Community-Based Child Protection Mechanisms in Mangolpuri Resettlement Colony, Delhi: A Case Study

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Abstract

Children are one of the most vulnerable sections of society. Living in urban slums and resettlement colonies, and the lack of resources, impacts their healthy growth and well-being. Child Protection is one issue that requires attention for the safety and security of these children. Non-governmental organisations are currently working hand in hand with government bodies to improve the lives of marginalised and vulnerable children and help them access their rights. This paper presents a systematic study of child protection mechanisms implemented by the Dr A.V. Baliga Memorial Trust-Plan India in Mangolpuri, Delhi. The paper attempts to describe the Community-based Child Protection Mechanism in Mangolpuri, an innovative model for addressing children's protection issues. It also explores the implementation mechanism of in-built structures, such as Bal Suraksha Dal, Safe Houses, Children's Clubs, and organisational initiatives. It also dwells upon the selection procedures of the members in these structures. This study is qualitative in nature and uses interviews and an institutional case study as methods of investigation. The study aimed at building a protective environment for children in difficult circumstances, as well as other vulnerable children, through the Government-Civil Society Partnership.

Keywords: Child Rights, Community-based Child Protection, Bal Suraksha Dal, Safe House,

Introduction

Children's basic needs and rights should be cared for and supported by their families and relatives, enabling them to grow into responsible citizens who can make positive contributions to society. Through the developmental process, the child receives emotional, social, financial, and psychological support from the parents/guardians. The neighbourhood and community play a significant role in ensuring the safety and security of every child. Moreover, slums and resettlement colonies in cities pose numerous risks and discrimination, which could seriously and permanently harm a child's growth and well-being. These risks include abuse and neglect, exploitation, family violence, violence and abuse in schools, child marriages, child labour, and trafficking. Such a situation requires a comprehensive strategy that includes preventive, promotive, and curative provisions such as awareness generation, early intervention, robust and full-proof protective mechanisms, and policies to ensure the safety and security of children. The Child Protection System is "the set of laws, policies, regulations, and services needed across all social sectors – especially social welfare, education, health, security, and justice – to support prevention and response to protection-related risks." (UNICEF, 2008).
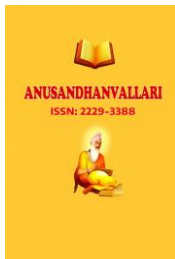
This study seeks to describe the community-based child protection system in an urban resettlement colony of Mangolpuri, located in the North-West district of Delhi. The area is inhabited by lower socio-economic working-class people who have migrated from various parts of the country. Unfortunately, due to poor socio-economic conditions, not all parents can fulfil their children's basic needs (Dubowitz, 2013; El Nokali et al., 2010). Due to migration and ease of renting accommodation without proper documentation, a highly fluid population structure in the area raises serious safety concerns for children due to the anonymity that this structure affords.

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One can see the restriction on girls' mobility after sunset, which is not only a stumbling block but also a violation of the right to freedom of mobility of both children and adults. According to news reports, North West Delhi is found to be one of the most crime-prone areas in New Delhi. The area, "Mangolpuri —sees the most number of FIRs in New Delhi" (Lama, 2018), as reported in a popular national newspaper report. The issue is of concern as there are cases of murder, child abuse, drug de-addiction, local rivalries which threaten the mobility of the children, especially the young girls.

Community-Based Child Protection Mechanisms (CBCPMs) are a crucial practice intervention to ensure the children's well-being and provide a safe and secure environment. The community-based child protection system engages dedicated formal and informal structures, functions, and capacities in preventing, identifying, reporting, and responding to abuse and exploitation of children in the community.

Child Frontiers (2012) has described it as:

> A forum where community members meet, discuss child protection problems, and research solutions. It is thus an informal community structure, representing all sectors in the community that have a role to play in protecting children, including children themselves. While bringing concrete solutions to the situation of individual children and young people, they also serve as platforms for holding duty-bearers accountable for promoting child rights and protecting children from violence. (p.3)

Communities can play a significant role in safeguarding the child's interests, as abuse against children is prevalent across income and class groups (Segal, 1995; Deb & Modak, 2010). The issue of child protection is contentious and requires continuous interventions from community stakeholders, including the children and adults.
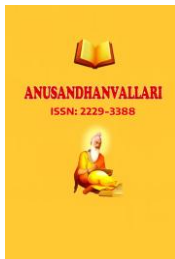
CBCPMs work in an "awareness mode and protective approach, with the long-term objective to provide psychological recovery, rehabilitation, and integration" (Nav Sristhi, 2019, p.11).

The objectives of CBCPMs are:

> "To prevent and protect children in the community from all sorts of abuse, neglect, violence, and exploitation, prevent child abuse through awareness raising among the key stakeholders, complete early interventions with high-risk groups and children, disseminate positive disciplining parenting techniques to 'discipline and guide children through communication' and influence both policy and practices at local, state and national levels" (O'Kane, 2012; Plan India, n.d).

Case Description

Dr. A.V. Baliga Memorial Trust worked with children and women on a rights-based approach. The Child-Centred Community Development Program (CCCDP) was one of the projects supported by Plan India, dedicated to the holistic development of children living in slums. It worked in the thematic areas of Health, Water, Sanitation, and Hygiene (WASH), Education, Early Childhood Development, Economic Empowerment, Disaster Risk Reduction, and Child Protection. It also implemented a Sponsorship Programme, which supported around 1,720 economically vulnerable children in the community to continue their education, maintain healthy living, and improve their overall well-being. The agency had established a Child Protection Committee (CPC), which comprised members from various units of the agency and was headed by a child protection point person. Under the child protection theme, a child protection structure was formed in the name of Bal Suraksha Dals (BSDs). Bal Suraksha Dal (BSD) can be defined as a committee sensitive to child protection issues (Nav Sristhi, 2019). The members of BSD are trained on various child rights issues and safeguarding provisions by different agencies. They sought the assistance of various local law enforcement agencies, including local police, Child Welfare Committees (CWCs), Special Juvenile Police Units (SJPU), Juvenile Justice Boards (JJB), and Childline, to address the issues affecting children. The CCCDP unit also collaborates with other program units of the agency, such as the 'Safer Cities for Girls Program' and 'Mahila Panchayat .'The Safer Cities Programme was a global collaboration between Plan International, Women in Cities International, and UN-HABITAT, which aimed at

"increasing the safety and security of girls and youths in public spaces and increasing their active and meaningful participation in urban development and governance" (Plan International, n.d.). Mahila Panchayats were a scheme promoted by the Delhi Commission for Women, Government of NCT Delhi, which provided "crisis intervention and legal aid at the community level and helped tackle local-level legal disputes and assisted in the reduction and reconciliation of violence against women" (Delhi Commission for Women, n.d.).

This study was conducted as part of a year-long fieldwork project undertaken by the researcher at the Dr. A.V. Baliga Memorial Trust. Interviews were conducted with the point persons of the Child Protection Committee and five members of the Bal Suraksha Dal. Another crucial source of information was the children of the community with whom the researcher had informal interactions over a period of seven months. The Dr. A.V. Baliga Memorial Trust is referred to as 'agency' in subsequent discussions.

Research Methodology

The study employed a qualitative research method. In this research, the case study method, as described by Yin (2017), was used. According to Yin, "Case is a contemporary phenomenon within its real-life context, especially when the boundaries between a phenomenon and context are unclear, and the researcher has little control over the phenomenon and context" (p.13). The case design is an embedded single case design. The case study focused on Community-based Child Protection Mechanisms operating in five blocks of Mangolpuri. The CBCPMs included the Bal Suraksha Dal, which worked in these blocks of Mangolpuri, the Child Protection Committee of the agency, and the Safer Cities Project, which was also being implemented by the agency in the community and focused on the issue of safe and inclusive cities, especially for adolescents, girls, and youths.
The CBCPM working in the intervention area of Mangolpuri was categorized under the Category 2 approach, as per the classification outlined in the global review by Wessells (2009). According to the Category 2 approach, there is "Community involvement in agency initiative: the agency is a promoter of its own initiative, a planner and a trainer, and community members are volunteers and beneficiaries" (p. 18).

The objectives of this case study were as follows:

1. To understand the working of Bal Suraksha Dal (BSD), part of CBCPMs, and the priority areas that the BSD takes.
2. To understand the sustainability factors, such as community ownership, stakeholder participation, programming, and budgeting, as well as the outcomes of this intervention in addressing the protection issues of children in a resettlement colony.
3. To learn about the success of CBCPMs in a resettlement colony of a million-plus urban agglomeration in a developing country, particularly in terms of their potential for replication throughout the country. This helped portray the actual situation concerning child protection in the community.

Methods such as documentation review, in-depth interviews, participant observation, and direct observations were used in the case study. The interviews were facilitated using tools such as an interview guide. The interviews were conducted both one-on-one and in focus groups. Written informed consents were obtained before the interview. Data collection sources were primary (interviews) and secondary (documentation review). A focus group discussion was held with four members of BSD and two field mobilizers. Detailed interviews were conducted with two Trust staff members working on the Child Protection theme, and recurring conversations took place with one member of BSD, who is actively involved in agency affairs.
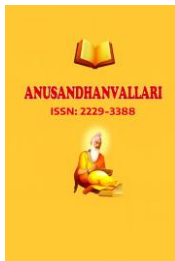
The researcher had been in regular contact with children at a Safer-City Project activity centre for a period of 50 days over eight months, conducting sessions on protection issues, mental health, and life skills, and observing the effect of these community interventions on the children in the area.

Literature Review

This section presents theme based review that has been constructed based on the objective of the paper.

Community as a 'Source of Strength'

According to Wessells (2009), protective factors exist at multiple hierarchical levels, including family, community, and national levels, which align with the ecological models of child development. It highlighted the importance of the social environment in children's development (p.8). Communities were explored as a unique source of strength that they offered us. It brought our focus to the trust-building factors that could be cultivated in low-trust communities. Darmstadt (1990) discusses the primary prevention strategies, including interventions such as enhancing parental competencies, coping skills, and extending social networks during transition periods, stress, and early parent-child bonding. The impact of community trickles down in a top-down manner from communities to neighbourhoods to families. Dar and Dodge (2009) explored the role of neighbourhoods in the entire child protection process, asserting that the quality of neighbourhoods can impede/encourage parenting and social integration. The community is a crucial source of potential support and serves as a critical intersection between government and civil society. "The support provided via horizontal connections among various child-protection groups and vertical connections with district-level and national-level mechanisms" (Wessells, 2009, p.10). Thus, child protection groups can be seen as a type of cluster that significantly shields the children; their strength multiplies when it is not an isolated circumstance but rather a regular feature of our cities.

Concerns in CBCPM

Wessells (2009) noted a lack of evidence regarding the effectiveness, cost-effectiveness, and sustainability of community-based child protection interventions. It is partly due to the nature of project implementation through funding agencies in non-governmental organisations. Islam (2016) noted that NGOs suffer the most in terms of power and credibility, as international donor agencies benefit from successfully implementing their agendas via funding these organisations with both 'financial supremacy and an indefinite patronage' (p.31). It places a greater onus on governments to invest in assessing the impact created by child protection groups and replicate that by implementing policy-level changes. Munro (1996) focused on the fixated attitude of social workers in the field and their general unwillingness to revise their initial impressions of the field. O'Kane (2012) suggested that collaboration between children's groups and BSDs needs to be on a deeper level and much more inclusive, highlighting that the BSDs have no proper use of a case management approach. He also pointed to the non-recognition of male child sexual abuse while working in the field. Dar and Dodge (2009) feel that the undue emphasis on identifying at-risk families cannot prevent external factors from influencing the neighbourhood's quality of life.

Catalysts of abuse against children

Munro (1996) underlines the multiple catalysts for child abuse, including the social, economic, genetic, and psychological factors, and also highlights that intervention with the family is decided based on the political, moral, and economic levels. Browne et al. (1989) have written on the causal theories of child abuse, including the psychopathic, social, environmental, special victim, and psychosocial models.

A study (PWC and Save the Children, 2015) highlighted the grim situation of child protection issues:

The million+ cities significantly contribute to crimes against children, such as trafficking, kidnapping, rape, and infanticide. The girl child is significantly affected due to the proliferation of sex work in
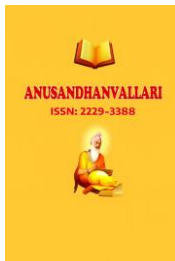
cities…A higher-than-average crime rate clearly means that children in the cities are not only victims to such violence but are in danger of becoming a part of organised crime rackets, especially when faced with disruption in schooling and lack of parental care.

Interventions required in CBCPMs

Munro (1998) recorded that training, checklists, and handbooks are a partial solution to increase the effectiveness of social workers. According to her, interventions of a commonsensical nature need to be supplemented with theoretical knowledge for effective results. She emphasized that the father's role was generally ignored during the family's risk assessment. Darmstadt (1990) highlighted that programmes that identify families likely to abuse their child at the perinatal stage are more successful in preventing future child abuse. Dar and Dodge (2009) noted that community efforts to prevent child abuse can take the path of building social capital and community coordination of individual services, focusing on community building through efforts of first responders, faith leaders, and local people in business. O'Kane (2012) has advocated in his report for evaluation criteria to include broader and quantitative questions, such as the percentage of child sexual abuse cases handled, the percentage of girls married before 18 years, percentage of newborns registered at birth, percentage of children in gainful employment, percentage of schools with school management committees (SMCs). It provides a more accurate picture of the available support systems and highlights the current vulnerabilities in the system. He also pointed out the need to reduce the number of members in BSDs for more effective results and to involve children in the process as rights holders. The interventions should also involve psychosocial, health, legal, income generation, and livelihood perspectives.

Thematic Findings

Emerging Issues in the Community

The specific issues emerging and developing in the Mangolpuri community were related to child marriage, child abuse, and drug abuse. Cases were also reported where young girls were being lured into sex work in the area. Since, in many cases, both parents work full-time and leave their children alone at home, they often become vulnerable to exploitation and abuse. There was also rampant drug abuse in the community, with children as small as those in the age groups 8-10 years getting addicted to 'soft drugs.' There was genuine concern and helplessness in the BSD members' voices while discussing their inability to deal with drug abuse. Child

marriage was another issue that needed attention. In the event of any intervention, the concerned party would typically leave the city for the village. The BSD also dealt with complaints of missing children in the area.

Sustainability

The issue of sustainability was not a significant focus area for the BSDs in Mangolpuri, as the agency became a near-permanent member of the community, having worked in the area for over 45 years. Thus, no external pressure exists to move the BSDs towards Category 3 or 4 levels (toward greater independence of community-based initiatives), as categorized by Wessells (2009, p. 18).

> Category 3 still entails higher levels of community ownership, as the community owns and manages activities that an external agency initially mobilised or catalysed. Category 4 affords the highest level of ownership. The community members, on their own initiative, define their shared concerns and take responsibility for action through an existing community mechanism or one that they develop. (Wessells, 2009, p.33)

Although it was for more than six years, the BSDs functioned in the community spread over 5 blocks out of 23. BSD members had begun taking baby steps towards conducting community meetings in other blocks to replicate their efforts. However, it trust-building was an ongoing feature of the efforts, especially in the newer areas.
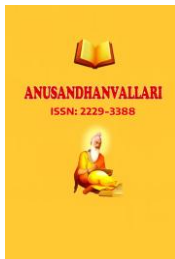
Although this program has been rolled out over a longer timeframe, it has not been constrained by the time factor typically associated with short-term projects, as noted by Wessells (2009). This can be due to the reason that the sponsor, in this case, is also advocating for country-wide Child Protection units.

The issue of community-based child protection cannot be limited just to the BSD and CPC. It needs to proactively reach a larger majority living in the area so that they can report and act independently. The community's attitude, in general, is one of indifference towards anything that happens outside our home, but people need to be made aware that society exerts equal or more significant pressure on the family's well-being (Schor, 1995; Mancini et al., 2005). In the Indian scenario, the roles of school teachers, community leaders, local businessmen, Aanganwadi workers, and ASHA workers also become important in ensuring the sustainability of programs.

Personal Transformation of the BSD members

All the BSD members who were interviewed concurred that working with BSDs has been highly beneficial for them. From being meek and shy, there was a sense of pride among them as they described how they speak to the police and ordinary people, and the respect they received from their children. They said that they started taking a positive approach towards issues in the world. It was a promising method for instilling indigenous leadership skills in urban women with rural connections. A leading motivation towards working in the BSD was to ensure a safer community for her own children, which multiple members verbally expressed.

Effectiveness of CBCPMs in building social capital and increasing service delivery
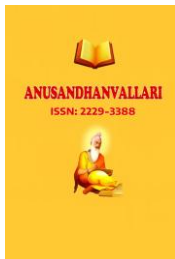
CBCPM exerts pressure to transform a high-risk locality into a low-risk locality. CBCPMs were working on that framework on a long-term scale of action, by bringing together children who grew up in groups and increasing their cooperation, cohesion, and understanding levels, resulting in a 'collective efficacy'. The initiatives focused on the children directly as members of the groups, as well as their family and friends circle indirectly. Under the sponsorship program of CCCDP, work with vulnerable families in Mangolpuri took place, where regular home visits were conducted by the agency's field officers, as well as engagement of 'sponsored' children in the agency's programs was ensured. This referred to building up support channels and social capital. The agency worked towards increasing access to various services, including skill training, Balwadi centers, and remedial education centers, as well as family counselling centers.

The initiatives taken by the Safer Cities Programme to mobilize children in the community for safer spaces and parks were another positive step in improving the area's quality of life. The BSD members observed a significant change in the awareness levels of children and community members. They reiterated that all children were made aware of the Childline number (1098) and their rights. BSD members were also very comfortable reaching out to higher police officials in cases where the constabulary does not register complaints. Sunny (2016) found that among girls in Mangolpuri:

> "The eve-teasers have stopped loitering around parks and streets which have 'safe houses' nearby. Everyone in our locality knows about this concept and are aware that the residents of the 'safe houses' will call the police at the first sign of any harassment."[5].

The safe houses were established to enhance the safety of women, particularly young and adolescent girls. The BSD model focused on awareness generation and crime reporting. Through participant observation, the researcher was able to analyze the effect of the Safer City Activity Centre, which was immense. The children advocated with authorities, including local area representatives, councillors, MLAs, and the Delhi Commission for the Protection of Child Rights (DCPCR), to address poor street lighting and broken parks. They also employed Participatory Learning and Action (PLA) techniques, such as Needs Assessments, Transect Walks, Safety Walks, and Social Mapping, to gain a deeper understanding of the community's issues. The effects of CBCPM on children include

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[5] https://www.thebetterindia.com/51638/safehouse-delhi-keep-women-safe/

being able to express and solve their concerns, defend their rights, and showcase their talents. Many of the girls in the area had started playing 'Touch Rugby' as a sport at state and national levels due to the 'Safer Cities Project' initiatives. It indirectly aids in making neighbourhoods safer by empowering them and making them independent, thus enabling them to carve a career for themselves. It also inspired other children, especially girls in the area, to follow in their footsteps.

Discussion on the theme

The literature review revealed a lack of documentation on the functioning of CBCPMs in urban areas in India. The CBCPMs in the agency were instituted in 2014 when Plan India became a major funding partner.

The agency staff witnessed an increase in the number of cases of children in need of care and protection (CNCP) being reported to them. Other cases that the BSD and CPC dealt with were related to physical abuse, corporal punishment, child labour, child marriage, sexual harassment, assault, and elopement. The BSD members acted on the information they received from the children in the community and the field officers of the CCCDP and Safer Cities project.

The Child Protection Committee was an organisational structure. It had linkages with Childline, nearby police stations, and the Child Welfare Committee, which was also located in the area. The Bal Suraksha Dal (BSD) comprised community members, primarily women. In the initial phases of its formation, the agency conducted mass-level meetings to identify the active and influential members of the community. BSD members include Accredited Social Health Activists (ASHA) workers, Anganwadi Workers, legal experts, and active community women. Most of the women in the BSD were middle-aged and married. Male professionals in the community, such as lawyers and doctors, were also part of the committee but left due to time constraints. The BSD members met once a month to discuss a pre-decided agenda. A BSD member shared in the interview, "Our main agenda is to spread awareness about women's and children's rights among the community and make the community members identify them ."BSD members also facilitated *Saajha Samooh Baithak (*community-level meetings) on a half-yearly/yearly basis for all community stakeholders. Community Nodal Volunteers (CNV) were appointed in each of the by-lanes in the blocks to facilitate their work. Since the CNVs and BSD members were working voluntarily, working in such initiatives (such as BSD) was considered a source of recognition and gained respect from fellow community members. BSD members were among the first responders in most cases of violence and abuse in the community.

The Plan India Standard Operating Procedure (SOP)[6] advocated for 80% women's membership in the BSD so that they can identify issues of domestic violence (Plan India, n.d.), but according to the researcher, this undermined the male participation, which could be a destabilizing factor in the long run. It already digressed from the equal membership of male and female members, which has been advocated by Wessells (2009) for the best results. In a patriarchal society such as India (Sev'er, 2008), this membership pattern may create an identity crisis among the 20% outnumbered male members. This may disincentivize them, leading to their departure from the group due to prestige issues. The social worker also felt that male members can be retained in the group with gender balancing. It was found that in the 'Case', there is a membership of more than 95% women, with a token male member, a field mobilizer (agency staff and local resident).

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[6]Plan India (n.d.), Standard Operating Procedure (SOP): BSD Formation, Strengthening and Functioning
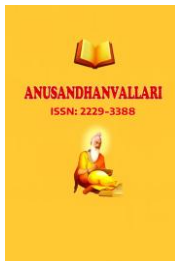
According to the NACG-WLCPC Guidelines (DWCD, n.d.), the Community-Based Child Protection Committee must have the formal presence of urban local body members. However, they are in close contact with the community through the Dr. AV Baliga Memorial Trust. It also lacked the presence of a Parent-Teacher Association (PTA) member from a local school, a teacher, and Persons with Disabilities (PwD).

Category 2 approach as given by Wessells (2009) which has been adopted for formation of BSD, leads to an increase in the levels of ownership of community members, whom the external agency aids in a hand holding manner. "Category 2 affords an increased sense of ownership, since community members are not only beneficiaries, but partners with an external agency that shares responsibility. They volunteer their labour, and community resources such as land, expertise, and facilities" (Wessells, 2009, p.33). It is useful where the community is highly polarised, and the results are expected faster. Mangolpuri is a melting pot of people from different states, castes, and religions and there remains a delicate balance between all the different entities that coexist. It has been observed that the mandate of the CBCPMs tends to tilt towards broad-based mandate when the external agency is involved. This has also been observed in the 'Case' where issues dealt with by the CPC and the Bal Suraksha Dal are child labour, child marriage, child abduction, sexual abuse, and child rights violation among others.

In the BSD formed by the agency, no child members were present. On an informal basis, the children were understood to be part of the child protection mechanism, but more often than not, the decision-making power was in the hands of the adults. It can be understood with the help of our cultural context, where the children are not seen as crucial members in decision-making (Fernandes, 2006, pp. 65-67). The researcher believes that the appropriate bridge between the adults and the children is the youth of the community (those aged between 14-24 years), and they can effectively play down the generation gap and ensure that the children's voices are effectively heard. The BSD members were conducting meetings with community women in other blocks to create more awareness and sensitivity towards child protection issues, and making efforts to form BSDs in other blocks. NGOs such as HAQ-CRC, Counsel to Secure Justice (CSJ), and Pardarshita had provided regular training to the Bal Suraksha Dal members. In 2019, many of them were provided Identity cards after they attended para-legal volunteer training conducted by DSLSA. In the training, they were also orientated on various legal provisions related to child protection. The training dealt with helping them develop an understanding of complex laws and legislations relating to children, which could be helpful in their daily functioning as a BSD member. Training can help them sharpen their focus as taking up the role of service provider.

In case of any crime being reported, the Agency SOP was that BSD members inform the members of CPC via call/text and proceed to the police station to file a First Information Report (FIR) or call the government emergency helpline numbers such as 112 and 1098. After filing the complaint, they continue doing regular checks with the police to know the case's updates to keep up the pressure. They frequently had to deal with issues such as the police not registering the case or the victim going hostile. In cases of sexual assault, they reported the case directly to the agency, which takes it forward. In other cases, which also required frequent contact with the police, the case was taken over by the agency. It emerged in discussion with the BSD members that victim hostility was one of the foremost reasons for cases being withdrawn or not taken forward. It often happened due to stigma, loss of *izzat* (dignity), in the community after reporting the case (Pillai, 2017; Modak, 2020).

Research indicates that the ideal group size was between 5-9 people (Kang, 2004). In this case, a core committee of 8-10 people may work better than a group formed with 25-30 members. The cohesion, commitment, and Trust levels would be much higher in a smaller group (Soboroff, 2012). After that, smaller action-based sub-committees can be formed involving teenagers and young adults. This would go a long way in involving the children in the process as 'rights holders' (GC No. 13, para 72 a).
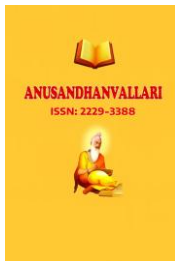
Important in the Safer Cities Program was the formation of 'Safe Houses' in the community. Safe Houses have effectively functioned to aid the women and children in times of crisis and increase the sense of safety in the locality. Another important component of the 'Safer Cities' initiative was the advocacy by the adolescents of the community for safer playgrounds and their foray into the game of 'Touch Rugby'. The community children had been consistently doing well in the state and national level 'Touch Rugby' teams, attracting many younger children, especially girls, into the sport. The introduction of sports has been doing wonders for the children as they get productively involved in a sport, where young boys and girls learn to play together as equals and develop a better understanding of the 'other sex', which may not be possible in a repressive school or home environment. Girls learn to assert their identity and gain confidence while developing their own group of trusted people in the community. Boys, who otherwise would have loitered around the parks and would have engaged in non-productive work, get an exposure to professional mentoring.

The Safer-Cities centre provided the platform to the children and youth to engage with each other on issues of gender, discrimination, self-defence, and taking part in the 'Social Mapping' exercise. Safety-Walk was a participatory tool to identify the potential threats and safety concerns, such as the condition of street lights, parks, and roads, and the problem of eve-teasing. These conversations were carried forward to homes and schools. The children proved to be an important agency to reach the entire community and raise awareness on taboo topics.
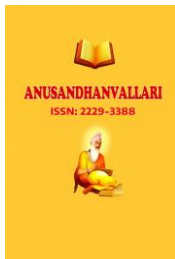
Challenges and Conclusion

Various challenges were encountered while engaging with child protection in a resettlement colony like Mangolpuri. There needed to be a complete attitude change among the people regarding reporting the cases. The issues of victim hostility and withdrawal of cases were closely associated with the people's ideals of dignity and respect. There used to be awareness building around the fact that it is not necessarily their fault, but the reality of the circumstances. The issues of child abuse, sexual assault, and domestic violence were perpetuated because the survivors did not report the cases, and the perpetrators remained scot-free. Community workers can address these issues, as they have a more significant impact on the overall health of children.

There were also no provisions for professional counselling for the agency staff and BSD members dealing with traumatic cases. The staff also reported a need for more training in psychosocial counselling techniques. They were also constrained due to issues of personal and family safety. They reiterated the actual existence of threats if they interfere too much. To ensure their safety, the women devised an ingenious solution. They worked in different areas, separate from their residence, which made them anonymous in this densely populated area.

Another ongoing challenge was that they were not legally mandated to work on this issue, so in any intervention, people often questioned their intent. They also did not have any official identity cards. The BSD members also reported facing questions from the family members due to safety, security, and psychologically taxing work issues. However, they reiterated that they were doing a *sewa* (service) for the community.

Actions taken from an anecdotal and commonsensical perspective, without formal theories, raised concerns about their efficiency and effectiveness. The social work researcher also observed that the field officers, after a period, become like family members to the families they were in contact with, and hence tried to protect them by, at times, not reporting domestic violence cases. Stark et. al. (2012) also found that "Social barriers, justification, and shame limited community intervention related to domestic violence" (p.5). The BSD members also expressed concerns over the unreachability of the police helpline number and the non-filing of FIRs by the constabulary. The Women's helpline (181) often did not acknowledge them in front of the police, as reported by one BSD member.

The study presented the case of a particular resettlement colony in Delhi where CBCPM was instituted to protect children. The benefits of this system made it attractive enough for change makers to actively work towards making these a reality in our cities, which are becoming increasingly risky for our children. The study documented the 'Case' and presented the challenges and practical limitations in an urban setting. It makes a case
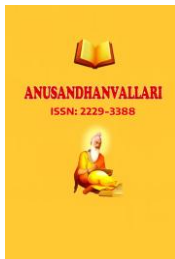
for deeper involvement of administration and greater synergy between government and civil society organisations. Its replicability can be explored within the newly conceived child protection policy framework, as outlined in the Vatsalya Mission. It requires the massive involvement of stakeholders at the bottom of the pyramid, both in letter and in spirit. The practice model explained in the paper is replicable, and local NGOs working in the area of child rights can take a proactive role in ensuring its implementation.

The intervention can be further improved through training parents to leave their 'life script' roles, as defined in Transactional Analysis (Summers & Tudor, 2000), and improve their coping skills. An important step towards child protection is ensuring that the child is registered as soon as he or she is conceived. This registration goes a long way in preventing female foeticide as opposed to that of unregistered children (Cody, 2010). Future research can further focus on the correlations between these interventions and child protection.

References

[1] Bhandare, N. (2020, February 7). Gender stereotypes can be broken. Here is how. *Hindustan Times*. https://www.hindustantimes.com/columns/gender-stereotypes-can-be-broken-here-is-how/story-uW4XuC89l2DtR3RaF8yvBP.html. Accessed 27 December 2020.

[2] Browne, K., Davies, C., & Stratton, P. (1988). *Early prediction and prevention of child abuse*. Wiley-Blackwell.

[3] Child Frontiers. (2012). Working with Community-Based Child Protection Committees and Networks.http://orange.ngo/wp-content/uploads/2018/04/Community_Child_Protection_Committees_HandbookEnglis.pdf

[4] Cody, C. (2010). Birth registration: A tool for prevention, protection and prosecution. In Craig G. (Ed.), *Child slavery now: A contemporary reader* (pp. 175-188). Bristol University Press. *JSTOR*.

[5] Darmstadt, G. (1990). Community-Based Child Abuse Prevention. *Social Work, 35*(6), 487-489. *JSTOR*. https://doi.org/10.1093/sw/35.6.487

[6] Daro, D., & Dodge, K. A. (2009). Creating community responsibility for child protection: possibilities and challenges. *The Future of children*, *19*(2), 67–93. https://doi.org/10.1353/foc.0.0030

[7] Deb, S., &Modak, S. (2010). Prevalence of violence against children in families in Tripura and its relationship with socio-economic factors. *Journal of injury and violence research*, *2*(1), 5.

[8] Deb, S., & Walsh, K. (2012). Impact of physical, psychological, and sexual violence on social adjustment of school children in India. *School Psychology International*. https://doi.org/10.1177/0143034311425225

[9] Dubowitz H. (2013). Neglect in children. *Pediatric annals*, 42(4), 73–77. https://doi.org/10.3928/00904481-20130326-11

[10] El Nokali, N. E., Bachman, H. J., & Votruba-Drzal, E. (2010). Parent involvement and children's academic and social development in elementary school. *Child development*, 81(3), 988–1005. https://doi.org/10.1111/j.1467-8624.2010.01447.x

[11] Fernandes, P. (2006). Evaluating children's participation in decision making: A case study of a child helpline in India (Doctoral dissertation, London School of Economics and Political Science (United Kingdom)). http://etheses.lse.ac.uk/1938/1/U224356.pdf

[12] GC (General Comment) (2011). 13: The right of the child to freedom from all forms of violence (18 April 2011), UN Doc. CRC/C/GC/13.

[13] Islam, Carolyn A., "Non-Governmental Organisation Vulnerabilities: Donors and Resource Dependence" (2016). CMC Senior Theses. Paper 1429. http://scholarship.claremont.edu/cmc_theses/1429

[14] Kang, S. (2004). The optimal size of committee. *Journal of Economic Research*. 9. 217-238.

[15] Lama, P. (2018, October 8). Murder, rape, thefts and 800 FIRs: Inside Mangolpuri, Delhi's 'most unsafe place? *Hindustan Times*

[16] https://www.hindustantimes.com/delhi-news/murder-rape-thefts-and-800-firs-inside-mangolpuri-delhi-s-most-unsafe-place/story-6VwI8j6OS5w63fiwRnUzbP.html

[17] Malik, A., Bhilwar, M., Rustagi, N., & Taneja, D. K. (2015). An assessment of facilities and services at Anganwadi centers under the Integrated Child Development Service scheme in Northeast District of Delhi, India. International Journal for Quality in Health Care, 27(3), 201-206.https://doi.org/10.1093/intqhc/mzv028

[18] Mancini, J., Bowen, G. and Martin, J. (2005), Community Social Organization: A Conceptual Linchpin in Examining Families in the Context of Communities*. Family Relations, 54: 570-582. https://doi.org/10.1111/j.1741-3729.2005.00342.x

[19] Modak, S. (2020, January 31). Schools 'rarely report' child sexual abuse to avoid stigma, says Mumbai court. Indian Express. https://indianexpress.com/article/cities/mumbai/mumbai-school-van-driver-rape-student-court-child-sexual-abuse-6243417/

[20] Munro, E. (1996). Avoidable and Unavoidable Mistakes in Child Protection Work. The British Journal of Social Work, 26(6), 793-808. JSTOR. https://doi.org/10.1093/oxfordjournals.bjsw.a011160

[21] Munro, E. (1998). Improving Social Workers' Knowledge Base in Child Protection Work. The British Journal of Social Work, 28(1), 89-105. JSTOR. https://doi.org/10.1093/oxfordjournals.bjsw.a011320

[22] Nanda, P., Lewis, T. N., Das, P., & Krishnan, S. (2020). From the frontlines to centre stage: resilience of frontline health workers in the context of COVID-19. In Sexual and Reproductive Health Matters (Vol. 28, Issue 1, p. 1837413). Informa UK Limited. https://doi.org/10.1080/26410397.2020.1837413

[23] O'Kane, C. (2012). Brief Report on Community Based Child Protection Mechanisms Supported by Plan in India. ICPREC, International Child Protection Rights and Evaluation Consultants website: https://resourcecentre.savethechildren.net/node/14118/pdf/icprec_brief_cbcpm_report_india_final_2012_0.pdf

[24] Pillai, S. (2017, October 17). 'Abuse victims in India are suffocating because of stigma', says Kailash Satyarthi. The Hindu. https://www.thehindu.com/news/national/abuse-victims-in-india-are-suffocating-because-of-stigma/article19875172.ece

[25] Plan International (n.d.), Creating Safer Cities. https://plan-international.org/ending-violence/safer-cities-girls

[26] Prakash, N., &Vadlamannati, K. C. (2019, October 14). Citations: Girls for sale? Child sex ratio and girl trafficking in India. Feminist Economics, 25(4), 267-308.https://doi.org/10.1080/13545701.2019.1666212

[27] PWC & Save the children. (2015). Forgotten voices. The world of urban children in India. https://www.pwc.in/assets/pdfs/publications/urban-child/urban-child-india-report-summary.pdf

[28] Revised Integrated Child Protection Scheme (ICPS). (n.d.). Ministry of Women & Child Development, Government of India website: http://cara.nic.in/PDF/revised%20ICPS%20scheme.pdf

[29] Satish, M. (2011). Bad characters, history sheeters, budding goondas and rowdies: Police surveillance files and intelligence databases in India. National Law School of India Review., 23, 133.https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1703762

[30] Schor, E. L. (1995). The Influence of Families on Child Health: Family Behaviors and Child Outcomes. Pediatric Clinics of North America, 42(1), 89–102. https://doi.org/10.1016/s0031-3955(16)38910-6

[31] Segal, U. A. (1995). Child abuse by the middle class? A study of professionals in India. Child Abuse & Neglect, 19(2), 217-231.https://doi.org/10.1016/0145-2134(94)00118-E

[32] Singhi, P., Saini, A. G., & Malhi, P. (2013). Child maltreatment in India. Paediatrics and international child health, 33(4), 292–300. https://doi.org/10.1179/2046905513Y.0000000099

[33] Seth, R. Child Abuse and Neglect in India. Indian J Pediatrics, 82, 707–714 (2015). https://doi.org/10.1007/s12098-014-1620-3

[34] Sev'er, A. (2008). Discarded daughters: the patriarchal grip, dowry deaths, sex ratio imbalances & foeticide in India. https://tspace.library.utoronto.ca/bitstream/1807/10365/1/Sever_discarded_daughter.pdf

[35] Soboroff, S. (2012). Group size and the Trust, cohesion, and commitment of group members (p. viii, 131 pages) [University of Iowa]. https://doi.org/10.17077/etd.0mzaq9pd
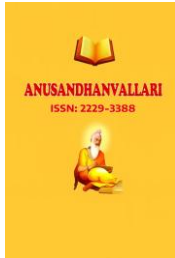
[36] Stark, L., Bancroft, C., Cholid, S., Sustikarini, A., &Meliala, A. (2012). A qualitative study of community-based child protection mechanisms in Aceh, Indonesia. Vulnerable children and youth studies, 7(3), 228-236. http://dx.doi.org/10.1080/17450128.2012.663947

[37] State Consultation on Strengthening community based child protection mechanism in Delhi. (2017). Nav Sristhi website: http://www.navsrishti.org/uploads/publications/consultation_report_CBCPM.pdf

[38] Summers, G., & Tudor, K. (2000). Cocreative Transactional Analysis. Transactional Analysis Journal, 30(1), 23–40. https://doi.org/10.1177/036215370003000104

[39] Sunny, S. (2016, April 11).Unsafe capital gets safe houses for women. The Hindu

[40] https://www.thehindu.com/news/cities/Delhi/unsafe-capital-gets-safe-houses-for-women/article8459647.ece

[41] UN Children's Fund (UNICEF), Adapting a Systems Approach to Child Protection: Key Concepts and Considerations, January 2010: https://www.refworld.org/docid/58260c084.html

[42] Wessells, M. (2009). What Are We Learning About Protecting Children in the Community? Save the Children Fund website: https://childprotectionforum.org/wp-content/uploads/2016/05/What-We-Are-Learning-Full-Report.pdf

[43] Yin, R. K. (2017). Case Study Research and Applications: Design and Methods: SAGE Publications.

[44]