A Loving Family for every Child: Transforming Family Based & Alternative Care across states of Bihar, Gujarat, Jharkhand & Maharashtra

Consolidated Report

Miracle Foundation India　　　　**2023**

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List of Abbreviations

SIE	Socio-Impact Evaluation
IDI	In-Depth Interview
INR	Indian National Rupee
OECD DAC	Organization for Economic Co-operation and Development (OECD) Development Assistance Committee
SDGs	Sustainable Development Goals
SDI	Sustainable Development Indicator
WHO	World Health Organization
DCPU	District Child Protection Unit
DCPO	District Child Protection Officer
DWCDO	District Women and Child Development Officer
LPO	Legal Protection Officer
PO (IC)	Protection Officer (Institutional Care)
PO (NIC)	Protection Officer (Non-Institutional Care)
JJB	Juvenile Justice Board
IC	Inspection Committee
CCI	Child Care Institution
CWC	Child Welfare Committee
CNCP	Children in Need of Care and Protection
SIR	Social Investigation Report
ICP	Individual Care Plan
JJ Act	Juvenile Justice Act
VCPC	Village Child Protection Committee
WCPC	Ward Child Protection Committee

Table 1: List of Abbreviations

Chapter 1: Introduction

About the program

The Miracle Foundation is a nonprofit organisation with headquarters in the US. It provides care and support to vulnerable children and orphans worldwide. It's subsidiary Miracle Foundation India has been working with the goal of ensuring every child has a loving family to live with; to become a healthy, happy, person, who contributes to the society—and experiences a true sense of belonging. The "Child First" approach is multi-faceted, collaborative and community based. Believing that every decision regarding the care of a child should be made keeping in mind the child's best interest. The organization has created a globally recognized measurable, systematic and scalable method of childcare and protection based on the United Nations Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children. A robust assessment tool called 'Rights of the Child Thrive Scale to track progress and measure the quality of childcare on a regular basis would be used for the project.

Miracle India works with a vision of a family for every child in our lifetime. The organization is helping to reintegrate children with families and working at the local level to prevent child separation from family. To achieve this, Miracle Foundation India focuses on the following three program objectives:

- Prevention & Gatekeeping –children stay in families through effective gatekeeping by the social workforce
- Transition – transition children from institutions to families /F-BAC options though support to Government
- Youth Enablement – enable youth and care leavers to live a meaningful and productive life

The inherent approach of Miracle India's work has been about capacity building, strengthening the existing systems to support the Government and civil society organizations in strengthening FS and F-BAC in keeping with the vision of the Juvenile Justice (Care & Protection) of Children Act 2015.

Program Design

The model partnership project brings together partners including UNICEF India, the Department of Social Justice & Empowerment, Governments of Gujarat, Department of Women and Child Development Maharashtra, Dept of Social Welfare, Bihar and Dept of Women and Child Development & Social Security as well as Civil Society Organization such as Deepak Foundation for the promotion of quality family based and alternative care for children.

The program aims to create a model for promoting family-based & alternative care (F-BAC) across four states in the country – Maharashtra, Gujarat, Bihar & Jharkhand. The key objectives of this project are as follows:

1. To build capacity of government officials working in the sphere of childcare and protection at the state and district level in standards of family based & alternative care across all four states.
2. To build the capacity of CCI functionaries across different districts of the state in standards of family based & alternative care in two states of Maharashtra and Gujarat.
3. Family and community strengthening pilot in select demonstration sites in two states of Maharashtra and Gujarat - as a measure of gatekeeping and prevent separation of children from families and ending up in CCIs / child protection system (Juvenile Justise System under the purview of the Juvenile Justice (Care & Protection) of Children 2015.
4. Development of the capacity building curriculum in standards of family based / alternative care for government officials at the state and district level as well as the CCIs, delivered through a train the trainer (TOT) cascade approach.

Program Coverage

The program has been functional in the states of Maharashtra and Gujarat for the past three years whereas in Bihar and Jharkhand it has been running for two years. Miracle India works very closely with the government to equip the latter with necessary knowledge and capacity to work with children in need of care and protection. They do this through regular capacity building trainings and workshops. Apart from this, Miracle India engages community members to enhance their awareness on issues related to children as well as rights of children and do so by engaging local NGO's as well as community volunteers.

The table below indicates the reach of Miracle India through capacity building trainings and community intervention.

A. Number of stakeholders covered under the project

State	Level 1 Stakeholders (DCPU, CWC, JJB, ICs)	Level 2 Stakeholders (CCI Staff)	Level 3 Stakeholders (Families, Bal Panchayats, VCPC, Teachers, and Community Volunteers)
Maharashtra	41	28	37
Gujarat	31		74
Bihar	26	28	
Jharkhand	33	10	

B. Community pilot project in Maharashtra & Gujarat

The community pilot project is being facilitated by Miracle India with the local implementing partner organization, Deepak Foundation in both states. After initial research, discussions, due diligence process, the local partner organization and project locations were identified. Miracle India at the community level engages with school teachers, Bal panchayat, village child protection committees (VCPC's) and at risk families.

State	District	
Maharashtra	Pune	Urban: 5 Clusters i.e., Mahatma Phule Chowk, Tuljabahvani Chowk, Bharat Mata Mitra Mandal, Annabhau Sathe Chowk and Khan Vasti in Ramnagar, which comes under Haveli Taluka of Pune district
Gujarat	Chota Udepur	Rural: four villages under Jaloda Gram Panchayat - Jaloda, MotiDumali, NaniDumali and Gungawada,

Chapter 2: Setting the Context

Overview of Family Based Alternative Care

The smallest and most important institution in society, a child's family, is the first social unit with which they interact after they are born. Family works to enable each member to make a positive contribution to society in addition to providing for their fundamental requirements of food, shelter, safety, and security. Family helps a child develop a sense of belongingness, emotion of love and caring and an identity – all fundamental for future well-being of the child, as they grow into adulthood. In an ideal situation, children are best raised in a caring family, with their parents or other close relatives. Although having a family is not always a guarantee of happiness, the alternatives can be challenging for their emotional and mental well-being. Global concerns like death, poverty, HIV/AIDS, migration, even war and displacement are actual challenges that restrict children from being raised by their own family in the real world. In 2021, there were 2.9 million children in residential care worldwide. Around 437,500 children were in residential care in South Asia in the same year.

In such cases, where a child doesn't have family or a family is unable to care for the child adequately, the State is deemed responsible for a child and participate in securing appropriate alternative care through capable local authorities and recognized civil society

organizations, according to the UN Guidelines for the Alternative Care of Children. Institutionalization serves as an alternative to family for many of the millions of children who lose their families due to family crisis and dysfunction which can further manifest into the afore-mentioned reasons. However, these institutional/residential care facilities are frequently known for their unfavorable living arrangements and for which the detrimental effects on children's well-being and developmental outcomes are widely acknowledged. Children raised outside of families are more prone than their counterparts living in families, to suffer abuse, neglect, exploitation, monotony, inadequate nutrition, and adverse childhood experiences, which can have long-term implications on their physical and mental health. It is also challenging to monitor and report on well-being of children living in institutions, basis internationally developed frameworks. Statistics for children living in institutions are frequently sparse because a lot of indicators, especially those included in international monitoring frameworks like the Sustainable Development Goals (SDGs), rely significantly on information gathered from household survey data. Research has shown that growing up in institutions hampers the brain development of children. Researchers have documented structural and functional changes in the brains of children who grow up in institutionalized care. 'The kind of neglect that is associated with institutional care leads to a build-up of toxic stress, which in turn significantly inhibits the development of the brain' (Hope and Homes UK 2022).

The realization of benefits of growing up in a family has prompted various countries to make efforts to lower the number of children in institutional care and, whenever possible, to avert institutionalization or to reunite children with their families in accordance with their commitments under the United Nations Convention on the Rights of the Child (CRC) and the UN Guidelines for the Alternative Care of Children (AGCC). Around 2015/16, there emerged a strong momentum for family-based care reforms on a global scale aimed at ensuring children are thriving in healthy family settings with support from community-based services. Back then, India was and continues to be an important country of influence for success of the global movement on transition from institutionalized care to family - based alternative care (F-BAC).

The Global movement of FS and F-BAC

The United Nations Convention on the Rights of the Child (UNCRC) (1989) recognizes that the ideal setting for a child to grow up is within a family environment that provides an atmosphere of happiness, love and understanding. The spirit of this idea has come to the fore with predominantly increasing discourse on deinstitutionalization and alternative care both nationally and internationally. There is growing consensus globally that institutional care is simply not compatible with a human rights approach. A number of countries have started to progressively dismantle their institutional care systems, reintegrating children into their families and communities.

The International Alternative Care Conference, held in Geneva in October 2016 with over 400 participants from 76 countries, reverberated the cardinal principles of the UN Guidelines for Alternative Care of Children which state that a family is the fundamental group of society and the natural environment for the growth, well-being and protection of children. The conference exuded a strong momentum for alternative care reforms on a global scale aimed at ensuring children are thriving in healthy family settings. The discourses at the conference marked a global consensus on the need to shift from institutional care to F-BAC and community-based services.

The Indian Context

India has the world's biggest child population, accounting for 39% of the country's total population. The allocation of resources to protect children's rights is acknowledged in legal frameworks, with a particular emphasis on ensuring their survival, good health, development opportunities, security, and dignity.

The principal statute in India supporting non-institutional and institutional alternative care options for children in need of care and protection (CNCP) as well as for children in conflict with the law (CCL) is the Juvenile Justice (Care and Protection of Children) Act 2015 (JJ Act, 2015). The principles of best interest, family responsibility, restoration and institutionalization as a measure of last resort have been the fundamental principles of care and protection of children in the JJ Act 2015. In order to rehabilitate and socially reintegrate CNCPs and CCLs, the JJ Act, 2015 largely focuses on adoption, foster care, sponsorship, after-care, and institutional care. All Indian states are subject to the requirements of this federal legislation, while each state is free to set its own regulations for carrying them out. The act reiterates the preventative role in ensuring F-BAC or keeping children in family based alternative care settings and provides a crucial justification to support vulnerable families in ensuring well-being of children.

The Integrated Child Protection Scheme (ICPS) of the Government of India, integrates multiple existing child protection programmes of the Ministry of Women and Child Development (MWCD) under one comprehensive scheme and aims to strengthen structures, enhance capacities, create a knowledge and data base for child protection services. ICPS aims to strengthen Child Protection Services at the family and community level, by facilitating inter sectoral collaboration at all levels. As per the ICPS, the priority is to provide alternative care as long-time institutional care should be considered as the last resort after all other options have been explored. ICPS was then renamed as Child Protection Service Scheme (CPS) in 2017. In 2021-22, the CPS Scheme was subsumed under Mission Vatsalya.

Alternative Care is defined as care for children with no parents and other vulnerable children, who are not under the custody of their biological parents. It includes kinship care, foster care, other forms of family-based or family-like care placements, residential care and supervised independent living arrangements for children. For children without parental care, living in formal or informal settings of Alternative Care - also referred to as

children in Out-of- Home Care (OHC) - the State is mandated to act as their guardian and ensure their safety and development through child protection measures, dictated by national and state legislations and frameworks.

While there exists a robust policy and legal framework for enabling non-institutionalized care for at-risk children, on ground, the focus and the primary sustainable option for at-risk children has been institutionalized care. The existing initiatives for family strengthening and family based alternative care are evolving and the potential of kinship care arrangements is in its nascent stage of exploration. The care services of day care have a scope for better prioritization. Furthermore, it is largely assumed that Child Care Institutions (CCIs) provide adequate care and safety for children who are not in their parents' protection. CCIs are identified as the ideal and most prevalent intervention for at-risk children.

On the ground situation has not kept up with the progress made through policies. While laws promote F-BAC options, the latter have not been scaled up as a viable option. Further, mindsets of child protection functionaries, who are often, decision makers, for future of at-risk children, have been largely disposed to the framework of institutionalization.

Accordingly, working towards change in mindsets of child protection functionaries and working towards availability of viable F-BAC options for children became the next important agenda for agencies working with the vision of well-being of children in India.

Inception of the tripartite partnership

UNICEF, working for more than 70 years in India to promote, protect the rights of children, believes that a movement to ensure that every child lives sustainably in a safe and nurturing family. Realizing some of the challenges discussed above, during the years 2017-18, UNICEF complemented the State's efforts to lay a strong foundation of work towards what can be called a movement for strengthening F-BAC for at-risk children.

During the years 2017/18 as part of national, international platforms for F-BAC (like BICON 2018), UNICEF engaged with credible, equipped, like minded organizations and prepared for a robust public private partnership in the sphere of F-BAC. In particular, UNICEF approached Miracle Foundation India, with the overarching goal to develop scalable non institutional care services, open up those options for family strengthening, including day care, sponsorships, linkages to social welfare, and other non-institutional care services, such as kinship and foster care. Deliberations with the state governments of Bihar, Gujarat, Jharkhand and Maharashtra were undertaken to define the contours of the intervention.

These deliberations led to setting up of a committed public-private partnership aimed at transforming F-BAC across the states of Bihar, Gujarat, Jharkhand, Maharashtra in partnership with the respective State Government departments and Miracle Foundation

India. This entailed demonstration of a scalable and replicable pilot model of family strengthening as a measure of gatekeeping and deinstitutionalization aimed at reunification and social reintegration. The programme was rooted in the human rights principles, norms and standards embedded in the UN Convention on the Rights of the Child (UNCRC 1989) as well as the principles of the JJ Act 2021, which forms the backbone of child protection mechanisms.

What followed was a comprehensive exercise of cocreation spread over almost a year, to collaboratively knit the diverse state scenarios, incorporating suggestions from the state governments, lay programme design, results framework, budgeting, implementation plan, monitoring plan, evidence generation.

The tripartite partnership between UNICEF, Miracle Foundation and the Government of India was a unique collaboration between all the stakeholders, each holding an individual area of expertise and unique role that was systematically brought together for achieving the common goal of strengthening families and family based alternative care in India. The partnership brought about a diverse experience for all the stakeholders, setting forth a platform for identifying the best practices and learnings associated with it. These learnings can further benefit other organizations who are seeking to establish a similar relationship in the future with the same or new partners.

The success of the program relied upon bringing a perception change in the child protection system towards family-based care and not just limiting the interventions to the CCIs. Regular interactions with the different government departments facilitated in initiating this perception shift exercise and also provided the government functionaries and other stakeholders deeper understanding of the child's ecosystem and the importance of a family in it. These meetings with senior government officials such as the Principal and Joint Secretaries also supplemented Miracle Foundation India's understanding of the state's vision, targets and plans in the area of family-based care and was an add on to their own ideas of scaling up interventions in the state. The onset of the COVID-19 pandemic served to consolidate this approach with a strong push from the Judiciary, Central and State Governments to provide F-BAC to children who were orphaned due to the pandemic.

Programme Design and Core Aspects

Key challenges identified by the partners identified in the family strengthening landscape in India

i. <u>Mindsets of child protection and other government functionaries towards family strengthening:</u> For many government functionaries, who were instrumental in decisions regarding at-risk children still referred to the CCI machinery as the first and main option for at-risk children. Deinstitutionalization and prevention existed only on the margins of

the discourse and processes resorted to, despite the provisions made in the legal framework.

ii. <u>Lack of standardized institutional care and required skills within the Protection System:</u> Social workers and officials at respective DCPU, CCIs, SAAs, lacked training on applicable skills, including case management, conducting home studies and child studies, preparing individual child care plans (ICPs), social investigation reports (SIRs). Major gaps were identified within the process of social investigation. For instance, there were children who could be sent back to their family but continued to live in institutions due to lack of initiative by Child Welfare Committees (CWC) or CCI functionaries.

iii. <u>Lack of coordination and convergence within government departments, agencies and key stakeholders:</u> Further, there was a lack of synergy among different departments involved in childcare and protection – e.g., health, education, rural development, Women & Child Development (WCD), tribal development, etc.; as well as between CCIs and Special Adoption Agencies (SAA). Many children living in CCIs were not able to access opportunities for adoption due to absence of linkage between CCI and the concerned SAA in the area.

iv. <u>Limited emphasis on community-based prevention and gatekeeping efforts</u>, including limited awareness amongst vulnerable families regarding government schemes, like sponsorship schemes which would reduce the risk of children ending up in CCIs.

v. <u>Lack of viable for F-BAC options for at-risk children</u>

The programme aimed to address the above challenges in a phased manner

Phase I: In order to address mindsets and lay a firm foundation for the project, the first phase focused on capacity building of child protection functionaries on F-BAC, building the buy-in and working closely with State Government departments. The programme activities included the following:

> 1. Training programmes to build capacity of government officials working in the sphere of childcare and protection at the state and district level in standards of F-BAC across all four states. This involved intensive trainings, immersion visits and inter-state field visits, for Government officers to look at and learn from good practices and understand concepts in practice rather than only in theory. This was a key strategy in preparing for a roll-out of the programme.
>
> 2. Training programmes to build capacity of CCI functionaries across different districts of the state in standards of F-BAC.
>
> 3. Family and community strengthening pilot in select demonstration sites in two states of Maharashtra and Gujarat - as a measure of gatekeeping and prevent separation of children from families and ending up in CCIs / child

protection system (Juvenile Justise System under the purview of the Juvenile Justice (Care & Protection) of Children 2015.

4. Development of the capacity building curriculum in standards of F-BAC for government officials at the state and district level as well as the CCIs, delivered through a train the trainer (TOT) cascade approach.

Phase II: Once the immersion visits and first round of intensive training programmes were completed, the next phase focused building up and ensuring sustainability of the programme, across the four States. This phase can be seen through three main pillars:

Pillar 1	Pillar 2	Pillar 3
Building a cadre of Master Trainers to ensure sustainability and organising refresher training programmes	*Upholding the Standards of care in CCIs while children await reintegration with families*	*Piloting prevention and gatekeeping mechanisms at the community level*
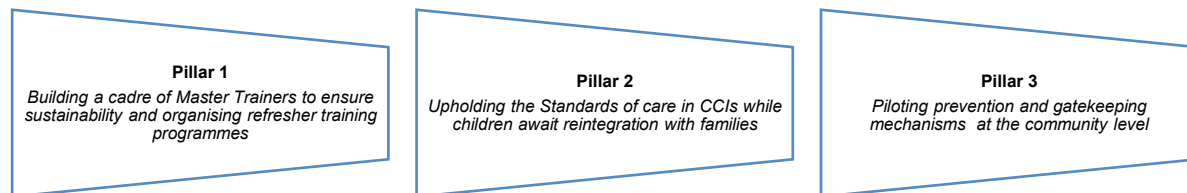
- Pillar 1 - Building a cadre of Master Trainers to ensure sustainability and refresher training programmes: The programme design ensured that the training process, which was central to the project – should be an ongoing activity and should be an inherent part of the government machinery rather than relying on external systems. Towards this goal, the idea of build Master Trainers or Champions was conceptualized. Master Trainers were identified from government cadres, civil society organizations and training academies; and then trained to train other government functionaries as well as promote the family-based care agenda and enhanced standards of care and case management within the institutionalized care. This pillar was also enabled by refreshers of trainings organized in the first phase of the Project.

- Pillar 2 – Upholding the Standards of care in CCIs while children await reintegration with families: This pillar focused on supporting Master Trainers to advocate for enhancing standards of care and case management practices within Child Care Institutions and ensuring participation of children in the case management processes. It also included improvement of SIRs as well as contacting families and supporting families towards deinstitutionalization.

- Pillar 3 - Prevention and gatekeeping mechanisms at the community level: The central idea of this pillar was to find solutions for helping families in distress and prevent high risk behaviour in children, prevention of school dropouts and bringing children back to schools. This and addressing related vulnerabilities amongst children became particularly relevant in the aftermath of Covid that had severed many support systems for children. A central solution that the design team integrated in the project was activating child management committees, especially in the urban context, where such community-based initiatives rarely exist.

Core elements of the programme that supported the execution of the above pillars

1. An intense customized training curriculum.
2. A Monitoring and Evaluation Framework, developed in guidance with UNICEF.
3. Partnerships with the local ecosystems in the four States.

1. Training curriculum

The main propellant for this programme was capacity building rooted in the why and how of family based and alternative care, running into 24 training modules covering the purview of importance of family, global, national trends, deep diving into the spheres of the case management process - child, family assessment, preparation, prevention and gatekeeping, community support system etc. UNICEF state offices as well as SCPS teams reviewed, supported Miracle Foundation India in finalizing the modules. UNICEF state colleagues emphasized with the Miracle India state teams, that apart from building rapport with SCPS, allied stakeholders, it was critical to understand the big picture, vision and mandate of the state on child protection, F-BAC.

The structure of training for each category of stakeholders was examined and designed after several rounds of discussions between Miracle Foundation India, UNICEF and State Governments. It was critical to bring in all trainings – the why, philosophy of family based care, so that it centered on why children get separated from families, abandoned, importance of family strengthening. The capacity building needed to encourage the process of deep reflection, for instance for CCI staff, even if the child is in children home, how to keep alive their commitment to reunite that child with her family.

2. Monitoring and Evaluation Framework

In the realm of monitoring and evaluation, it was emphasized to include six monthly refreshers for all trained government officials. The metrics to gauge impact included a range of criteria, including, orders passed by CWC, quality of ICP, SIR. The application of training on ground was to be checked through periodic survey during follow-up on action plan by State Miracle teams. For the state level review, it was suggested that on a monthly basis, pre meeting should happen among UNICEF and Miracle team and thereafter a meeting with concerned government officials / SCPS etc. The need to present such impact stories to the government in more tangible and visual form was kept in mind during the monthly meetings. The plan of having a high-level steering committee at state level was dropped; instead, what was considered better was a close working group of UNICEF, Miracle India, SCPS who could meet regularly and could also present progress of the programme in monthly meeting of DCPOs.

3. *Engagement and partnerships with local ecosystems in the states*

A rich network of local partnerships was initiated and nurtured, with the goal of supporting vulnerable children and families, through activating and, strengthening the community led child protection mechanism.

Leher, known for its expertise on community led child protection mechanisms was brought on board as a technical partner to guide the Miracle India, and Deepak Foundation team on. In Bihar, the synergies in the work of Miracle Foundation India, Udayan Care, Centre for Excellence in Alternative Care were encouraged, facilitated by UNICEF and State dept towards fulfilment of State's vision, plans for FS and F-BAC. Based on a due diligence process, Deepak Foundation was identified as the local implementing partner organisation for both project locations of Maharashtra and Gujarat. The organisation with extensive work in health, livelihoods, exhibited an understanding of child protection, with precedence of its work with UNICEF on setting up village level CPCs as well as running a CCI handed over to them by the Government.

Due Diligence Visit to Deepak Foundation, Gujarat

Programme roll-out

In discussion with UNICEF, State departments, Miracle Foundation India planned to roll out the programme in a staggered way beginning first in Maharashtra and Bihar followed by Gujarat and Jharkhand. A primer discussion to secure a buy in was facilitated with the senior authorities, including the Additional Chief Secretary, Director, Department of Social Welfare, Government of Bihar and the Commissioner, Department of Women and Child Development, Government of Maharashtra; Principal Secretary, Department of Social Justice & Empowerment, Govt of Gujarat and Director, Department of Social Security & WCD, Government of Jharkhand.

The programme roll-out included series of deliberations, brainstorming on each component of the programme design among the UNICEF state colleagues, the respective SCPS teams, Miracle India teams.

In consultation with UNICEF and respective State departments, the family strengthening, prevention and gatekeeping pilot project locations were ascertained based on the information about the number of children being produced before the CWCs from the respective locations. Four clusters in the Ramnagar community (Haveli Taluka) were identified to implement the project activities. In Gujarat, four villages of Chota Udepur district, a predominantly tribal area, were identified for the project. In order to successfully implement this project on ground, Miracle Foundation India in consultation with UNICEF leveraged the expertise of local implementing organizations.

A snapshot of the programme roll-out process is given below:

MAHARASHTRA & GUJARAT

Capacity Building of
DCPU / DWCD officials
Inspection Committee Members
Select CSOs officials

Capacity Building of CWC & JJB Officials

Trained & Certified Govt Official Master Trainers

Capacity Building of Local Government Officials e.g., CDPO, CWPOs, District Health Officer, Education officer, CPCs

Capacity Building of CCI Staff
Incharge / Superintendents
Social Worker / Counsellor
House Parents
Children

Demonstration of a scalable and replicable pilot model of family strengthening aimed at prevention, deinstitutionalization - reunification, integration of children with family based / alternative care in select one demonstration site (village / slum/ CCI) in states of Maharashtra and Gujarat.

BIHAR & JHARKHAND

Capacity Building of
DCPU / DWCD officials
Inspection Committee Members

Capacity Building of CWC & JJB Officials

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┌─────────────────────────┐
│  Trained & Certified Govt │
│  Official Master Trainers │
└─────────────────────────┘
        │
┌──────────────────────────────────────────┐
│ Capacity Building of Local Government Officials, │
│ including CDPO, CWPOs, District Health Officer,  │
│ Education officer, CPCs                          │
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Strengths and learnings from the programme roll-out process

State specific context was factored into the design and pace of execution: For instance, in Maharashtra, where the programme execution first began, there was a delayed uptake by the government machinery and the necessity of moving at the pace of state and its realties was accepted and considered key to the success of the programme. This learning was later integrated in the roll-out in other states as well. Further, the programme stressed that for F-BAC to become part of the discourse on child protection and well-being, it was important to lay a strong foundation of F-BAC and invest in time and engagement with the government stakeholders. Since F-BAC work is not linear and requires all stakeholders to be engaged in an iterative process, the monthly meetings between State Departments, Miracle Foundation India and UNICEF provided a sustained platform for this engagement. Monthly meetings were held not only to seek permissions from the State Government officials, but also for keeping the stakeholders engaged in the execution as well as monitoring and evaluation process.

Field-based immersion visits have been powerful tools for building capacities during execution. The inter-state exchanges also helped in learning new ways of doing things and particularly addressing mindset resistances.

Finally, the programme highlighted the strengths and unique nature of the partnership, where all the stakeholders shared a common vision of strengthening F-BAC for children and promoted it through their respective roles.
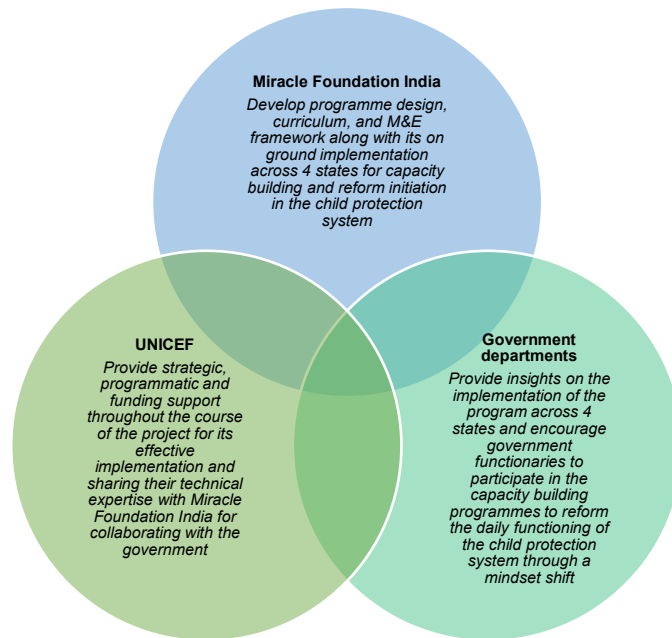
Given the new and challenging nature of F-BAC, the relationship between UNICEF and Miracle Foundation India was not a typical donor-donee one, but one where they collaborated to lay a strong ground for engaging State Government Departments. While Miracle India team brought energy and commitment on the ground, UNICEF, provided technical expertise for areas such as, improving the quality of Social Investigation Reports as well as guidance for navigating State machinery, particularly during the time of Covid. An important learning for Miracle Foundation India's team was that a program of this scale requires an extensive need assessment study on the ground to understand the baseline perceptions of the stakeholders and facilitate a strong impact analysis of the change created by the program. A situational analysis can also be a strong supporter to the proposed components of the intervention and strengthen the proposals made to different state governments. Further, developing the targets and monitoring and evaluation procedures would be more effective with a baseline study to corroborate the same.

Miracle Foundation India team also felt that community inputs are crucial to the implementation of such initiatives since it is the local implementing partner who has a rapport with the community and is familiar with the success and bottleneck areas that can come in at the ground level during the implementation of the program. Furthermore, community partners such as local NGOs, community leaders and stakeholders should also be made a part of the design and target setting process to provide them with a sense of ownership towards the program. In locations such as Ramnagar (Pune) and Chhotaudepur (Gujarat) where the program was implemented at the community level, this is a critical element of the impact of the program since it provides the community's involvement in both the scale up along with the sustainability of the program in the long run.

The process also highlighted the need for regular reviews of developments and challenges in implementation and revaluating the programme strategies through constant dialogues between the stakeholders. This report is a step in this direction. It aims to highlight key successes and challenges in achievement of intended outcomes of the programme and points to the way forward for the scaling the programme across India.

Chapter 3: Impact Evaluation Approach and Methodology

This endline assessment aims to explain what has been done well and what can be improved, moving forward. It will not only assist in determining the significance of the project, including the efficiency of project design and interventions, sustainability of results, and impact of the intervention on the target community, but it will also provide guidance for expanding or replicating the successful initiatives while redesigning or ending the projects/initiatives that were unable to have the intended impact.

The endline assessment is intended to provide key insights on the following questions:

What kind of impact—both intentional and unintended—has the project been able to have?

What are the perceptions of Miracle Foundation among local communities and other stakeholders?

How are Miracle Foundation's initiatives helping to strengthen its presence in the community?

What are the community's current requirements in terms of the indicators Miracle Foundation aims to influence?

How is the project's overall performance, and what course corrections are required?

Figure 1: Research Design

The study was conducted through a combination of qualitative and quantitative data collection techniques. These include in-depth interviews and focus group discussions with beneficiaries and key stakeholders, as well as secondary research in the multiple thematic areas for a baseline perspective.

Framework for Impact Evaluation

Given the fundamental approach for conducting an impact study, the OECD-DAC (Development Assistance Committee) Evaluation Network's framework is well regarded for assessing the efficacy of development programmes. In response to the need for a method through which bilateral development agencies could monitor the financing

supplied to multilateral organizations for various development initiatives, the DAC Evaluation Network developed a set of evaluation criteria for measuring the performance of any development project (UNICEF, 2012).

In 1991, the OECD Development Assistance Committee (DAC) devised the criteria for assessing international development cooperation. They are now widely used beyond the DAC and have established themselves as a cornerstone of evaluation methodology. These standards have routinely been used for international donors, including Un agencies (OECD, 2020).

The OECD DAC Network has identified five evaluation criteria and two principles for their application: relevance, effectiveness, efficiency, impact, and sustainability. These criteria are meant to help facilitate evaluations. They were revised in 2019 to improve the accuracy and utility of assessment and to strengthen evaluation's contribution to sustainable development (OECD, 2020).

OECD DAC Framework	
What is it?	**How it helps?**
Framework for evaluating performance of social development programs on relevance, effectiveness, convergence, and sustainability aspects	Helps in gaining qualitative understanding of the impact created, stakeholder perception, extent of collaboration with other actors and sustenance of the change

Analysis Through OECD-DAC

Evaluation Criteria 1: Relevance
Relevance is a measure of how much the intervention objectives and design respond to the needs, beliefs, and priorities of the beneficiaries and continue to do so even if circumstances change.

Relevance measures how effectively a programme is aligned with the goals and policies of the Government in which it is implemented. It also aims to know if the programme is relevant to the needs of the beneficiaries. The program's relevance is understood in this context in terms of community needs as well as linkages to existing Government operations.

The project aimed at aiding the promotion of family-based & alternative care by providing educational and technical support to the government stakeholders involved in the arena of child protection. This was facilitated through trainings sessions, addendums for easy usage of the tools and instruments like Individual Care Plan (ICP) and Social Investigation Report (SIR).

Data from the current endline survey indicates that all the respondents stated that the project was relevant to the needs of both stakeholders and the communities

Evaluation Criteria 2: Coherence
Coherence refers to the compatibility of the intervention with other interventions, national, and international goals in a country, sector, or institution.

It measures the extent to which other interventions (particularly policies) support or undermine the intervention, and vice versa.

   I.   Alignment of the programme with National Priorities - Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs), commonly recognized as the global goals, were established in 2015 by all United Nations members with the purpose of eradicating poverty, protecting the environment, and ensuring that everyone lives in peace and prosperity by 2030. India was a significant contributor to the development of the SDGs and is committed to achieving them by 2030.

SDG Goal	Target	Sub-targets	Coherence with Miracle Foundation India's Project
GOAL 1	**No Poverty**	*1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable*	The project targets the most vulnerable and at-risk children and provides the at-risk families with support to acquire means of improving their quality of life, including financial support and linkages to government policies for poverty alleviation.
GOAL 4	**Quality Education**	*4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender*	The project aims at providing training and support to the stakeholders involved in child protection to increase their working efficiency. Thus, the project enables a positive learning curve for these stakeholders and helps them in contributing to child

		equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development	protection and childcare in a more effective manner. The project aims at better access to education for children, both in institutions and in families – as reflected in the Thrive Scale. The project also aims at reducing drop-out rate of children from school – an issue being addressed by W/VCPCs and BPs.
GOAL 5 5 GENDER EQUALITY	**Gender Equality**	*5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels*	The project aims at sensitizing the community as well as the involved stakeholders on issues of child protection, gender equality and childcare. This helps in empowering children, especially girls at-risk of separation and other issues like trafficking, sexual exploitation, etc.
GOAL 8 8 DECENT WORK AND ECONOMIC GROWTH	**Decent Work and Economic Growth**	*8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by*	The project also aims at providing vulnerable and at-risk families the required support to acquire means of improving their quality of life by encouraging and empowering them to involve in income-generating activities.

Table 2: Coherence of the project with SDGs		2025 end child labour in all its forms	
GOAL 11	**Sustainable Cities and Communities**	***11.1** By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums*	The project also aims at providing necessary support to vulnerable families and children to access affordable living conditions like housing and basic amenities. This helps in improving their overall quality of life and thus, lowers their vulnerability in the community.
GOAL 16	**Peace, Justice and Strong Institutions**	***16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children* ***16.6** Develop effective, accountable and transparent institutions at all levels*	The project's main aim is to build capacity and awareness creation support to the stakeholders and community in issues related to child protection and childcare. The stakeholders trained are able to perform their work duties in a much more efficient manner due to the support provided by the trainings under this project. It also enables the creation of a safe environment for at-risk children in the communities.

Evaluation Criteria 3: Effectiveness

Effectiveness is defined as an assessment of the factors influencing progress toward

outcomes for each stakeholder as well as validation of the robustness of systems and processes.

It aids in ensuring that the implementation and monitoring processes are sturdy in order to achieve the greatest possible social impact. The efficacy of the programme is established by examining how well the program's activities were carried out as well as the efficiency with which the program's systems and processes were implemented.

The project adopted the following measures: to ensure effectiveness:

I. **Identification of the problem**: Deepak Foundation conducted a need assessment for two areas in Ramnagar, Pune and Chota Udepur, Gujarat. The project's main objective was to promote high quality family-based and alternative care for children by facilitating trainings for relevant stakeholders working towards childcare and protection. To be able to deliver the best results for the communities and stakeholders involved, the relevant issues was identified to inform program design.

II. **Process driven implementation strategy**: The project employed a process-driven implementation strategy that included a thorough need assessment of the issues related to child protection in the project locations to ensure a context-specific initiative, standardized activities with a set timeframe to assure quality, and pre-determined KPIs to ensure consistency.

III. **Qualified implementation team**- Miracle Foundation India deployed a qualified team with previous expertise in managing similar trainings and other tasks. The organization monitored the design and delivery of the trainings to ensure quality and effectiveness. This contributed to the ensuring implementation quality and provided prompt assistance to the government stakeholders trained during the sessions held.

The program aims to create a model for promoting family-based & alternative care in 4 states across India. The key objective of the project is to build the capacity of government officials working in the sphere of childcare and protection at the state and district level and enhance the standards of family based & alternative care. The project also aims at building capacity of CCI functionaries across different districts of the state in standards of family based & alternative care.

The project has had a significant impact on the understanding and awareness of various stakeholders, according to the data gathered and assessed. The following are some of the significant effects on the level one stakeholder: Overall, **82.14 percent of DCPUs were satisfied with their understanding of the steps of a child's transition to family-**

based alternative care. 85.42 percent of respondents considered their knowledge of the ICPS to be on the satisfactory side of the continuum.

On the other hand, **85.45 per cent of the CCI staff are satisfied with their overall understanding of the family based alternative care and family strengthening. 36 per cent of the CCI staff reported strong levels of satisfaction** in terms of their understanding regarding participation of children throughout the placement process and understanding their responsibility towards promoting a sense of family in the CCI.

The project has also effectively built capacity of community level stakeholders like community volunteers, WCPC, and Bal Panchayat. They project made them aware about their roles and responsibilities as well as developed their understanding about the rights of children.

Evaluation Criteria 4: Efficiency

The efficiency criterion seeks to determine whether the project was completed in a cost-effective and timely way.

The purpose is to establish whether the inputs—funds, knowledge, time, etc.—were efficiently employed to create the intervention outcomes. This evaluation criterion attempts to determine whether the programme was completed on schedule and within budget.

Following factors indicate high level of efficiency in the project:

I.   **Timeliness of delivery or implementation of project interventions**: The programme was implemented within the given time period by Miracle Foundation in the target districts.
II. **Cost efficiency of project activities**: Interaction with the Miracle Foundation team members also indicated that the activities were successfully carried out within the allotted budget.

Evaluation Criteria 5: Impact

Impact has been measured in terms of the proportion of respondents who reported having a significant change in their lives due to the initiation of the project.

The goal of measuring the impact is to determine the project's primary or secondary long-term impacts. This could be direct or indirect, intentional, or unintentional.

As per the data collected and analyzed, the project has made substantial impact on the understanding and the awareness level of different stakeholders. Some of the significant impact made on the level one stakeholders (DCPU, CWC, JJB, and IC) are, **82.14**

percent of DCPUs were satisfied with their understanding of the steps of a child's transition to family-based alternative care. 85.42 percent of respondents were satisfied with their knowledge of the ICPS, **76.56 per cent of the DCPUs have observed a range of positive changes in their perception towards family system and family – based alternative care. Astoundingly, 71.88 per cent of the respondents have either established or participated in the establishment of gatekeeping mechanism for creating child safety nets across Bihar, Jharkhand, Gujarat and Maharashtra**.

Level two stakeholders have observed that the trainings given through the project, have helped to improve the quality of writing the ICP and SIR. They emphasized that CWC has now begun to provide them positive comments on their ICP. The CCI staff has stated that they adhere to the instructions given by Miracle Foundation India on how to write an ICP and how to raise its quality ever since the project's commencement. They ensure to mention details about the health and nutritional needs of the children, emotional and psychological support required, educational and trainings support required by child, child's expectation from care and protection, independent living skills etc.

Some of the respondents reported that they refer to Miracle Foundation's ICP and SIR addendums frequently to make their ICP and SIR Reports more detailed and comprehensive and capture all the aspects of the child's situation.

The community members have also observed a positive change in the community. They have highlighted the behavioral change observed in children and the practices that were being followed in the community.

At the same time, it has been observed that handholding support is required regarding foster care as an alternative care option. **25 per cent of the DCPUs and 48.21 per cent of the CCI staff felt that foster care initiatives in the state have been moderately successful.** This can be attributed to the fact that the foster care guidelines are not very clear and the turnaround time of the same is very long which often dissuades the interested families. Further trainings on the policy and process of foster care can be beneficial for the stakeholders in the state. However, they are also of the opinion that foster care initiatives can negatively impact the children's emotional wellbeing since the children are provided with a family like environment for a short duration and can thus create emotional distress at the time of separation.

It has also been observed that the rate of initiatives taken in the district by various stakeholders to promote alternative care is also low. **42.86 per cent of the CCI staff is aware of initiatives taken at the district level to promote alternative care, while on**

the other hand, 60.94 per cent of the DCPUs are aware about the initiatives taken by the Department of Women and Child Development.

The respondents have expressed a desire of regular and frequent trainings with different child protection functionaries for greater and better understanding of roles. They have also expressed the lack of implementation of the trainings due to excessive documentational work.

Detailed Methodology

The endline assessment adopted a four-phase structured methodology for evaluation as illustrated below. The adopted methodology ensured that the OECD-DAC evaluation criteria were followed throughout to effectively capture the impact of the programme.
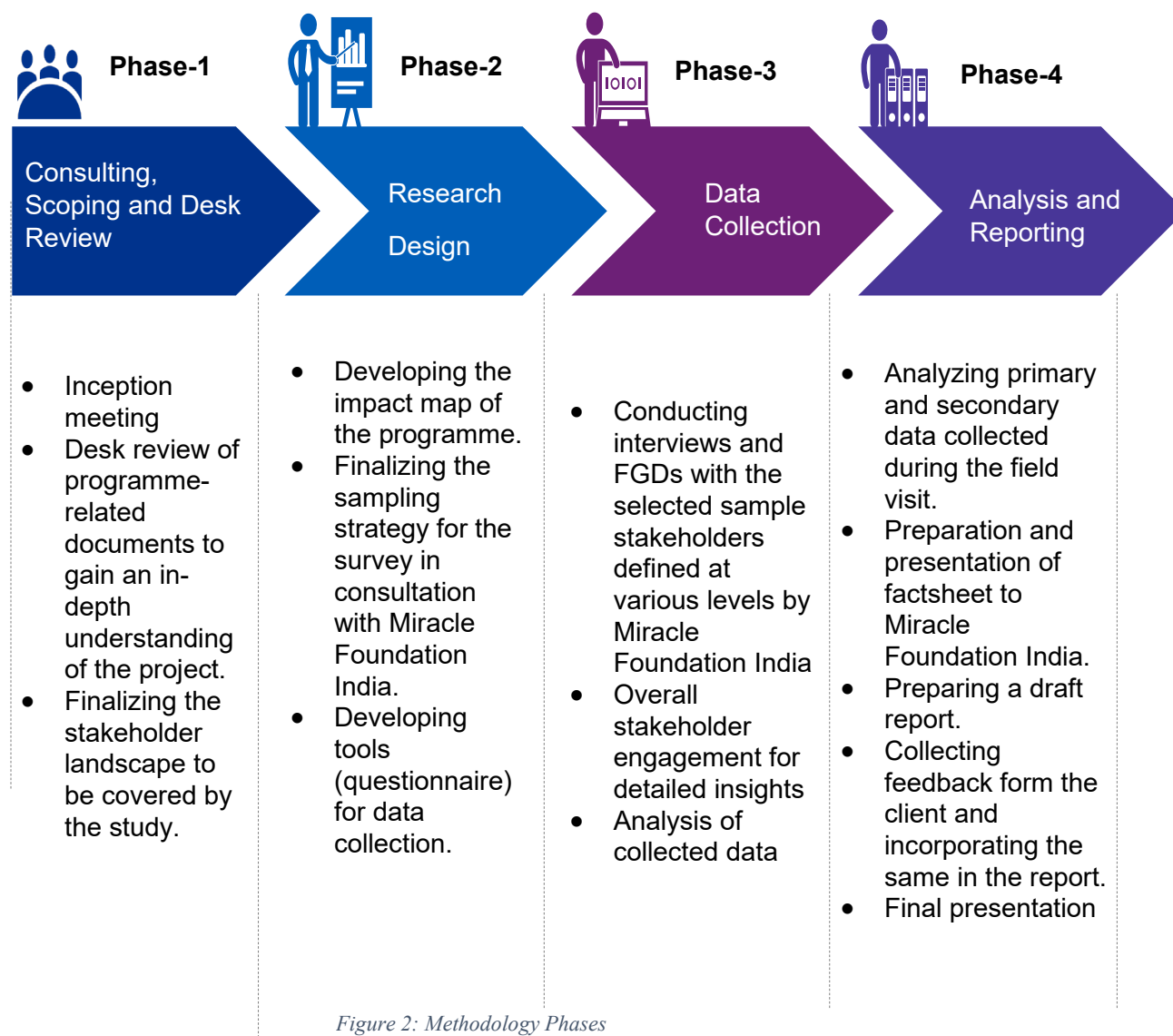
Phase-1

Consulting, Scoping and Desk Review

Phase-2

Research Design

Phase-3

Data Collection

Phase-4

Analysis and Reporting

Phase-1
- Inception meeting
- Desk review of programme-related documents to gain an in-depth understanding of the project.
- Finalizing the stakeholder landscape to be covered by the study.

Phase-2
- Developing the impact map of the programme.
- Finalizing the sampling strategy for the survey in consultation with Miracle Foundation India.
- Developing tools (questionnaire) for data collection.

Phase-3
- Conducting interviews and FGDs with the selected sample stakeholders defined at various levels by Miracle Foundation India
- Overall stakeholder engagement for detailed insights
- Analysis of collected data

Phase-4
- Analyzing primary and secondary data collected during the field visit.
- Preparation and presentation of factsheet to Miracle Foundation India.
- Preparing a draft report.
- Collecting feedback form the client and incorporating the same in the report.
- Final presentation

Figure 2: Methodology Phases

Phase 1: Consulting, scoping and desk review

At the beginning of the study, KPMG organized an inception meeting with Miracle Foundation India to gather information about the programme and reviewed the documents related to the programme. Documents reviewed include training materials, addendums, proposals and reports and documents on programme brief and design. Following the desk review, the stakeholder landscape was finalized.

Phase 2: Research design

KPMG created an impact map of the study after building an understanding of the programme to understand the key inputs, outputs, results, and impact of the programme. The team then determined the scope and boundaries of the study in consultation with Miracle Foundation India. The sample strategy was decided in accordance with the discussion, and data collection instruments (questionnaires) were also designed and developed.

Phase 3: Data Collection

Once the framework for undertaking the study was finalized, a field visit plan was developed. The finalized tools for structured interviews and focus group discussions (FGDs) were then used by the trained team to collect primary data during site visits with the various stakeholders at three levels, as identified by Miracle Foundation India. Overall stakeholder engagement was initiated to collect detailed insights into the programme for productive data collection.

Phase 4: Analysis and Reporting

After the completion of data collection through site visits, the primary and secondary data collected was cleaned and analyzed to gain assess the overall impact. After a preliminary analysis, the data was presented to Miracle Foundation India in the form of a factsheet, that highlighted the key learnings, impact, enabling factors and challenges of the programme and study. Following that, draft reports – state-wise and combined- were developed and shared with Miracle Foundation India for their feedback and inputs. After the incorporation of the feedback, the final report was prepared and submitted to the client, followed by a final presentation on the overall findings and impact assessment.

Sampling

The project was carried out across 4 states, Jharkhand, Bihar, Gujarat and Maharashtra. On the basis random sampling, 8 districts were selected for data collection in Gujarat and Bihar, 7 districts were selected in Maharashtra, and 5 districts in Jharkhand.

Stakeholders were covered on a random (and in a few instances, purposive sampling, to ensure adequate inclusion of stakeholders) basis to understand the impact of the programme. In this programme, the stakeholders were the direct beneficiaries as well as the key personnel involved in the trainings conducted.

In-person interviews were also conducted with the state's teams of Miracle Foundation, UNICEF colleagues and officials from the state government to understand their perception of the project.

Three levels of stakeholders were identified for the study, given as below:
1. Level 1- This level includes the district level officials involved in the arena of child protection. These stakeholders include District Child Protection Unit (DCPU) officials, Juvenile Justice Board (JJB) members, Child Welfare Committee (CWC) members and Inspection Committee (IC) members.
2. Level 2- This level included the Child Care Institution (CCI) staff who are involved directly with children in CCIs as well as reintegrated children and families.
3. Level 3- This level included the people involved in the arena of child protection at the community level. These stakeholders include children at risk, parents of children at-risk, community volunteers, teachers, Bal Panchayat members and Village and Ward Child Protection Committee (VCPC) members.

The total sample covered across four states is as follows:

Maharashtra

The sample size for 7 districts and 106 stakeholders across two levels is illustrated as follows:

Districts	Stakeholders	Sample size
Satara	Level 1 (DCPUs, JJBs, ICs)	5
	Level 2 (CCI Staff)	1
Kolhapur	Level 1 (DCPUs, JJBs, ICs)	7
	Level 2 (CCI Staff)	6
Ratnagiri	Level 1 (DCPUs, JJBs, ICs)	5

	Level 2 (CCI Staff)	4
Nagpur	Level 1 (DCPUs, JJBs, ICs)	10
	Level 2 (CCI Staff)	6
Amravati	Level 1 (DCPUs, JJBs, ICs)	7
	Level 2 (CCI Staff)	4
Aurangabad	Level 1 (DCPUs, JJBs, ICs)	4
	Level 2 (CCI Staff)	4
Pune	Level 1 (DCPUs, JJBs, ICs)	3
	Level 2 (CCI Staff, Children in CCIs)	3
	Level 3 (Parents, Community volunteers, Teachers, Bal Panchayat, VCPCs)	37

Gujarat

sample size for 8 districts and 31 stakeholders across two levels is given below:

Districts	Stakeholders	Sample size
Navsari	Level 1 (DCPUs, JJBs, ICs)	3
Sabarkantha	Level 1 (DCPUs, JJBs, ICs)	7
Banskantha	Level 1 (DCPUs, JJBs, ICs)	3
Bhavnagar	Level 1 (DCPUs, JJBs, ICs)	7
Anand	Level 1 (DCPUs, JJBs, ICs)	3

Aravali	Level 1 (DCPUs, JJBs, ICs)	4
Surendranagar	Level 1 (DCPUs, JJBs, ICs)	1
Chhota Udepur	Level 1 (DCPUs, JJBs, ICs)	3
	Level 3 (Community Volunteers, VCPC, Bal Panchayat, Parents identified at risk, teachers)	74

Jharkhand

The sample size for 5 districts and 43 stakeholders across two levels is given below:

Districts	Stakeholders	Sample size
Bokaro	Level 1 (DCPUs, JJBs, ICs)	7
	Level 2 (CCI Staff)	2
Hazaribagh	Level 1 (DCPUs, JJBs, ICs)	7
	Level 2 (CCI Staff)	2
Khunti	Level 1 (DCPUs, JJBs, ICs)	7
	Level 2 (CCI Staff)	2
Pakur	Level 1 (DCPUs, JJBs, ICs)	6
	Level 2 (CCI Staff)	2
Ramgarh	Level 1 (DCPUs, JJBs, ICs)	6
	Level 2 (CCI Staff)	2

Bihar

The sample size for 8 districts and 51 stakeholders across two levels is illustrated as follows:

Districts	Stakeholders	Sample size
East Champaran	Level 1 (DCPUs, JJBs, ICs)	2
	Level 2 (CCI Staff)	2
Darbhanga	Level 1 (DCPUs, JJBs, ICs)	3
	Level 2 (CCI Staff)	5
Bhagalpur	Level 1 (DCPUs, JJBs, ICs)	3
	Level 2 (CCI Staff)	4
Purnia	Level 1 (DCPUs, JJBs, ICs)	1
	Level 2 (CCI Staff)	2
Patna	Level 1 (DCPUs, JJBs, ICs)	3
	Level 2 (CCI Staff)	7
Buxar	Level 1 (DCPUs, JJBs, ICs)	3
	Level 2 (CCI Staff)	2
Navada	Level 1 (DCPUs, JJBs, ICs)	4
	Level 2 (CCI Staff)	1
Gaya	Level 1 (DCPUs, JJBs, ICs)	4
	Level 2 (CCI Staff)	5

Data Collection Methods

The study followed a mixed method approach for data collection. The data collection tools designed for the study comprised both qualitative and quantitative questions. The tools used for data collection were structured interviews, semi- structured interviews, and focused group discussions. The tools included:

- Structured interviews: A structured interview is defined as a mixed method research technique to undertake quantitative and qualitative individual interviews. In such an interview, respondent perspective and knowledge on a particular programme, idea, or subject are explored. This consists of both close-ended questions with multiple options and broad open-ended questions to help both interviewer and interviewee to deep dive into the subject matter. It allows them to explore in detail aspects of the subject matter without deviating from the scripted questionnaire. This method is a cross between in-depth interviews and survey interviews. In this study, these interviews have been conducted to gather primary data from sampled beneficiaries on the impact of the programme using a structured questionnaire.
- Semi-structured interviews: A semi-structured interview is a method of data collection in which questions are asked within a predetermined topical framework. The questions, however, are not in any particular order or phrasing. Semi-structured interviews are often qualitative in nature. Semi-structured interviews are usually open-ended, which allows for adaptability. Semi-structured interviews combine organized and unstructured questions. While a few questions are predefined, the others are not.[1]
- Focus Group Discussions: A focus group discussion (FGD) gathers people together with similar backgrounds or experiences to explore a specific topic of interest. It is a type of qualitative research in which participants are asked questions about their perceptions, attitudes, beliefs, opinions, or ideas. Participants in focus group discussions are free to interact with other group members; unlike other research methodologies, it encourages dialogues with other participants. It typically entails group discussion in a small group of 8 to 12 persons. In this study, focus groups and informal talks were held with a variety of stakeholders, including programme participants, to better understand the program's impact.[2]

The team utilized the tools to collect data in order to understand the overall impact of the programme, as well as to gather information for future impact enhancement and course correction.

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[1] https://www.scribbr.com/methodology/semi-structured-interview/
[2] https://www.herd.org.np/uploads/frontend/Publications/PublicationsAttachments1/1485497050-Focus%20Group%20Discussion_0.pdf

Chapter 4: Consolidated Findings

Level 1 Stakeholders: DCPUs and Master Trainers

Impact on DCPUs

82.81 per cent of the interviewed stakeholders had received a training by Miracle Foundation across Bihar, Jharkhand, Maharashtra and Gujarat. 45.31 per cent of the interviewed stakeholders were selected for the role of Master Trainers** for their respective districts.

On an average, **82.14 per cent of the DCPU unit members reported their understanding of the steps of transformation to F-BAC to in the range of very satisfactory to satisfactory.** 12.5 per cent of the respondents reported their understanding to be moderate. It was noted that 76.56 per cent of the respondents reported positive to extremely positive changes in their perception towards family strengthening and family based alternative care post Miracle Foundation India's training.

Further, as per **89.06 per cent of the respondents, the impact of the trainings was also observed in the knowledge of the Government Officials working in the child protection system with the DCPUs.**

26.56 percent of the respondents reported that the ICP addendum developed by Miracle foundation played a very significant role in enhancing the quality of the ICP. Similarly, 31.25 per cent of the respondents reported that the SIR addendum developed played a very significant role in improving the quality of the SIRs in their respective districts.

On an average, 14.84 per cent of the surveyed Master Trainers rated their ability to train others on the various components of the FS and FBAC module as very satisfactory with case management and preparing children for placement emerging as strong areas. 22.85 per cent rate their ability to be satisfactory while 7.62 per cent master trainers rated this ability to be average or moderate.

Across the 4 states, improvement in the quality of ICP and SIR was reported as a major change post Miracle Foundation's intervention. The ICP and SIR addendums further simplified the interpretation of the complex sections of the forms which assisted the surveyor in recording the information effectively and therefore supporting the case management of the child. The trainings were beneficial in refreshing the concepts and components of FS and F-BAC (e.g., risk assessment, resource mapping etc.) for the Child Protection Officers and strengthening their perception towards considering a family to be an ideal place for the child. Exposure visits and interactive discussions with the other states were of additional value to the learning process to understand the successes and challenges of the Child Protection System in other locations and have been recommended to be retained as part of the learning curriculum.

Due to the COVID-19 pandemic, majority of the trainings were conducted virtually which impacted their quality and participant investment. However, stakeholders have requested for in-person trainings at regular intervals of time due to the constant change of office for the Officials working in the district. Further, simplifying the training curriculum and translating it to local languages was a feedback area for Miracle Foundation. This would ensure that a maximum number of stakeholders are trained across the Child Protection System, irrespective of their designation and take their learnings to different departments. Stakeholders desire to have the trainings at a larger scale across Departments to sensitize them about the importance of a family for a child and how their role is also significant in reintegrating the children into their families. These include the Railway Department, Health and Sanitation Department, Labour Department, Block Development Officers etc.

Stakeholders have also recommended new areas for training for Miracle Foundation which include detailed trainings on the utility and application of the thrive scale, breaking down the amendments made to the JJ Act, the development stages of a child and the changes associated with them, behavioral training on interactions with children at the community level and monitoring of a child's condition post reintegration with a family, amongst others.
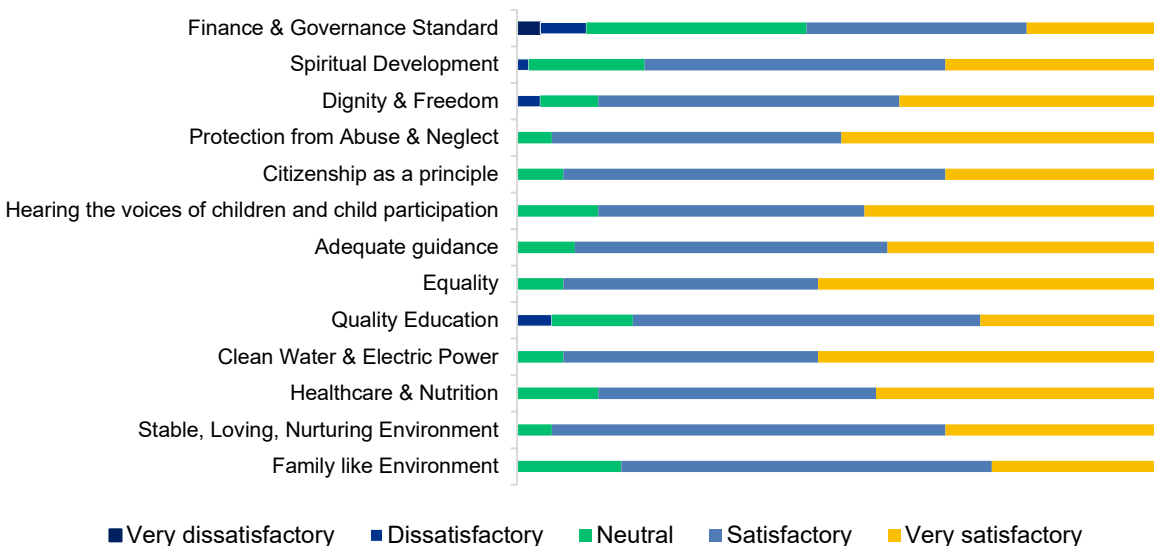
Level 2 Stakeholders: CCI Staff

87.5 per cent of the surveyed respondents received a training by Miracle Foundation. 19.64 per cent of the respondents received a training by the Master trainers in their respective districts.

The survey aimed to assess the quality measures of the CCI. The respondents were made to do a self-assessment of their respective CCIs in comparison to the rights of every child as per the JJ Act. On an average, it can be inferred that the CCI staff across all 4 states were satisfied with the quality of services offered by their CCI with approximately 86.4 per cent rating the change between the range of satisfactory to very satisfactory. More than 90 per cent of CCI staff were satisfied with their ability to provide a stable, loving, and nurturing environment to the children in the CCI and protection of the children from abuse and neglect.

They explained that CCI staff places the highest priority on education and nutrition. They ensure that children get regular, nutritious meals. They provide the children a specific amount of time to do their homework and class assignments. They make sure to create Aadhar cards, Pan cards, bank accounts and sometimes even passports for their children so that they do not face any difficulty in achieving their goals when they leave the CCI.

Self assessment of the quality of CCI by the CCI staff across all the states

Legend: ■ Very dissatisfactory ■ Dissatisfactory ■ Neutral ■ Satisfactory ■ Very satisfactory

Categories (top to bottom):
Finance & Governance Standard
Spiritual Development
Dignity & Freedom
Protection from Abuse & Neglect
Citizenship as a principle
Hearing the voices of children and child participation
Adequate guidance
Equality
Quality Education
Clean Water & Electric Power
Healthcare & Nutrition
Stable, Loving, Nurturing Environment
Family like Environment

100 per cent CCI staff is working towards strengthening the quality of education of the children, intervenes in the nutrition and health care aspects, participate in all steps of case management and raining of CCI staff, children, families on child protection principles, policy.

18.75 per cent of the CCI staff was very satisfied with their current knowledge of mechanisms that can be undertaken for family strengthening and the available options of family based alternative care while 54.02 per cent rated their knowledge to be satisfactory. Some CCI staff ranked themselves moderately, stating that there is still much to learn about alternative care options.

Current knowledge of enhancing family based alternative care and family strengthening

Very dissatisfactory	Dissatisfactory	Neutral	Satisfactory	Very satisfactory
0	0.45%	26.79%	54.02%	18.75%
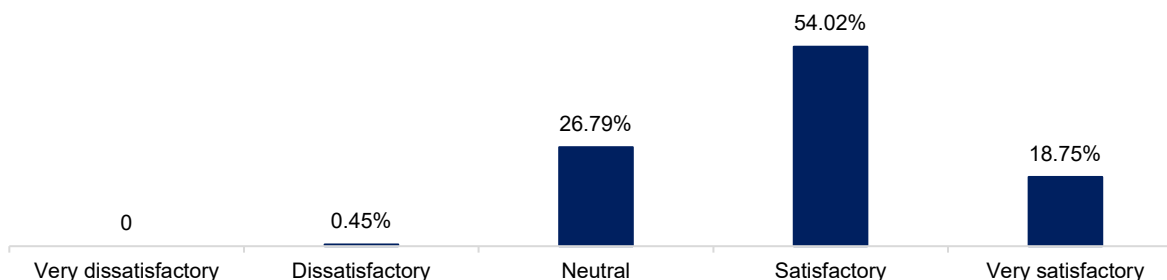
Majority of the children living in the CCIs expressed a positive feelings towards living there. The staff provided them with family like care, a space to express themselves freely and equal treatment. They share a very close bond with the staff and have a special bond counsellor that visits them once a week.

In terms of the quality of the CCIs, the children like the quality of food and are provided with health services such as a professional checkup when the child is ill. The children have their own spaces to sleep and store their belongings. All the children across the surveyed CCIs have a fixed routine which includes their meals, prayers, fitness and leisure activities, attending school, attending vocational trainings (embroidery classes, beautician course, jute designing workshops, preparation for further education etc.)

All the CCIs have children committees which range from 5-6 committees who are responsible for different tasks. Committee members were either democratically elected or volunteered Some of the common committees were as follows:
1. "Swacchta"/ Cleanliness and Hygiene Committee
2. Sports Committee
3. Cultural Committee
4. Study Committee
5. Food Committee
6. Discipline Committee

All the children mentioned that they observed a change in their own behaviour and noted a transition from being rigid or "Ziddi" to being more collaborative. They feel more disciplined, accommodating understanding and more focused towards their education and future.

All the children mentioned being focused towards their education as they aspire to become independent and help their respective CCI. A section of children expressed that they require more guidance in terms of how to achieve their goals through career counselling. With regards to their admissions, the documentation process is time taking and should be made hassle free for the children to simplify their admission process. Some children mentioned that additional focus is provided by trainers to children who are orphans which can create a feeling of discrimination within the children. Further, sensitization pertaining to religious sentiments should be created amongst children.

Level 3 Stakeholders: Community Members

Miracle India engages with community members in two states, namely, Gujarat and Maharashtra to enhance their awareness on issues related to children as well as the rights of children. They do so by building capacity of local child protection fonctionnaires like community volunteers, Bal Panchayats, ward/village child protection committees (W/VCPC), teachers and panchayats. Miracle India also works closely with local NGO partners to identify the families at risk and work towards strengthening families.

The objective of the analysis is to understand the changes in the community observed by different stakeholders. Multiple Focused group discussions and stakeholder interviews were undertaken to study the project's impact on the community.

Together with an emphasis on prevention and gatekeeping, Deepak Foundation and Miracle Foundation India are establishing community-led child safety systems. Deepak Foundation, the project's implementing partner, conducted a needs assessment survey in Gujarat and Maharashtra to identify the prospective community to launch the pilot model. As a result, the Chota Udepur community in Vadodara, Gujarat and Ramnagar in Pune, Maharashtra was identified.

The Deepak Foundation and Miracle Foundation team worked extensively to build the W/VCPCs, Bal Panchayats, and identify key stakeholders at both the target locations. Deepak Foundation along with Miracle India provided local stakeholders with hand holding support and assistance.

Impact on Community Volunteers:

Deepak Foundation and Miracle Foundation worked together to teach community volunteers the many facets of child protection, gatekeeping, and delivering additional trainings to other stakeholders. Trainings concentrated on self-awareness, prevention of sexual assault, stress management, nutrition, and a basic introduction to life skill education (LSE).

In conjunction with Miracle Foundation, Deepak Foundation organized numerous trainings on the roles and responsibilities of the community volunteers. According to the respondents, they primarily received trainings on life skill education (LSE) and psycho-social support (PSS). Some respondents of the survey mentioned that the trainings also included aspects of Miracle Foundation developed Thrive Scale, nutrition, stress management, family strengthening, F-BAC, prevention of sexual abuse and rights of children.

The respondents expressed that before the trainings, they felt that their ability to provide support to disabled, abused, and exploited children was dissatisfactory. They felt that they did not have adequate skills to counter with situations like alcoholism, drug addiction, domestic violence, human trafficking, etc. **Post trainings, most of the respondents have expressed a very satisfactory response to their ability of applying their knowledge in providing support to children in needs of protection.**

According to the respondents, the community volunteers organize their meetings frequently. The frequency of the meetings also depends on the village's urgent needs, if any, the duties of the community volunteers, and their availability.

In terms of their understanding of their roles, it was also found that the majority of the community volunteers felt a feeling of obligation to train Bal Panchayats, children who belong to families identified at risk, and teachers. The respondents mentioned that community engagement is mildly easy, depending upon the topic of discussion. **The respondents stated that "cultural practices" make it difficult to convince people.** According to the respondents, the target localities have a combination of people coming different socio-cultural backgrounds with their own unique and different practices. **Child**

marriage and child labour, according to the locals are cultural norm that have existed from time in-memorial, when the community volunteers or anyone from outside the community tries to stop child marriage or labour, it is often perceived as an attack on their cultural practice. This makes infiltration to promote positive change slightly difficult. However, the respondents also stated that with the trainings provided by Miracle Foundation India along and the support from VCPC and DCPU, community engagement has become easier. Respondents also feel that organizing regular meetings is the best way to engage with the community members along with rallies and street plays.

Based on the training they received as part of the project, the community volunteers said they have continued to offer regular training to community members on topics like nutrition, children's rights, the value of helping kids achieve their goals, the role of families in kids' lives, and so forth. They held numerous training sessions on COVID-19 protocols and the value of immunization during the epidemic.

The survey respondents have observed positive changes in the neighbourhood, over time. They have observed that there is a greater sense of awareness in the neighbourhood about children's rights. Parents engagement with their children has improved and they try to help their children towards 'fulfilling their dreams and aspirations'. The respondents also noted that children are now more aspirational.

Impact on Ward/ Village Child Protection Committees (W/VCPC)

In the initial need assessment study conducted by Deepak Foundation in 2020, absence of child protection committees at community level was identified. It was found that there are no active child protection committees present in the community.

It was also identified that even the community members were not aware about the Village level Child Protection committee (VCPC). Subsequently, Miracle Foundation India along with Deepak Foundation facilitated the process of formulation of three VCPCs in Chota Udepur, Gujarat and one WCPC in Ramnagar, Maharashtra.

Since the inception of the W/VCPC, the W/VCPC has identified various issues pertinent in the community basis their frequent interaction with the community members. **Domestic violence, early marriage, lack of access to government documentation due to frequent migration, child labour, parental or child drug/ alcohol addiction, child maltreatment (a side effect of addiction), and a rise in school dropout rates are some of the key problems that have been found.**

They have launched numerous initiatives to lessen the problems in the community based on their understanding of the neighbourhood and the various problems that have been recognized. The W/VCPC has run awareness campaigns to stop the spread of COVID-19 for the betterment of the community's health and safety.

It was made clear during focused group discussions with the W/VCPSs that after their own sanitization regarding numerous child rights issues, they had taken specific actions to reduce difficulties at the community level. These include educating people about children's rights and fighting to end child marriage where possible. Additionally, VCPS has given parents advice on how to educate their kids and keep them from falling into the trap of child work.

They put on plays and skits to raise awareness in the neighbourhood. They have supported the Bal Panchayats in their roles, decision-making, and action. **In the V/WCPC meetings, the main topics covered are issues highlighted by Bal Panchayat, situations that require particular attention (such as child marriage, addiction, and child labour), work that has been completed thus far, and what is scheduled for the upcoming month.**

The goal of the W/VCPC is to pinpoint children's problems and swiftly provide solutions to them. In order to solve their difficulties, numerous community-level initiatives are being taken to protect children and prevent them from going to childcare institutions (CCIs). These actions include counselling, raising awareness, etc.

The W/VCPC has engaged with the neighbourhood and sought to implement gatekeeping at the primary level. They have made an effort to link the families with various government programmes and services, including the Bal Sangopan Yojna and the Mazi Kanya Bhagyashree Scheme. **This has made a significant contribution to boosting household income.** The W/VCPCs have also helped the families locate resources for bettering their health and other necessities like access to clean water for drinking and cooking. **Through these initiatives, W/VCPC is ensuring that a supportive environment is created for kids to develop.** Their efforts to raise awareness among family members have aided in preserving families and establishing secure environments for kids.

Since the inception of the W/VCPC, they have contributed greatly to gatekeeping and addressing the issues of the community. They have generated a positive impact in the community to spread awareness and mitigate family separation.

Impact on Bal Panchayats

Bal Panchayats (Children's Parliament) is a concept that aims to bring children together to strengthen their voice and leadership, as well as to provide a platform from which they can reach out to adult decision-makers and change-agents in order to draw their attention to issues that affect children directly or indirectly.

Bal Panchayat members received guidance on the fundamentals of the Bal Panchayat and how to approach the Bal Panchayat to handle any problems in the neighbourhood. Members of the Bal Panchayat received training on developing their leadership skills.

This includes demonstrating creative problem-solving techniques, encouraging perseverance and a desire for knowledge, encouraging cooperation, etc. Understanding their rights and recognizing community risks and children at risk were also covered in their training.

The Bal Panchayat has since recognized a number of problems, including 1. Child Labour, 2. Child Marriage, 3. School Dropouts, 4. Missing Children, 5. Addiction Among Children, 6. Inadequate Street Lighting, and 7. Lack of clean drinking water.

They have taken action against the problems they confront as a group and have partially resolved some of them. The kids organized themselves into committees, created maps of the neighbourhood, and highlighted any areas where they felt unsafe to the Community Volunteers and W/VCPC members.

Children are conscious of their rights and sensitive to upholding them. They plan rallies and other gatherings as necessary. By bringing up issues and fostering cultural activities, they hope to lower the percentage of school dropouts and provide a safe atmosphere for kids. They have divided themselves in teams overlooking a specific problem in the community like 1. Addition, 2. Teaching, 3. Health, 4. Child Marriage, 5. Anti – Addiction, etc.

They are aware of the numerous organizations that can assist them. They consult W/VCPC members for advice on a regular basis. Home visits and surveys are carried out in conjunction with W/VCPC, and community volunteers. When necessary, they seek assistance from other professionals like as the police, ChildLine, local politicians, DCPU, etc.

To raise awareness of the challenges, they have staged a number of street plays throughout the project.

The local children now have a sense of leadership and self-assurance in their ability to make decisions. They are backed by the majority of the community members and have garnered respect in the area. The Bal Panchayat's efforts are appreciated by the community members.

Members of the Bal Panchayat believe they have had a substantial impact at the local level. They have discovered a number of concerns, sought solutions to address some of those issues, and resolved the issue with the aid of other project stakeholders who have received training. It may be stated that families can be strengthened at the local level with the help of community volunteers, W/VCPC members, and Bal panchayat. Bal Panchayats are crucial for safeguarding the rights of children and gatekeeping.

Impact on families identified at risk

The focus of the initiative was on identifying at-risk families using the Miracle Foundation India developed tool - Thrive Scale. After the families were located, steps were taken to

strengthen the families. Trainings, psychotherapy, connecting families with the proper government programmes and services, etc. were all included in this.

The majority of the family trainings conducted focused on family values and parenting skills. Parents who were interviewed said that since the intervention, they have incorporated specific activities into their regular routine to strengthen their bond with their kids. They should improve their interactions with the kids and their interpersonal relationships, among other things.

The trainings have also helped the parents recognize a number of underlying issues that were previously being disregarded. This includes highlighting the ways that patriarchal family structures limit the independence of women and girl children, how drug and alcohol abuse contributed to domestic violence and mistreatment of female children, and the harmful effects of dowries and early marriages and the issue of migration. They also emphasized that their troubles are primarily caused by poverty, and they emphasized their readiness and motivation to work hard to raise their family's income.

All categories, including family ties, community and social interactions, health, access to healthcare, household economic position, children's education, and access to education, according to the respondents, have improved.

The parents in the neighbourhood have noticed that the grassroots project has helped to improve access to healthcare and support for mental health by raising awareness of these issues, as well as the importance of personal hygiene and self-care, as well as the knowledge of nutrient-dense foods to improve nutrition levels.

However, they believe that **some assistance can be provided to improve the housing conditions for the families.** This includes help finding a job, education that can open up better opportunities, or participation in government-sponsored activities.

The respondents acknowledged that they support and accept the Bal Panchayats, W/VCPC, and community volunteers. The respondents believe that the youngsters are now more obedient and that their behaviour has improved as a result of their interactions with them. They think that Bal Panchayats have given children a sense of leadership and accountability that inspires them to grow into autonomous adults.

The community's parents have also mentioned how W/VCPC or community volunteers have helped them connect with a variety of government programmes, including the E-Nirman, Ayushman Bharat, widow pension, Ujjwala Scheme, Sant Soordas Yojana (PwD), Pradhan Mantri Vaya Vandana Yojana (PMVVY), ration card, government health card, Aadhar card and E-Shram. Their participation in these programmes has helped them have improved access to medical and educational services.

The respondents believe that they are now more conscious of children's rights. Since they are more conscious of the problems in society, they have expressed a wish to reduce the negative social behaviours of the community.

Impact on Teachers

The teachers mentioned that the children spend a majority time of their day with them, and it is the teachers who teach them basic life skills. They share a warm rapport with the children, which allows the children to speak freely with the teachers and seek their support and guidance as need be.

The teachers in the community have identified some of the issues in the community, such as, child Marriage, child labour (children involved in working on field with their parents), addiction amongst children (drugs or smelling the whitener), alcoholism, migration and troubling family income.

The intervention done by the teachers includes counselling and occasionally home visits. Some children do approach the teachers for counselling, looking for support and guidance. The teachers expressed that the children tend to listen more to their teachers than parents. **On a fortnightly and sometimes monthly basis, school teachers make home visits to assess the conditions of the students.** Through these visits they are able to assess the child's household economy, interact and keep in track the educational status of the child, and identify if any child is facing mental or physical problems.

The teachers have observed changes amongst the children since the inception of the project. They have felt that the children are more disciplined in terms of following the set school uniform, more regular to school, and give more respect. They also reported that the aspirations of the children have increased, and they believe that the children are now supported by their parents in achieving their set dreams.

Teachers have a very influential role in the lives of the children. With their years of interaction, the teachers know the children personally and are sensitive to the latter's needs and concerns. With formal training provided to the teacher, they can help in family strengthening work. This serves as an area of opportunity wherein the project can further intervene for greater impact.

Chapter 5: State Level Findings

The state level findings are given at the State reports for Jharkhand, Bihar, Maharashtra and Gujarat. Some broad trends from each state are given at the below table:

Table 1: State-wise trends

	Indicator	Maharashtra	Gujarat	Bihar	Jharkhand
Level 1	**Knowledge of Transformation of a CCI from Institutional Care to Family-based Care**	Understanding of the JJ Act, **Monitoring & Evaluation,** Engagement and Assessment are the strongest Knowledge areas. Assessment and development of new services can be improved	Engagement with the Child, Assessment, and **Monitoring & Evaluation** are the strongest Knowledge areas	Understanding of the JJ Act, Case Management process, and Engagement are the strongest Knowledge areas	Assessment, **Monitoring and Evaluation** are the strongest Knowledge areas
	Number of Master Trainers Impacted	53 % percent respondents were trained as master trainers	47.06% of the respondents were trained as master trainers	33.33% respondents were trained as master trainers	50% respondents were trained as master trainers
	Impact of ICP and SIR Addendums	Health and Nutrition, **Emotional and Psychological support,** and Education and Training needs of the children	**Emotional and Psychological support,** Educational and Training Needs, Attachment and Inter-personal relationships, and Children's expectations from Care and Protection	Health and Nutrition, **Emotional and Psychological Support** and Children's expectations from care and protection	Attachment and inter-personal relationships. However, information related to the religious beliefs of a child requires further improvement through simplification
Level 2	**Self-Evaluation of the CCI Staff regarding quality of the CCI**	Providing a stable, loving, and nurturing environment, giving them freedom and space to grow and learn, focus on studies and ensure that they are not neglected.	Master Trainers rated their ability-Supporting a Child with the Placement process, and transitioning into family-based care	Protection from abuse and neglect, availability of clean water and electricity at all times, access to healthcare and meeting the nutritional needs and treating all children equally	Providing family like environment. Prevalence of clean water and electricity at all times, Quality of education, Adequate guidance to the children, Children's participation and

				freedom given to explore
Knowledge on Transformation of a CCI from Institutional Care to family-based care	Engagement, Assessment, Monitoring & Evaluation are the strongest areas. More Training is required on service development and transition.	**N.A.**	Engagement, transition, service development, monitoring, and evaluation are the strongest points of understanding for the CCI staff. More trainings are required on service development and transition.	Mapping out the support needed to strengthen community resources for gatekeeping, support required for reintegrating children back into family or family based alternative care, identifying the requirement needed to develop new services in the community, and understanding the areas where the CCI staff needs trainings to support the transition of child from CCI to families.
Impact of ICP and SIR Addendums	Improvement in the quality of writing the ICP and SIR. They highlighted that they usually send the ICP and the SIR to CWC for regular feedback. Based on the feedback, they have started to incorporate the changes recommended by the CWC. Over a period, they have now started to receive positive feedback from the CWC. Since the inception of the project, the CCI staff have mentioned that	Major changes were observed in the attitude of the government officials towards their understanding of the concept of a family being the best place for a child's well-being and promoting FS or B-BAC instead of institutional care for a child.	They stated that the trainings provided by Miracle Foundation India has assisted in improving the quality of writing the ICP and SIR. To improve and maintain the quality of ICP the CCI staff usually send the ICP and the SIR to CWC for regular feedback. Basis the feedback, they have started to incorporate the changes recommended by them. The staff highlighted that they now invest time more time in writing the ICP, they	Improving quality of writing the ICP and SIR. They highlighted that they usually send the ICP and the SIR to CWC for regular feedback. Basis the feedback, they have started to incorporate the changes recommended by them. They have now started to receive positive feedback from the CWC. **.** Since the inception of the project, the CCI staff mentioned that they follow the guidelines provided by Miracle Foundation India on

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		they follow the guidelines provided by Miracle Foundation India on how to write an ICP and how to improve the quality of it. The staff highlighted that they now invest more time in writing the ICP, they engage with the children more to understand their developmental needs, they gather more details on the child's family, and they now ensure that all the components of the ICP are filled in, laying more emphasis on the educational and health aspects.		engage with the children more to understand their developmental needs, they gather more details on a child's family, and they now ensure that all the components of the ICP are filled laying more emphasis on the educational and health aspect of it. They frequently refer to the case history of the child while developing an ICP.	how to write an ICP and how to improve the quality of it. The staff highlighted that they now invest time more time in writing the ICP, they engage with the children more to understand their developmental needs, they gather more details on a child's family, and they now ensure that all the components of the ICP are filled laying more emphasis on the educational and health aspect of it.
Level 3	**Community Volunteers**	Increase in sense of awareness in the community regarding the rights of the children. Parents now support their children in achieving their goals and aspirations. The children are more ambitious, and cases of child marriage have reduced	They have seen that there is a greater sense of awareness in the neighbourhood about children's rights. Parents today help their kids fulfil their dreams and aspirations. The respondents have also noted that local kids are now more aspirational and that there are fewer instances of child marriage.	N.A.	N.A.
	Bal Panchayats	Improvement in family relationships, community and social	The local children now have a sense of leadership and self-assurance in their ability to make	N.A.	N.A.

		relationships, access to healthcare services, children's education, access to education since the inception of the project	decisions. They are backed by most of the community members and have garnered respect in the area		
	Parents in the Community	Providing better access to healthcare and support with mental health through increased level of awareness regrading access to healthcare services, personal hygiene/selfcare skills, and knowledge about nutritional food. However, they feel that some support can be given to enhance the families' housing conditions-assistance with employment, training that can lead to improved prospects, or enrollment in government-sponsored programmes	All categories, including family ties, community and social interactions, health, access to healthcare, household economic position, children's education, and access to education, according to the respondents, have improved. The parents in the neighborhood have noticed that the grassroots project has helped to improve access to healthcare and support for mental health by raising awareness of these issues, as well as the importance of personal hygiene and self-care, as well as the knowledge of nutrient-dense foods to improve nutrition levels. However, they believe that some assistance can be provided to improve the housing conditions for the families. This includes help finding a job, education that can open better opportunities, or participation in	N.A.	N.A.

| | | | government-sponsored activities. | | |
| | | | | | |

Chapter 6: Conclusion and The Way Forward

The way forward according to the respondents is conducting regular trainings and refresher courses at regular intervals to familiarize officials who are new to the system since often the trained stakeholders are transferred to other districts. While the Master Trainers have been training other State functionaries, due to constant transfers, there is still a need for Miracle team to continue the training activities, as an external trainer, to ensure continuity.

Further, training of stakeholders across departments and intersections of the Child Protection System is also important since although the DCPUs are sensitized, officials from other departments such as the Police Department, CWC, Childline, CCI Caretakers, Block Level Officials, Panchayats etc. to familiarize them with their roles and responsibilities towards children and the necessity of taking their case on priority.

Trainings on topics such as amendments to the JJ Act, POCSO, Counselling of Children and families should also be developed to upgrade the skill set of all the stakeholders in working with children within the CPS. The respondents stated that there should be life skill trainings for the children in the CCI as well.

JJB, CWC, and IC members have recommended sex education trainings for children in school. They stated that the trainings needed to go beyond 'good touch and bad touch'. Children need to be aware about the biological changes that occur in their bodies as they grow. They need to be more aware about the consequences of their actions.

Children should be given trainings about the JJ Act, their rights and responsibilities as well as , life skills. Children should be given trainings on POCSO as well. This includes telling them about their rights and how they can seek support if their rights are violated. These trainings are best organized in schools. Schools should also be a key platform to engage with children and spread awareness about rights of children.

Responses across stakeholders indicated towards an increasing need of providing combined trainings to more officials across departments on FS and F-BAC to increase their sensitivity towards the needs of the children who require care and protection and provide them with a better clarity regarding their role in achieving the same. These stakeholders include officials from the Labour department, Health Department, Block Level Officers, Police Officers amongst others. Such trainings will help in smoothening the process of reintegrating a child with their family in a more speedy and efficient manner.

At the community level, regular engagement with children, families, teachers and volunteers by the DCPU and other stakeholders is essential to familiarize them with the emerging issues that put the children in the community at risk of separation from their families and identify focal points for interventions pertaining to gatekeeping. Regular home visits and follow ups are also a crucial element to ensure that the reintegration is successful and sustained in the long term.

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