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SNEHANKUR ADOPTION CENTRE

Impact Assessment
Report

Project ID: 1003
Project Title: Continuation of Support to Snehankur Adoption Centre

March 2023

SATTVA
Delivering High Impact.

ACKNOWLEDGEMENT

This report on the impact assessment of the Snehankur Adoption Centre implemented by Snehalaya has been written by Sattva Consulting Pvt. Ltd.

We would like to extend our sincere gratitude to the Bajaj Finserv team, including Mr. Ajay Sathe, Mr. Shubham Mittal, and Ms. Leena Rajan, who have supported our study throughout. We would like to thank Dr. Priti Bhombe, Mr. Balasaheb Warule and all the other program team members at Snekhakur who extended their cooperation towards the study at various levels. We are immensely grateful for the guidance, precious support, valuable suggestions and inputs at each step.

The entire study team at Sattva Consulting extends its warm thanks to all the stakeholders who have shared their experiences, thoughts, and suggestions and have given us their valuable time to execute the study.

PROJECT DETAILS

Project Number: 10189
Project Title: Continuation of support to Snehankur Adoption Centre
Project Duration: March 2018 to February 2021
Donor: Bajaj Allianz General Insurance Co. Ltd.
Implementing Agency: Snehalaya
Approved Budget: INR 1,50,00,000/-
Assessment Period: 1 December 2022 to 30 March 2023

LIST OF ABBREVIATIONS

CARA	Central Adoption Resource Agency
CWC	Child Welfare Committee
IMA	Impact Measurement and Advisory
IPC	Indian Penal Code
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015
OECD- DAC	Organisation for Economic Co-operation Development Development Assistance Committee
PAP	Prospective Adoptive Parents
POCSO	The Protection of Children from Sexual Offences Act, 2012
SAA	Specialised Adoption Agency
SAC	Snehankur Adoption Centre
SARA	State Adoption Resource Agency
SDG	Sustainable Development Goals

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CHAPTER 1: CONTEXT AND BACKGROUND

With a population of 1.35 billion people, India has an estimated 158.8 million children below the age of six. Further, 4% of the youth population, or 30 million, are orphaned or abandoned children—with approximately only half a million in institutional care. [1]

The reasons for children being orphaned or abandoned are multi-fold, including poverty, early or unwanted pregnancies, health conditions such as HIV positive, sexual abuse and/or rape, and illegally attaining knowledge of the foetus' sex leading to female infanticide, foeticide, and abandonment of newborns. Further, cultural bias results in girls being more likely to be abandoned, aborted or killed as infants than boys. [2]

On the other hand, several socio-cultural as well as systemic factors, contribute to low adoption rates in India. Only 500,000 out of the approximate 30 million abandoned children are in institutionalised care, of which many are not eligible for adoption due to health and other related conditions. Furthermore, social stigmas attached to caste and genetics continue to affect the psychology of prospective adoptive parents (PAP). As per the Indian Society of Assisted Reproduction, 27.5 million couples in India struggle with fertility issues. [3]

Study Target Region Demographics

As of 2021, the number of reported cases of infanticide, foeticide, and abandonment of newborns stood at 24, 21, and 302 in Maharashtra. According to National Crime Record Bureau (NCRB) report for 2021, 50 foeticide and infanticide cases of female babies were reported in Maharashtra. [4] Furthermore, the number of orphaned children who lost a parent or were abandoned significantly increased due to the COVID-19 pandemic, as the Protection of Child Rights National Commission for Protection of Child Rights (NCPCR) reported.

A less-discussed cause of abandonment or relinquishment of the young infant is associated with an increase in sexual assault cases. A total of 4,28,278 cases of crime against women were registered during 2021, showing an increase of 15.3% from 2020 (3,71,503 cases). In 2022, 3,266 children were sexually assaulted.

In Mumbai alone, a total of 30,092 women underwent an abortion between January 2022 to January 2023; 17 were young girls below the age of 15 years, while 331 of them were between 15 to 19 years of age. This further highlights the prevalence of unwanted pregnancies across Maharashtra.

As per NCRB data, India lodged an average of 86 rapes daily and 49 offences against women per hour in 2021. Maharashtra was ranked third in recording the maximum number of cases of crimes against women after Uttar Pradesh and Rajasthan.

Ahmadnagar, the largest district in Maharashtra, records a significant number of cases of sexual assault against women and children, with over 100 cases under the Protection of Children from Sexual Offences Act of 20212 (POCSO) annually. [5]

1. "The State of India's Orphaned Children Crisis", International Learning Movement UK (ILM-UK), 17 September 2021
2. "Girl child endangered: Child Abandonment in India", SOS Children's Village Canada, 13 July 2012
3. Vidhyadhar Prabhudesai, "What is being done to improve adoption rates in India?" World Economic Forum, 23 November 2022
4. "Crimes in India - 2021", National Crime Records Bureau (NCRB), 27 Aug 2022
5. "Districtwise Crime against Women 2021" and "District-wise Crime against Children 2021", National Crime Records Bureau (NCRB)

Table 1. Cases against Children Ahmednagar District

Year	POCSO Cases	All IPC Cases against children
2021	116	313
2020	127	320
2019	205	414

(Source: NCRB Report)

Between 15 to 19 years of age. This further highlights the prevalence of unwanted pregnancies across Maharashtra.

As per NCRB data, India lodged an average of 86 rapes daily and 49 offences against women per hour in 2021. Maharashtra was ranked third in recording the maximum number of cases of crimes against women after Uttar Pradesh and Rajasthan. Ahmadnagar, the largest district in Maharashtra, records a significant number of cases of sexual assault against women and children, with over 100 cases under the Protection of Children from Sexual Offences Act of 20212 (POCSO) annually [5].

Fig. 1. Ahmednagar District at a glance

Ahmednagar District
Population: 4,543,159
Male: 2,342,825
Female: 2,200,334
Economy: Agrarian
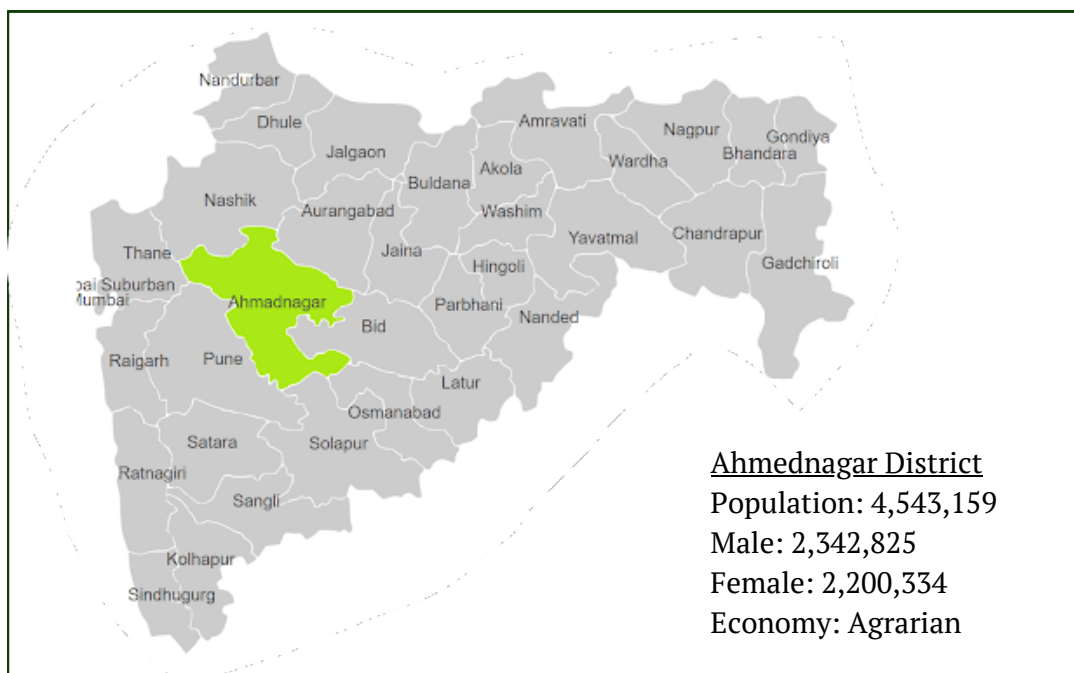
Addressing the Need

While the number of orphaned, abandoned or surrendered (OAS) children is high in India, the adoption rates are alarmingly low [6]. Nearly 260,000 children live in 7,000 Child Care Institutions (CCIs) in India, and it is estimated that only 3,000–4,000 OAS get adopted annually[3]. Between March 2019–2020, only 3,351 children were adopted [1]; in 2022, according to the Central Adoption Resource Authority (CARA), there were 28,501 prospective parents whose home study reports had been approved [7].

6. "Frequently Asked Questions", Central Adoption Resource Agency, CARA
7. "Finding home for 30 million abandoned children: How can India attain high Adoption Level?", 25 October 2022

Table 3. Number of adoptions at the State level against successful adoptions through SAC as per CARA

Year	Maharashtra	SAC
2018-2019	845	67
2019-2020	626	65
2020-2021	668	37

(Source: CARA)

Poverty, unwed motherhood, socioeconomic conditions, and the birth of a girl child are a few common reasons for children's abandonment. Based in Ahmednagar, Snehankur Adoption Center (SAC) ensures the well-being and safety of abandoned children and mothers (major or minor unwed mothers or survivors of sexual violence) by providing them shelter and support for the legal and safe relinquishment/adoption process. SAC, formed in 2004, has successfully rescued and saved the lives of over 500 babies by adopting them under a government-approved and accredited process.

About Bajaj Finserv

Bajaj Finserv has been working towards developing programmes to help individuals shape a better future for themselves. It has joined hands with organisations that strive to provide a better life to the less privileged and undertaken initiatives in healthcare, children and welfare. Bajaj Finserv supports several non-profit organisations that dispense quality and sustainable solutions to those in need. Bajaj Finserv believes in helping individuals unlock their true potential. By working with Snehankur Adoption Centre, Bajaj Finserv has been instrumental in creating a safe and comfortable home for children needing care.

About Snehalaya

SAC is one of the programmes run by Snehalaya, a nonprofit working towards ensuring a life free from inequality, cruelty and discrimination for women and children. Snehalaya works across the Ahmednagar District to prevent and address the root causes of exploitation. Through 23 programmes focused on rehabilitation, health care, education, awareness, campaigns, and partnerships, Snehalaya supports approximately 17,000 people annually.

Program Objectives

SAC's main objectives include:
1. Generates awareness regarding the process of relinquishment and adoption.
2. Provides access to unwed mothers and parents to relinquish their children safely.
3. Supporting pregnant minor girls or survivors of sexual violence; and
4. Supporting abandoned/relinquished children to find adoptive parents.

SAC provides socio-emotional counselling, legal support and antenatal and postnatal care to women beneficiaries. Additionally, they provide special care for children with special needs or any other medical or physical issues.

SAC's mission, programmes and activities align with 4 SDGs:

The SAC continuum of services contributes to government programmes such as the Pradhan Mantri Matru Vandana Yojana, Nirbhaya Fund and Integrated Child Development Service Scheme (under the Protection of Children from Sexual Offences Act 9). SAC also closely aligns with Maharashtra state's Manodhairya Scheme.

National Priority	State Priority
Integrated Child Development Service Scheme The Protection of Children from Sexual Offences Act 9	**Manodhairya Scheme**

SAC has four main programme objectives and follows a well-defined process to ensure adequate awareness and outreach, easy access through a helpline number, and compliance with all government regulations.

Table 4. Program Objectives

Program Objectives	Process followed by SAC to achieve the Objectives
Generates awareness regarding regarding process of relinquishment and adoption.	• Carry out outreach activities in Hospitals, clinics and Police station • Carry out outreach and awareness campaigns in communities and schools
Provides access to to unwed mothers and parents to safely relinquish their child.	• Maintain 24X7 helpline numbers for victims or mothers to reach out SAC • Access through national helpline numbers of Childline and Snehalaya
Provide shelter, support and support to unwed mothers and victims of sexual violence.	• Healthcare and shelter provided before and during delivery of child • Support for rehabilitation provided • Legal support provided through counselling
Provide shelter and healthcare to babies	• Providing medical and psychological care to babies with special needs • Ensuring well being of babies through medical care, nutrition and hygiene

Objective I: Generate awareness regarding the process of relinquishment and adoption.

The Centre achieves this objective by conducting outreach at hospitals, clinics, police stations, communities and schools. SAC uses these campaigns to - 1) increase awareness of its accredited adoption process, 2) raise awareness on timely reporting of sexual abuse cases where the girl is pregnant and may relinquish the child, and 3) impart knowledge on the process of bringing children into the government-approved process of adoption.

Objective II: Provide unwed mothers and parents access to relinquish their children safely.

Through its outreach activities, SAC publicises its landline number and the mobile numbers of key staff such as the director, project coordinator and social worker at public places like police stations, hospitals and clinics. These numbers are made available for victims of abuse and mothers who need support in relinquishing their children.

In the event that women call national hotline numbers such as those run by Childline and Snehalaya, they can access SAC through these hotlines.

Once SAC receives a call about an abandoned child, the team coordinates with the local police station and reaches the location in SAC's ambulance with a nurse and caretaker. The nurse provides primary care on the spot and is trained to revive the child if needed. If it is found that the child is in need of urgent medical care, the child is immediately transferred to a hospital or presented to the Child Welfare Committee (CWC). If the child is presented to the CWC, the Committee decides the next steps that can benefit the child in the most effective manner.

Objective III: Provide shelter and support to unwed mothers and victims of sexual violence.

SAC provides residential shelter to unwed mothers and victims of sexual violence to ensure they have a safe and healthy environment to recover, give birth to their child, receive appropriate psycho-social support and safely relinquish their child through a government-approved process. While at the shelter, women also receive legal support and counselling.

Objective IV: Provide shelter and health care to babies.

SAC follows the guidelines and regulations set forth by the Central Adoption Resource Authority (CARA) for Specialised Adoption Agencies (SAA). Under these regulations, SAC strives to care for the well-being of all children in its Centre, reports on children to the CWC and other related agencies, regularly updates the Child Adoption Resource Information and Guidance System (CARINGS), prepares Child Study Reports, arranges medical tests and updates results on CARINGS, develops individual care plans, among other responsibilities.

Particular attention is given to babies with special needs to ensure they can access safe medical and psychological services. Overall, SAC ensures the well-being of babies through medical care, nutrition and hygiene.

SAC has a 50-bedded facility for children between the ages 0–6, has screened 135 PAP applications, supported the birth of 127 infants, provided 166 children special care and has safely placed 169 children with adoptive families.

As per the findings of this study and for the duration of the impact assessment, SAC had conducted 14 awareness campaigns at hospitals, police stations and within the community.

CHAPTER 2: SATTVA'S APPROACH AND METHODOLOGY

The Objective of the Impact Assessment Study
- To assess the increase in awareness on addressing sexual violence, abandonment of infants and adoption processes among the community, hospitals and police stations.
- To assess whether the programme is accessible to persons in need, including victims of gender-based violence.
- To assess if the adoption centre ensures efficient documentation on the CARA website and police station, leading to a faster admission and adoption process.
- To assess if the centre ensures children's physical and mental well-being and meets their special needs wherever applicable.

Study Design and Methodology

Sattva conducted an assessment study to understand the impact of SAC's various activities to provide shelter and care for needy children and mothers. The study duration was 14 weeks. It incorporated a descriptive cross-sectional design from a retrospective lens where data was collected from internal and external key stakeholders and programme-related documentation to provide a snapshot of the outcome. Sattva followed a qualitative approach to collect primary data using qualitative interviews with internal and external stakeholders. Quantitative secondary programme data was used to understand the impact on primary stakeholders i.e. the children at the centre. This helped gather valuable impact-related insights from a 360-degree perspective across the stakeholders involved and was fundamental in providing recommendations for the programme.

Framework

Sattva based the research indicators and areas of inquiry on the OECD DAC* framework. The framework assessed the programme's Relevance, Coherence, Effectiveness, Impact, and Sustainability. The assessment followed a four-phased approach: Design, Data Collection, Analysis, and Reporting. Sattva worked closely with the SAC programme team and the Bajaj Finserv team to align the indicators for the study.

Table 5. Sources of data for the impact assessment study

Primary Sources of Data	Secondary Sources of Data
Data collected from various stakeholders during the study using the data collection tools was treated as primary data. Quantitative data collection: Surveys were administered to assess the perceived and actual impact of beneficiaries of the programs.Qualitative data collection: Collected through In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) with key stakeholders of the project.	The data collected from secondary sources compared the intended objectives against the extent to which the objectives have been met. This helped establish the extent to which the processes were documented and followed. Program documentation maintained by the implementation team: The documents defining the program's progress, processes, periodic status reports, panchayat records, previous records, etc.

Sampling

As the primary programme beneficiaries are between the ages of 0–6, Sattva utilised secondary data such as height and weight and other medical conditions from the time of joining the programme until the study period. These data helped understand how SAC impacts children's condition within their care. Secondary data of 60 beneficiaries were used for the purpose of this impact assessment study. Also, 1 Focus Group Discussion (FGD) with three women participants was conducted on the care and support they received from Snehalaya.

In-depth interviews were conducted with the programme team to understand their roles and responsibilities, their activities, whether the processes were strategically structured and documented and the training support they received from the SAC. Team members interviewed for this study included the Founder, Snehalaya; Director, SAC; project coordinators; doctors; psychologist; social workers; caretakers; head nurse and nurse. Further, Compassionate Fatigue Surveys were conducted with 22 staff.

To ensure that the perspectives of all stakeholders were captured, in-depth interviews were also conducted with external stakeholders, including police, CWC members, government advocates, partner NGOs (Childline and Snehadhar), members of the Gram Panchayat and a school teacher. The interviews covered topics such as how effectively collaborative activities have been conducted, how and when collaboration takes place, the quality of support they receive from Snehankur, facilities provided by Snehankur and documentation and compliance.

Table 6 Stakeholder-wise Sampling

Stakeholder	Sample Size Proposed	Sample Size Achieved	Data source
Program Coordinator	2	2	In depth interview
Doctor	1	1	In depth interview
Head Nurse	1	1	In depth interview
Nurse	3	2	In depth interview
Caretaker	3	3	In depth interview
Children's Data	45	60	Secondary data
Women at Snehadhar Shelter	2	3	One Focus Group Discussion with 3 participants

Ethical Considerations of the Study

The assessment followed ethical protocols in all aspects and at all stages of the engagement based on the discussion with the team:

As part of data collection, team members followed ethical protocols by explaining the purpose of the study and ensured informed consent from the participants.

The interview sessions were conducted in an environment that ensured the privacy of respondents at their convenience and comfort.

The respondents were assured about the confidentiality of their personal information and data usage only for research purposes.

The participation of respondents was ensured as being voluntary, and they were not compelled to answer any questions.

Limitations of the Study

The study had some limitations, as detailed below:

1. Recall bias crept in as the lookback period for the internal and external stakeholders of Snehankur Adoption Centre was as long as 2018. This resulted from differences in the accuracy or completeness of the recollections retrieved by study participants regarding events or experiences from the past.

2. Response bias might have crept in during data collection when respondents self-reported their interview answers. The inaccuracy or bias may have been deliberate or unconscious on the part of the respondent. It could have resulted from a respondent being unduly influenced to respond a certain way or unwilling to answer the questions honestly.

3. Social desirability and conformity bias regarding openly expressing non-conformity when asked to self-report their behaviour and opinions. Respondents tend to provide a socially acceptable response, sometimes subconsciously, over their true feelings.

CHAPTER 3: INSIGHTS FROM THE STUDY

The following section details the key insights of the impact assessment study across the DAC framework. The insights have been drawn using the 360-degree approach of data collection by gathering data from qualitative and quantitative methods by engaging with different programme stakeholders.

 The outreach activities focus on creating awareness and educating the community to report cases of abandonment; access to a helpline number encourages women-in-need to reach out directly

The awareness campaigns conducted by SAC educate people about female foeticide, and sexual assault, ways to safely report cases related to pregnant unwed or minor females, and the process for safely surrendering child(ren). Brochures and posters with all the necessary contact details are posted in relevant public spaces. This encourages women in need to contact either the shelter directly or other stakeholders (police, hospital).

Outreach activities are conducted by project coordinators, social workers and volunteers in collaboration with external stakeholders. Stakeholders are identified based on their relevance to cases. Public programmes are also organised across villages.

People know about Snehankur, and if there is any problem, people directly call Snehankur. Snehankur receives many complaints due to their ground operations. They always support the victims.
- Government Advocate, Ahmednagar

Table 7. Number of cases referred year wise data

Number of cases of referred by community, hospital and police stations	2018-2019	67
	2019-2020	65
	2020-2021	37

Table 8. Number of cases received via helpline and from within and beyond the district

Number of cases received via the helpline	204
Number of complaints received from within the District	87
Number of complaints received from outside the District	27

SAC focuses on cases of children who may potentially be relinquished by their biological parent(s). SAC works with community stakeholders to ensure the safe surrender of children and has set up a 24x7 helpline at the centre to address all enquiries. As the project coordinator conveyed, most cases are reported telephonically. A mobile ambulance van is available for the centre team to rescue beneficiaries directly.

"Snehankur is seen as a subject matter expert on issues related to victims of sexual violence. They are the main actors for activities to be carried out under CARA guidelines." - Additional Superintendent of Police, Ahmednagar

CHAPTER 3: INSIGHTS FROM THE STUDY

Strong and amicable partnerships with external stakeholders ensure that SAC has adequate support when working towards a common goal of safety for women and children.

Qualitative interviews with external stakeholders reported that partnerships with different local and government entities have resulted in a synergy that has a far-reaching impact. SAC provides a support system to those in need and works seamlessly with the police stations and hospitals regarding cases related to abandonment/relinquishment of children by providing documents, consultations and filing PILs.

"SAC supports us in investigations. Because of them, the processes are smooth, and their documentation is thorough without any excuse. They address urgent matters in a timely manner."   - Government Advocate.

As per law, cases associated with minors/survivors of sexual violence come under the purview of the POCSO Act and SAC is required first to inform the police. A working relationship and partnership with the police ensure that all legal proceedings and documentation are carried out in a smooth and effective manner.

SAC collaborates with three regional hospitals: Star Kidz, Anandrushi, and the Civil Hospital (for HIV-positive cases). This help receives information regarding potential cases, medical referrals and emergencies.

HOSPITALS	SISTER ORGANISATIONS (SNEHALAYA & CHILDLINE)	POLICE STATIONS
• Providing referrals for the medical care needed • Providing medical support during any emergencies • Organising awareness drives • Receiving information on the cases	• Organising awareness drives • Receiving information on the cases • Creating a volunteer base	• Reporting POCSO Cases • Organising awareness drives • Receiving information on the cases

Childline and Snehadhar operate 24X7 helplines for children and women. Some of these cases are escalated to SAC. School-going children at SAC attend Snehalaya English Medium School, and the mothers of some of the children at the centre are sheltered and rehabilitated through Snehadhar.

SAC follows a quick and efficient documentation process for uploading details on the CARA website leading to the timely initiation of adoption processes.

As an SAA, it is mandatory for SAC to follow CARA guidelines and regulations, which demarcate the procedures, documentation and timelines for different cases of adoption (orphan/abandoned/surrendered children). Since the government monitors the adoption processes, 100% compliance is needed for online procedures of all adoptions. Additionally, the activities are monitored by District Child Protection Unit officers, CWC and other relevant district authorities.

"*They have a strong follow-up. Documentation is thorough, which helps us achieve our goal of providing care, protection and restoration.*" *- CWC Member.*

Table 9. Stakeholder Rating of SACs Communication and Documentation

Child Welfare Committee	★★★★⯪
Public Prosecutor, District Court	★★★★★
Additional Superintendent of Police	★★★★★

"Their communication with us or any government officials is very good. It is only because of their efforts that we are able to handle these cases. Otherwise, no one would have looked at those cases." - Public Prosecutor, District Court.

"Extremely satisfied with their work. With the minimum follow-up is needed." - Additional Superintendent of Police, Ahmednagar.

Standard health procedures and protocols, regular monitoring of health indicators by trained nurses, and in-house facilities ensure quality medical care is provided to all the children at the centre.

The study found that children being admitted at the SAC go through several carefully designed screening processes as prescribed by relevant authorities to ensure their holistic well-being and growth. The staff attending to children have the appropriate training to provide care and services in line with set protocols.

Table 10. Steps taken to ensure good health and well-being of children

Standardised process to screen children as per protocol	Neonatology protocols are followed as per the consulting Doctor in addition to following protocols as per Schedule III Medical Examination Report (MER) as prescribed by CARA regulations. This provides a standardised process to screen children in case they need urgent medical care or for special needs.
Thorough medical examination at admission	Thorough medical examination for screening congenital anomalies, infection, screening for HIV, hearing impairments etc. and other investigations are done. Further special investigations are prescribed by the consulting doctor if needed.
Regular monitoring of growth and health indicators	Daily feeding charts and health charts are maintained and monitored. Immunisation and growth of each child is recorded on monthly basis.
Referrals to specialist doctors or hospitals, when needed	Referrals are done to identified specialist doctors well-known in the field and are available locally. The consulting doctor ensures the quality of care by communicating personally and directly.
Adequate in-house care and rehabilitation facilities	The centre is equipped with warmers, a phototherapy facility, an incubator, water beds, instruments for monitoring of oxygen, pulse, and sugar. The nurses are trained to provide care and physiotherapy for children in need.
Relevant trainings provided to the staff	Trainings to the staff is provided based upon issues being faced e.g. "If there is increase in infections among children, we would provide training on handwashing practices. Success of the training is measured by decrease in the infection rate."

The study found that SAC provides a standardised process to screen children in case they need urgent medical care or special needs. In addition to following the protocols as per Schedule III Medical Examination Report (MER) as prescribed by CARA, neonatology protocols are also followed by the consulting doctor.

Further, thorough medical examinations are also conducted for screening congenital anomalies, infections, screening for HIV, hearing impairments etc. and other investigations. Medical attention is provided on a case-by-case basis, and if the need arises, the consulting doctor prescribes further special investigations.

SAC has attending nurses and nutritionists to ensure the health of the children. Daily feeding and health charts are maintained, monitored and adapted per individual needs. Immunisation and growth of each child are recorded on a monthly basis, and this data is updated on CARINGS regularly. The children's health is monitored closely to ensure they become eligible for adoption.

To ensure children receive need-based individualised medical attention, referrals are made to doctors who are specialists in the field and are locally available. By identifying local doctors, SAC increases the chances of the mother and child going for follow-up visits and completing their medical treatments or check-ups. The consulting doctor ensures the quality of care by communicating personally and directly with the child and/or the mother. Personalised care helps build a rapport and makes the patients comfortable enough to discuss stigmatised issues.

The centre is also equipped with warmers, a phototherapy facility, an incubator, water beds and equipment and instruments for monitoring oxygen, pulse and sugar. The nurses are trained to provide care and physiotherapy for children in need.

Table 11. Referrals for treatment, rehab, specialised care and hospitalisations between Feb 2018 - March 2021

| Year	No. of Referrals
2018-19	137
2019-20	121
2020-21	106

(Source: Program Data)

Staff are appropriately trained to handle on-hand situations at the residential facility. For instance, SAC may hold staff training on handwashing practices during flu season to curb the spread of infection. The success of such training would be measured by how much the infection rate decreases.

The Centre provides all the children a conducive and caring environment by providing nutritious formula or food, mental health counselling, along with therapy or other needs for those requiring special care

Through special care for children in need, tailored nutrition and counselling, SAC provides an environment conducive for the children's physical and mental well-being and growth.

Graph 1. Wasting in Children (Before vs After) (Source: Program Data)

Wasting in children (n=60)

● Before   ● After
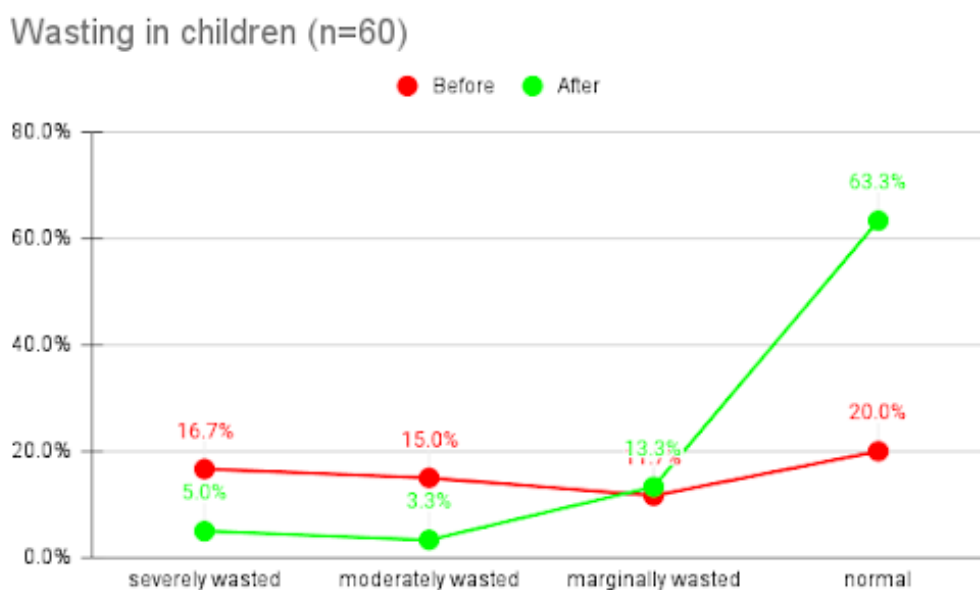
SAC maintains regular medical follow-ups for physiotherapy and speech therapy. As per the director in the Ahmednagar district, Snehankur is the only institution that admits children with special needs and carries out surgeries if needed. SAC also works with HIV+ children, who are referred to appropriate government-run HIV centres and receive follow-up care at SAC.

A paediatrician recommends a specific formula for each child, and the caretakers are trained to prepare and provide timely feeds. Details of feeding are noted down for each child on a sheet which is monitored regularly by nurses. As per the programme team, 169 children received special supplements/nutrition between Feb 2018 to March 2021.

"Investigations are done if the weight is not improving over a period of time. Diagnosis for Protein Energy Malnutrition is conducted to ensure the child's well-being. The nurses provide physiotherapy, and the centre has various equipment like a warmer, phototherapy machine, and incubator to support the child." - Visiting Doctor (Paediatrician)

Table 12. Number of infants born underweight, prematurely and with medical issues between Feb 2018 - March 2021

Number of infants born underweight	28
Number of infants born prematurely	16
Number of infants born with medical issues	50

Source: Program Data

SAC uses techniques such as touch therapy and body-fullness with infants, whereas, for older children, therapy techniques include dance, art and Rational Emotive Behaviour Therapy (REBT). Reporting is carried out formally daily through charts, photos and updates on WhatsApp groups. If a child is not doing well emotionally or there is an emergency, the shelter head, head nurse, and social worker are immediately informed. The Centre works on developing a coping mechanism, especially among younger children.

"The first day for any child coming to an institution is scary and induces many emotions like fear and anger in children. We try to be with the child without any distractions. We do presence-oriented techniques. With slightly older kids, we do talk therapy; with slightly older kids, we do REBT."
*- Child Counsellor/Hon. Director, Snehankur*

Home screening of parents, counselling support to the child, and regular follow-ups play a critical role in maintaining the child's well-being during and after the adoption process.

Following a proper protocol before and after the adoption of a child is critical to their well-being. SAC follows a set of pre- and post-adoption processes to assess Prospective Adoptive Parents (PAPs') ability to care for the child as well as with the child to ensure the child is comfortable with the shift from institutional care to a new home.

Fig. 2. Diagram for process flow for Prospective Adoptive Parent (PAP) for adoption
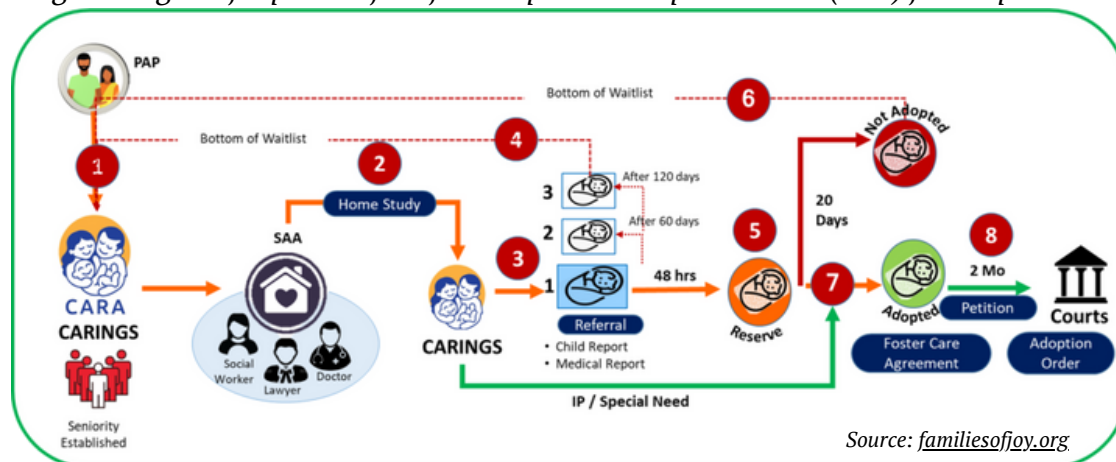
Source: familiesofjoy.org

In the above diagram, the steps coded in blue are where the SAC is involved in the adoption process:

- Present the child/minor mother to CWC
- Report admission of the child within the stipulated period on CARA website
- Upload documents as per CARA Guidelines Medical Examination Reports, Free for adoption documents etc., on the Carings website.
- Carry out home studies of parents from the same district
- Create foster care agreement
- Make the child meet the parents, and facilitate the process for a smooth transition.
- Conduct home visits during foster care
- Support in the adoption order

During the adoption process, the counsellor/programme team talk to PAPs and provides counselling support until they feel confident of the parent's ability to care for the child in the best way possible. The team is also available on the phone.

The process is slower and highly sensitive with the children. The team tries to introduce the prospective shift from institutional care to their new homes empathetically and informs them of the expected changes in their lives. Children are slowly introduced to the concept through photos, materials sent by prospective parents, and video calls. After these initial steps, meetings are arranged to meet their adoptive family in person.

Once the child is safely adopted, the shelter head, head nurse, and social workers stay in touch with the parents to check on the child's well-being. These follow-ups are done once every four months to understand the child's development and how well they are settling in. The team also supports the parents in case of any challenges or in coping with the child and documents all the interactions.

Beyond medical care, SAC, with support from Snehadhar, provides holistic support to the mothers (even after the relinquishment of their child) through education, skill training, or employment opportunities.

Snehadhar and Snehankur provide a continuum of services that ensure the physical and emotional safety of the child and their mothers, until the children find adoptive parents and their mothers regain their socio-emotional autonomy.

Fig. 3. Support provided for women at Snehalaya
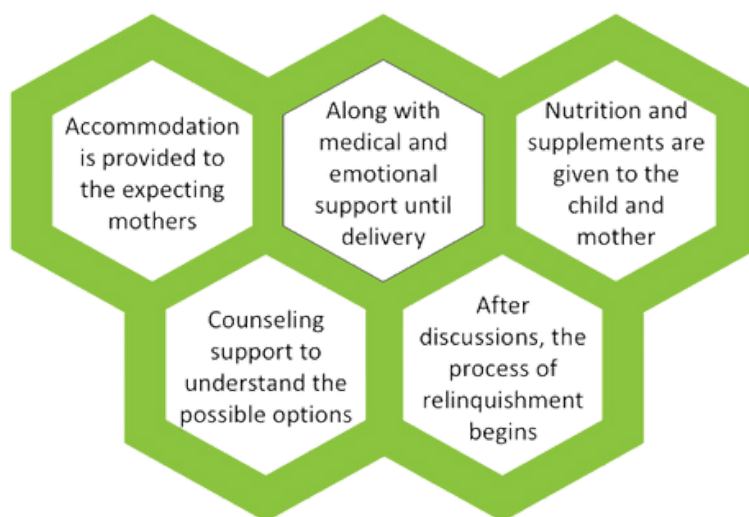
"They all treat us like family. Even sometimes the family will not support us but the people of the centre, staff, and doctors will." - Women Beneficiary

In 2017, an estimated 11.8 million teenage pregnancies occurred in India. In 2021, the Supreme Court of India stated that all pregnant survivors of rape must be informed of their legal rights and provided access to required facilities. However, the study states that healthcare providers often refuse and alienate survivors when approached.
Based on a survey conducted by Rainn on sexual abuse cases reported to law enforcement, 93% of juvenile victims knew the perpetrator. According to the programme coordinator, some pregnant women approach the Centre when they are past the 20-week gestation limit, and most of these women are victims of assault by a known person. In such cases, SAC follows a standardised process to support women beneficiaries and their infant or unborn child.

"Yes, we feel safe in the Centre. The staff is really good here, and behaviour with us is very good. They are very kind and supportive." - Women Beneficiary.

Women are provided accommodation, if needed, along with immediate medical and emotional support. The in-house doctors/caretakers provide immediate referrals to make sure all infants delivered by women at the Centre are given efficient and quality neonatal care and treatment. Regular antenatal and prenatal checks are conducted, along with recreational activities such as yoga. Furthermore, Snehadhar also provides women with education, skill training and employment opportunities.

84% of the staff at SAC reported 'High Compassion Satisfaction' and 'average scores in Burnout and Secondary Traumatic Stress'.

Sattva encouraged the internal team to take the self-administered test on "Compassion Satisfaction and Fatigue (ProQOL) Version 5" [8], a commonly used tool to understand the positive and negative effects of working with people who have experienced extremely stressful events. The score was calculated on the basis of the ProQOL Manual, and based on the findings, 84% of the internal team derives joy and satisfaction from their work. However, due to the nature of the work with vulnerable women and children, they risk burnout or showing more severe symptoms of Secondary Trauma Stress. Sixty-four percent of the internal team reported an Average score for Burn-Out, while 52% had an Average score for Secondary Trauma Stress. While training and capacity-building workshops are provided to the internal team annually, it is critical for SAC to emphasise their socio-emotional well-being. Formal support structures and regular counselling support over informal channels can help address potential risks or concerns. Research has shown that those who help people exposed to traumatic stressors are at risk for developing negative symptoms associated with burnout, depression and post-traumatic stress disorder [8][9]

About ProQOL score and its elements:

Compassion satisfaction is the pleasure and satisfying feeling that comes from helping others. While helping others in pain is a prosocial response, it can be taxing and, over time, result in compassion fatigue (CF). Research indicates that CF comprises two main components: burnout and secondary traumatic stress.

When experiencing burnout, one may feel exhausted and overwhelmed, like nothing they do will help improve the situation. An 'Average' score may reflect stakeholders' mood; perhaps they are having a "bad day" or are in need of some time off. Secondary Traumatic Stress is when some employees feel severe symptoms. For instance, they may feel that the trauma of the people they are helping is happening to them or those they love.

Table 12. Component-wise ProQOL Scores of respondents

ProQOL scores (n=25)	High	Average	Low
Compassion Satisfaction	84%	16%	0%
Burnout	0%	64%	36%
Secondary Traumatic Stress	0%	52%	48%

8. Beth Hudnell Stamm, "The concise manual for the professional quality of life scale (ProQOL), 2010
9. Mealer, Meredith, Ellen L. Burnham, Colleen J. Goode, Barbara Rothbaum, and Marc Moss. "The prevalence and impact of post-traumatic stress disorder and burnout syndrome in nurses." Depression and anxiety 26, no. 12 (2009): 1118-1126.

This test can be discussed with a supervisor or healthcare professional, as ProQOL is not diagnostic. It can raise issues to address but needs further use of appropriate diagnostic procedures. The ProQOL scores for SAC Staff are observed as High Compassion Satisfaction and Moderate to Low Burnout and Secondary Traumatic Stress. As per the ProQOL Manual, this combination of results represents a person who receives positive reinforcement from their work. They carry no significant concerns about being "bogged down" or inability to be efficacious in their work—either as an individual or within their organisation. [8]

The infrastructure was assessed based on the guidelines set by CARA and was found to be hygienic, safe, and comfortable for the children as per the Sattva team

For a facility to gain the status of a government-approved SAA, it is obligated to follow guidelines set forth by CARA that ensure the safety and well-being of the children and their mothers. These guidelines for residential facilities include the hygiene of the residential facility and kitchen, availability of recreational activities, availability of decent clothes as per regulations, physical infrastructure including accommodation and sick rooms and a well-set-up security system.

"The infrastructure is very impressive, especially for children. They also give special attention to children with special needs." - CWC Member

The staff at SAC is from the Ahmednagar district and has, on average, been with the organisation for 5–10 years. The caretakers have completed their basic schooling. The counsellors come with a degree in MA Clinical Psychology, MA in Journalism or MA in Social Work. The doctors and nurses have completed their higher education in their respective fields. The project coordinator has been working with the Centre for 12 years, with a Master's degree in Social Work.

"The infrastructure of Snehankur is very good. From my experience, there is no adoption centre like SAC. The service attitude of the staff is unmatched as well. They care about their work, and that shows." - Government Advocate

8. Beth Hudnell Stamm, "The concise manual for the professional quality of life scale (ProQOL), 2010

Physical Infrastructure : Accommodation, Safety etc	
Infrastructure	**Observation**
No. of children (0-5, 5-11 and 11-18 years) present in the home	1.2018-19: 67 Nos. 2.2019-20: 65 Nos. 3.2020-21: 37 Nos.
Sufficient space to accommodate the children	1 Big hall (30'X50')with cradles in two rows; 1 small room for children with special needs for 10 children; 1 small room with 3 beds for young children; 1 small room with special equipments for basic life support.
Total no. of rooms/ dormitories	4
"Total no. of kitchens	"2 - 1 for infants and 1 for older children and staff
Sitting capacity of dining area"	No separate dining room."
"Arrangement to deal with unforeseen disaster; also mention the kind of arrangement made:	
(a) Fire	1. Each floor has a fire extinguisher (4+1). 2. There needs to be SOP/checklist for fire extinguishers, emergency evacuation during a mishap or a natural disaster, training and schedules for fire drills."
(b) Earthquake	
(c) Any other arrangement"	
"Arrangement to maintain sanitation and hygiene:	
(a) Pest Control	Pest control done quarterly.
(b) Waste disposal	Waste disposal is done by Municipal Corporation after segregation
(c) Storage area	Storage area and other rooms are cleaned on daily basis; children's room is cleaned frequently during the shifts"
Does the home have a child friendly indoors?	All upper storeys have grills, Rooms are aesthetically designed are well ventilated and lit; small children's room is temperature controlled to maintain temperature.
(b) How often is the sweeping, swabbing done?	Cleaning is done on hourly basis where children stay. Shelterhead supervises the checklist for cleaning.
(c) Are the children involved in cleaning exercise during class hours?	No.
Are the facilities of coolers/ heaters available for children?	Yes; air conditioners are installed which can heat and cool both in small childrens room.
Are the doors and windows maintained properly?	All doors in childrens area are clean and well maintained.
Are the rooms and dormitories well ventilated ?	The dorms and rooms are well lit; small children's room has air conditioning to maintain desired temp. (both warm/cool)
Is there an alternate provision for lights and fans when there is no electricity available? or Power backup	There are solar panels present but these are connected with the grid with net metering facility.
CCTV cameras installed at the entrance:	Yes
CCTV cameras installed at common areas within the centre	12 CCTV Cameras installed
Is there an AMC for this?	Yes - Satyam Computers
Total no. of security personnels per shift	1 Person; in Night shift from 8PM to 8AM

Hygiene Checklist	
Infrastructure	**Observation**
Arrangement to maintain sanitation and hygiene: (a) Pest Control (b) Waste disposal (c) Storage area (d) Any other arrangement	a. Pest control done quarterly. b. Waste disposal is done by Municipal Corporation after segregation c. Storage area and other rooms are cleaned on daily basis; children's room is cleaned frequently during the shifts
How often is the sweeping, swabbing done?	Cleaning is done on hourly basis where children stay. Shelter head supervises the checklist for cleaning.
Are the children involved in cleaning exercise during class hours?	No
Number of toilets and bathrooms for Children	Bathroom - 2; Toilet - 4 Nos., For big children - 1 seperate toilet
Water is adequately available	Yes, 24X7 availability
Personal toiletries are provided	Caretaker is provided to take care of each children as most children are infants and toddlers.
Do children wash their own clothes	No
Is there a washer man available	Yes, inhouse, 2 Nos. washing machines available.

Kitchen Checklist	
Infrastructure	**Observation**
Is the cooking area and pantry separate?	Yes
Do children get individual plates, mugs glasses?	Yes
Are cooking utensils adequate and clean?	Yes, they have boilers for cleaning feeding bottles.
Is there a fridge available for children?	not accessible to children but there is a fridge.
Is there an Oven available for children?	Not accessible to children
Is there a Gas stove available in kitchen?	Yes
Is there a chimney available?	No, Exhaust fan present.
What is the arrangement to keep the gas cylinders?	The cylinders are kept in a big kitchen outside the counter on cylinder stand.
Adequate water supply for washing, cooking?	yes, 1 borewell supply and 1 Municipal water supply.
Adequate drinking water available (RO etc)	RO is available, but the shelter uses mineral water for drinking for children.
Is there a designated cook- how many?	1 Cook

Recreational Activities	
Infrastructure	**Observation**
Is there a TV set available with Cable network?	TV is available with internet facility, centre shows them children appropriate content through stored media too.
How often are children allowed to view TV?	Daily for 1-2 hours, older children are provided tab for learning needs.
Are children playing games indoors? (	In the hall children also play, they also have outdoors play time for bigger children under the supervision of caretaker. They have small scooters/cycles for small children, toys, slides and see-saw.
What games are available to them?	Yes
Are children playing games outdoors?	Yes
Do they have equipments/ accessories to play?	Yes
Do children go for picnics/excursions?	They are not allowed to go out of the premises unless they have medical reasons. They have to take permission from CWC to take children outside. They do have a garden nearby where children can go under supervision.
Do they have interactions with eminent personalities?	No, the children are very young or they stay for very short time.
Is there a recreation room available to children?	Yes
Open space for outdoor activities	Yes

Clothing	
Infrastructure	**Observation**
Are the clothes provided as per size and season	Yes
Provisioning of undergarments as per JJ Rule 2016	For bigger children
New clothes are stitched or bought stitched or bought	Readymade clothes are purchased from the vendor; winter clothes are donated and are stitched/handmade
Are the mattresses given individually	Seperate mattress for each child
Are pillows given individually	Seperate pillows provided
Are the mattress and pillows clean	Yes
Do children have separate cupboards	No as the children are mostly infants and toddlers.
Frequency of providing new clothes Monthly/ Quarterly	Quarterly new clothes are provided.
Are these sets of same colour or different colours? Same/different	Different child has different clothes;
Are children provided with individual lockers to keep their personal items ?	There is designated place for keeping clean clothes in proper folded and stacked manner."
Are the clothes provided as per size and season	there is designated place for keeping clean clothes in proper folded and stacked manner."

CHAPTER 4. KEY RECOMMENDATIONS

Based on the findings, insights, and the backdrop of the needs that SAC addresses, this impact assessment study makes the following recommendations. These recommendations will help SAC in empowering women and safeguarding children while also ensuring the programme team maintains mental and emotional well-being.

1. Snehankur Adoption Centre could include information about safe and legal abortion practices in their awareness campaigns and support women in accessing them if they choose not to go through with the pregnancy.

The study team conducted a literature review that revealed 67% of the abortions were considered unsafe, leading to 8 deaths daily in India as of May 2021 [10]. Unsafe abortions are the third leading cause of maternal mortality in India. There is a need for education pertaining to safe abortion practices, especially in rural and underserved areas.

It is recommended that SAC's awareness programme may further focus on education and access to safe and legal abortions for women. These awareness initiatives can be developed especially for pregnant women, who are most vulnerable to unsafe and illegal abortion practices.

Education
- Educating women on the Medical Termination of Pregnancy Act [11], The Comprehensive Abortion Care [12], created by the Ministry of Health and Family Welfare, and information on when they can practise it.
- Existing awareness campaigns may include important information pertaining to safe abortion practices available at the hospitals in their proximity.

Access
- SAC has established good partnerships with private and government hospitals in the district. Referrals to partner hospitals for abortions will provide women comfortable and easy access to safe abortion methods. They can also refer to other women going through the same concerns. This may be done in collaboration with Snehadhar.

2. Providing access to professional help and creating awareness regarding emotional well-being for the internal team.

The ProQOL Manual states that when looking across professions such as mental health, physical health and child protection workers, data indicates that physical health workers (e.g., nurses and primary care doctors) experience the least trauma, while teachers remain the most satisfied. The ProQOL Manual, based upon this database, further states that those workers dealing with children and families in trauma tend to experience higher levels of burnout than any other group. Thus, the caregivers and nurses at the adoption centres are at higher risk of Burnout and Secondary Trauma Stress.

Further investigations may be taken up through relevant expert organisations to provide diagnostic support and counselling sessions to identify and address challenges related to the emotional well-being of programme staff.

10. Yokoe, Ryo, Rachel Rowe, Saswati Sanyal Choudhury, Anjali Rani, Farzana Zahir, and Manisha Nair. "Unsafe abortion and abortion-related death among 1.8 million women in India." BMJ global health 4, no. 3 (2019): e001491
11. "The Medical Termination of Pregnancy Act, 1971", Act No. 34 of 1971, 10 August 1971 (MTP Act), Ministry of Health and Family Welfare, Government of India
12. "Comprehensive Abortion Care - Training & Service Delivery." Second Edition, 2018, National Health Mission, Ministry of Health and Family Welfare, Government of India

- It would be beneficial if the entire team, including the programme coordinator, social workers and in-house counsellors, were provided sessions with external counsellors for their emotional well-being.
- These sessions could be organised at a frequency set by a professional agency. However, the option for need-based counselling should also be provided.
- Partners can be on-boarded for these sessions as the team would find it easier to open up to someone they are not working with.

Organisations like the MINDS Foundation, Aasra or other Maharashtra-based organisations could also provide their services.

CONCLUSION

Sattva conducted an impact assessment of the Snehankur Adoption Centre (SAC), one of the programmes run by Snehalaya. SAC ensures the good health and well-being of children who have been relinquished through its residential facilities and supports mothers of these children by providing emotional and medical support during pregnancy.

The programme assessment revealed that SAC fully meets its objectives in providing services to relinquished children and their mothers. The Centre complies with CARA Guidelines for Special Adoption Agencies. It has developed strong partnerships with key government stakeholders and sister organisations to ensure the well-being of the women and children in need of care and shelter.

To augment their impact on women, the study recommends that SAC may include information on safe and legal abortions to educate those who do not wish to complete their pregnancy. It is also recommended that SAC look more closely at their programme staff's emotional and mental well-being and connect them with relevant services.

APPENDIX

The impact assessment was centered around the following key research questions

1. Has the awareness regarding addressing sexual violence, abandonment of infants and adoption processes among communities, hospitals and police stations increased?
2. Is the program accessible to persons in need, including victims of gender-based violence?
3. Does the Adoption centre ensure efficient documentation on the CARA website and police station (if applicable) leads to a faster admission process?
4. Does the centre ensure physical and mental wellbeing of children and meet their special needs wherever applicable?
5. Is the centre is able to successfully facilitate children's adoption and conduct regular follow-ups?

ABOUT SATTVA

Sattva Consulting (www.sattva.co.in) is a social impact strategy consulting and implementation firm. Sattva works closely at the intersection of business and impact with multiple stakeholders, including non-profits, social enterprises, corporations, and the social investing ecosystem. Sattva's work pans across multiple states in India, multiple countries in Africa and South Asia on the ground, and Sattva has engaged with leading organisations across the globe through its practice in strategic advisory, realising operational outcomes, CSR knowledge evaluations, and co-creation of sustainable models. Sattva works to realise inclusive developmental goals across themes in emerging markets, including education, skill development and livelihoods, health care and sanitation, digital and financial inclusion, energy access, and the environment, among others. Sattva has offices in Bangalore, Mumbai, and Delhi.

The above assessment was conducted between 1 December 2022 to 30 March 2023 by the Impact Measurement & Advisory team at Sattva Consulting Pvt. Ltd.

Project Advisor	Bobbymon George, Partner and BU Head
Engagement lead	Ambika Jugran, Associate Principal
Project Lead and Onsite Survey Coordination	Abhishek Bhardwaj, Senior Consultant
Project Team	Simran Varma, Associate Consultant
Sarah Joseph, Analyst