



**IMPACT OF COVID-19
ON CHILDREN'S LEARNING AND CHILD PROTECTION MECHANISM IN ODISHA**

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ABSTRACT:

The Odisha State Commission for Protection of Child Rights (OSCPCR) conducted a research study in collaboration with World Vision India, ActionAid, Save the Children, Plan India and all child rights organizations, Childline, DCPOs/DCPU for their support in collecting the data & coordinating the research study "Impact of Covid19 on Children's Learning and Child Protection Mechanism in Odisha" in all 30 districts of Odisha from the month of August 2020 to October 2020. This research is one of the biggest quick study with a huge sample size of 6286 numbers collected from three categories of respondents including children, parents and Govt. service providers. COVID-19 pandemic has presented to daunting challenge towards the everyday survival of people at large. In such unprecedented times it is important to primarily focus upon the social, mental and physical wellbeing of young children who are the most vulnerable in this situation. It is necessary to ensure that the negative effects of the pandemic is eradicated from the minds of the children and it is equally important to provide necessary support and counselling to help them overcome these difficult times.



KEYWORDS: Covid-19, Child Protection Mechanism, publicity, social media.

ACKNOWLEDGEMENTS

The Odisha State Commission for Protection of Child Rights (OSCPCR) would like to thank World Vision India, ActionAid, Save the Children, Plan India for conducting their collaborations in conducting the research study and thanks to all child rights organizations, Childline, DCPOs/DCPU for their support in collecting the data & coordinating the research study "Impact of Covid19 on Children's Learning and Child Protection Mechanism in Odisha" in all 30 districts of Odisha from the month of August 2020 to October 2020. This research is one of the biggest quick study with a huge sample size of 6286 numbers collected from three categories of respondents including children, parents and Govt. service providers.

During covid19 scenario, India has witnessed a drastic rise in the children's vulnerabilities in violence against children with special focus sexual abuse, severely impacted in children's learning and as it is well known that they severely affect the mental and physical well-being of a child. This report would not have been possible without the whole-hearted participation of the study's core team members and participants: the children, parents and government service providers from all 30 districts

of Odisha. We are grateful to them for their enthusiastic participation in this study, sharing their experiences and recommendations.

We would like to thanks to Research Study Head Ms. Sandhyabati Pradhan, Chairperson OSCPCR, Govt. of Odisha and Research Study Lead Mr. Jimreeves S Samuel, World Vision India & Dr. Anangadev Singh, World Vision India and the Research Study Core Team members are Mr. Ghasiram Panda, ActionAid, Ms. Dibyaa Saswasti-Member OSCPCR, Ms. Mandakinee Kar – Member OSCPCR, Ms. Sonia Behera – Secretary OSCPCR, Mr. BN. Durga, ActionAid, Dr. Soumyakant Mishra, Save the Children, Mr. Partha Das, Plan India, Ms. Silpa ShirodhaMukutamani and OSCPCR team members for their hard-work to make it possible within short span of time for bringing out such an important publication.

Finally, we thank all those who supported us through reviews, suggestions and discussions that contributed to successfully finalising the various aspects this report. I am confident that this report would go a long way in helping policy planners, Education & Women & Child Development department, civil society organisations, social scientists and various other stakeholders in understanding the present scenario of *Children's Learning and Child Protection Mechanism in Odisha*.

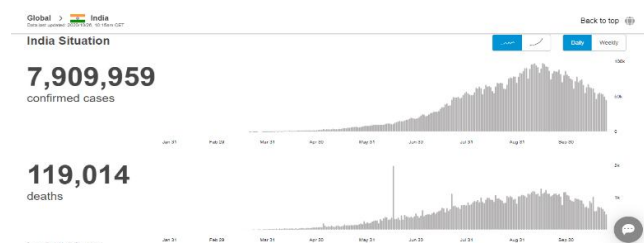
Chapter 1 – Introduction & Objectives

1.1 Introduction

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is being well informed about the COVID-19 virus, the disease it causes and how it spreads. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

The World Health Organization (WHO) on 21st January 2020 released a situation report that read “31st December 2019, the WHO China Country Office was informed of cases of pneumonia unknown aetiology (unknown cause) detected in Wuhan City, Hubei Province of China. From 31 December 2019 through 3 January 2020, 44 case-patients with pneumonia of unknown aetiology were reported to WHO by the national authorities in China. During this reported period, the causal agent was not identified”. On 15th January 2020, the Ministry of Health, Labour and Welfare, Japan (MHLW) reported an imported case of laboratory-confirmed 2019-novel coronavirus (2019-nCoV) from Wuhan, Hubei Province, China.

WHO continued to provide situation reports and on 12th February 2020 onwards the it's reported as Coronavirus disease 2019 (COVID-19) on that day Globally 45171 confirmed (2068 new), in China 44730 confirmed (2022 new). As of 11 April 2020, 167 countries, territories and areas have implemented additional health measures that significantly interfere with international traffic. On 16th August 2020 Globally 21294845 positive cases recorded, and 761779 deaths recorded, in South-East Asia 3040168 positive cases recorded and 59875 deaths recorded. As on 23rd October 2020 confirmed positive cases are almost doubled to 41570883 and the confirmed deaths to 1134940. In India, the COVID-19 confirmed cases as on 26thOctober 2020, stood at 7909959, and Deaths at 119014 as per WHO records. The situation is improving since from the mid of September 2020. In Odisha state, as per <https://statedashboard.odisha.gov.in/> , as on 26th October 2020, the confirmed cases stood at 282695,



active cases at 15278, recovered cases at 266105 and deaths at 1259.

Government of India and state government have put many efforts across country and health aspects and in Odisha state with lockdowns and restricted movement of people to curb the spread of corona virus. Government of India has launched economic

stimulus packages, migrant workers support, agriculture sector and on health services in order to cope up with the multifaceted plans to overcome the adverse effect of Covid-19. Meanwhile the state government has also put in very well the context specific and systematic approaches in handling the Covid-19 scenario especially in rural and urban areas. The coordinated efforts of government and NGOs in terms of addressing the Covid-19 issues are noteworthy.

1.2 Purpose and objectives of the OSCPCR Study

- Understand the Impact of Covid-19 on Children's Learning and Child protection mechanism in Odisha through the cohorts of children, parents / caregivers and government service providers.
- Recommendations to overcome the challenges in education and child protection issues due to Covid-19 and strengthening of child protection mechanisms in the state of Odisha.

Chapter 2 – Methods

This study conducted in the State of Odisha in 30 Districts between August and October 2020. These 30 districts are under three divisions namely Central Revenue Division, Cuttack, Northern Revenue Division, Sambalpur and Southern Revenue Division, Berhampur.

2.1 Sample size

This study estimated to measure the impact on Covid-19 on Children's Learning and Child protection mechanisms in Odisha at least in three levels and the sample sizes aimed as State Level, Division Level and District Level. The total sample size is 300 nos. and sampling unit are Children aged 6-17 years, Parents / Caregivers of Children aged 6-17 years, Government Service Providers & Stakeholders.

2.2 Sample design

The study was aiming to get statistical significance at State Level and Divisional Level with at 95% confidence and a margin of error on or below 5% through cluster sampling method. It was decided to derive samples from all 30 Clusters (30 Districts) for this study. Hence, the sample size at district level fixed for children and parents at 100 per district with the Key informant interviews using structured interviews 30 per district. The 100 samples from each clusters planned in order to get sufficient samples to arrive higher quality at state and divisional level inferences.

2.3 Survey implementation

The Survey implemented through kobo Toolbox ODK Platform. All the three survey instruments converted into mobile-based tool. Hence, the administration of the survey became error free and the quality of data held high.

2.4 Household survey interview

The parents / caregivers survey and Children survey conducted at the household level. If the children aged 6-17 years found in the household, we included them in the children survey. The household survey questionnaire with children and parents included Demographic Section, Education, Child Protection, Family Livelihood status, Recommendations .

2.5 Key Informant Interview

The Key Informant Interview targeted the government service providers and stakeholders such as CPMO, DCPO, SJPU, CWC, NGOs running Open shelter, CCIs, Child line, DEO, DCPO, DSWO, BDO, CDPO, BEO, class teacher, head master, CRCC, male and female teacher. The structured interview tool for the Key Informant Interview questionnaire included Demographic Section and Recommendations.

2.6 Pilot testing

The mobile tools piloted after the online training to the data collectors and their feedback included for further improvisation. The data collectors were ones who knows English as well as the local language Odia. The survey instruments were in English but the data collectors use that English questionnaire as guide and administer in Odia language.

2.7 Data management and analysis

The collected data synchronized with server in humanitarian response (ODK Platform). The link was authenticated and shared only with the data collectors through the partner agencies who got trained their data collectors locally and utilised the centralised training over a zoom call followed up by the feedback session for clarification of doubts. An option provided to make practise entry in the same tool so data collectors can practise using the actual instrument as long as they need practice and mark as practice entry. This helped to segregate the entries between actual and practice ones. A separate data dashboard was set up for the daily update of status of data collection that was updating on a daily basis until the data collection completed.

2.8 Sampling errors and limitations on use of data

Due to the Covid-19 scenario, the team could not complete the required samples. The children tool 2841/3000, Parent tool 2653/3000 and government service provider 792 / 900. In some locations, the samples were lesser and in a few, it was more than the required minimum. The reports at state level and divisional level data analysis is enough to make inferences at these levels but the district level would be very lesser to make statistically significance.

2.9 Limitations

Though we aimed at equal planned samples from all the clusters, we could not get it due to the lockdown and the coronavirus spread in all the areas of the planned study. Hence, the findings considered with these limitations and the inferences need careful attention especially looking at the division and district level data. Overall, the data would give fare understanding at state level. The efforts of field data collectors deserves lots of credit as they could do their best to get required samples.

Chapter 3 – Major Findings

3.1 Respondents / Demographic Details

- Children aged 12-16 participated more in this study
- The girl's participation is higher than boys.
- The parents / caregivers from OBC category participated more in this study.
- The parents / caregivers are also in a leadership roles as it is evident such as Community Leader, PRI Member & SMC Member in the findings
- The majority of the government service providers participated are Teachers
- There were various department's representation of block , district level in this study.

3.2 School Enrolment & attending classes - information from children and parents

- About 95.78% of children surveyed enrolled in schools
- About 81.55% children attending school from total enrolled till the start of the complete lockdowns.
- A staggering 80% of children are studying in government institutions that is 4 in 5
- We could also note that there were 2.5% children never enrolled in School and school dropouts of about 2 %

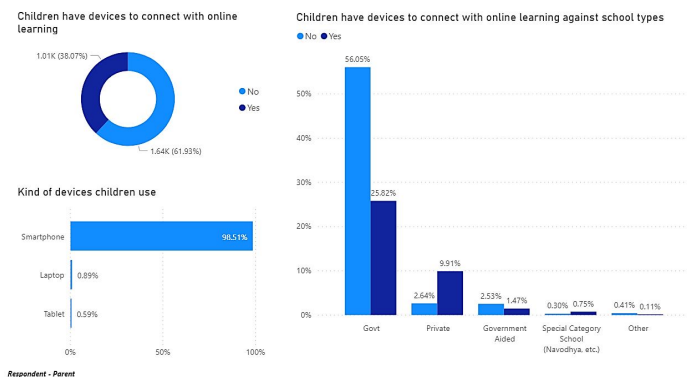
3.3 Lockdown Online Classes - information from children and parents

- Only 38.7% of children have electronic devices to connect with online learnings
- There are about only 40% of the children could attend the online classes during the lockdown

- More than 96% of children relied on mobile phones to connect in online classes from the total number of children's have devices.
- The ratio between government and private institution children's online classes the private institutions could able to achieve much higher attendance of children. This could be possible because of the affordability of devices to connect online classes by their parents.

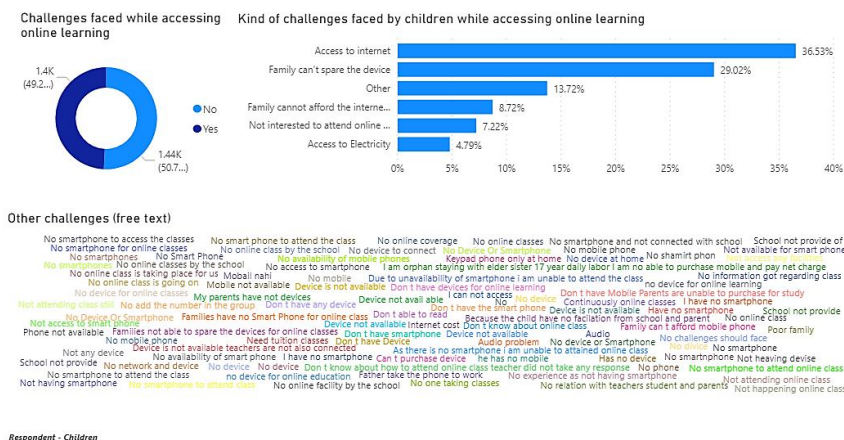
3.4 Challenges in Lockdown online learning classes - information from children and parents

- When we look at the data from children and parents, the accessibility to internet tops as major challenges with 36 to 38 percentage.
- Almost 38% of children & parents stated, as access to internet was a major challenge
- About 5% of children & parents stated, as accessibility to electricity was an issue. This is higher in northern division followed by central and southern divisions.
- Almost 8.89% of families could not afford the device and internet connection for learning
- Not interested to attend online classes recorded about 6-7%
- Almost 27% shared challenges for children in online classes are inability to clarify doubts
- Siblings having one mobile to manage between their classes. This is about 10 %
- Some children also stated is it boring to attend online classes may the restriction they have in interactive sessions. The second major challenge was the unstable network, almost 1 out 4 children shared this concern that shows the need for better network coverages especially in southern division.



3.5 Importance of online learning and Children facing difficulties / stress

- Children could share the online learning helping them to connect with subjects (31%), teachers (19%) and self-learning (8%) as well.
- Children faced stress too, major reasons for such stresses are in lack of communication devices (37%), and internet issues (34%).
- About 15% children said their parents were busy with phones so they couldn't attend
- About 2% children could see obscene contents while accessing online learning and the potential vulnerability they have
- About 15% of children said they have received psychosocial support from their school or teachers.
- About 13% children stated their teachers visited them at their home during lockdown with few extracurricular activities such as drawing, painting, creative writing, storytelling etc.



- We compare the visits of teachers to children's home during lockdown, both stated by children and parents marginally differ but very well aligns the same range from 86% to 87%.
- While sharing about the efforts of government to engage with children during the lockdown are almost identical and close to 8%

CHILDREN SHARING ABOUT THE SUPPORT REQUIRED FOR LEARNING

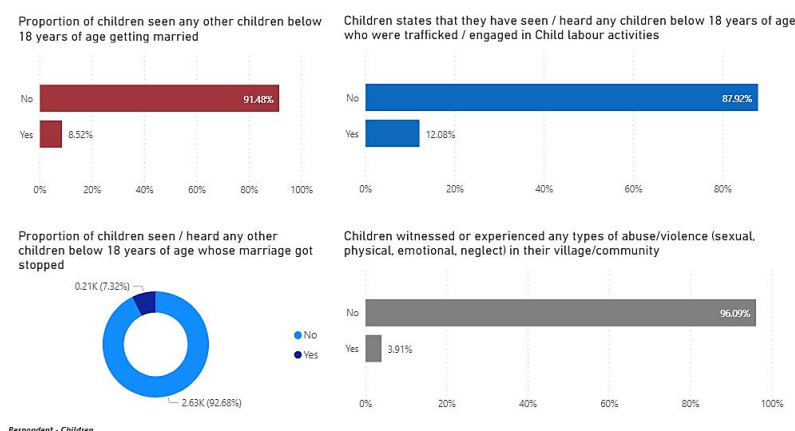
- More than 80% of children & parents desperate need of support for their learning. The subjects children need support are Mathematics and English almost tops the requirement with more demands from children and parents.
- The science is the next one subject that requires attention.

CHILDREN SHARING ABOUT REOPENING OF SCHOOLS

- About 50% of children met their friends during the lockdown
- In fact, 40% of the children could play with their friends also.
- About 85% of children prefer to get their schools restarted with all safety measures.
- The awareness about the Covid-19 is very evident and the precaution measures.
- The top three reasons shared by the children and parents are mandatory facemask, use of hand wash sanitizers & temperature check while restarting the schools.

3.6 Child Protection Issues & Protection reporting mechanism

- About 8% of children seen any other children below 18 years getting married during the lockdown
- Around 12% of children have also seen or heard about children being trafficked or engaged in child labour activities
- About 4% of children witnessed or experienced abuse / violence. This huge proportion needed much attention.
- While comparing between the children and parents the issues have been highlighted more by the parents and the awareness
- The stopping of child marriages recollected more by the parents compared to children.
- Children facing the abuse / violence reported higher by parents i.e. 5%
- Only 24.93% of children known reporting mechanisms for the abuse / violence
- Only about 40.60% of the parents aware about the reporting mechanisms for the abuse / violence.



3.7 Child Sexual Abuse / violence

- There are about 2% and less than 0.5% of children said that they do not want to respond and experienced inappropriate touch. It is a concern.

3.8 Child Protection Committees

- Almost 74 to 82% of Parent & Children stated that they do not know about the Child Protection Committees in their villages/G.P.
- The functionality of the child protection committees are at lesser than the desired level that need attention as 1 in 5 parents and 1 in 6 children says it functional.

- It is good to note that in both with children and parents when the issues are reported they got support from the person with whom it was reported at every times.

3.9 Family Livelihood

- The family livelihood information received from children and parents are almost identical in type and almost same range as well.
- Farming with 34% followed by daily wage labours 24% are the major livelihood the families are relying on.
- About 5% of them are in government services.

3.10 Covid-19's Impact on Family's Livelihood, Food security & Income

- The Covid-19 scenario has affected the families very badly the average monthly family income drastically reduced to just half from 9200 to 5500 rupees.
- The hunger situation visible amongst the families with children and parents more than 40% experienced once a week without food in the nights and about 7 to 10% more than once a week. This is a serious concern of food insecurity in the families.
- More than 70% of the children and parents felt the livelihood crisis in families.

CHILDREN & PARENTS SHARING ABOUT MDM & LIVELIHOOD CRISIS IN FAMILY

- At least 1 in 2 children and parents acknowledged the receipt of Mid-Day Meals dry ration.
- Children and parents reported about quarrels in their families (10%)
- About 20% of them said the shortage of food in homes.
- Inability to pay for internet is about 15%

3.11 Positive aspects of government policies

GOVERNMENT SERVICE PROVIDERS SHARING ABOUT POLICY ASPECTS

- The government's efforts are very well visible
- Parents and government service providers are well in tune with the efforts of government to support the Covid-19 fight.

3.12 Challenges in Policy Implementation

GOVERNMENT SERVICE PROVIDERS SHARING ABOUT POLICY IMPLEMENTATION

- Parents and government service providers are supporting the efforts of government and they are acknowledging the challenges of government in this Covid-19 fight.
- Difficulty in online teaching and the platform is not so conducive for education continuum.
- More service providers responded for safety of teachers and children are important.
- Service providers responded to improve the infrastructures in terms of communication and education facilities.

3.13 Children safety and school reopening

GOVERNMENT SERVICE PROVIDERS SHARING ABOUT CHILDREN'S SAFETY AND SCHOOL REOPENING

- Almost 4 out of 5 are in agreement of reopening schools with safety precautions
- Service providers responded for the appropriate screening and safety standards and operating procedures to be in place after the school reopening
- Social distancing, use of masks, are few of the key things that are non-negotiables.
- Schools can be in batches or on rotation basis to avoid crowd
- Proper ventilation, clean environment and learning atmosphere with safe WASH facilities highly required.

3.14 Suggestions on school curriculum and school reopening

- About 85% of the government service providers are in favour of revising the curriculum due to Covid-19 scenario.
- Four out of five are in favour of reopening of schools with safety precautions. Alternate day's classes, classes with 50% attendance, digital online classes support and home visits of teachers are some of the prominent suggestions from government service providers.

RECOMMENDATIONS

1. Schools reopening after the Covid-19 lockdown:

While the Centre allowed the graded reopening of schools, they have left the specifics to state governments, individual schools and the parental choice as to whether or not they want to send their kids to school amidst the Covid-19 pandemic. In such a scenario, schools are working on multiple approaches while looking into the government's said rules and regulations regarding the opening of the school our state. **Here are some suggestions/recommendations for the safety of students, teachers and the staff:**

- I. **Ensure Mandatory School campus proper cleaning and sanitization:** Schools must thoroughly sanitize the school grounds before the students reach the class and on weekends. The sanitization of each work area, every class, laboratory, each corner to guarantee a sterile and hygienic space for all the students, furniture, equipment, stationery, storage places, water tanks, kitchens, canteen, washrooms, laboratories, libraries, etc. on school campus and ensure air flow in indoor space and educators, school staff, visitors (if any), and furthermore, to protect their families from any possible danger of the transfer of the virus.
- II. **Parent's/Guardian's consent:** Every School should take the consent of parents/guardians before their child/ward begins attending schools. Students willing to study from home with the consent of the parents may be allowed to do so and follow-up on the progress of the learning outcomes of all such students may be planned appropriately and attendance must not be enforced, and must depend entirely on parental consent. Teachers, parents, and administrators need to focus on formative assessment to ensure achievement of learning goals by all learners. Give healthy food, fresh fruits, and clean water in their lunch box or send a tiffin box for mid-day meal and advise their ward not to share their tiffin and water bottle with others. School should not close during lockdown because of the low enrolment and this may increase the possibilities of dropouts.
- III. **Ensuring Emotional Wellbeing of Students and Teachers:** It is natural to feel stress, anxiety, grief, and worry during and after a disaster/pandemic and children are indeed the most vulnerable ones at such times. Therefore, the schools are advised to take note of any symptoms of stress in their students and take appropriate action in collaboration with parents. Online safety training modules on counseling can be developed to ensure emotional stability, removal of anxiety and building up self-confidence of children once they come back to school after a long gap for students and teachers. At least 1 in 2 children and parents acknowledged the receipt of Mid-Day Meals dry ration. Regular health check-up of students and teachers may be organized.
- IV. **Long term Solutions:** strengthening infrastructure to ensure hurdle free internet /digital based learning and uninterrupted electricity power service in future. Formulate a scheme to support the children with device for internet/digital education/learning.

Ensuring Safety Measures in School Campus:

- **Thermal scanning (at intervals):** All the students, staff, teachers, among others, will go through thermal scanning at the entry and during several intervals of the day to diagnose anyone who is not doing well or may have COVID-19 symptoms and quarantine them instantaneously.
- **Wearing mask and gloves compulsory:** The first step to fighting the Corona virus disease is to stop the transfer of the virus from one infected person to another. Wearing masks and gloves will

protect the students, staff, and teachers from contracting the disease as and when they communicate in classroom gatherings or on other occasions.

- **Ensure hand-wash and sanitizer:** Ensure availability of hand-wash stations with running water and soap. Even though the schools offer a clean and sanitized environment for students, it is imperative that the administration installs alcohol-based hand sanitizers for the students, and staff, at various intervals of distance.

1. Roles and Responsibilities of duty bearers and parents:

Before the announcement of reopening of schools, it is very important to define the roles and responsibilities of all the stakeholders, i.e. School Principal, Teachers, Students and Parents to ensure safe and smooth functioning of the schools after reopening. Education Department should prepare a comprehensive set of SOPs before the opening of schools, which may include:

- Plan for phase-wise opening of schools,
- Flexible time- tables/shifts of the school
- safe transport facilities may also be made available
- make available and affordable for the online learning with teaching devices
- Proper directions to all government and government-aided schools to give automatic admissions to children of migrant labourers.
- The Education department to take stock of the children about school attendance after school reporting if needed to provide special support. Continue the online support if needed for extra learning, timely clarifications and avoid disparity.
- Special efforts to reopen the schools with all the standard operating procedures with functional amenities in place. Relooking of the curriculum for the management of appropriate load for learning amongst children.
- Parents need to be patience, refrain from using punishment, and encourage children to extend Positive offerings: Children may be asked to draw and colour cards for their friends, teachers, and family members as preparation for school reopening thus setting a positive tone and hope.

2. Strengthening Child Protection Mechanism:

- Strengthening of local child protection committee is paramount. Create more awareness in schools and in the community through OSCPCR's close coordination with Education department and Women and Child Development Department.
- Accessibility of Child protection services and infrastructures in rural and remote locations.
- Stringent actions to be initiated to ensure the stopping child marriages, child trafficking, child sexual abuse and child labour
- To increase reporting against the child abuse, violence, discriminations and neglect display of reporting mechanism in the public places in enhance awareness
- In school curriculum, Include the subject on the dynamics of child sexual abuse and reporting mechanism
- Directions to Women and Child Development Department to develop guidelines for the formation of village /ward level Child Protection Committees and strengthening G.P./Block level Child Protection Committees with budget allocations for these committees.

3. Ensure Food Security for the most vulnerable families:

- Connecting families with livelihood opportunities to improve the food security of the family and reduce hunger in families. Linking with government schemes and resources would help a lot.
- At least 1 in 2 children and parents acknowledged the receipt of Mid-Day Meals dry ration to the most vulnerable families.
- There should be provision for the waivers of government dues including fee for education during the Covid-19 pandemic

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Abbreviations:

BDO	– Block Development Officer
BEO	– Block Education Officer
CCI	– Child Care Institution
CDPO	– Child Development Project Officer
CMPO	– Child Marriage Prohibition Officer
COVID19	– Coronavirus Disease
CRCC	– Cluster Resource Centre Coordinator
CWC	– Child Welfare Committee
DCPO	– District Child Protection Officer
DEO	– District Education Officer
DSWO	– District Social Welfare Officer
MHLW	– Ministry of Health, Labour and Welfare, Japan
SMC	– School Management Committee
NGO	– Non-Governmental Organization
OBC	– Other Backward Classes
ODK	– Open Data Kit
OSCPCR	– Odisha State Commission for Protection of Child Rights
POCSO Act	– Protection of children from sexual offences Act
SJPU	– Special Juvenile Police Unit
WHO	– World Health Organization
WVI	– World Vision India

Partners Organisations Supported:

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| • World Vision India | Development (CCWD) | Development Programme |
| • ActionAid | • Indian Society for Rural | (SEDP) |
| • PLAN India | Development (ISRDI) | • Gania Unnayan Committee - |
| • ChildFund India | • Youth for Social | Childline Nayagarh |
| • PECUC | Development (YSD) | • Nilachal Seva Pratisthan |
| • JEETA | • Childline-Jagatsinghpur, | (NSP) - CCI |
| • Athmallik Balashram | Radhakrishna Club | • C.R.D.S., Delang |
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