



## THE SAFE PROJECT IN INDIA A MODEL TO PROMOTE CHILDREN'S SECURITY, HEALTH, AND DEVELOPMENT

The SAFE Project in India will strengthen child protection policy and practice by building capacity for assessment and response, as well as implementing and refining the SAFE toolkit in development settings. In collaboration with the Public Health Foundation of India and its flagship public health school – the Indian Institute of Public Health (IIPH) – we aim to augment analyses of child protection threats beyond narrow views of abuse and neglect using a holistic lens that examines drivers of child vulnerability and the need to build on naturally occurring protective factors.

The SAFE model<sup>1</sup> is a rights-based, holistic framework for examining four fundamental and interrelated domains of children's security including: **S**afety/protection, **A**ccess to health care and basic physiological needs, **F**amily/connection to others, and **E**ducation/economic security. This model underscores the interdependence of

children's survival needs and accounts for the survival strategies (dangerous and adaptive) that children and families employ to cope with deficits in any of these core security domains.

Informed by the SAFE Model, the SAFE Child Impact Assessment (SCIA) was developed and piloted in India as a tool for ensuring child-friendly development and preventing the untoward effects of infrastructure development projects on vulnerable children and families. Modeled after Environmental Impact Statements, the SCIA helps to ensure that the needs of children and families are protected in infrastructure development projects and can be applied to other situations of child and family vulnerability. Under the rubric of Corporate Social Responsibility (CSR), tools like the SCIA can uncover how public and private sectors as well as civil society may be coordinated to improve child protection efforts. At the request of the Government of India's Ministry of Women and Children, the SAFE Team has been asked to draft a policy note in 2012 to inform legislative policy to enact the use of child and family impact assessments, such as the SCIA, in infrastructure development projects in India.

Children's security
requirements are
interdependent. Children's
survival depends on
physiological necessities,
safety, and communal
relationships. Children and
families may engage in both
adaptive and dangerous
survival strategies to cope with
deficits in any domain.



India is experiencing a period of rapid economic development. Through an ongoing partnership with Mobile Crèches we will implement the SAFE Toolkit to evaluate child protection threats characterizing migrant workers in construction sites. There are an estimated 40 million migrant workers in India, many of whom bring their small children to work in temporary sites. Migrant workers and their children are vulnerable to a range of health and protection risks. The Toolkit, comprised of the SCIA and a soon-to-be-developed construction site rating scale, will be applied in collaboration with corporate and development partners to identify risks and resources available to children and families. The SAFE Framework and tools will also be adapted to evaluate two of FXB Suraksha's programs: the Railway Children Project, which facilitates access to counseling, basic health services, shelter, and referrals for services and drug rehabilitation for homeless children living in railway stations; and an evaluation of data from the Ministry of Women and Children's Child Helpline Service. This collaborative work will serve to build capacity for child protection efforts in India, highlight risks and resources available to children in areas of

For more information, please contact the Research Program on Children and Global Adversity at **RPCGA@hsph.harvard.edu**. This work is supported by the Oak Foundation and the Harvard School of Public Health

<sup>\*</sup>For an in-depth description of the SAFE model, see: Betancourt TS, et al. Children affected by HIV/AIDS: SAFE, a model for promoting their security, health and development. *Psychology, Health & Medicine*. 2010;15(3):243-265.

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