

VULNERABILITIES ASSESSMENT OF CHILDREN AND FAMILIES

Understanding Risks and
Possibilities for Non-Institutional
Family-Based Care Models

Report of a pilot conducted in 3 Blocks
of Ujjain, Madhya Pradesh



SUMMARY REPORT

"Vulnerability mapping is mandated in the ICPS to help district child protection functionaries in understanding the current situations and developing strategic district action plan for the identified vulnerable children, families and communities. Doing this mapping will certainly help develop strategies to prevent separation of children from their families as well as plan and implement rehabilitative alternative care measures."

- District Program Officer, Ujjain

"Child Protection is about protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood. This includes identifying and reducing their vulnerability to any kind of harm and ensuring that no child falls out of the social safety net and that those who do, receive necessary care, protection and support so as to bring them back into the safety net."¹ In this context, *Child Vulnerability Mapping (CVM)* is a systematic process of assessing the deprivations that children face such that it facilitates the preparation of adequate and robust child protection plans at district and state levels. CVM strengthens linkages with appropriate agencies and institutions to support vulnerable children and families to come out of the identified risks and vulnerabilities. Chapter 10 of the erstwhile Integrated Child Protection Scheme (ICPS and now "Child Protection Services")², under Collaborative Organizations mandates Child Protection Functionaries (CPF) at the district level to "identify families and children at risk to prevent destitution of children and arrange/provide them necessary support for non-institutional care, wherever required" and "carry out resource mapping and contribute in the development of a District Action Plan (DAP) and a Resource Directory (RD) of child related services on the basis of data collected".

CVM gains further relevance for 'Children without Parental Care' (CWPC), from both preventive and rehabilitative measures. CVM aids to identify vulnerabilities at the family and community level and take measures towards Family Strengthening (FS) and community linked support services that prevent unnecessary separation of children from their birth families. It also aids in the planning intervention strategies for restoration and reintegration of those children already separated from own families and living in Alternative Care settings, mostly institutional care.

The strong policy has led to several exercises being carried out in different parts of the country, even though it has not been sufficiently scaled up or sustained to become an integrated part of the child protection work at district level in any state. The recent COVID-19 pandemic has resulted in the undoing of many progress made in child protection and has further pushed children and families to extreme forms of vulnerabilities. The carrying out of CVM has hence become more critical than ever before. A well planned CVM can provide credible data and insights to CPF to develop strategies for timely intervention for FS, thus reducing the push towards institutionalization of children.

¹Integrated Child Protection Scheme (ICPS), Government of India, 2009.

²The ICPS was renamed as CPS as sub-scheme under Umbrella Integrated Child Development Services w.e.f. 1st April, 2017, as communicated vide Government order dated 20th November, 2017. (<https://pib.gov.in/PressReleasePage.aspx?PRID=1602395>)

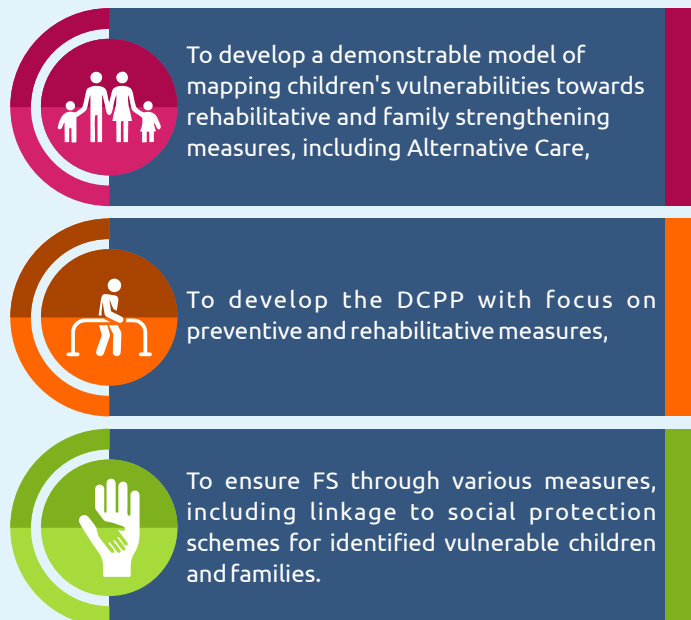
The Government of Madhya Pradesh's (GoMP) commitment to child protection is reflected in its State Plan of Action on Alternative Care, 2018 where it has stated its clear mandate to promote family based models of alternative care, including family strengthening programs, with the following intended outcomes:




1. 45% reduction in the number of children in the Child Care Institutions CCIs (from the current 3000 to 1650 children in CCIs by 2022)
2. At least 2000 children linked up with alternative care services (Foster care and Sponsorship) on a yearly basis and their families supported with social protection programs, as required.

CVM is an important tool that can facilitate the achievement of the above objectives and lead to the development of robust DCPs, keeping both preventive and rehabilitative strategies for children and families in mind and by taking up measures to link such vulnerable children with alternative care support (foster care, sponsorship etc. and establish linkages and convergence with other social protection programs).

Keeping the above in mind, the CPF of Ujjain,

conducted its first pilot CVM in three blocks of the district (Ujjain, Badnagar and Nagda) with technical support from Udayan Care. The CVM was conducted over a three months period from December 2020 to February 2021. Overall support and guidance was provided by the Department of Women and Child Development, (DWCD), Govt. of Madhya Pradesh (GoMP) and UNICEF MP Field Office. The *key objectives* of the CVM were as follows:



-  To develop a demonstrable model of mapping children's vulnerabilities towards rehabilitative and family strengthening measures, including Alternative Care,
-  To develop the DCP with focus on preventive and rehabilitative measures,
-  To ensure FS through various measures, including linkage to social protection schemes for identified vulnerable children and families.

The Planning Process

The entire process comprised of the following key steps:

- a) Conceptualization and micro-planning, wherein the three blocks were identified (5 projects in Ujjain, 2 in Badnagar and 1 in Nagda) with an understanding of the vulnerable pockets. Increased religious fervor in Ujjain led to child labor and begging, Industrial/chemical labor in Nagda and Badnagar home led to high vulnerability. Tools developed comprising a total of nine questionnaires with general guiding directions were developed and pilot tested during November 2020.
- b) Engaging and building capacities of active AWWs, their supervisors and CDPOs from 8 ICDS sectors for data collection: Over 50% of all AWWs in the three blocks, a total of 546 AWWs were trained on Alternative Care and trained on the tools, facilitation skills and protocols of data collection, with special emphasis on adhering to COVID-19 norms, in December 2020.
- c) Additionally, 6 Social Investigators (SIs) were trained to coordinate with AWWs and ICDS data collection process.
- d) Data Collection: A virtual district webinar was held with the DCPU from other related departments (Education, Health, Vocational and Protection departments, district administration, representatives from Civil Society Organizations (CSOs) of Ujjain districts, officials of DWCD, GoMP, and UNICEF Madhya Pradesh and the DCPU Ujjain). Primary data collection was conducted across all the selected three blocks ensuring ethical protocols of consent and confidentiality.
- e) Even as data entry and analysis progressed, comprehensive lists were shared with the DCPU to initiate linkages of families identified as vulnerable with relevant schemes. Handholding support and follow up was continuously ensured with the DCPU throughout the process.
- f) Report writing and development of the DCP and district profile was carried out with close deliberations with project team, DCPU and UNICEF team.

The categories of respondents and total coverage of 3 Blocks(Ujjain,Badnagar and Nagda)



5219

Family and Community

- Households: **5219**
- Community groups FGDs: **35** with **1100** individuals



3580

(Gender dis-segregation of children was almost equal)

Children with Vulnerabilities (6-18 years)

- drop out from school: **495**
- not attending school now: **872**
- abandoned: **37**
- history of running away from family: **73**
- doing household work: **1038**
- experience of family dispute **223**
- child sexual abuse: **20**
- use of substance: **26**
- child with single parent: **1725**



860

Functionaries

- JJ system: **34**
- AWWs: **787**
- ASHA: **24**
- Teachers: **13**



233

Children in Institution

- CCI under JJ Law: **209**
- Gurukuls: **24**

Key Findings

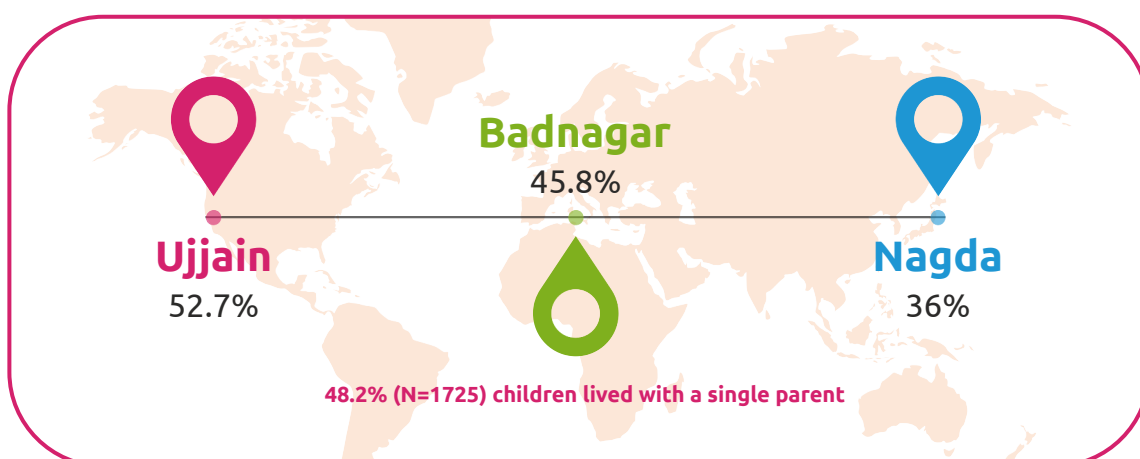
A. Responses from children in families & communities

A total of **3580** children from **5219** households in the three blocks were interviewed, between the ages of **6** to **18** years.

- More than **95%** children were living at home with only **2%** being run-away children and **1%** abandoned by parents.
- **159** children were found not living at home but either living in nearby slums or having no fixed

place to stay and being constantly on the move.

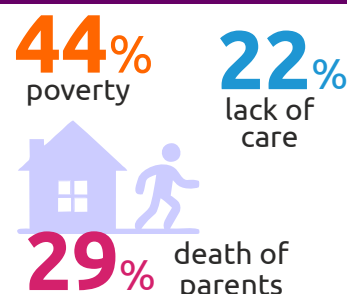
- Reasons for single parent households are death of any one parent (father/mother) in **1906** cases, separation/divorce (**333** cases), or parents in prison or absconding.
- **9%** had no parents, and children lived with their extended family members.



- Less than **40%** children reported that they lost their father or mother.
- Most children on the move were found to be living on the street, shifting residence frequently.
- **56%** children on the move were cooking food on their own, while **22%** were getting it from any Temple/Gurudwara. **8.4%** accepted that they begged to eat.
- Majority of the children responded that they had no information about the occupation of their fathers.

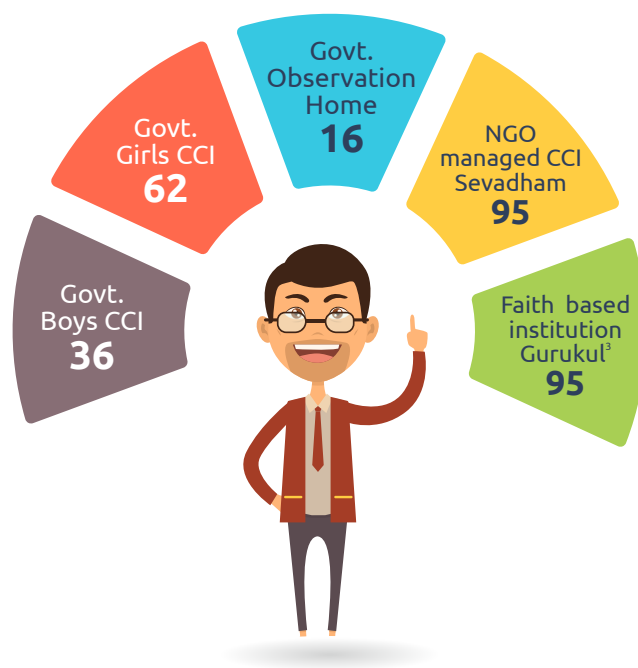
- About **7.3%** children (N=261) had awareness of existence of child protection groups such as Child Protection Committee/Child Welfare Committee or other supportive community groups in their communities.

Reasons behind children running away from their homes.



B. Responses from children living in institutional care

- Primary known reasons for living in institutions were as follows:
 - **56** children in the above mentioned first four institutions lived there, due to the death of their parent/parents.
 - In the Gurukul, all children were residing there for better education in Veda/Karmkanda and only **2** of them did not have their parent/parents alive.
 - In Sewadham, **39** out of **95** were children with special needs⁴.
 - In the CCIs/OH, some of the reasons for being in the CCIs included being rescued from child begging, child labour and child marriage situations.
- All children of the Gurukul and **70%** children (N=80) of CCI/OH were aware about their families and had lived with their families before coming to the institutions.
- About **21.1%** of CCI/OH and **100%** children in Gurukul shared that they were not administered medicines when they fell sick.
- 56%** and **12.4%** children overall were either unaware of their Individual Care Plan (ICP) or felt they were not allowed participation or given a say in making their plans. Only **32%** children overall (**53.5%** in CCIs, and only **13.7%** in Sewadham) felt



they participated in the development of their care plans.

- Most officials across the **5** institutions accepted that they had received trainings on child protection and juvenile justice laws except the staff at Gurukul, where all of them denied having received any such trainings.

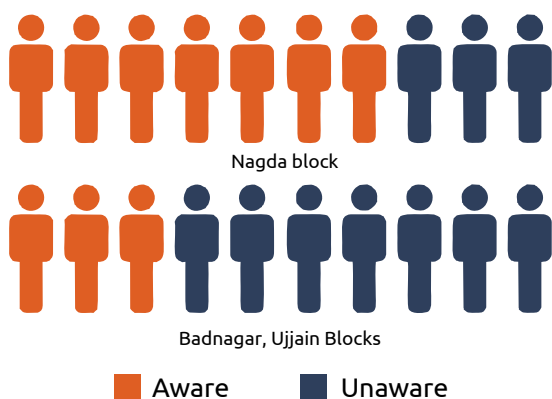
C. Responses from households of vulnerable families and communities

- A total of **5219 vulnerable families** were identified from the three blocks and were selected based on the criteria of having a child between **6-18** years living with the family..
- While **41.2%** were from other backward classes, **37.9** belonged to the scheduled castes and only **9.3%** and **11.6%** were from scheduled tribes and general categories respectively.
- Most families confirmed that they had enrolled their children and sent them to school regularly (**96.4%**), however those families who did not send their children to school shared below mentioned reasons:
 - household chores and duties,
 - undertaking sibling care,
 - fetching water, cattle rearing, and helping in agriculture related work
- Only half of the families were aware of social protection schemes.
- According to community members, situations that put children at risk included:
 - Lack of traffic rules being followed, including reckless driving on roads between localities,
 - Open sewer lines existing in communities,
 - Addiction to alcohol of elderly family members,
 - Children left behind alone at home as working mothers went to work/employment.

³Kanwadham Gurukul is a Faith based residential care for children but not registered under the Juvenile Justice Act

⁴The level of disability was not mapped in this study and assessment of disability needs further probing by CFP/DCPU

JJ Act and POCSO Act, awareness among masses



- Most respondents denied migration as a risk factor in the three blocks.
- Most participants stated that children and youths were not using substances but if they want them they were readily available for children.
- In all the three blocks, only **50%** respondents were aware of any law/scheme/programme for the protection of children or their social protection, and no one had any information about existing community based child protection groups.
- Almost all the respondents were aware of services at the Aaganwadi centre but very few had any information on *CHILDLINE*, *Children's Homes*, *Ladli Laxmi Yojna*, *Observation Homes*, *CWCs*, *JJBs*, *Women Helpline*, etc.
- Most of them had **no awareness** about programs/schemes such as *Adoption*, *Foster Care*, *Sponsorship or Aftercare*.
- Most community members shared concerns over lack of proper health facilities in the community, due to dysfunctional PHC and CHC centres.
- In case of any incidence, most members said the first step was to call the police by dialing 100 or take the case to the Police Station. A few said that community leaders must also be informed.

D. Functionaries Responses

Some of the factors that increased vulnerability as noted by the functionaries, included gender biases, prevalence of cultural factors/social norms, and families living in backward areas (geographically) taking to criminal and illegal activities, leading to children growing up seeing these matters as “normal”. For some, attraction toward opposite sex and sexual exploitation leads to vulnerability. Many opined that economic burden made children more vulnerable as children are forced into begging and labour.

- Most of them affirmed that in Ujjain district, begging was a common practice at temple areas, signals and markets, and children were begging or rag picking; this is a risk to their development.
- Half of the respondents reported that they were maintaining data related to CNCP/CCL at their unit/institution level. Most shared that the type of data maintained were of child rescued from labour, including begging cases and their follow up.
- Only **48%** of the frontline workers had awareness about the different Child Protection Committees in their communities.
- While most functionaries from allied services were aware about Childline, they admitted not using it too often.
- With regards to efforts at their level to trace child's address for restoration, **17%** AWWs reported that they did not ever undertake any effort for restoration of children, while **32%** reported that they cannot say anything about this. **14%** AWWs and ASHA workers shared that they provided counseling to families and children on education and protection.
- More than **50%** AWWs, teachers and doctors were unaware of the rehabilitation measures for vulnerable children, and they have not been linked to any such initiatives.



Data Analysis and Inferences

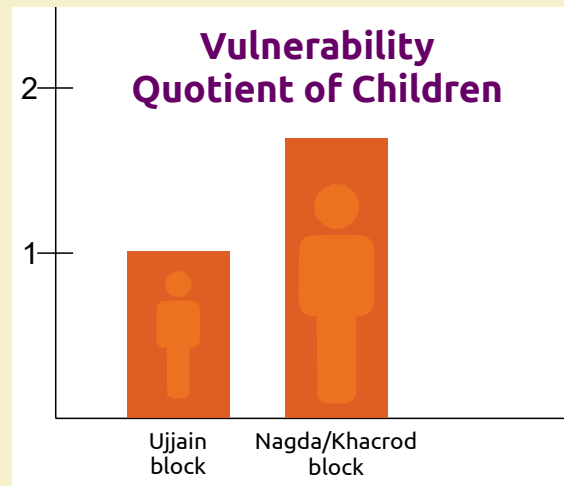
The collected data has been analyzed at two level. Firstly, the quantitative data has been analysed through SPSS software for cross tabulation of two variables and frequency of single variable. Data in key finding section has been analysed through SPSS only.

For data analysis and inferences section, the binomial logistic regression statistical method has been used to understand the vulnerability of children. Under this independent factors have been taken to co-relate with this category of children. This method was performed to ascertain the effects of independent factors on the likelihood of children living in difficult circumstances in community to be vulnerable.⁵

- Age of child:** While age of the child in itself does not come out as a factor contributing to vulnerability, children in the age group were found to be relatively more vulnerable than those in the age group of 6-10 years⁶
- Children on the move:** are the most vulnerable as they are outside the family safety net. Out of the 209 children so identified, 193 children are Children in Need of Care and Protection (CNCPC) and 16 children are Children in Conflict with Law (CCL).
- Type of House:** The type of house is a significant factor, determining vulnerability. Children living in temporary houses and the ones migrating to different places were found to be more vulnerable than those living in pucca houses.
- Livelihoods:** Children in families which experience food shortages are at higher risk of vulnerability, especially children living with families engaged in begging. These families are twice as likely to be vulnerable than others whose family income is

received through work related earnings. More than half of the children belonging to families, earning income from farming, are in need of family strengthening support, without which they are more likely to reach CCIs.

- Children engaged in child labour** were found to be two times more vulnerable than children not engaged in any form of child labour.



- Children engaged in child labour** were found to be two times more vulnerable than children not engaged in any form of child labour
- Children whose mothers were not literate** were also found to be two times more vulnerable than those who have literate mothers. The fathers' levels of literacy was not found to be an important determining variable. And the table below shows by and large most father's were literate compared to mother's literacy.

Parents' level of literacy	Total Respondent
Father's level of literacy	3013
Father's not being literate	567
Mother's level of literacy	2476
Mother's not being literate	1104

⁵Please refer full report to get complete information about it

⁶Binomial logistic regression method, (Nagelkerke R²) has been used to arrive at this inference.

- **Families, having a single parent as head or a child as head of the family**, made up 50.1% of the respondents, and they were more vulnerable than others
- The main reasons given by children for running away from home are **poverty, death of parents and abuse and neglect at home**. Once children move out of their family, particularly in the absence of protection services and support, they become highly vulnerable to violence, abuse and various forms of exploitation, either during their journey, or once they reach their particular destination.
- **Family size** is a highly significant factor in vulnerability. A larger family size is more likely to make children vulnerable, presumably owing to lack of attention in child upbringing and due to poor economic conditions.
- **Education**- Gender bias, fetching water and agriculture related works still remain among the major reasons that prevent children from attending school. Children in **families that do not send their children to school** are 1.3 times more likely to be vulnerable.
- **Access to social protection schemes**: families, without any social security scheme eligibility and access, and those without any awareness on social or child protection schemes, are 2.1 times and 1.5 times respectively more likely to be vulnerable compared to their counterparts
- **Lack of awareness** in communities of rights, entitlements, schemes or existing child protection mechanisms and community groups was found to be high in all the three blocks,
- **Reasons for coming to institutions**: One fourth of the children, living in institutions, were residing there due to factors such as the death of their father/mother, poverty, family into begging, parental alcohol addiction, child marriage and child labour. Children were in OHS due to their involvement in petty and serious offence.
- **Children living in a joint family background** (30%) and those children who did not know about their family (19%) were more vulnerable while 17% of children from a nuclear family background were found to be at risk and living in CCIs.

Key Recommendations

- 1. Deepening the understanding of vulnerability of children and families amongst child care functionaries and other stakeholders, along with requisite skills for effective mapping and timely interventions:** All district officials must have a deep understanding of vulnerability of children and families, along with hands-on skills in identifying vulnerable children and families, so that they are able to ensure timely and effective interventions towards prevention, appropriate linkages and rehabilitation and follow ups. These aspects have also been prominently mentioned in the GoMP's State Plan of Action on Alternative Care. Thus CVM exercise should be given more priority and be seen by functionaries as a way of reducing the risk of unnecessary institutionalization of children.
- 2. Strengthening social services workforce at district level in the state:** ICDS supervisors and AWWs must converge and work together closely with the district CPFs. The Ujjain mapping exercise has shown that this convergence works well on the ground and this learning from the

field must be taken forward in future vulnerability mapping exercises in the state. Awareness and knowledge of family-based care programmes, sponsorship and foster care schemes and guidelines must be developed in all ICDS functionaries and frontline workers like AWWs since they are closest to families.⁷ This enables them to play the critical role of gatekeepers in regularly identifying, assessing and monitoring situations of vulnerable children and families, while also facilitating apt of such children and families with social protection and other welfare schemes. The success of this CVM can be credited to the complete ownership of the DCPU, Ujjain and the partnership made possible due to active engagement of AWWs for data collection. Their ground level insights not only brought to fore the subtler nuance of these vulnerabilities, but proved that with proper training they can be the best gatekeepers for children in communities.

- 3. Strengthening of community based structures and awareness on child protection and Alternative Care:** Bodies such as the Village

⁷This study showed almost half the AWWs (more than 50%) did not have much formal knowledge of Alt Care schemes, even though they informally advocate this everyday by counseling children/families. Building their capacities and skills can strengthen community gatekeeping to a great extent.

Child Protection Committees and Ward level Child Protection Committees (VCPCs/WCPCs) must be constituted wherever they do not exist, especially considering the large rural population of our country. In districts where they have been already constituted, they need to be strengthened and capacitated so that they can make their presence felt in the community. They must be encouraged and supported to develop tailored child protection plans with focus on aspects of Alternative Care that include large-scale and awareness campaigns. Importance of communication channels at various levels can be gathered from the fact that many AWWs, while working informally on these aspects every day, shared that they did not know how to formally take up issues of vulnerable children ahead. This highlights the tenet that while information and awareness goes from top levels to bottom, the facilitation process of actual cases only works bottom to top.

- 4. The District Action Plan (DAP)** must be developed keeping in mind insights from the CVM with specific targeted approaches and interventions for the vulnerable children, families and communities. Every DAP must include a clear section on suggested interventions related to Alternative Care. It is also essential that the DAP reflects mechanisms for inter-sectoral convergence with other departments, agencies and Civil Society Organisations working in the district on child protection issues. The study catered to this convergence from the beginning, right from choosing the blocks of Ujjain, Nagda and Badnagar based on variegated causes of vulnerability to having hybrid webinars with various Dept. heads such as Labor, Vocation, Education, Health, ITI etc. and facilitating diverse linkages accordingly. Besides, a suggestive DAP has been developed keeping

these variations in mind, and can be used by district CPFs with adaptations and contextualization.

- 5. Capacity Building** for CPFs on vulnerability mapping, its purpose, methodology and skills to develop DAP along with perspectives of working with children and young persons from traumatic backgrounds must be undertaken from time to time. A considerable percent of CPFs did not have awareness of the specific concept of CVM under the JJ Act. This often leads to a lack of pace for Alt Care linkages, and vice versa; due to low awareness of Alternative Care the concept of a CMV does not get prioritized.

The CVM process must be owned by the CPFs to ensure a family or a family like environment for all children in the state: To achieve the goals set out by the GoMP in the State Plan of Action on Alternative Care, 2018, steps must be taken towards preventing unnecessary separations and developing linkages and restorations for those already separated, and undertaking CVMs in every district can clearly aid this entire process. Data and insights from this process clearly informs the strategies to be adopted and implemented for effective restorations and reintegration of children, living in residential care institutions.

Undertaking structured, well planned and properly executed CVMs with DAPs being developed and implemented at the district level can bring about a paradigm shift from institutionalization to family-based care services for children. It can also support the linkages and expansion of social protection schemes to families and children to reduce their vulnerabilities, leading to FS, thereby becoming a route to achieve the objectives envisioned in the State Alternative Care Plan of Action, 2018 in the state of Madhya Pradesh.

Acronyms

AWWs: Aagan Wadi Workers

CCI: Child Care Institutions

CVM: Child Vulnerability Mapping

DAP: District Action Plan

DCPU: District Child Protection Unit

DCPO: District Child Protection Officer

GoMP: Govt of Madhya Pradesh

FS: Family Strengthening

VCPCs: Village Child Protection Committees

WCPCs: Ward level Child Protection Committees

List of Annexures

1. Template for District Profile
2. Template for District Action Plan (DAP)

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