were identified as drop-outs … We collected the data from the Headmaster. We then readmitted the children…the primary admission incident occurred in 2011 probably."

Firstly, we explain to parents the need to give proper education to their children. If we find that financial constraints are coming in the way, we advise them to write down their problems and drop it in a box kept at the EIS Panchayat for the purpose. The Panchayat Pradhan arranges for financial help based on this feedback. Help is provided in purchase of books….We then bring a group of seven or eight boys and assemble them on the terrace. We then explain to them the need for education with the help of black boards. We then call the CINI facilitator and his team and they explain in greater detail with practical examples.

-Children's Group member, EIS

CFC Facilitators incentivize children and their families to attend school regularly by connecting OOSC with the panchayat to cover costs of books and other school supplies. Children's Groups also work on the issue of OOSC. In the MIS, one Children's Group member stated that "Some [local children] have lost their mother or their father…so they don't have the capacity to buy books or bag. They put a letter in the drop box with their full address. We open those letters in the VLCPC meeting, identify them and tell the Panchayat about their needs." They also seek to connect young girls to government cash transfer programs like Kanyashree that provide incentives for education. The MIS Gram Panchayat member argued this has had a big role in changing mindsets:

Earlier, there were apathy to education both among parents and children. They were keener to earn as Beedi workers at home. Now they attend school since the government is giving financial incentives through Kanyashree project as well as providing school dress, books as well as bicycles… Minority students also get some separate assistance. Intensive awareness campaigns at the grassroots have been going on. All these have contributed in changing the mindset.

-MIS - Gram Panchayat member

The core strategy that Children's Groups use to incentivize attendance is to share information on the importance of education and provide consistent peer support and mentorship. A Children's Group member in the MIS gave one illustrative example:

There was a girl here who had stopped studying, so I told her 'See, why don't you want to study?'…She used to say, 'How can I study?' and I would always say 'Keep studying, it will be all right.'… So she started studying again. She passed the secondary exam and then she told me 'This has happened only because of you, because you gave me courage'. So I felt very happy.

-Children's Group Member in the MIS

This strategy was mentioned in the comparison site, though less frequently. According to a member of the CS Panchayat: "Parents have come to the Panchayat and stated that they couldn't educate their child due to financial problems, [so] we take steps and solve their problem, for example, buying stationery and books." The extent to which these free books and government cash transfers address the financial constraints that lead children to attend school irregularly or drop out is not clear from the data.

In both intervention and control sites, results showed that Children's Groups see raising awareness about the importance of education as one of their central responsibilities.

The CFC process aims to create an environment where children's right to education is accepted, internalized and prioritized. Qualitative data suggests that CINI has experienced some success in changing attitudes towards education. Only in the comparison site did providers explicitly attribute children's poor performance or attendance in schools to a lack of parental support. However, quantitative data outlined in the social norms section above does not indicate that there were more general differences in attitudes towards education across sites.

Qualitative data suggests CINI experienced some success in changing attitudes towards education.

Table 18: Reasons for prolonged school absence		
	Bamuha (MIS) % (n)	**Alamsahi (CS) % (n)**
Child missed more than a week of school	23.0% (54)	29.5% (98)
Reasons for children missing school		
Not Interested	16.3% (38)	22.4% (74)
Health of Child	11.6% (27)	7.9% (26)
Work	3.9% (9)	6.4% (21)
Domestic Work	3.0% (7)	5.2% (17)
Other Reason	4.7% (11)	5.2% (17)
Family Issues	1.7% (4)	1.8% (6)
Wedding	0.9% (2)	3.0% (10)
Cost	2.6% (6)	1.2% (4)
Other (menstruation; abuse, low school quality, marriage, pregnancy, safety, vacation)	7.4% (4)	9.2% (9)

In the comparison site, no service providers or community members noted positive developments in the education space, focusing only on the challenges. In the EIS and MIS, participants felt optimistic about the local education trajectory. "Before, it used to happen that those who couldn't afford it, didn't use to educate their children," said one mother, "But now everyone attends school." Among children who had prolonged school absences in both sites, the most cited reason was lack of interest in school (16.3% in the MIS and 22.4% in the CS). The second reason was the health of the child.

Structural challenges to education attendance

"Changes are coming gradually... the frequency of attendance of irregular students has increased in comparison to earlier."

- Gram Panchayat member in the EIS

There are several key structural issues relevant to children's education in Murshidabad that those seeking to improve attendance contend with. Qualitative findings indicate that many of the children technically counted as "attending" in the quantitative survey, who are enrolled and have been present at least once in the last thirty days, are going to school highly irregularly and are therefore learning very little. It is not clear from the data how well the current approach of identifying OOSC and incentivizing them to attend through cash incentives and motivation, awareness creation, social mobilisation and supportive education inputs, addresses these systemic issues.

Irregular attendance in all three sites happens for various reasons. First, high rates of out-migration for work among boys (described in the Migration section of this report), have a significant impact on

There are 50 students, but only 20-25 come to class. The next day, 15 of those 25 are off roaming around somewhere. There is nobody to guide them outside school... it occurs to me that maybe 10 or 20 students have understood what is taught. The rest need to revise it at home to understand properly, but they will not do that. This is a big problem.

Primary school head teacher, MIS

children's ability to attend school. "Boys go for work when they are 14," observed one Children's Group member in the EIS, "they go out, earn some money during that year, and come back after a year [to take the exam]." Participants in this study connected this trend with girls' overall higher attendance at school, something confirmed by quantitative data: in both sites and at both primary and secondary levels, girls attended school at significantly higher rates than boys. The CFC Facilitator offered another reason, arguing that "schooling for boys is going down because there are no schemes for them like

the girls." Several other participants linked lower school attendance amongst boys to the gendered design of welfare programs.

Qualitative findings indicate that many of the children technically counted as "attending" in the quantitative survey, who are enrolled and have been present at least once in the last thirty days, are going to school highly irregularly and are therefore learning very little.

Yet the relationship between gender and school attendance is not clear cut. Some participants said that those boys who are not migrating attend school more regularly than girls because they are not involved in beedi rolling. "Girls cannot go to school for more than four days in a week as they have to bind beedis," said one 16-year-old girl in the EIS, "Since the boys do not do this job, they can devote more time to study. They go to school and attend tuitions regularly."

Participants linked lower school attendance amongst boys to the gendered design of welfare programs.

Attendance is also low at government schools because many students are simultaneously enrolled in the private schooling system. According to the Childline District Coordinator, this is a district wide problem: "Nowadays it seems that many children have their name registered at two different schools … at the private school for education and at the government school for facilities or certificates (mid-day meal, shoes, dresses, etc.) … Children mainly attend private school and public school each once a week." In the quantitative survey, 99.0 percent of children in the MIS and 96.7 percent in the CS were reported as enrolled in government school. However, the head teacher of the primary school in the CS explained:

The education in private schools is better...almost 90 percent of the children in the area study in private schools... [But they] are also registered at government schools... If the public schools show that they have an attendance of 70-80%, then the teachers appropriate a part of the materials that the schools receive or the food for the mid-day meals, these.

-Head teacher in the CS primary school

Participants argued that public schools go along with double enrollment in order to get more money from the government, but also that "parents admit their children [in government school] only to get the other benefits from the government." (Head teacher, EIS).

Children mainly attend private school and public school each once a week.

Results also showed a misperception among residents who believe that this step is necessary in order to advance to secondary school. As a Children's Group member incorrectly stated: "You need to have a school leaving certificate from the government primary school to get admission in the high school. So I used to attend the government primary school as well as the non-government school." One head teacher in the MIS stated that double enrollment is actually helpful to them because the building doesn't have space to house all enrolled children:

There are some parents who send their children simultaneously to government and private schools. But more than 90 percent appear here at the exam... Maybe parents take it as fashion. Some think that the school building is the main problem...In my school, the student capacity is 200-250. If I bring the students who are studying in private school, I would not give them space for sitting.

-Head teacher in the MIS

The last issue contributing to sporadic attendance at school is widespread uptake of private tuition during the school day. Of the fifteen children interviewed across the three sites, all but three said they were in private tutoring. Participants overwhelmingly considered this to be necessary to ensure a decent education: "Private tuition is required," said one SHG member in Alamsahi, "if a child has not taken private tuition, they are not studying in school properly." Private tuition costs about Rs 200-300 per month per child, or between four and ten percent of the monthly salary, representing a non-trivial financial burden for already indigent families. "Somehow books are arranged, but arranging private

tuition is very difficult," said the ASHA in the EIS, "Poor families are unable to arrange for private tuitions and provide books and stationaries."

The high number of OOSC remains a serious and ongoing problem, across all three study sites in Murshidabad.

In summary, despite consistent efforts by CINI to address the issue within the communities where it is active, the high number of OOSC remains a serious and ongoing problem, across all three study sites in Murshidabad. Some children drop out of school altogether because of out-migration, marriage, or work; some attend irregularly, because of work, private tuition and the double enrollment in public and private school. The daily routine described by a member of the Children's Group in the EIS is illustrative:

I go for the private tuition in the morning and then I go to school. In case I miss school for a day or if the school remains closed, I do tuition from 10 a.m. to 12 noon. In case there is no tuition class, I start work right from the morning. In the afternoon I am binding beedis from 2 p.m. and work till 5 p.m. I, my sister and mother, we all roll beedi.

In summary, despite consistent efforts by CINI to address the issue within the communities where it is active, the high number of OOSC remains a serious and ongoing problem, across all three study sites in Murshidabad.

iv. Migration

> ### Key findings
>
> » There are high rates of child migration in all study sites, most commonly out-migration of boys for work in different districts and states of India. Income from children's work is perceived by many as essential to household economies. There is wide variety in the length of time and period of the year for children's migration, as well as the purpose, destination and migration facilitator.
> » Arrangements that lead to exploitative migration, or trafficking, are often very difficult for parents, local service providers and the government to distinguish from legitimate forms of movement.
> » Migration is addressed in CINI intervention sites through efforts by CFC Facilitators and Children's Groups. CINI's goal is not to discourage migration per se, often a source of opportunity, but unsafe or exploitative migration both unaccompanied or accompanied. Where unsafe migration plans are identified, CINI's efforts are directed at persuading potential child migrants to identify child migrants and persuade them to stay at home and enroll in school. Qualitative data show this approach has been successful in some cases.
> » Appreciating that migration cannot (and most probably should not) be stopped, when children migrate, CINI helps the local government to follow up on migrating children through a 'safe migration' intervention. Safe migration of children who move out of the village is also sought through a Safe Migration system, utilizing "Safe Migration Cards, Registers and follow-up mechanisms. However not a single caregiver or child surveyed reported using migration cards.

General Context of Migration in Murshidabad

Scholars have described Murshidabad as "a pocket of chronic out-migration."[45] Every year, hundreds of thousands of people migrate from the district in search of employment in agriculture or other non-farm sectors.[46] This high level of out-migration is attributed to high rates of poverty among the population, low agricultural productivity per worker and low agricultural wage rates. Because of the salience of these factors locally, the Planning Commission of India identified Murshidabad as one of the 150 most "backward districts" in the country.

Children, caregivers and providers from all sites included in this study stated that out-migration of children for the purpose of work, particularly boys, is a significant phenomenon. "There is one big problem here," said the ICDS worker in the EIS, "there are boys who are forced to leave school and work outside due to economic problems persisting in their family." "Children whose parents are poor or whose father has passed away are sent outside for work," according to a child in the EIS, "Sometimes they work in shops. They work as masons in building construction…. Only boys, not girls." Participants reported boys migrating as young as nine years old, though most said that this happens in larger numbers when they finish primary school: "When a child attains the age of 15 the boys migrate out and the girls roll beedi at home," explained the CFC Facilitator in the MIS.

Some children leave for one or two months, just long enough to afford an emergency expense: "My son is 15 years old," explained one mother, "And he is enrolled in class XI… I told him to go outside the village for one month for some job. At least then, he can purchase the required study materials. I have

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[45] Dr Md Hasan Ali, "Causes and Consequences of Out-Migration: A Study in Murshidabad District, West Bengal, India," International Journal of Development Research 8, no. 01 (2018): 18189–181894. Ali.

[46] Ben Rogaly et al., "Seasonal Migration, Social Change and Migrants' Rights: Lessons from West Bengal," Economic and Political Weekly, 2001, 4547–4559. Rogaly et al.

the problem of money, otherwise who would like to take such decision?" In particular, a death in the family was seen too often be followed by a child migrating for additional work. Some children go for a few months, return, then head out again: "Right now my brother…has come for the occasion of Eid. He generally spends 2-3 months at a stretch when he goes outside for work." Others go for a whole season, coming back when there is no agricultural work. Still others reported going for most of the year to Kerala or other faraway places, returning only for significant holidays. In the quantitative survey, caregivers were asked if any child or, separately, or if the child migrated with a family member if any adult in the household either "migrated temporarily to another place more than one time for a period of more than one month and less than six months" or if they "left this place to live elsewhere for more than six months". Results presented in Table 19 show that seasonal or short-term migration

Table 19: Seasonal Migration		
	Bamuha (MIS)	**Alamsahi (CS)**
Households where anyone is a seasonal migrant	40.7% (61)	38.8% (80)
Total number of adult seasonal migrants	70	101
Total number of child seasonal migrants	6.4% (25)	4.9% (31)
Child seasonal migrants who migrate alone	52.0% (13)	29.0% (9)
Of those seasonally migrating, what was their destination?		
Different State	48.6% (34)	21.8% (22)
Different District	50% (35)	73.3% (74)
Within District	1.4% (1)	4.9% (5)
Of those adults migrating seasonally, reason for migration		
Construction work	72.9% (51)	73.3% (74)
Business	12.9% (9)	7.9% (8)
Office work	2.9% (2)	3.0% (3)
Agricultural work	1.4% (1)	2.0% (2)
Brick manufacturing work	2.9% (2)	1.0% (1)
Transportation work	0.0% (0)	3.0% (3)
Education	0.0% (0)	1.0% (1)
Other	7.1% (5)	8.9% (9)
Of those children migrating seasonally, reason for migration		
Construction work	72.0% (18)	80.6% (25)
Education	20.0% (5)	16.1% (5)
Transportation work	4.0% (1)	0.0% (0)
Other	4.0% (1)	3.2% (1)
Facilitator of adult seasonal Migration		
Family Member	16.7% (2)	58.3% (14)
Contractor	41.7% (5)	8.3% (2)
Community Member	0	29.2% (7)
Outsider	33.3% (4)	0
No one	8.3% (1)	4.2% (1)
Facilitator of child seasonal Migration		
Family Member	44.0% (11)	41.9% (13)
Contractor	28.0% (7)	35.5% (11)
Community Member	32.0% (8)	29.0% (9)
Outsider	0	6.5% (2)
No One	0	3.2% (1)

is far more common than permanent migration: 40.7 percent of households in the MIS, and 38.8 percent in the EIS, reported that this was the case for at least one family member. Among the children migrating seasonally, 72 percent in the MIS and 80.6 percent in the CS migrated for work in construction.

Seasonal or short-term migration is far more common than permanent migration: 40.7 percent of households in the MIS, and 38.8 percent in the EIS, reported that this was the case for at least one family member.

Participants overwhelmingly cited economic constraints as the main driver for children's migration. Nevertheless, some also spoke about the positive spin-offs from migration, and highlighted the child's agency in these decisions: a head teacher in the MIS pointed out that "boys have stopped doing beedi work because the rate they get for making beedis is lower than what they get for construction work or other work…they check where they can make the most income" Some children travel with entertainment groups (according to one caregiver, "there are many such groups like theatre groups and circus groups with whom it is possible to move away.") Others go in order to get skills, skills they believe the substandard education system will not offer them: "If a child works for five or six years in a gold shop," said the Assistant Labor Commissioner, "he could be an expert worker by the time he turns to be an adult. Our society needs expert workers as well." As one Child Parliament member in the MIS put it, "a good [marriage] candidate means someone who is working … [families] don't consider his education."

Table 20: Permanent Migration statistics		
	Bamuha (MIS)	**Alamsahi (CS)**
Total number of adult permanent migrants	10	38.8% (80)
Total number of child permanent migrants	0.8% (2)	101
Of those migrating, what was their destination?		
Different State	91.7% (11)	62.5% (15)
Different District	8.3% (1)	29.2% (7)
Within District	0	8.3% (2)
Of those migrating, reason for migration		
Construction work	66.7% (8)	50.0% (12)
Education	0	20.8% (5)
Business	0	4.2% (1)
Office work	16.7% (2)	4.2% (1)
Other	16.7% (2)	20.8% (5)
Facilitator of Migration		
Community Member	0	29.2% (7)
Contractor	41.7% (5)	8.3% (2)
Family Member	16.7% (2)	58.3% (14)
Other	8.3% (1)	4.2% (1)
Outsider	33.3% (4)	0

However, concern was expressed about the significant risks facing these working children. For example, the CFC Facilitator in the EIS mentioned a case where a migrant child in "Kolkata …was found, the upper portion of his head had been destroyed. He met with an accident while working as a laborer." Several health workers mentioned prevalent tuberculosis, malaria and HIV among migrants; risks exacerbated by the fact that children don't receive services at the destination:

This area is filled with child laborers... 13-year olds are going outside to states such as Mumbai, Kerala, Hyderabad and Kolkata to work as mason workers: 80 % of them work as masons. They are contracting several types of diseases such as TB, Malaria as they sleep among people. They are spreading such diseases when they are coming here... Those who come from outside they get fever and they also bring the HIV virus. We get patients that are 13- 15 years old.

-ANM, CS

Caregivers in both study sites reported that over half of the seasonally migrating children had their journeys facilitated by a contractor, community member or outsider, scenarios that can lead to exploitative work and thus a trafficking situation. Interestingly, none of the respondents in this study discussed trafficking for labor purposes, except the district-level Childline representative, according to whom: "Male children are being used as laborers, as bonded laborers or as laborers in factories or huge warehouses". This suggests that labor related migration is largely considered an individual or family decision, rather than one primarily fueled by exploitative motivations. Trafficking was discussed by other participants, but only in relation to child marriage.

Caregivers in both study sites reported that over half of the seasonally migrating children had their journeys facilitated by a contractor, community member or outsider, scenarios that can lead to exploitative work and thus a trafficking situation.

Impact of CFC Process on Migration

There are several approaches that the stakeholders organized by CINI in the MIS and the EIS take to address this complex phenomenon of child migration. First, the CFC Facilitator and Children's Groups reported motivating children and their parents to keep children in school rather than have them migrate for labour or other exploitative purposes. migrant children and their parents to persuade them to stay at home and study rather than migrate. The CFC model clearly generated a set of community discussion and participation opportunities that made important contributions to a meaningful, impactful discussion about migration. This process is a useful example of the incrementally transformative role that CFCs have played and continue to play. They discussed the potential risks of migration and the importance of education; they also linked families with available services such as health and welfare schemes. The CFC Facilitator mentioned "the sansthan [resources] scheme, which was introduced in the panchayat recently, where if someone migrated but did not get employment in the destination and returns then Rs 60,000 is provided." No such efforts to prevent child migration were discussed in the CS. Two Children's Group members in the EIS gave examples:

There are lot of young boys and girls who have gone abroad with jobs instead of pursuing basic education. When they come home we try to persuade them to leave their jobs and complete their education. We also try to explain to their parents. The parents often tell us that if they send their children to school, who will earn the money to run the family? We explain the risks involved if they take up jobs before attaining 18 years. They become prone to viral infections and chronic diseases which can ruin their future. There was an incident where two or three children who had left studies were taken to [the school] and admitted ... the CINI Facilitator, ourselves and the Panchayat Pradhan went.

My own cousin was not at all interested in study, every now and then he used to go outside ... to Odisha, to work as a mason. I personally talked to my aunt and tried to convince her first that don't let him go outside, rather admit him in a school, let him get educated, I tried my best but in vain. Then after long persuasion by the CINI facilitator, he is now attending school ... the facilitator personally took them to get them admitted in the school.

-Children's Group Members in the EIS

Three service providers in CINI sites (none in the comparison site) noted recent decreases in rates of migration for work among the youngest children: "Earlier I had seen 9-10 years old going away" said the ICDS worker in the MIS, "but that doesn't happen anymore." Despite this, there was no significant difference in rates of migration reported in the survey across sites.

For those children who do decide to migrate, CINI has designed "Migration Cards" in order to facilitate safe migration. Results suggest that these cards are not widely used. In the quantitative survey, no caregivers or children in migration affected households reported owning a migration card. The cards were discussed in the mature intervention site only by those directly involved in the CFC process: Supervisors and Facilitators, an SHG member, and members of the Child Group and Child Parliament. No respondents in the early intervention site mentioned the cards. CINI explains this finding by clarifying that at the time the research was conducted, the safe migration initiative had just started running in the EIS.

Results showed no significant difference in rates of migration reported in the survey across sites. Following CINI's model of encouraging collaboration "convergence" in CINI's terms across duty-bearer sections, service providers were also involved in the process of discouraging unsafe child migration.

The Facilitator explained that the cards contain "a photograph [of the migrating child], name, name of the contractor, with whom the child is going, for what work he is going, the police station's phone number, the BDO office's number, and the Panchayat Pradhan's number." The Facilitator stated that they raise awareness about the Migration Cards in regular meetings, and work with the Panchayat to sign people up.

"Earlier I had seen 9-10 years old going away…but that doesn't happen anymore."

-ICDS worker in the MIS

CINI believes that a child whose migration plans are recorded with the Panchayat and tracked, and who has information on where to go if they need help, is less likely to be exploited during migration and be further trafficked. The card identifies children that have been abused or injured at destination. A Children's Group member also stated the card helps migrants to enroll in a government welfare scheme dedicated for those who "migrated but did not get employment in the destination … then Rs 60,000 is provided. [But to qualify, a person] needs this certificate."

For those children who do decide to migrate, CINI has designed "Migration Cards" in order to facilitate safe migration. Results suggest that these cards are not widely used.

v. Child Labor

> ### Key findings
>
> » There is widespread child labor in Murshidabad, particularly among girls working in the beedi (hand rolled cigarette) industry: 89.9 percent of girls ages 15-17 in the CS were in child labor.
> » There was no statistically significant difference observed between sites in terms of child labor prevalence or in hours worked.
> » None of the respondents in CINI study sites cited preventing child labor as a local priority for child protection.
> » There was no social norm observed against child labor per se: child labor is considered a persistent coping mechanism adopted by poor communities. But there was a norm observed against work causing children to drop out of school entirely. CFC stakeholders aim to address this by (re-)enrolling children in school.
> » Residents do not consider children's work rolling beedis to be illegal. Criminal cases are very few: Indian law does not consider beedi rolling to constitute "hazardous labor," so rates of child labor are significantly higher when evaluated by these standards than by international legal standards.
> » This work is intrinsically hazardous to health, putting children at high risk of tuberculosis. In many cases, this work also prejudices school attendance and learning.

Child labor in Murshidabad

Results indicate that child labor is a widespread issue in all study sites and that the types of work children do is highly gendered. From the age of ten, girls are widely engaged in rolling beedis, hand rolled cigarettes made up of tobacco wrapped inside a tendu leaf, tucked by an iron rod and tied with a thread. Murshidabad district is one of India's hubs for this industry. Work is largely carried out in the home on a contractual, piece-rate basis. The BDO in the MIS explained that "the percentage of boys making beedis is very meagre. To make beedis, one needs patience and so boys don't make beedis." Boys are involved in packing and transporting beedis at the factory, as well as working in charcoal kilns, brick kilns, textile factories, and mango orchards. Others, as described above, migrate away from home to work.

In this study, rates of child labor were assessed using the ILO-SIMPOC child labor module. Participants in qualitative surveys were asked questions on local child labor issues, prevention strategies, and social norms. Caregivers and children answered questions about a vignette describing a hypothetical case of a child dropping out of school to engage in child labor (see appendix).

There was no statistically significant difference observed between sites
in terms of child labor prevalence or in hours worked.

CINI's response to this finding points to its programmatic framework which deliberately excludes child labor as an area of child protection work. The rationale for this exclusion is cogent: years of failed attempts to effectively impinge on child labor in India have persuaded the government of India to redirect its priorities towards the realization of universal education. CINI has followed suit. In this CINI is not alone. Many other leading child rights and child protection organizations have also prioritized the enhancement of universal education. The questions raised by this approach are numerous. Most critical is whether schooling combined with significant work commitment really enables universal education as opposed to merely elevating school enrollments. The caste, gender, and income-related differentials associated with child labor also raise pressing human rights concerns about nondiscriminatory access to educational opportunity. Furthermore, strategic questions arise about the normative consequences of qualifying or restricting the programmatic emphasis on the adverse impact of child labor. Is norm change as critical a child protection deliverable in the child labor context

as it is in the child marriage context, where the practice is also often considered a coping mechanism of the poor?

Survey results shown in Table 21 reveal no significant difference in rates of child labor between the CS and the MIS. While the unadjusted analyses do show significant differences, the analyses adjusted to account for confounding variables do not: this indicates that the discrepancy observed is not the result of CINI's intervention, but a consequence of underlying dissimilarities in the demographics of each site, principally, their religious makeup.

Table 21a: Child labor descriptive					
Average Number of Hours Household Work Per Week					
	Site Mean (SD)		**Site Min, Max**		**Site Total**
	Bamuha MIS	**Alamsahi CS**	**Bamuha MIS**	**Alamsahi CS**	**M | A**
Total	8.2 (7.3)	7.0 (7.2)	0.25, 34.0	0.2, 60.0	95 | 182
Females	8.5 (7.0)	7.9 (7.3)	0.5, 34.0	0.2, 60.0	57 | 132
Males	7.8 (7.4)	4.6 (6.1)	0.25, 28.75	0.25, 28.0	38 | 50
Average Number of Hours Work Per Week Outside the Home					
	Site Mean (SD)		**Site Min, Max**		**Site Total**
	Bamuha MIS	**Alamsahi CS**	**Bamuha MIS**	**Alamsahi CS**	**M | A**
Total	19.1 (15.2)	27.5 (19.8)	1.5, 77.0	0.8, 91.0	78 | 180
Females	18.6 (14.4)	28.1 (18.1)	1.5, 71.0	0.8, 84.0	50 | 125
Males	19.8 (16.8)	26.3 (23.2)	2.0, 77.0	1.0, 91.0	28 | 55

Beedi rolling is a low wage industry. Because families are paid on a piece-rate basis by the beedi munshis, the intermediaries between households and the factories, there are strong incentives to include others in the production line. One mother in the EIS stated that in addition to her housekeeping responsibilities she could roll between 500 and 700 beedis in a day by herself, worth roughly Rs. 75 (~$1.1) and so "girls starting between ages 10-12 get engaged in beedi binding. They help their mothers. What else can they do?" Service providers, caregivers and children gave several reasons for children work, the most frequent being to support the family by earning money for food or to cover school expenses: Several children stated that they gained personal satisfaction from supporting their families. One 15-year-old girl in the MIS stated, "I like to study and bind beedis… I also like [to play], but I am grown up now so I don't play… In the morning I go for tuition, then I come back and bind beedis, 500 to 600 per day."

Not school fees but other expenses such as clothes, books and tuition fees [mean that children] will migrate out and if they stay at home then they will earn some income.

-ANM, the CS

My girls prepare beedis. If they don't, I have problems. I can't handle it all alone, I wouldn't have money to feed my family….Don't you see? She is making beedis out of compulsion. She won't get anything to fill her stomach if she doesn't. There isn't any option.

-Caregiver, the EIS

	Site		Mahesail (MIS) N | Alamsahi (CS) N	Unadjusted Statistical Analysis			Adjusted Statistical Analyses		
Table 21b: Child Labor									
	Bamuha (MIS) N=235	**Alamsahi (CIS) N=332**		**P Value**	**Odds Ratio**	**95% CI**	**P Value**	**Odds Ratio**	**95% CI**
Children Participating in Workforce									
10-14 Years	41.0% (64)	54.1% (119)	156 | 220	0.013*	0.59	0.39, 0.89	0.38	0.8	0.49, 1.31
Female	57.3% (43)	63.8% (74)	75 | 116	0.37	0.76	0.42, 1.38	0.64	1.19	0.57, 2.51
Male	25.9% (21)	43.3% (45)	81 | 104	0.015*	0.46	0.24, 0.86	0.14	0.59	0.29, 1.18
15-17 Years	62.0% (49)	76.8% (86)	79 | 112	0.029*	0.49	0.26, 0.93	0.84	1.1	0.44, 2.79
Female	73.5% (25)	89.0% (65)	34 | 73	0.047*	0.34	0.12, 0.99	0.25	0.36	0.06, 2.08
Male	53.3% (24)	53.8% (21)	45 | 39	0.96	0.98	0.41, 2.31	0.46	1.59	0.46, 5.48
10-17 Years	48.1% (113)	61.7% (205)	235 | 332	0.0013*	0.57	0.41, 0.80	0.56	0.89	0.59, 1.33
Child Labor International Legal Standards[47]									
10-14 Years	41.0% (64)	54.1% (119)	156 | 220	0.013*	0.59	0.39, 0.89	0.38	0.8	0.49, 1.31
15-17 Years	62.0% (49)	76.8% (86)	79 | 112	0.029*	0.49	0.26, 0.93	0.84	1.1	0.44, 2.79
Total	48.1% (113)	61.7% (205)	235 | 332	0.0013*	0.57	0.41, 0.80	0.56	0.89	0.59, 1.33
Child Labor Indian Legal Standards									
10-14 Years	26.3% (41)	42.3% (93)	156 | 220	0.0016*	0.49	0.31, 0.76	0.12	0.67	0.40, 1.11
15-17 Years	16.5% (13)	8.9% (10)	79 | 112	0.12	2.01	0.83, 4.85	0.13	2.29	0.78, 6.75
Total	23.0% (54)	31.0% (103)	235 | 332	0.036*	0.66	0.45, 0.97	0.71	0.92	0.59, 1.43
Hazardous Work International Legal Standards									
10-14 Years	39.1% (61)	53.6% (118)	156 | 220	0.006*	0.56	0.37, 0.84	0.25	0.75	0.46, 1.23
15-17 Years	60.8% (48)	76.8% (86)	79 | 112	0.018*	0.47	0.25, 0.88	0.92	0.96	0.39, 2.37
Hazardous Work Indian Legal Standards									
10-14 Years	5.1% (8)	9.5% (21)	156 | 220	0.12	0.51	0.22, 1.19	0.15	0.49	0.19, 1.28
15-17 Years	16.5% (13)	8.9% (10)	79 | 112	0.12	2.01	0.83, 4.85	0.13	2.29	0.78, 6.75
1. Covariates in the Adjusted Logistic Regression Analysis: Household Religion, Sex, Household Wealth Index, Caregiver Highest School Level achieved. 2. Asterisks indicate the following: * p < 0.05, ** p < 0.01, *** p < 0.001.									

[47] UNICEF, "Child Labour and UNICEF in Action: Children at the Centre" (2014), accessed at: http://www.unicef.org/malaysia/Child_Labour_and_UNICEF_in_Action.pdf.; ILO, "World Report on Child Labour: Paving the way to decent work for young people." (Geneva: ILO, 2015); Article 2.5 of Convention No. 138 states that "Each member which has specified a minimum age of 14 years in pursuance of the provisions of the preceding paragraph shall include in its reports on the application of this Convention submitted under article 22 of the constitution of the International Labour Organization a statement: (a) That its reason for doing so subsists; or (b) That it renounces its right to avail itself of the provisions in question as from a stated date." 8 Minimum Age Article 3 (para. 1) of Convention No. 138 states that "Children over twelve years of age may, outside the hours fixed for school attendance, be employed on light work (a) which is not harmful to their health or normal development; (b) which is not such as to prejudice their attendance at school or their capacity to benefit from the instruction there given; and (c) the duration of which does not exceed two hours per day on either school days or holidays, the total number of hours spent at school and on light work in no case to exceed seven per day."
;Yacouba Diallo et al., Global child labour trends 2008 to 2012 (Geneva: ILO-IPEC, 2013), 46; ILO, The tripartite process of determining hazardous child labour - Guide for facilitators (Geneva: ILO, 2012). Also See Article 2 of ILO Convention No. 29. Note that Convention No. 105 was enacted to prohibit certain forms of forced labour still allowed under Convention No. 29, such as punishment for strikes and as a punishment for holding certain political views

There are also high rates of alcoholism and drug addiction in these areas, which four participants connected to increased need for children's work, including this Child Parliament member in the MIS:

There is only one problem in our village, drinking and other forms of addiction... Because of that, the children have to start earning by tying beedis or getting involved in other work which calls for a lot of effort, and their wages are snatched away by their father. Then they come and tell us 'See, our father is doing this. Can you tell him or explain things to him?' – We talk to [the fathers], they may promise never to drink again, but then in the company of their friends they would start again.

-Child Parliament member in the MIS

The ANM worker in the CS connected the lack of family planning to high rates of child labor: "If a family's monthly income is Rs. 4,000 and they have 6 children ...this will not be sufficient to run the house and automatically leads to child labor. Mothers are making their children to become laborers."

Prevalent child labor has significant implications for children's attendance at school, and their ability to learn when they are in school. As Child Parliament member in the EIS explained, "girls find time to study only in the night. At other times they are busy with beedi binding. They come back from school by 3 to 3.30 so that they can make the bundles of beedis ready for handing over to the munshi."

CFC approach to address child labor

None of the CINI staff, service providers, caregivers, Children's Group members or other children interviewed for this study highlighted the prevention of child labor as an explicit priority as programme focus is laid on universal education. As outlined in the Education and Migration sections above, key child protection stakeholders in the MIS or EIS take various actions to increase school attendance and prevent unsafe migration in the context of the CFC process. These, by extension, have an impact on children's work. The Facilitator in the EIS explained that "the Panchayat and government officials are helping in regard to child labor. We work in tandem with them as well as teachers to bring back dropouts who work as domestic or migrant child labors."

One Child Parliament member explained that signing families up for schemes alleviates economic pressures leading families to rely on child labor: "Those who don't go to school, they tie beedis at home, because that gives them an income while going to school would not give them any income. Then we went and told them that they would get Kanyashree money and scholarship money, then they went to school." There are a few financial support opportunities specifically for families engaged in this industry. The Panchayat member in the CS stated, "We try to provide [private tuition] fees by approaching people involved in beedi-making activity...the owners of the beedi business give money. We expect help from businessmen." More formally, there is a West Bengal welfare program for beedi worker families: "Those who have beedi cards are given beedi forms, that has to be submitted and we get money," said a child in the MIS," But we have not got it...We are supposed to get Rs. 1200 (~$17) per year in our account."

One study participant in the EIS, three in the MIS and none in the CS said that there had been some improvements with working children combining their work with school: "Our area has improved a lot," said a SHG member in the EIS, "children may bind beedis but now they do not give up their studies." There were two specific examples of efforts in CFC sites to address child labor at home. First, CINI staff conducted a survey on beedi workers in Murshidabad and sent the data to the Labor Commissioner, who reported that this information was helpful, but did not specify if specific actions resulted. Second, a Facilitator in the MIS said that a group of beedi munshis had received training on health issues.

Social norms, health, and the legality of child labor

Results showed that there is not a social norm against child labor per se in any of the study sites in Murshidabad. Residents view children's work as an inevitable reality: many of the Children's Group members work. The overwhelming sense among study participants was that little can be done to address the problem without addressing the underlying cause of family financial insecurity. "We are unable to bring children out [of child labor] by discussing it," explained the Panchayat member in the CS. "Suppose I organized a session [on the subject], then parents might not involve their child in beedi-making and send them to school, but that would be only for few days…they will again involve their child in beedi-making when financial issues re-emerge." A head teacher in the EIS stated that "When I ask [my students] why they make beedis, they say that their family has financial issues and if they doesn't work, then how will they be able to survive? I say that doing work is better than stealing. If they can manage their studies as well as work, then it is good."

In response to the vignette about a child whose mother is in dire financial need (See Appendix), all children interviewed responded that the child in the story should both work and study. For example, a child in the EIS stated: "He can work in a shop in the morning and then go to school. He can then go back to the shop and bind beedis after that…. It is common to find children who do both."

However, there is a strong social norm against child labor that causes children to drop out of school entirely. In response to the child labor vignette, only three out of thirty caregivers and children interviewed said that it would be acceptable for the child in the story to drop out of school entirely. "Everyone will say that she has to work as well as study," explained a caregiver in the CS.

No caregivers or children discussed beedi rolling as being illegal work for children. One policeman in the CS explicitly stated that beedi rolling in the home is always legal: "Most of the children work in their own shops or their relatives', so it doesn't fall under child labor….Till now, we haven't received any complaint. Mainly I see that children are rolling beedis in their own house." Unsurprisingly, in this context, prosecutions of child labor in this area are low. A Childline fieldworker explained:

If you go to the Labour Department, there are five total confirmed cases of child labor in this area in the last seven or eight years…and only a handful of cases have been reported, 50 or 60 … Out of those, nearly 30 were from [one factory]. Recent reports we gave to the police [involving a] brick kiln were completely denied initially, like they didn't exist. They said the brick kiln doesn't exist.
-Childline fieldworker

Table 22: Age when a child can legally work for an outside employer					
CHILDREN	**Bamuha (MIS)**		**Alamsahi (CS)**		**Statistical Comparison**
Average Age:	19.5 (3.0) [11, 30]	N=216	19.2 (3.1) [10, 35]	N=295	p = 0.36
Response: Any Age	0	0	4	1.20%	
CAREGIVERS					
Average Age:	19.7 (2.3) [14, 26]	N=143	19.7 (2.7) [10, 30]	N=198	p = 0.36
Response: Any Age	1	0.67%	1	0.48%	

Statistical comparison from t test.

Up until the 2016 Child Labour (Prohibition and Regulation) Amendment Act[48] and the Schedule (item 38 – part A) 2017 which enlists the "Hazardous Processes" in child labor, Indian law was informed by the belief that beedi rolling is acceptable work for some children by prohibiting all work by children less than 14 years with exceptions for those who work in any "family or family enterprise…after school

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[48] "The Child Labor (Prohibition and Regulation) Amendment Act, 2016 – No. 35 of 2016. <https://pencil.gov.in/THE%20 CHILD%20LABOUR%20(PROHIBITION%20AND%20REGULATION)%20AMENDMENT%20ACT,%202016(1).pdf>.

hours or during vacations," so long as the work is not hazardous and does not "effect their school education."[49] Beedi rolling could be construed as a "family enterprise," and Indian law also does not consider beedi rolling to be "hazardous work," defining this category more narrowly than international law.[50] According to international law, work carried out by any person less than 18 years is unacceptable if the child is too young to enter work or employment, if the work is hazardous, or if it is another "Worst Form of Child Labour" (WFCL).[51] ILO Convention No. 138 sets the minimum age for work at the age when compulsory schooling is no longer required (no lower than 15 years).[52] There are forms of "permissible light work" for children between 12 to 14 years, defined as any nonhazardous work that does not prejudice school attendance or exceed 14 hours per week.[53] Indian law prohibits work "in any occupation or process" for all children under 14 years as per the 2017 Schedule, which updates the Child Labour (Prohibition and Regulation) Amendment Act, 2016.[54]

As a result, while the ILO would consider the large majority of 15-17-year olds in the CS, 76.8 percent, to be engaged in unacceptable work, Indian law would only find 8.9 percent to be so.

Interviews with parents and caregivers did not show a belief that current work practices by children were harmful. However, several health providers connected beedi binding to respiratory problems and tuberculosis in local children (TB): "TB patients are increasing day by day," said a community health worker in the EIS, "and though patients are getting relief instantly, after five or six months again they are suffering from the same disease." The EIS ASHA worker explained that children that do not themselves roll beedis but have mothers engaged in this work are also affected: "The production of beedis certainly affects the health of children. The mothers frequently feed their children without washing their hands after handling tobacco." No other Children's Group member, CFC Facilitator or other stakeholder in the CFC process discussed this issue. Research has consistently shown[55,56] the adverse impact of rolling on physical and mental health from extreme fatigue to blurred vision to difficulty breathing, the adverse impact of which is likely to be more acute for children.[57]

[49] "The Child Labor (Prohibition and Regulation) Amendment Act, 2016 – No. 35 of 2016. <https://pencil.gov.in/THE%20 CHILD%20LABOUR%20(PROHIBITION%20AND%20REGULATION)%20AMENDMENT%20ACT,%202016(1).pdf>.

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

[51] ILO Convention No. 182 on the Worst Forms of Child Labour states that "hazardous work," can be met through: excessive workload; physical conditions of work; or work intensity in terms of the hours of work, even where the activity or occupation is known to be non-hazardous or "safe." It also states that the types of work classified as hazardous are "determined by national laws or regulations."

[52] Donger, Elizabeth, et.al. "Before, Not After: An Evaluation of Aangan Trust's Preventative Approach to Child Protection in India." Harvard-FXB Center for Health and Human Rights. 2019 February.

[53] Three principal international conventions set the legal boundaries for child labour and provide the basis for domestic and global actions against it: the United Nations Convention on the Rights of the Child (CRC), the ILO Convention No. 138 and the ILO Convention No. 182. Also relevant to the definition of WFCL are the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons and ILO Convention Nos. 29 and 105 on Forced Labour.

[54] This excludes spinning mills, garment production, carpet making, and domestic work, which are areas of work where there is evidence that children work in unsafe and unhealthy environments for long periods of time.

[55] Yasmin S, Afroz B, Hyat B, D'souza D. Occupational health hazards in women beedi rollers in Bihar, India. Bull Environ Contam Toxicol. 2010;85:87–91.

[56] Shukla P, Khanna A, Jain S. Working condition: A key factor in increasing occupational hazard among bidi rollers: A population health research with respect to DNA damage. Indian J Occup Environ Med. 2011;15:139–41.

[57] Sabale RV, Kowli SS, Chowdhary PH. Working condition and health hazards in beedi rollers residing in the urban slums of Mumbai. Indian J Occup Environ Med. 2012;16(2):72–74. doi:10.4103/0019-5278.107075.

vi. Child Health

> **Key findings**
>
> » There were numerous health challenges in Murshidabad discussed, including: arsenic in the groundwater; respiratory diseases from beedi rolling; malnutrition; open defecation; home births; drug and alcohol addiction; HIV; and dengue.
> » Enrollment in Weekly Iron and Folic Acid Supplementation (WIFS) among all children ages 0 to 17 was significantly higher in the MIS compared to the CS (49.5% vs. 35.0%, p = <0.01).
> » The MIS compared favorably to the CS in terms of the major nutritional measure of Height for Age Z score, a finding which reached statistical significance. However, other markers of nutritional status (BMI for Age and Weight for Age Z score) did not vary significantly by site.
> » Uptake in community health programs as measured by attendance at Anwesha clinic and awareness of JSY were significantly higher in the MIS compared to the CS.

Health challenges in Murshidabad

Study respondents discussed several health challenges facing residents and providers in Murshidabad. There is arsenic in the groundwater in this area, which the Panchayat member in the CS stated was "consumed by children and [causes them to] develop stomach-related ailments and skin ailments." Children that roll beedis or are in households where this happens are exposed to toxic dust, causing TB and other lung ailments. Malnutrition is a widespread issue and open defecation is too in some areas.

Many women continue to give birth in the home, despite several government programs seeking to incentivize institutional deliveries. There will likely be several explanations for continued home deliveries not explored in this study, but the ANM in the EIS mentioned that "mothers are not able to go to the hospital for delivery during rainy season as the ambulance service remains unavailable." There are also various seasonal diseases associated with the monsoon season in Murshidabad, including dengue, an outbreak of which happened during data collection for this study in the MIS. Finally, respondents suggested that there is a sizeable number of people that are HIV positive, especially among those who have migrated elsewhere for work. Many children, particularly boys, were reported as being addicted to smoking beedis, drinking alcohol, and consuming dendrite (an adhesive) and fencidil (once a cough syrup). The policeman in the CS reported that some locals are addicted to heroin.

Approach to Health in CFC Areas

CINI view child health and nutrition as intrinsic to their harm prevention approach. Health related interventions are also one of the major sectoral government interventions that the CFC approach seeks to make more effective from its rights-oriented, system strengthening perspective. Many of the health challenges addressed by CINI are hard, if not impossible, to reverse over a short timeframe. Instead they require long-term structural interventions, including from the perspective of available health services, economic resources, and community norms regarding sanitation. A full assessment of the relevant health challenges in the study sites and CINI's cumulative work in addressing them is beyond the scope of this report. Instead the report focused on the data collected and its implications for the efficacy of CINI's CP program. In intervention sites, CINI staff members provide support to community health workers and train Children's Group members and SHG members on health issues. These local children and women then work alongside community health workers to increase uptake on existing services. For example, an SHG member stated that "those villagers who had been averse to take injections at the health center despite our repeated pleadings earlier have now changed their minds. All are visiting the health center." One Children's Group member in the EIS stated the CINI training taught them to "keep our locality clean, wash hands before meals and after defecation;

and dress with clean clothes… [the Children's Group] persuades people to get immunizations. [Recently,] there were some families in this locality that were reluctant to get polio vaccination, so we went there and convinced them." CFC Facilitators sometimes themselves do this work, speaking to families unwilling to use health services:

Recently I visited a 3rd Saturday meeting. The ANM reported that they failed to immunize two children and asked me to follow up … We visited the cases and made them understand the benefit of vaccines…their course has been completed today only… There is no point to disagree that there is gap in the health workers' services. We provide help to ICDS, ANM, ASHA, whoever.
-CFC Facilitator

Health meetings in the MIS and the EIS are more frequently coordinated and better attended than those in the CS. This may have contributed to various differences in health observed between the three sites. First, qualitative data showed lower resistance to vaccine uptake in the MIS, and to some degree in the EIS. Local health workers and SHG members in these sites described undertaking significant one-on-one engagement with families in order to ensure, as the ASHA put it, "proper vaccination is now taken by all the babies."

Educational status among mothers is very low. They are unable to understand anything. But recently mothers are coming forward. They are calling us to know the date of the visit, date of injection and everything. This makes me happy.
-ANM, EIS

Quantitative data indicate there is roughly equal ownership of vaccination cards and that uptake on vaccinations among children ages 0-7 is higher in the MIS than in the CS, however, these differences were not statistically significant.

Secondly, while home deliveries were described as being the norm in the CS, respondents stated that home deliveries were significantly reduced in the MIS, and a transition was thought to be taking place in EIS. The ANM in the EIS said that "the percentage of home deliveries was large in the last year. But after a repeated conversation with the mothers, the percentage was reduced." There are various schemes that support institutional deliveries. Janani-Shishu Suraksha Karyakram (JSSK) provides free transportation to the hospital, deliveries and caesareans, and care for sick newborns for up to 30 days from birth. Janani Suraksha Yojana (JSY) provides a cash benefit to women who arrive at institutional childbirth centers. Survey results show that significantly more caregivers in the MIS have heard of JSK than in the CS, however, there was no difference in knowledge of its function or in rates of uptake.

Results suggest significant unmet maternal health in all study sites. These include the availability of adequate and accessible antenatal care. The ANM in the MIS explained more than 15 percent of pregnancies in the last year in the MIS were not carried to term:

In the past year, we have record of 172 women being pregnant. There has been a total of 145 babies out of which only 3 were home deliveries…When a woman gets pregnant, we get to know about it. A pregnant woman registers herself within the first 12 weeks of her 9 months' time. Some even do it quite early as 4 weeks.

-ANM in MIS

Third, Facilitators trained two self-help group members to refer young mothers and children to existing health centers. Children's group members are trained to refer their peers to Anwesha clinics and health centers, both for medical care and to seek counselling support. More children aged 0-6 were enrolled in the Anganwadi child care center in the MIS than in the EIS, and more attend regularly, though these differences were not statistically significant. There was no difference across sites in the rates at which caregivers reported meeting with community health workers. Children's Group members also referred adolescents to the Anwesha clinic, which provides nutritional support, counseling support, and menstrual hygiene care. Survey results show that significantly more children

Table 23: Child and maternal health				
Parameter	**Site**		**Denominator**	**Statistical comparison**
	Bamuha (MIS) % (n)	Alamsahi (CS) % (n)		
Vaccination card ownership among children 0-6 years	45.5% (25)	49.2% (61)	55 | 124	p = 0.64
Vaccination rates among children 0-6 years				
BCG	87.3% (48)	81.5% (101)	55 | 124	p = 0.34
OPV	92.7% (51)	88.7% (110)	55 | 124	p = 0.41
Tetanus	61.8% (34)	51.6% (64)	55 | 124	p = 0.21
Pentavalent	58.2% (32)	51.6% (64)	55 | 124	p = 0.42
Measles	45.5% (25)	50.8% (63)	55 | 124	p = 0.51
Children ages 0-6 enrolled in Anganwadi	74.5% (41)	58.1% (72)	55 | 124	p = 0.07
Children ages 0-6 that attend Anganwadi regularly	58.2% (32)	37.1% (46)	55 | 124	p = 0.12
Children ages 0-17 enrolled in WIFS	49.5% (191)	35.0% (220)	386 | 629	**p < 0.001*****
Child weight-for-age (Z-Score)	-1.56 ± 1.14	-1.73 ± 1.45	235 | 332	p=0.35
Child height-for-age (Z-Score)	-1.39 ± 1.24	-1.67 ± 1.55	235 | 332	p=0.01*
Child BMI for age (Z-score)	-1.12 ± 1.51	-1.05 ± 1.5	235 | 332	p=0.26
Child attendance at Anwesha clinic	12.3% (29)	3% (10)	235 | 332	**p < 0.001*****
Caregivers that have heard of Janani Suraksha Yojana (JSY) scheme	68.7% (103)	57.3% (118)		**p=0.03***
% that have knowledge of what it is	56% (84)	49% (101)		p=0.42
% that family received benefits JSY	21.3% (32)	14.6% (30)		p=0.35
Caregivers that have heard of Janani Shishu Suraksha Karyakarm (JSSK) scheme	45.3% (68)	37.4% (77)		p=0.14
% that has a family member who benefited	10.7% (16)	12.1% (25)		p=0.49
Caregivers that have heard meet with a community health work in last year	33.3% (50)	35.9% (74)		p=0.41

***Reached statistical significance below p<0.005 *Reached statistical significance below p<0.05
Statistical comparisons for Z score comparisons were conducted using the Kruskal-Wallis test. All other comparisons used chi square tests.

attended the clinic in the MIS than in the CS. Issues of menstrual hygiene were discussed in the MIS by multiple participants and not in the EIS or the CS. Out of all participants, only the ICDS worker and BDO in the MIS mentioned this clinic: "Now, we have Anwesha clinics, [which] is government run, for school children who suffer from psychological issues and they are unable to share with others problems related to menstruation and other things."

Malnutrition was raised more frequently in the CS as an issue. "The children are skinny here. There are problems," stated one caregiver. "Children don't get proper food such as milk or fruits. They get simple food," agreed a local teacher. Survey results suggest that nutrition is better in the MIS, from the statistically significant difference in Height for Age Z-Scores between sites, though this was not observed in other similar statistical comparisons, such as BMI for Age or Weight for Age Z scores. Enrollment in the Weekly Iron and Folic Acid Supplementation (WIFS) among all children ages 0 to 17 was significantly higher in the MIS compared to the CS (49.5% vs. 35.0%, p = <0.01).

vii. Violence against Children

> **Key findings**
>
> » There were several kinds of violence against children (VAC) mentioned by participants: domestic violence in the context of early marriage; sexual harassment; physical violence and murder; and sexual abuse and incest.
> » VAC was discussed, especially in the context of addressing VAC, significantly more frequently in CINI intervention sites than in the comparison site.
> » The only form of VAC mentioned as a priority for action was sexual harassment, and this was raised only in CINI sites. The children's group advocates in the VLCPC and in school to address this problem, raising awareness of the issue in the MIS and initiating several concrete actions to address the problem. In the EIS, the police now more regularly patrol areas where this happens.

Scope of the problem

Violence against children is a pervasive child protection problem globally and in India. CINI's work in the area of violence against children builds on the framework developed by the South Asia Initiative to Eliminate Violence Against Children (SAIEVAC). CINI has focused its work in this area on "eve teasing" a form of sexual violence and harassment to which girls are routinely subjected. There were several kinds of violence against children (VAC) mentioned anecdotally in this study, however, the evidence on this issue overall was sparse, likely because this is a relatively recent area of work for CINI in the study sites. Few respondents highlighted VAC as a priority for action or discussed the issue in any detail. Much of the violence described was gendered: girls experience particularly acute forms in both public and private spaces. The first kind of VAC described was domestic violence in the context of early marriage, perpetrated by the husband or the parents of the husband. One member of the Balika Bodhu group in the EIS explained how she uses her own experiences of violence to deter others from early marriage:

> *My in-law would instigate my husband who then would trouble with me… there was lots of problems, beating up and many other things. The girls that I share this experience with listen to me and tell me that they will not marry early.*
>
> *-Member of Balika Bodhu group in the EIS.*

In the CS, three participants described the same incident where a girl was taken by her relative to a neighboring village to be married and was subsequently murdered. "Her father gave 3.5 lakhs dowry (~$50,000) [but] they were asking for more money," said one SHG member, "She questioned them [but] her mother-in-law as well as husband were wicked: they killed her in such gruesome manner." One caregiver in the CS said that this is not uncommon: "There have been many cases where they have taken the girl and killed her… I have heard innumerable cases."

Police violence was also described by one caregiver in the MIS, in response to a girl receiving a romantic letter from a boy in school: "My daughter had picked up the letter and given it to the head teacher… Later on, the head teacher had called the police and the boy was beaten up…he's probably Muslim, lives in the other neighborhood."

Child sexual abuse was nearly exclusively discussed by block- and district-level service providers. The only local service providers to mention this issue was the policeman in the MIS. One example shared by a Childline worker illustrates the institutional indifference and social taboo associated with these crimes:

We had a case here where a girl's father had raped her and impregnated her. Later it turned out she was HIV positive. In this case, the girl began to accept her father as her husband. To her it's not that big of a deal. She has reached the age of 14 or 15 years, perhaps that's why... She was counseled by the police to accept the matter as normal.... It is a very sensitive issue, especially because the family is associated with violent behavior, so there is kind of panic in the village regarding that family... Later, the father was arrested by the police. After putting pressure on him, the fetus was aborted and the child was brought home. We rescued the girl, put her in a shelter and made arrangements for medical treatment....Then she filed a case and it is ongoing. The main reason we are giving her so much importance is because she is HIV affected.

-Childline worker

Study results show that, in some cases where a victim of abuse seeks prosecution under the Protection of Children from Sexual Offences Act (POCSO), they are pressured into remaining silent by other parties who wish to avoid the stigma of a public association with abuse. The District Childline coordinator stated that "sexual abuse by people close to the victim is a major problem that occurs here...but in most POCSO related cases, the victim remains silent or the family refuses to speak out against the perpetrator and come to hearings." Prosecution under the POSCO ACT was most frequently mentioned in the context of romantic elopements that were either displeasing to the family or when the boy decided to leave his newlywed. "I saw a boy was in jail," said a Child Welfare Committee member, "But the girl confessed that the boy was not guilty, he did not trap her. Still the guardian lodged a case and consequently the boy is in jail." Another example shared by a caregiver in the CS involved a Muslim boy and Hindu girl: the girl's parents did not approve of the interfaith union: "[They eloped] three times....and haven't returned till now... The parents did approach the police. The girl's father lodged a complaint and the boy's father was arrested." The policeman in the MIS said that 90 percent of POSCO Act cases are unjust in this way:

Rape is a problem here. But of all the cases that are registered as rape, only around 10 percent of them are true. The rest are cases where the under-18 girls leave home due to love affairs. After returning, when the boy disagrees to marry the girl, then the case is lodged as a rape case.

-Policeman in the MIS

There is a growing body of evidence that confirms the persistence of child abuse as a major problem in India.[58] "Studies suggest that more than 7,200 children, including infants, are raped every year; experts believe that many more cases go unreported."[59] An in-depth report published by Human Rights Watch in February 2013 noted evidence of "serious and widespread abuse...children are sexually abused by relatives at home, by people in their neighborhoods, at school, and in residential facilities for orphans and other at-risk children. Most such cases are not reported."[60] The report also noted deficiencies in the breadth, depth, and clarity of current national child protection law as well as enforcement of existing laws (particularly the Protection of Children from Sexual Offenses Act) by police, local, and state government officials.

[58]   Ganguli, Meenakshi. "Dispatches: Spotlight on Child Sex Abuse in India." Human Rights Watch. <https://www.hrw.org/news/2013/09/03/dispatches-spotlight-child-sex-abuse-india>.

[59] Human Rights Watch, Breaking the Silence: Child Sexual Abuse in India, February 2013, available at: https://www.refworld.org/docid/5594f1ed4.html [accessed 20 June 2019]

[60] Human Rights Watch, Breaking the Silence: Child Sexual Abuse in India, February 2013, available at: https://www.refworld.org/docid/5594f1ed4.html [accessed 20 June 2019]

Preventative strategies to address violence against children in CINI

The CFC facilitators include child abuse issues in some of their trainings: this was mentioned by three stakeholders, the ANM and head of the primary school in the EIS and the ASHA in the MIS. This may have contributed to the fact that VAC was discussed, especially in the context of addressing VAC, significantly more in CINI intervention sites than in the CS. In the MIS, five providers, two caregivers and one child discussed VAC; in the EIS, three providers and two children. In the CS only one provider, one caregiver and one child mentioned VAC, all in the context of describing the problem.

Sexual harassment (locally referred to as "eve teasing") was the only VAC issue around which stakeholders in CINI sites said that they had taken concrete action: children raised the issue in school and in child protection meetings and then collaborated with police to address the problem.

One member of the Children's Group in the EIS explained that "earlier, the school boys loitering in the market area" would make problems for girls when they are out of home, "but then we raised the point in the VLCPC meeting. Then civil police was called from there. Since then, they don't do so." In the MIS, the Children's Group also raised this issue in the VLCPC. Additionally, a local head teacher said that he "received a written complaint from the girls and submitted it to the police. The police took action on this and after this the incidents have stopped."

In the VLCPC the Children's Group has "brought up issues of eve teasing on the streets...Usually the girls come and complain at the meetings so that they don't repeat such actions again. Also, things have been discussed in schools as well, and so these issues have been brought a lot under a control....They've become alert now as police usually patrol the areas.

-ICDS worker in the MIS

The ASHA worker in the MIS said that health workers also take action whenever they see harassment of children: "Children face some issues of bullying or ragging...When we see it, we take steps. Meetings are held. We go to different houses if necessary and make people realize their mistakes. Members of Childline and the women of our area are all there with me. We all together have formed a team."

As seen in Table 24 below, there was no significant difference in children's responses when asked about the rate at which they experienced harassment. Half of respondents in both sites chose not to answer to this question, suggesting that shame or taboo around this subject influences responses. However, children in the MIS reported they felt significantly safer than those in the CS when they go out of the house on their own and when they walk to the toilet after dark. This is an interesting finding, though it is not clear what generated it. One explanation might be that CINI's investment in child groups and in the overall development of a CFC creates a greater sense of agency and empowerment for community children compared to communities such as the CS where no such enabling and empowering work has been done. This could therefore be a welcome vindication of CINI's model.

Table 24: Safety in the community						
		Bamuha (MIS)		Alamsahi (CS)		Statistical comparisons
		%(N)	Mean	%(N)	Mean	
How often do you experience eve-teasing in this community?	Often	6.4% (15)	2.3^	8.7% (29)	2.2^	p=0.89
	Sometimes	17.5% (41)		22% (73)		
	Never	19.6% (46)		20.2% (67)		
	NR	56.6% (133)		49.1% (163)		
There are places in this community, outside home and school, to go and play	Yes	75.7% (178)		75.3% (250)		p=0.86
	No	23.4% (55)		24.1% (80)		
	NR	0.9% (2)		0.6% (2)		
Do you feel safe when you go out of the house on your own?	Very Safe	47.7% (112)	1.7^^	37.9% (126)	1.9^^	**p=0.004***
	Somewhat Safe	34.5% (81)		34.4% (112)		
	Unsafe	17.4% (41)		27.1% (90)		
	Do Not Know	0.4% (1)		0.6% (2)		
Do you feel safe walking to the toilet after dark?	Very Safe	57.9% (136)	1.7^^	43.4% (144)	1.9^^	**p=0.0007***
	Somewhat Safe	18.3% (43)		22.9% (76)		
	Unsafe	23.8% (56)		33.4% (111)		
	Do Not Know	0		0.3% (1)		
Do you feel safe in your school?	Very Safe	69.4% (163)	1.2^^	64.5% (214)	1.3^^	p=0.25
	Somewhat Safe	10.6% (25)		10.2% (34)		
	Unsafe	3.8% (9)		6.6% (22)		
	Do Not Know	0		0.3% (1)		
	NR	16.2% (38)		18.4% (61)		
Do you feel safe in your place of work?	Very Safe	11.1% (26)	1.2**	4.8% (16)	1.4**	p=0.24
	Somewhat Safe	1.7% (4)		1.5% (5)		
	Unsafe	0.4% (1)		0.6% (2)		
	Do Not Know	0		0		
	NR	86.8% (204)		93.1% (309)		

^ Likert scale 1-3: 1 = often; 2 = sometimes; 3 = never; code DK as missing
^^ Likert scale 1-3: 1 = very safe; 2 = somewhat safe; 3 = unsafe; code DK as missing
*indicates statistical test reached significance (p<0.05)
Statistical comparisons were conducted using an exact test.

VI. LIMITATIONS

Quantitative data. The analysis conducted in this study attempted to control for factors (covariates) such as gender, religion or wealth that may have influenced outcomes in the quantitative findings. However, this was not always possible because of the constraints generated by the small sample size available for analysis. Where this limitation was present, the differences in outcomes observed may be due not to CINI's intervention but to differences in families' religious makeup, to household size, to the highest level of caregiver's education or to the head of household's occupation. As noted above, Muslims constituted a higher proportion of the population in the CS than the MIS and EIS sites. These variables do not completely account for all differences between the intervention and the control communities: while measured demographics and child protection challenges were similar and justified the selection of the control as a reasonable comparative site, no two communities are identical on all relevant variables.

In addition, the study's analysis did not account for the fact that outcomes may be more similar for children in the same household, than for children across different households. This "clustering" effect was minimized, however, given the relatively large number of households in the sample and the relatively small family sizes.

Target sample sizes were reached overall but not within subgroups, which was largely due to out-migration of boys aged 15-17. Overall, the research team was satisfied with the data quality, despite underreporting of child marriage. As noted in Section ii of this report, this outcome was probably a result of the fact that respondents were aware of the criminal implications of early marriage, and thus disinclined to admit to its occurrence.

Qualitative data. Due to the evolving nature of CINI's model over time as well as the large number of research questions, sites, and interviewed stakeholders in this study, saturation was not reached across all items during the analysis. For example, the challenges that one primary school teacher discussed in preventing school dropout, and the extent of their collaboration with Children's Groups and CINI staff, may not be representative of all primary school teachers in that area.

Generalizability. The results of CINI's model on individual outcome/impact metrics may vary across the different areas, cities and states where it is implemented. Residents, service providers and local government have a large role in determining their advocacy priorities and strategies depending on local needs and established policy. In urban areas of West Bengal, for example, they may focus more on child trafficking and less on school dropout. The findings on the benefits of CINI's approach and areas for improvement are generalizable to other CINI intervention sites with similar institutional, economic, cultural, linguistic and political context.

VII. ANALYSIS AND RECOMMENDATIONS

CINI's harm prevention child protection program is a sophisticated and wide-ranging framework that governs the intervention into entrenched socio-economic deprivations in some of the poorest communities in India. "The preventative framework, called the CINI Method, is applied at the local level through the CINI Child Friendly Communities approach. It provides a holistic model to implement children's rights in practice, based on the human rights principles of human rights principles of children's participation, accountability by duty-bearers, multisectoral convergence and prevention. It aims to achieve participatory governance with children, social inclusion and community ownership. It is this overarching framework that drives the detailed programmatic interventions, the operational mechanisms and the ongoing analytic endeavor. With the Facilitators, CINI provides intelligent and consistent resources dedicated to attending to some critical children's issues in a sustained way. This allocation of resources, and the conceptual framework underpinning it, generates impactful outcomes for the functioning of the local child protection system, generating significant buy-in for children's rights and shifts in attitude. Nevertheless, the results of this study also demonstrate that the intervention site communities rely heavily on CINI for organizational continuity and that the potential impact of the overarching framework and its implementation model is limited by significant countervailing pressures that are unaddressed by this approach, specifically pervasive poverty, entrenched gender bias, poor delivery of services and financial benefits, low uptake on welfare schemes and low returns to education.

The main children's issues that stakeholders in CINI intervention sites sought to address are child marriage, school dropout, child and maternal health, sexual harassment and unsafe migration. CINI's intervention addresses these harms to children through three main avenues. First, guided by the broad preventative framework that informs the work as a whole, facilitators build a wide coalition of children's rights advocates at the local level, who identify potential cases of harm before they happen, engage with families to motivate them to make better choices, and generate shifts in social norms. Second, they seek to offer alternatives to families by helping them to access available EPHN government programmes. Third, CINI works on the basis of field experience with government officials at the block, district, state and national levels to initiate policy change. Together, these three strategic approaches encapsulate the overarching notion that harm prevention is a cumulative and syncretic process that builds on the community's rational choices and is capable of influencing social norms and practices that have harmful consequences. Results show that child protection coalition building at the local level has seen most success. In the MIS and to a lesser extent in the EIS, government mechanisms for preventive multisectoral convergence around child protection, education, health and nutrition have been strengthened. These dedicated spaces generate greater levels of awareness of child protection issues, as well as increased accountability and collaboration among providers. They stimulate norm change and act as useful networks for alerting the community to likely, even imminent, child protection incidents. Children in these locations participated in local governance mechanisms and had a meaningful role in priority setting. They were perhaps the most effective stakeholder group in identifying peers at risk of early marriage, school dropout or unsafe migration. This resulted in significantly greater numbers of child marriage prevented than in the CS, where no children participated in child protection.

CINI's prevention model includes a strong commitment to sustainability. The mechanism for achieving this, the process of developing child friendly communities (CFCs) is original, insightful, and potentially widely replicable. The key notion is, over a time bound period, to stimulate and support the development of a collective shift in attitudes and behavior towards children, and in the role of children themselves. The underlying assumption is that child harm can best be prevented by making all key actors and stakeholders in the community aware of its potentially devastating impact and committed to its prevention. This incremental and cumulative process depends on the collaboration and agency of multiple players across sectors, roles, and demographic constituencies. More concretely, the "CFC

process" is handed back to the government, service provider and community stakeholders (parents in particular) who are duty-bound to implement children's rights once CINI's intensive engagement ends. In the study sites, this is five-year period. Results indicate that despite having formally withdrawn from the MIS, CINI staff continues to marginally support the process. Residents and providers still consider the Facilitator primarily responsible for intervening in child marriage cases. Their presence also remains critical to the success of meetings like the VLCPC and to the functioning of the Children's Group, which had considerably shrunk in size since the Facilitator stopped coming regularly. The success of meetings is itself critical to sustaining community attention to child protection issues and stimulating increased engagement with harm prevention.

This points to a relationship of partial dependence, not purely one of facilitation. A key assumption of CINI's model is that communities, service providers and government, internalizing the harm prevention framework into their own thinking and programming, will continue to organize for children's rights after CINI withdraws. Yet the day-to-day work of ensuring that everyone turns up to meetings where these abstract notions are concretized, and of coordinating practical actions to address complex, entrenched local child protection challenges is difficult and often thankless. The results of this study suggest that this organizational effectiveness, at least in the relatively short term until transformative approaches are fully internalized, relies in large part on strong and sustained individual leadership. Without the outside mentorship, or a much more fully-fledged government child protection mandate implemented through dedicated and trained staff, skill-based and accountability provided by the Facilitator, community members' commitment to child safety, however sincere and well intentioned, is often insufficiently coherent or concrete to ensure ongoing practical action.

The CFC Facilitators provide leadership to a wide array of stakeholders, acting as particularly effective and dedicated social workers or community organizers. Evidence suggests, however, that their efficacy might be greater if the size of the area that they are expected to attend to (with over 10,000 people) were limited. Additionally, low remuneration levels for CINI work compel some facilitators to assume additional income generating activities that take away from their CINI work.

Government, service providers and community members respond to CINI staff with respect and allow them to help implement changes in large part because of CINI's established track record, and its excellent reputation, earned over the courses of the nearly fifty years in the sector and twenty years that they have worked in Murshidabad. The importance of CINI's past work to their current success has implications for the model's replicability: it is not clear that other nonprofits without this legacy of trust would be able to organize and influence such a diverse range of stakeholders with the level of resources CINI provides.

Results indicate that the CFC Facilitators, community health workers, SHGs, Children's Groups and others inform residents in the EIS and MIS about the availability of government welfare schemes and other government benefits, as well as secured the financial support for select students through the panchayat. This was somewhat successful in the case of health benefits directly administered by community-level workers, such as services through anganwadi centers.

However, local stakeholders did not act to facilitate enrollment or receipt of welfare benefits administered by government. Survey results indicated a significant problem with residents who are aware of their benefits but did not successfully enroll, and with residents who enrolled but then did not receive their benefits. While many participants celebrated the positive impact of the conditional cash transfer program Kanyashree on rates of child marriage, 77 percent of families in the MIS who knew that they were eligible were successfully enrolled, and only half of those successfully enrolled ended up receiving their benefits. Additionally, only six families in the MIS were signed up for "minority scholarships" for their children's education and only three of those families were actually receiving the benefits due to them. In another example, awareness of the government health benefit JSK, which seeks to incentivize women to give birth in hospitals, was higher in the MIS than in the CS.

Though the underutilization of welfare benefits is well documented in high income countries,[61] there is very little research on this issue in developing contexts.[62] A 2014 review by Gurtoo and Udayaadithya found "around four authors who have investigated the issue [of welfare schemes] in India in detail."[63] According to Jha, "India spends less on social and welfare policies than many countries in the Asia Pacific region," and despite a near total lack of official analysis of the efficiency of existing programs, available data indicates "key areas of social and welfare expenditure are beset with serious inefficiencies."[64]

The factors behind this underutilization are complex, program specific, and cannot be entirely overcome through increased local support during the application process. For example, the ANM in the EIS mentioned that one of the reasons that uptake on the JSK program was low, was that "mothers are not able to go to the hospital for delivery during rainy season as the ambulance service remains unavailable." The Harvard FXB Center's evaluation of the prevention model run by the nonprofit Aangan Trust in Uttar Pradesh state found that trained community volunteers were unable to increase uptake on schemes despite concerted, sustained efforts.[65] Similarly, an intervention in South India's Karnataka state, in which full-time facilitators were trained to seek out eligible households, provide them with information about schemes and help them to apply, was evaluated to have "increased awareness...in the eligible population, [but] not significantly increase the number of schemes applied for, obtained or utilized."[66] This is an urgent issue for child protection and social protection experts and requires further research. CINI's approach to the question of welfare benefit uptake is detailed in previous sections of this report. The driving strategic priority is to facilitate improvement of the core service – education, health, nutrition, and protection. CINI's view is that welfare benefits are supplemental, rather than essential or foundational, elements of a child protection strategy. The authors of this report, nevertheless, have focused parts of their analysis on this issue to suggest that a more rigorous and consistent engagement with benefit enrollment and uptake may constitute an important element in building effective and rights-based CFCs that cater to the acute needs of the most vulnerable children and families in the community.

One implication for the residents of the MIS, the EIS, and the CS was that efforts to raise awareness about welfare schemes did not successfully mitigate the pressures that still lead some families to marry their daughters early: the concern about losing opportunities for security for girls with low social and economic status. Importantly, however, there were other relevant pressures identified that underpin continuing child marriages, including concerns around family reputation or community pressure in cases where an unmarried girl is in a consensual romantic relationship, is sexually abused, or is cohabiting with an unrelated single male. Results suggest that the strong local coalition that CINI is helping to build against child marriage has effectively raised local awareness of early marriage's health consequences of child marriage and criminal implications. In future, they might productively engage parents and other adults in the community more directly on these issues of adolescent sexuality, cohabitation and abuse.

[61]   Virginia Hernanz, Franck Malherbet, and Michele Pellizzari, "Take-Up of Welfare Benefits in OECD Countries: A Review of the Evidence," OECD Social, Employment and Migration Working Papers (OECD Publishing, March 8, 2004). Virginia Hernanz, Franck Malherbet, and Michele Pellizzari, "Take-Up of Welfare Benefits in OECD Countries: A Review of the Evidence," OECD Social, Employment and Migration Working Papers (OECD Publishing, March 8, 2004).

[62]   Armando Barrientos, Social Assistance in Developing Countries (Cambridge, UK: Cambridge University Press, 2013), https://doi.org/10.1017/CBO9781139856058. Barrientos.

[63]   IAnjula Gurtoo and A. Udayaadithya, "Welfare Schemes in India: Decentralization Dynamics and Stakeholder Influences," The International Journal of Sociology and Social Policy; Bingley 34, no. 3/4 (2014): 154–65. Gurtoo and Udayaadithya.

[64]   Raghbendra Jha, "Welfare Schemes and Social Protection in India," International Journal of Sociology and Social Policy, July 27, 2014, https://doi.org/10.1108/IJSSP-10-2013-0099. Jha.

[65]   Elizabeth Donger et al., "Before, Not After: An Evaluation of Aangan Trust's Preventative Approach to Child Protection in India" (Cambridge, MA: Harvard FXB Center for Health and Human Rights, February 2019). Donger et al.

[66] Erlend Berg, D Rajasekhar, and R Manjula, "Pushing Welfare: Encouraging Awareness and Uptake of Social Benefits in South India" (Center for the Study of African Economies at Oxford University: Economic Development in Africa, Oxford, 2019). Berg, Rajasekhar, and Manjula.

More generally, results suggest that increased engagement with parents would strengthen the CFC model. The family forms the immediate protective environment for children: they are responsible for accessing basic services and signing up for welfare programs that benefit children; they have significant input in their education trajectory, their health, and day-to-day safety. Yet in all sites, caregivers demonstrated low levels of awareness and prioritization of children's issues. Except for the SHG members in the MIS, who received training from the Facilitators, these adults do not attend the VLCPC or any other meetings organized through the CFC process on protection issues. The "mothers' meetings" on health issues that happen in the MIS may be an effective entry point.

Study results also indicate that welfare schemes did not significantly address the problem of school dropout. Children in CINI intervention sites dropped out of school at the same rates as those in the CS. Many of these children migrated away for work. There were select cases shared by the Children's Group members, in which a little additional economic support secured through the Panchayat made a key difference because local children faced financial barriers to attendance. However, other reasons identified for school dropout were not significantly mitigated by the availability of free books and limited scholarships. These reasons are related to students' and parents' perceptions of education as an investment in future income earning capacity, their perception of the "return to education." Becker's canonical model of investment in human capital demonstrates how this factor drives the demand for education.

Local residents in Murshidabad expressed the view that available free government schooling was of low quality, with poor teaching and insufficient resources and infrastructure. The most frequent answer that children gave for any prolonged school absence was lack of interest. These concerns are supported by existing data on education quality in West Bengal. Data from the Annual Status of Education Report show that learning outcomes in primary schools in the state dramatically declined between 2008 and 2012 – an 8.5% reduction in reading metrics and 40 percent reduction in mathematics. An evaluation by Pratichi Institute of secondary education in West Bengal found that state policies have been focused "on steady expansion in enrollment without paying much attention to learning outcomes. Quality has thus been compromised in the process." The report notes that schools are lacking even the most "basic amenities like water, electricity, toilets, playground, Head Teachers room, [or] hostel etc."

The supportive education programme that CINI runs in the MIS to provide additional assistance to "slow learners" that were poorly served by the existing education infrastructure was one of its most positively viewed interventions by locals. Although this program did not result in a significant difference in the rate of out of school children, it is possible that there were other benefits that were not captured in this study.

Many residents also expressed the belief that available education has little impact on future earnings. They viewed limited opportunities for social mobility or skilled work in a depressed local economy dominated by beedi rolling. Several participants explicitly stated that the most desirable characteristic of an eligible husband is good work prospects, not an education. These sentiments are backed up by existing research. Analysis of national level data by Rani shows that there is "wide variation in India in returns to education according to location, caste-religion and English language ability,"[70] however, the impact of primary and secondary education on earnings "is consistently low across groups,"

[67] Gary Becker, "Investment in Human Capital: A Theoretical Analysis," Journal of Political Economy 70, no. 9 (1962). Becker.

[68] Rabindranath Mukhopadhyay and Dibakar Chatterjee, "Learning Achievement at the Elementary Level in Rural West Bengal" (CESI 2014 Delhi Conference, Delhi: University of Calcutta, 2014). Mukhopadhyay and Chatterjee.

[69] Pratichi Institute, "Secondary Education in West Bengal Prospects and Challenges" (Kolkata: Pratichi Institute, 2013), 10–11. Pratichi Institute, 10–11.

[70] P. Geetha Rani, "Disparities in Earnings and Education in India," ed. Caroline Elliott, Cogent Economics & Finance 2, no. 1 (December 31, 2014).

particularly for rural communities.[71] There is no research that examines this issue in the West Bengal context specifically.

In the MIS and the EIS, dedicated advocates for education from the Children's Groups and SHGs attempted to counteract this narrative. They directly engaged fellow residents on the importance of education. Evidence suggests that this strategy in certain cases saw some success, though not enough to substantially alter rates of dropout in comparison to the CS. As Sequerira et al note, the multiple ways in which attitudes are formed towards education's value "remain poorly understood."[72]

Among those children enrolled in school in study sites, more than 96 percent were technically in a government school. However, chronic absenteeism was a big issue and some discussed attending government school as little as once a week. In their other time, they attended private school, private tuition classes, or they worked. Numerous reasons were found for this chronic absenteeism. First, people viewed private schooling as being of higher quality, and saw private tuition as necessary to a decent education. The National Sample Survey Office (NSSO) calculates that 1 in 4 students nationally are in private tuition but that in West Bengal, this figure rises to three out of four students (a rate applied equally to low- and high-income groups).[73] Data confirms that educational outcomes in India are, on average, better in private institutions.[74] However, these averages mask a wide range of quality seen in private schools. "Much of the evidence on low-cost schools is weak," writes Nambissan, "available studies suggest that the drive toward profits and cutting down of costs have detrimental implications for teachers, curriculum transactions and the very purpose of education."[75]

Another possible reason that many children combine school with work or combine government education with private tuition and formal private education, is that they do not consider it to be a high priority issue: none of the service providers, government officials or CFC Facilitators discussed the potential effects for children's learning or future prospects. There is little available research on the implications for learning or future earning of combining different types of schools. Whether or not a child spending the week in the same classroom will fall behind another child spending one day in a government school and two in a private school, may depend on the quality of education in each.

Regarding the combination of work and school, there is substantial evidence that work can have a significant negative effect on learning achievement,[76] depending on the type and hours of work.[77] In the MIS, children in the workforce do a weekly average of 19.1 hours of work, and children do 8.2 hours of domestic chores, compared to 27.5 hours and 7 hours in the CS, respectively. This work meets the ILO definition of work that "prejudices education"[78] not only because of the long hours

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[71] Ibid

[72] Sandra Sequeira, Johannes Spinnewijn, and Guo Xu, "Rewarding Schooling Success and Perceived Returns to Education: Evidence from India," Journal of Economic Behavior & Organization 131 (2016): 2.

[73] Prashant K. Nanda, "Private Tuition Thrives in India: NSSO Survey," https://www.livemint.com, July 1, 2015, https://www.livemint.com/Politics/Dk8ry9VQkyRXcsJVHp9aNJ/Private-tuition-outside-schools-colleges-thrives-in-India.html.

[74] Geeta Kingdon, "The Relative Effectiveness of Private and Government Schools in Rural India: Evidence from ASER Data" (Department of Quantitative Social Science - UCL Institute of Education, University College London, 2010), 26, http://EconPapers.repec.org/RePEc:qss:dqsswp:1003.

[75] Geetha B. Nambissan, "Low-Cost Private Schools for the Poor in India: Some Reflections," in India Infrastructure Report 2012 (Routledge India, 2016), 99.

[76] Christopher Heady, "The Effect of Child Labor on Learning Achievement," World Development 31, no. 2 (2003): 385–398.

[77] Ginny Morrow and Uma Vennam, "The Dynamics of Girls' Involvement in Agricultural Work in Andhra Pradesh, India: Combining Work and School," Children & Society 27, no. 4 (2010): 258–69; Kathleen Beegle, Rajeev Dehejia, and Roberta Gatti, "Why Should We Care about Child Labor? The Education, Labor Market, and Health Consequences of Child Labor," Journal of Human Resources 44, no. 4 (2009): 871–889.

[78] Minimum Age Article 3 (para. 1) of ILO Convention No. 138 states that "Children over twelve years of age may, outside the hours fixed for school attendance, be employed on light work (a) which is not harmful to their health or normal development; (b) which is not such as to prejudice their attendance at school or their capacity to benefit from the instruction there given; and (c) the duration of which does not exceed two hours per day on either school days or holidays, the total number of hours spent at school and on light work in no case to exceed seven per day."

the children work, but also because the majority of working children are employed in beedi rolling. The results of this study make clear that beedi rolling work carries significant health risks as well as negative impacts on school attendance and learning.

It is notable that child labor was not discussed by local stakeholders in CINI sites or by CINI staff as a priority for action. CINI's rationale for this is that supporting the government's focus on universal education as the overarching goal is the central strategic contribution they offer in their role as facilitators of child protection by front line duty-bearers. CINI acknowledges that child labor is a pervasive reality in the communities they work with and addresses it by preventing it through universal education, helping stakeholders map vulnerable children in the community and supporting their enrolment and retention in the school context as well as offering supportive education services to keep them in school and away from exploitative labour in the community and through unsafe migration or trafficking. This approach contrasts with that of some other well-established child protection actors in India who place greater emphasis on the detrimental impact of child work on educational and health outcomes for children and adolescents. Indian law supports this belief that beedi rolling is acceptable work for some children. While the Child Labour (Prohibition and Regulation) Act of 1986 explicitly specified "beedi-making" as being unacceptable work for children,[79] the recent amendment to this law does not state this explicitly. The Child Labour (Prohibition and Regulation) Act of 2016 law explicitly replaces the old list of prohibited occupations for children, and specifies that prohibited work involves only "mines, inflammable substances or explosives, or hazardous process" as defined by the Factories Act of 1948".[80] Tobacco is not among the 29 industries that the Factories Act identifies as "hazardous processes."[81] The 2016 child labor law prohibits all work by children less than 14 years. It also includes exceptions for those who work in any "family or family enterprise…after school hours or during vacations," provided the work is not hazardous and does not "effect their school education."[82] Children's rights activists and researchers have been quick to point out that much of children's work takes place in the home. For example, Singh et al. argue that "Beedi manufacturing organizations exploit this special provision by giving work to families, who in turn also engage their children in the beedi manufacturing process."[83] International law, principally through the Convention on the Rights of the Child established in the United Nations General Assembly, defines child labor more broadly than this.[84] Similarly, by ILO Convention No. 138 on the Minimum Age, which was adopted in 1973 and ratified by 168 countries, the large majority of 15-17-year olds in the CS, 76.8 percent, would be classified as engaging in unacceptable work,[85] Indian law would only find 8.9 percent to be so. It was largely viewed as a reality, harmful only in cases where it forces a child to drop out of school entirely. In practice, however, the health and education impacts of this labor directly undermine the broader child protection goals of preventing school dropout, early marriage and ill-health for local children.

[79]   Indian Ministry of Law and Justice, Child Labour (Prohibition and Regulation) Act of 1986, Art 26, Schedule Part (b)(1)
[80]   Indian Ministry of Law and Justice, The Child Labour (Prohibition and Regulation) Amendment Act, 2016, No. 35 of 2016, Art 22, https://pencil.gov.in/THE%20CHILD%20LABOUR%20(PROHIBITION%20AND%20REGULATION)%20 AMENDMENT%20ACT,%202016(1).pdf
[81]   Indian Ministry for Labour and Employment, Factories Act, 1948, Art. 24, First Schedule https://maitri.mahaonline. gov.in/pdf/factories-act-1948.pdf
[82]   Child Labour (Prohibition and Regulation) Amendment Act, 2016, Art. 5.
[83]   Singh et al., "Socio-economic, Health and Working Conditions of Child Beedi Rollers in Beedi Industry," Journal of Social Science Studies ISSN 2329-9150, Vol. 5, No. 1, 2018
[84]   International law puts limits on the age at which a person can engage in work and the type of work that young people can do. ILO Convention No. 138 sets the minimum age for work when compulsory schooling is no longer required, no lower than 15. There are also forms of "permissible light work" for children between 12 and 14 years, defined as any non-hazardous work that does not prejudice school attendance or exceed 14 hours per week. No child under 18 can engage in work that is hazardous or categorized as "another worst form" of child labor. Work with tobacco is considered hazardous. ILO Convention No. 182 on the Worst Forms of Child Labour states that "hazardous work," can be met through: excessive workload; physical conditions of work; or work intensity in terms of the hours of work, even where the activity or occupation is known to be non-hazardous or "safe." It also states that the types of work classified as hazardous are "determined by national laws or regulations."
[85]   ILO, World Report on Child Labour: Paving the way to decent work for young people (Geneva: ILO, 2015)

CINI asks local community members to set their own priorities for action based on ground realities. This is a powerful approach as it empowers local stakeholders in addressing their own issues and aligns priorities and value sets between them and CINI Facilitators. Nevertheless, in the MIS and the EIS this approach also meant that efforts to address child labor and child abuse were insufficient. Practically speaking, identifying a few key priority issues has obvious merits. Yet there is perhaps scope for this prevention model to address these other critical issues as well, particularly as they impinge directly on the outcomes that are the focus of concerted efforts.

Another strategy in CINI's prevention model is intended to address more structural deficiencies in the child protection system through working with officials higher up in government administration. This is a logical and powerful component of the holistic harm prevention framework with which CINI operates. The greatest reported strength of CINI staff's work at this level is one of convening, similar to that at the local level. CINI brings together officials from dispersed departments in regular meetings on child protection, which might otherwise not happen, and they facilitate a forum for 121 local NGOs. They also provide training to select stakeholders. Other research on children's rights in India indicates that poor inter-departmental collaboration on individual cases of child harm and on overarching children's issues is a crucial driver of weak protective services.[86] As such, this facilitation may have other downstream benefits to geographic localities that were not included in this study.

The reason that CINI staff is welcomed and respected by higher level government officials is that their approach is one of support and facilitation. They provide data and accounts of local level children's rights realities. As noted throughout this report, this incremental approach to child protection focuses on key elements of the child environment but not on others. Pervasive child labor, irregular school attendance, inconsistent benefit take-up are critical child protection issues that CINI's CFC model does not significantly tackle. While its theory of change is based on a rich appraisal of the multifactorial determinants of child well-being, its intervention practice is more partial, a reflection to some degree of the structural weaknesses inherent in the government systems CINI engages with and supports.   .

CINI's harm prevention approach is ambitious. It represents an attempt to radically transform the child protection system from the local level, upwards. In some respects the organization has seen considerable success: in preventing child marriages, engaging young people in thinking about social change, and generating buy-in for children's rights among diverse stakeholders that would otherwise would give little focus to these issues. Yet this model also operates in a context where pervasive structural factors continue to militate against child wellbeing . Our research suggests that by choosing to focus more on some elements of the child protection environment more than others, the organization's strengths are not brought to bear on generating the elements of a more holistic and enduring child protection and social change transformation at the local level. With parents, community members and service providers as key duty bearers, the task of pressing for comprehensive welfare program implementation, for elimination of child labor and enhanced educational achievement in the sites where CINI is active remains a work in progress. As a result these highly deprived communities continue to lack the basic resources that could accelerate child protection. There is scope for the CINI program to more comprehensively address some of these structural factors, building on the powerful preventative framework it has elaborated at the conceptual and administrative levels. Meanwhile many other structural factors   simply require greater, more sustained and effective preventative investments by the state, fueled by public demand and oversight, as a precondition for the reduction of structural violence and injustice against children and their families.

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[86] Donger and Bhabha, "Is This Protection? Analyzing India's Approach to the Rescue and Reintegration of Children Trafficked for Labor Exploitation," 43.