

A PILOT INITIATIVE TO STRENGTHEN COMMUNITY-BASED SUPPORT AND OVERSIGHT MECHANISM FOR CHILD PROTECTION, GADCHIROLI, MAHARASHTRA

Introduction

The district is situated on the North-Eastern side of Maharashtra State & have state borders of Telangana and Chhattisgarh.¹ Gadchiroli district is categorized as Tribal and undeveloped district and most of the land is covered with forest and hills. This district has an agrarian economy and famous for Bamboo and Tendu leaves. Paddy is the main agriculture produce in the district and hence, there are many Rice Mills in the district. The other Agriculture Produce in the district are Jwar, Linseed, Tur, Wheat. There are no large-scale Industry in the entire district except a Paper Mill and a Paper Pulp Factory. Due to this, the district is economically backward.²

The district has three Municipalities, 9 Nagar Panchayats, 457 Gram Panchayats and 1688 revenue villages.³ As per Census 2011, Gadchiroli has the lowest (74 per sq km) population density in the State.⁴ The total population of the district is 1,072,942 of which, SCs constitute 11% while STs; 39%. Further 89% of the total population lives in the rural areas.⁵ The total child population in the district is 393272(i.e, 37% of total population).⁶

The total literacy rate of Gadchiroli district is 74.36%. The Child Sex Ratio stands at 961 girls per 1000 boys.⁷ As per the National Multidimensional Poverty Index (MPI) 2021⁸ reported by NITI Aayog, GOI, 68% of households have no proper sanitation facility or the facility is shared with other households, 52.5% have inadequate housing facilities, 19% do not have access to improved/safe drinking water, 38% households have been found to be undernourished, 14% have not received required antenatal care and 11% of households have not received even 6 years of schooling.

As per National Family Health Survey 2019-21 only staggering 4.5% children aged between 6-23 months have been receiving an adequate diet while, 77% children aged 6-59 months are anaemic. Additionally, 36% Children under 5 years are stunted, 35% underweighted and 30% wasted. Only 22% of children aged 5 years had attended a pre-primary school. Furthermore, 10% of women aged 20-24 years had married before age 18 years.⁹ As per census 2011 in total 18,470 children between 5-14 years were working or seeking for work.¹⁰ As per Annual Status of Education Report 2018 only 34% and 55% children between grades 3-5 and grades 6-8 respectively can read grade-2 level text. Further, 26% children only between grades 6-8 can do division.¹¹

The socio-economic position of families across the district has kept a large majority dependent on social welfare schemes and services. This increased many-fold with returning migrants and their families during the pandemic. Job loss, depleted household income, and food shortage severely affected survival for numerous families. The restrictions on mobility during this period, coupled with school closures, disruptions in daily routines and support systems added new stressors for children to deal with. Away from school for almost two years, children dropping out is likely, placing them at risk

¹ <https://gadchiroli.gov.in/about-district/>

² <https://gadchiroli.gov.in/economy/#:~:text=This%20district%20is%20famous%20for,of%20the%20people%20is%20farming.>

³ <https://gadchiroli.gov.in/village-panchayats/>

⁴ https://www.maharashtra.gov.in/Site/upload/WhatsNew/ESM_2019_20_Eng_Book.pdf

⁵ <https://www.censusindia.co.in/district/gadchiroli-district-maharashtra-508>

⁶ <https://censusindia.gov.in/2011census/C-series/C-13.html>

⁷ <https://www.censusindia.co.in/district/gadchiroli-district-maharashtra-508>

⁸ https://www.niti.gov.in/sites/default/files/2021-11/National_MPI_India-11242021.pdf

⁹ http://rchiips.org/nfhs/NFHS-5_FCTS/MH/Gadchiroli.pdf

¹⁰ <https://censusindia.gov.in/2011census/B-series/B-Series-01.html>

¹¹ <https://img.asercentre.org/docs/ASER%202018/Release%20Material/aserreport2018.pdf>

for child labour, child marriage, substance abuse, sexual exploitation, trafficking etc. In the last one year(2021-2022) alone CHILDLINE received 148 calls(corona linkage with schemes-45, bal sangopan-42, Children living on the streets with family-19, emotional support guidance-12, corona need food-8, child marriage-4, beggary-3, missing-3, educational help-2, counselling-1, child sexual abuse-1, medical help-1, protection from abuse – 03 physical abuse – 01, shelter – 02 sponsorship – 01) for assistance from across the district. The pandemic has brought out the need to strengthen the child protection ecosystem, particularly at the community -level (*where formal CP structures are non-existent*). Recognizing that communities live interdependently, especially across rural India, it is critical that their support to each other on various issues must be drawn upon to ensure safety, protection and that children do not fall out of family and community safety nets.

Supported by the Ministry of Women and Child Development, CHILDLINE India Foundation (CIF) anchors CHILDLINE services across 602 cities and districts across the country and has responded to more than 90 million calls for assistance. During the pandemic alone, CHILDLINE responded to 728487¹² calls, worked alongside the administration assisting in relief distribution, linking families to services, creating awareness on child protection issues and safety precautions against covid-19, dispelled myths against Covid-19 vaccination etc. Recognizing the significant role communities can play in supporting and strengthening the child protection ecosystem, it has also been working to activate Child Protection Committees (CPCs) at the village and block level. To further systemize and build the capacity of CPCs and Children’s groups at the community/village level, it has entered into a partnership with Leher¹³, a child rights organization that has extensive experience on mobilizing, building the capacity of VCPCs (in accordance with ICPS guidelines) and creating knowledge to enable the scale up of CPCs.

A pilot has been initiated across 20 districts in Kerala, Maharashtra, Odisha and Uttar Pradesh. In Maharashtra, CHILDLINE has begun this work towards mobilizing communities in an effort to create safer nurturing environments for children in risk ridden communities across Akola, Beed, Gadchiroli, Palghar and Yavatmal.

In Gadchiroli, CHILDLINE discussed the need to strengthen community-based action for child protection with the CDPO. Based on the feedback provided, 25 villages¹⁴ were identified across Ambeshivani, Bhikarmoushi, Churchura, Dibhana, Jepra, Katali, Nagari, Navargaon, Porla and Vasa gram panchayats to initiate the pilot in. The need to conduct a short Baseline study to understand the situation of child protection at the village level was felt to inform where work in each village needed to begin from. On the basis of the CP Baseline training received from Leher, feedback and support received from the village level government schools, Anganwadi workers, Health workers, village stakeholders and village level active committees and villagers; CHILDLINE Gadchiroli Amhi Amchya Arogyasathi team began to conduct the CP Baseline in December 2021.

Using participatory tools and facilitating Focus Group Discussions with children, adult community members and IDI with duty bearers, the Baseline examines - the prevalence of child protection issues, the accessibility and quality of schemes and services for children, the awareness on child protection systems, and the existent community level monitoring committees that exist at the village level. Evidence from children, adults and duty bearers are juxtaposed with each other, and provide a

¹² Child labour, education related, nutrition, child marriage, physical and emotional abuse (including corporal punishment and neglect), missing and runaway, child in contact with the street, child trafficking, child sexual abuse, child found begging, substance abuse, cyber security and online safety, any other

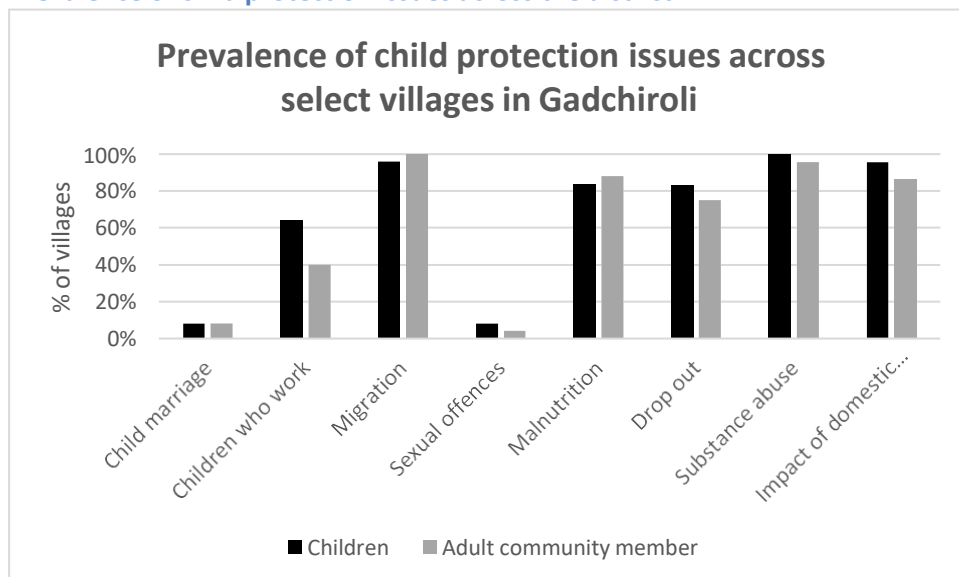
¹³ Leher has spent 9 years in developing prevention interventions led by communities. Leher’s work includes: [A field lab](#) in 36 villages in the district of Madhubani, Bihar, to generate lived experience, evidence, insights, indicators of impact; Creating knowledge to enable the scale up of community led child protection; Evangelizing community led child protection in different formats, and targeting different segments in society; Developing capability in larger institutions towards scaling up and institutionalizing the intervention.

¹⁴ Annex 1

progressive build-up of evidence from communities presenting a complete picture of child protection in the community. Provided below is a brief summary of the discussions with the children, adults and village level duty bearers.

Sharing discussions across select villages with children, adult community members and village level duty bearers in Gadchiroli

1. Prevalence of child protection issues across the district



Through focused group discussions facilitated in the select villages migration(98%), substance abuse(98%) and impact of domestic violence(91%) were some of the key issues identified by children (11-18years) and adult community members while, child marriage(8%) and sexual offences(6%) were the issues least recognized.

Migration

“The people in our community migrate with families. Due to this, children are unable to attend school.”

-CG, Jebra

“Families migrate to Andhra Pradesh and Chhattisgarh to cut chillies and Tendupatta and also to pick cotton”

-CG, Navegaon

“In the past one year around 500 people from our village have migrated for work on a seasonal basis to farm fields to harvest cotton and other pulses.”

-AG, Churchura

“There is in-migration as well as out-migration from our village to other districts. People who migrate to our village are engaged in making bricks while the people from our village migrates out on a seasonal basis”

-AG, Bodhali

“People from our village migrate to work in chilli, soyabean and cotton farms.”

-Teacher, Mudzha

Substance Abuse

"There are around 38 children from our community who consume tobacco, cigarettes and drink."

-CG, Navegaon

"Children begin to drink and consume substances like, Gutkha, Khara, Tobacco, Nas, Gudakhu, Tadi, etc. They are able to access these substances from shops and neighbours."

-CG, Aambeshvani

"There are over 50 children in our village who consume alcohol, tobacco, gutka and cigarettes."

-AG, Chandala

"The child as old as 10 years in our community consume addictive substances"

-AG, Dibhna

"Drugs is a big problem in the village. Citizens and children need to be made aware about the effects of addictive substances on the body."

-ASHA, Nagri

Impact of domestic violence

"There are cases where the father beats the mother after having drinks. The violence leads to mental stress among children. Due to these incidences children's education is neglected."

-CG, Bhagvanpur

"When domestic violence occurs in a family; the family is provided support by the neighbours. The family is calmed down and given proper guidance."

-CG, Porla

"In the recent past one year there have been over 50 cases of domestic violence in our village because of which children have been dropping out of school, indulging in substance abuse, and also getting engaged in child labour."

-AG, Bhikarmoushi

"We have made complaints to Tantamukt Samiti, Police Patil, Mahila takrar police station and Sarpanch in the cases of domestic violence."

-AG, Vasa

"The village is under the influence of domestic violence. This type of violence is seen after being drunk and beating the wife. Neighbours provide emotional support at such times."

-AWW, Mendha

School Dropout

"There are more than 10 children who have dropped out of school in the recent past one year. Children generally stop going to school from 10th class onwards."

-CG, Sakhara

"Children do not go to school because they do not like school and are beaten by teachers."

-CG, Mohadongari

“Children dropout of school between classes 8th to 10th. The children who dropout lack the basic academic knowledge and unable to read and write.”

-AG, Shivni

“Children who dropout are unable to gain knowledge and goes on to consume additives.”

-AG, Kanheri

“children dropout of school due to poor financial condition, which leads to huge educational and intellectual loss ”

-Teacher, Masli

Other child protection issues identified

Impact of Covid

“The closure of school has caused damage to education and a link with studies have got broken. The pandemic created an atmosphere of fear and masks, sanitizer and social distance was required during the time. This meant unable to meet and connect with friends and play outdoors. The lockdown has led to the habit being over TV or playing mobile games at home. The lockdown led to children behaving rudely.”

-CG, Katli

“The closure of schools during caused educational loss to the children. Jobs were not available or had got lost. Due to this and the inflation; families went through extreme financial crisis.”

-AG, Gogon

Malnutrition

“We have been told by ANM, ASHA and Anganwadi worker that our children are undernourished. There are over 20 children in our village who are malnourished.”

-AG, Jebra

Children who work

“There are over 30 children from our community who have migrated to other cities to work as shop assistants and mechanics. Due to poor financial conditions the children begin to work leaving education from ages between 14-18. “

-CG, Porla

Gambling

“Children as young as 10 starts gambling by seeing the adults gamble. There are about 50 children in our community who have been seen gambling. While gambling children spend a lot of money.”

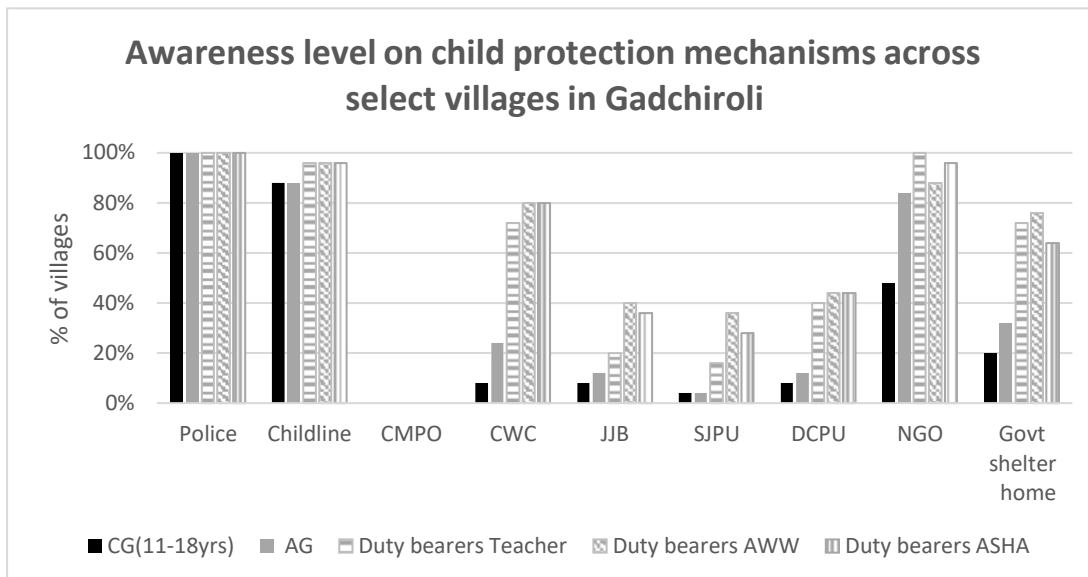
-AG, Bodhali

Psychological Distress

“The quarrel between the parents, death of the father, stress of the paper and teachers are some of the reasons of psychological stress. We watch T.V and play when we feel stressed.”

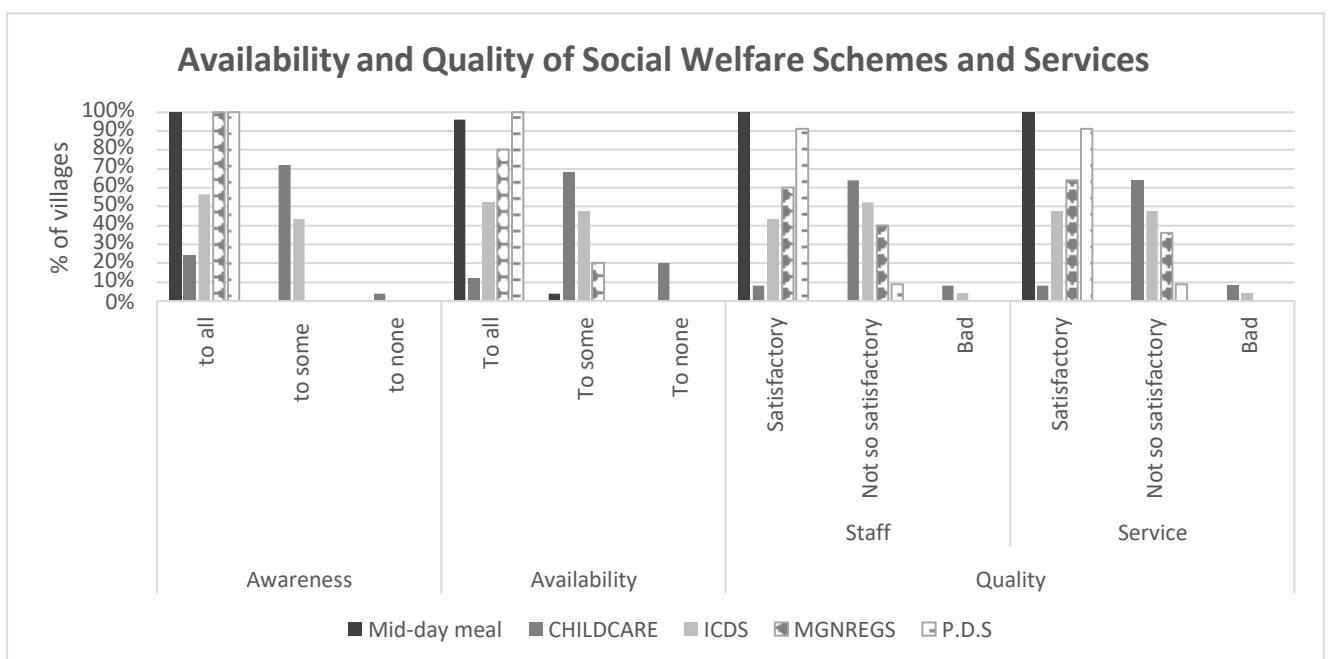
-AG, Wakadi

2. Awareness level on child protection mechanisms



Across all 100% villages CG and AG shared that they are aware of Police and mostly(88%) are aware of CHILDLINE. However, on an average CG and AG across merely 10 % villages have awareness regarding the CP mechanisms like- CWC(16%), JJB(10%), SJPU(4%), DCPU(10%).

3. Access and quality of Social protection Schemes and Services: *The figure below highlights the extent of availability and quality of the various social welfare schemes*



AG across 100% villages is aware of MGNREGS, Mid-Day Meal and PDS schemes. The Childcare and ICDS schemes are available only to some in 68% and 48% of the villages respectively. Further, on an average the quality of the Childcare, ICDS and MGNREGs schemes are not satisfactory in 51% villages.

ICDS

“Beneficiaries of Anganwadi under 0 to 6 years, pregnant mothers and lactating mothers get the benefit of Integrated Child Development Scheme. However, some are dissatisfied with the services as they are not getting the benefit of this scheme.”

-AG, Vasa

Child Care Scheme

“None are availing this scheme from our village as we are not aware about the scheme and the benefits under it.”

-AG, Mohadongari

PDS

“Yellow, orange, card holders get rations from cheap food shops to the families in the village respectively but those who have white cards do not get food grains so the citizen is dissatisfied with the scheme.”

-AG, Porla

MGNREGS

“Only a few are able to get job cards as many of us do not have required documents or a family income certificate to apply for the benefits under the scheme. “

-AG, Bahmani

Way forward

The sharing and testimonies from the communities (children, adult community members, village duty bearers) present the prevalence of numerous child protection issues, the lack of awareness on CP systems and structures etc. It brings to attention the need to focus on child protection. The issues identified in the Baseline, provide an opportunity to initiate discussions on child protection and seek the participation and support of community members, stakeholders to come together and work towards proactively making communities safe spaces for their children. Mobilizing communities, to form Village Child Protection Committees in these risk ridden communities, CHILDLINE Gadchiroli will build the capacity of these VCPCs as effective mechanisms to identify and raise issues concerning children and assist in linking children and families to the child protection system.

Annexure 1- Village List

Sl No	Block	Gram Panchayat	Village name
1	Gadchiroli	Aambeshivani	Aambeshivani
2		Adapalli	Adapalli
3		Bamhani	Bamhani
4		Bamhani	Bhangwanpur
5		Bamhani	Mohodongari
6		Bhikarmoushi	Bhikarmoushi
7		Bodali	Bodali
8		Chandala	Chandala
9		Churchura	Churchura
10		Dibna	Dibna
11		Gogav	Gogav
12		Jepra	Jepra
13		Kaneri	Kaneri
14		Katli	Katli
15		Kharpundi	Kharpundi
16		Mendha	Mendha
17		mudzha	mudzha
18		Nagri	Nagri
19		Navargon	Navargon
20		Porla	Porla
21		Sakhara	Sakhara
22		Shivani	Shivani
23		Vasa	Vasa
24		Wakadi	Maseli
25		Wakadi	Wakadi

Annexure 2-Pictures



Focused Group Discussions with children's group in Churchura(left) and Bhikarmausi(right) villages.



Focused Group Discussions with children's group in Vasa(left) and Katli(right) villages



Focused Group Discussions with adult community members in Jepra(left) and Adapalli(right) villages.

Focused Group discussion with adult community members in Wakadi and Gogav Village.



गावठी ग्रामाच्या आरोग्यासाठी सुरक्षित वाईट लक्षण असू पाहिजेत

Table :- Identification of prevalent issues that affect population of children

Sl. No.	Issue	Gender		Age		Date of discussion	Participants	Evidence (Response to our questions)	Conclusion/Action plan
		Male	Female	CS	AG				
1	बाळानुत्पत्ती (Child labour)	मे	मे	नाही	नाही	नाही	नाही	<ul style="list-style-type: none"> बाळानुत्पत्ती ही एक गंभीर समस्या आहे. बाळानुत्पत्तीमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. बाळानुत्पत्तीमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. बाळानुत्पत्तीमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
2	बाळविवाह (Child marriage)	मे	मे	नाही	नाही	नाही	नाही	<ul style="list-style-type: none"> बाळविवाह ही एक गंभीर समस्या आहे. बाळविवाहमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. बाळविवाहमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. बाळविवाहमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
3	आकांक्षित (Nutritional)	मे	मे	मे	मे	मे	मे	<ul style="list-style-type: none"> आकांक्षित ही एक गंभीर समस्या आहे. आकांक्षितमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. आकांक्षितमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. आकांक्षितमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
4	सैद्धांतिक (Social Abuse)	मे	मे	नाही	नाही	नाही	नाही	<ul style="list-style-type: none"> सैद्धांतिक ही एक गंभीर समस्या आहे. सैद्धांतिकमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. सैद्धांतिकमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. सैद्धांतिकमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
5	आयुष्यानुत्पत्ती (Infant mortality)	मे	मे	मे	मे	मे	मे	<ul style="list-style-type: none"> आयुष्यानुत्पत्ती ही एक गंभीर समस्या आहे. आयुष्यानुत्पत्तीमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. आयुष्यानुत्पत्तीमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. आयुष्यानुत्पत्तीमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
6	सामाजिक (Social Abuse)	मे	मे	मे	मे	मे	मे	<ul style="list-style-type: none"> सामाजिक ही एक गंभीर समस्या आहे. सामाजिकमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. सामाजिकमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. सामाजिकमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
7	नशापान (Substance addiction)	मे	मे	मे	मे	मे	मे	<ul style="list-style-type: none"> नशापान ही एक गंभीर समस्या आहे. नशापानमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. नशापानमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. नशापानमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
8	कुपोषण (Malnutrition)	मे	मे	नाही	नाही	नाही	नाही	<ul style="list-style-type: none"> कुपोषण ही एक गंभीर समस्या आहे. कुपोषणमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. कुपोषणमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. कुपोषणमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
9	बायली शिंद्या प्रसार (Prevalence of dengue)	मे	मे	मे	मे	मे	मे	<ul style="list-style-type: none"> बायली शिंद्या ही एक गंभीर समस्या आहे. बायली शिंद्यामुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. बायली शिंद्यामुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. बायली शिंद्यामुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
10	शारीरिक (Physical Abuse)	मे	मे	नाही	नाही	नाही	नाही	<ul style="list-style-type: none"> शारीरिक ही एक गंभीर समस्या आहे. शारीरिकमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. शारीरिकमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. शारीरिकमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे
11	शैक्षिक (Educational)	मे	मे	नाही	नाही	नाही	नाही	<ul style="list-style-type: none"> शैक्षिक ही एक गंभीर समस्या आहे. शैक्षिकमुळे बालकांचे शारीरिक व मानसिक स्वास्थ्य खراب होऊ शकते. शैक्षिकमुळे बालकांचे शिक्षण संपुष्टात येऊ शकते. शैक्षिकमुळे बालकांचे जीवनमान खालाशी जाऊ शकते. 	मे

Sharings by CG and AG being documented on prevalent child protection issues in Katli village.