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Sampoornata Well-Being Club, Kolkata Sanved

Empowering adolescent girls in rural West Bengal to prevent human trafficking and gender-based violence



Sampoornata's approach to working with gender-based violence is through Dance Movement Therapy (DMT).

DMT caters to 4 aspects of the self: physical, emotional, cognitive and social.

Sessions are a safe space for participants to explore different movements and to speak their minds.

Piloted in Mandirbazar block in South 24-Parganas district of West Bengal.

Each club had a total of 72 DMT sessions and created a performance at the end.



Dance Movement Therapy works

- To build confidence
- To enhance sense of agency
- To build communication skills
- To help emotional regulation
- To aid critical thinking
- To aid decision-making



'SURVIVORS TO LEADERS' MODEL

Women face a lack of opportunities to build psychosocial skills to respond to risks of trafficking and gender-based violence.

There is a lack of connection of stakeholders while responding to gender-based violence which is exacerbated by poverty and unemployment.



Girls and young women face issues of

- child and early marriage
- unsafe migration for employment
- loss of home and flooding causing widespread socio-economic distress



Assessments:
Body awareness, flexibility, hesitation, eye contact, focus and attention span



Activities:
Ways to protect themselves and mitigate gender-based violence related risks through movement, presentation, art work and role plays



Creation of collaborative network:
Block Development Officer (BDO), Joint BDO, members of Community-based Organisations (CBOs), Panchayat Pradhans, Accredited Social Health Activities (ASHAs), SHG members, and local school teachers

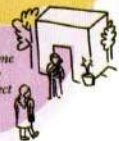


Curriculum : Ghare Baire, Bhalo Thakbo Bhalo Rakhbo (Inside Outside)

Thematic areas:
1. Why Am I Here?
2. My Body, My Self
3. Hello World



Sampoornata also organised home visits to the families, community awareness campaigns and a direct reporting mechanism



Sampoornata Well-Being Club: Empowering adolescent girls in rural West Bengal to prevent human trafficking and Gender-Based Violence (GBV)

Kolkata Sanved

Abstract

This case study focuses on Sampoornata Well-Being Club, a programme designed and implemented by Kolkata Sanved (KS) and aims at empowering adolescent girls and their communities. It seeks to prevent, and responds to, human trafficking and gender-based violence (GBV). It was successfully piloted in Mandirbazar block in the South 24-Parganas district of West Bengal. The core of the programme consisted of dance movement therapy (DMT) sessions for 120 adolescent girls who were at risk of human trafficking and GBV. The DMT builds emotional, cognitive and social skills to respond to GBV, including, emotional regulation, confidence, communication skills, critical thinking and decision-making abilities. The programme also created a network of stakeholders at the local level, who served as a resource base and safety net for the adolescent girls. The DMT sessions enabled the girls to access a sense of agency and build their leadership skills and they took an active role in orienting their families and communities to the risks of trafficking and GBV, and responding to cases of such violence in their communities.



A model for survival and fulfilment

Kolkata Sanved is a woman-led NGO working towards psychosocial rehabilitation of survivors of gender-based violence, including human trafficking. It works towards preventing GBV and promoting well-being through the medium of dance movement therapy (DMT). DMT addresses four aspects: Physical, emotional, cognitive and social. KS has contextualised global DMT practice to the development sector through its approach, Sampoonata (fulfilment). This community focused beyond clinical approach is suited to resource-poor environments, groups with low education or language skills and integrates therapeutic elements of Indian contemporary, classical and folk dances, as well as other healing elements including yoga, meditation. The hallmark of Sampoonata is the ‘survivors to leaders’ model, through which individuals from marginalised communities are given the opportunity to train as leaders and DMT practitioners. In fact, four of the five founding members emerged from the grassroots and 60 percent of the core team is from marginalised communities.

Founded in 2004, KS works in collaboration with partner NGOs, government departments and academic institutions. Its participants include survivors of trafficking and GBV, children

and adults living in care institutions, at-risk children and adolescents in community settings, and people living with mental illness.

After working with GBV survivors for 16 years, in 2020, KS launched Sampoornata Well-Being Club — a pilot initiative aimed at enabling adolescent girls and their communities to respond to and prevent GBV.

Off to a start

Human trafficking is “the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit,” says United Nations Office on Drugs and Crime (UNODC). While victims of trafficking range across genders and ages, it has been found that women and girls are especially vulnerable to trafficking. Globally, 50 percent of the detected number of trafficked victims are women and 20 percent are girls (UNODC, 2020). According to an analysis of data from the National Crime Records Bureau (NCRB) of India, from 2019 to 2021, between 44 percent to 48 percent of persons being trafficked were children (NCRB, 2022, 2021, 2020). According to available data,¹ the highest number of children and adolescents trafficked for the purpose of sexual exploitation are from West Bengal. (Dasra 2013; Pandey 2014; Seefar 2021). Several districts such as, South 24 Parganas, North 24 Parganas, Nadia, Murshidabad, Malda, Darjeeling, Coochbehar, Jalpaiguri and Uttar Dinajpur, Howrah, Midnapore, and Birbhum have been identified as major source areas (Pandey 2014).

Individuals are especially vulnerable to trafficking and GBV during adolescence. There is a need for peer approval, appetite for risks, coupled with poor emotional regulation and decision-making during adolescence. (Lally and Valentine-French, 2019). In an environment of poverty, poor opportunities and patriarchy, adolescent girls face an increased risk of violence and abuse, including trafficking

This case study focuses on KS’s Sampoornata Well-Being Club intervention, which aims to enable communities to respond to and prevent human trafficking and GBV. This intervention was piloted in Mandirbazar block in the Sundarbans, South 24 Parganas district, West

¹Due to the multifaceted nature of human trafficking, it is difficult to get accurate estimates of the exact number of persons trafficked. (Seefar, 2021)

Bengal. KS worked with 120 adolescent girls from four gram panchayats in this block, who are vulnerable to trafficking. The blocks are Anchna, Dhanurhat, Gabberia and Ghateswar.²

The major events leading to trafficking in Mandirbazar and parts of West Bengal include child and early marriage and unsafe migration for employment. Child and early marriages are exacerbated by poverty and unemployment and some adolescent girls also migrate or elope and thereby fall prey to traffickers. Trafficking is also abetted by other factors such as the COVID-19 pandemic, which led to loss of livelihood; the geography of the Sundarbans, where small islands are separated by big rivers, making it difficult to track newly married or migrated girls; and by extreme weather events. Families are uprooted causing widespread socio-economic distress.

The Sampoonata Wellbeing Club

Sampoonata Well-Being Club was designed to address three factors that amplify the risks of trafficking and GBV.

- a) Adolescent girls lack opportunities to build psychosocial skills to respond to the risks of trafficking and GBV. For example, the girls may agree to marry or elope without assessing their own safety due to patriarchy and a desire for romance. Their decisions are driven by emotion rather than critical thinking (Lally and Valentine-French, 2019). Through DMT sessions, the project aimed to build the following psychosocial skills amongst adolescent girls i) Emotional regulation, ii) Building confidence and sense of agency, iii) Communication skills, and iv) Critical thinking and decision-making.
- b) Community members lack awareness of trafficking and GBV-related risks, and its prevention. The intervention aimed to enable adolescent girls act as leaders who would spread awareness of trafficking and GBV-related risks among their families and communities and take the lead in responding to risks arising in their communities.
- c) Lack of connect to local stakeholders puts adolescent girls at risk when they try to respond to trafficking and GBV alone. It exposes them to stigma and even physical or sexual violence. The support of local officials and key stakeholders is required and

²Due to lack of availability of gram panchayat-level secondary data on trafficking, higher vulnerability to trafficking was understood through verbal reporting by local stakeholders and the partner organisation working at the block level.

therefore, the project involved the creation of a collaborative network of key stakeholders. These include the Block Development Officer (BDO), police personnel, panchayat pradhans, school teachers, members of Village Level Child Protection Committee (VLCPC), CBOs and NGOs.

Table 1 provides an overview of the Sampoornata Well-Being Club intervention.

Factors enhancing risk of trafficking and GBV	Adolescent girls lack opportunities to access knowledge and psychosocial skills to protect themselves	Community members lack awareness of trafficking	Lack of connection to local officials and stakeholders puts adolescent girls at risk when they try to respond to trafficking on their own
Activities	Dance Movement Therapy (DMT) for Adolescent girls through enrolment in Sampoornata Well-Being Clubs	Facilitation of Community Awareness Building programmes led by adolescent girls	Creation of a collaborative network of key local officials and stakeholders that acts as a safety net for adolescent girls
Output	Adolescent girls build psychosocial skills and knowledge to respond to risks of trafficking: i) Emotional Regulation ii) Building Confidence and Sense of Agency iii) Communication Skills iv) Decision-making and critical thinking	Through the leadership of adolescent girls, family and community members of adolescent girls build awareness of trafficking and GBV	Adolescent girls have access to stakeholders to whom they can report risks of trafficking and GBV

Outcome	Adolescent girls emerge as significant actors in protecting themselves, spreading awareness to others and responding to risks of trafficking and GBV in their communities
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The Sampoornata Well-Being Club programme began in January 2020 with the support of AWO International. This case study documents the intervention till July 2022, during which period activities were as per Table 1. From July 2022 onwards, KS has been working towards building sustainability of the Well-Being Clubs in Mandirbazar through capacity building of 20 adolescent girls who have emerged as leaders.

Sampoornata Wellbeing Club activities

Preparatory stage

Four major preparatory activities were conducted, which are listed below.

a) Recruitment of project team:

The project team was led by the Project Lead, whose role was to coordinate with the team members, partner organisations and the donor AWO International, monitor activities and take steps to mitigate crisis. Project Lead, along with the head of programmes at KS, played a major role in the creation of a network of stakeholders in order to create a safety net. The DMT sessions were conducted by four DMT practitioners. Two practitioners who are part of KS’s core team had emerged from the grassroots, while the other two had mainstream academic education. The team of four was based out of Kolkata, but a crucial role was played by four social workers from the project area who were responsible for conducting visits to participants’ homes, regular follow ups and emergency crisis mitigation. The implementation process was supported by the project accountant and the finance and administrative manager at KS.

b) Communication with partner organisation

The Sampoornata Well-Being Club’s intervention began with building collaboration with the partner organisation in Mandirbazar, the Sundarban Social Development Centre (SSDC). SSDC, an NGO that has been active in the Sundarbans area since 1986, works in the areas of disaster management, physical health (eye health), education support, livelihoods and sanitation in Mandirbazar, and has an existing connection with the local community (SSDC,

n.d.). It was mutually agreed that the Sampoornata Well-Being Club project would be suited to the Mandirbazar area as it would actively build the capacities of adolescent girls and the community to combat trafficking and cater to unaddressed aspects of mental health. SSDC's role in the partnership would be to tap into its rapport with the community to assist KS in enlisting adolescent girls to participate in DMT sessions and to link KS with local stakeholders. In addition, SSDC supported KS in accessing a safe physical space to conduct DMT sessions.

c) Creation of (DMT) curriculum

The DMT curriculum was conceptualised and designed by Founder Director of KS and a consultant expert. The core supporting team members consisted of two DMT practitioners, Project Lead, KS's Head of Programmes and a consultant mental health professional. The curriculum, titled 'Inside Outside' (Bengali title: *Ghare Baire: Bhalo Thakbo Bhalo Rakhbo*) was created over a series of meetings and discussions, and consisted of 72 DMT sessions of two hours each, divided into three thematic areas. Each thematic area was divided into sub-areas and that into a number of objective-based DMT sessions. Table 2 lists the three thematic areas and sub-areas that comprised the curriculum.

Thematic area	Sub-areas
I. Why Am I Here?	<ol style="list-style-type: none"> 1. What is DMT? 2. DMT and Me (self-expression and awareness through DMT) 3. DMT and the World (connecting self and society, visioning for life, methods of developing agency and becoming a changemaker) 4. Experience Dance and Movement (reducing inhibition, opening up) 5. Creative Imagination and Improvisation 6. Movement Laboratory (basic DMT session planning and facilitation)
II. My Body, My Self	<ol style="list-style-type: none"> 7. Self-Portrait, Emotion Management, Growth and Confidence-Building 8. Body Awareness (sensing the body, positive body image, understanding good and bad touch) 9. Understanding Sex and Gender (gender roles and stressors, gender identity and sexual orientation, de-stigmatising sexuality and menstruation) 10. Relationships and Boundaries (navigating safety in personal relationships)

	11. Self-Care and Healing (coping with stress)
	12. Responding to Violence
III. Hello World!	13. Sexual and Reproductive Health and Rights
	14. Mapping Safety and Protection Environment (learning about risks of trafficking and GBV and services available to respond to risk)
Source: Kolkata Sanved (2020)	

The curriculum was translated into Bengali and Hindi, and all DMT practitioners in the team went through capacity building training on implementing the curriculum.

- d) Baseline study with selected participants and key stakeholders

The baseline study was divided into three parts:

- a) Focus group discussions with seven adolescent girls from the four selected GPs of Mandirbazar and seven social workers with experience of working in the area, in order get a more in-depth understanding of the trafficking and GBV situation in the area.
- b) In-depth interviews with five key stakeholders in the area, including a Panchayat Pradhan, Anganwadi worker, a local self-help group (SHG) member and a member of a local CBO. There was also a teacher from a local high school. This was done to understand the patterns, trends and government provisions related to trafficking and GBV.
- c) One-on-one interviews through a multiple-choice questionnaire with the 120 adolescent girls who had enrolled in the Well-Being Clubs. It helped understand the details of participants' socio-economic and demographic backgrounds, physical and mental health and their knowledge of trafficking, GBV and related risks. A summary of the findings from the baseline survey is given in Table 3.

Number of adolescent girls participating	120
Average age	16 (minimum: 13; maximum: 19)
Family composition	96% adolescent girls were part of joint family

Income source	In 87% families, male members reported as earning members; Occupations included: agriculture, tailoring, cooking, daily wage labour
Religion	Muslim (57%), Hindu (43%)
Education level	98% were attending school at an average of Std IX
Trafficking and GBV awareness	<ul style="list-style-type: none"> • 23 (19.2%) shared that their friends or neighbours had been trafficked • 36 (30%) shared that they had witness violence such as domestic abuse, physical abuse and child labour • 110 (91.7%) were aware that trafficking takes place, through awareness programmes conducted by SHGs and Integrated Child Development Scheme (ICDS). However, they were not clear on how to respond to risks. • The majority of participants were unaware of resources in the community to prevent trafficking. A few participants were aware of some names but not how to access them.
Source: Kolkata Sanved (2021)	

Dance movement therapy (DMT) sessions



A dance movement therapy (DMT) Session

Social workers visited the homes of 200 adolescent girls from which 120 girls were selected for the programme based on their need and willingness to engage in the DMT sessions. Once

the participants were selected, a community mobilisation meeting with the participants' guardians (one meeting in each of the four *gram panchayats*) was held, to familiarise them with Well-Being Clubs, the methods, timeline and expected outcomes. A major challenge was that dance was considered taboo, or *gunah*, among many families. KS was not unfamiliar with this and it continues to use DMT as a tool for social change for two major reasons. DMT enables participants to de-stigmatise and free the body from oppressive patriarchy and facilitates learning of psychosocial skills on the embodied level, rather than just the cognitive level. KS has observed over several years that community members become open to DMT when they understand that the process is not about performance; rather, self-growth and wellbeing. The community mobilisation programmes, therefore, focused on conveying the difference between dance and DMT. It was emphasised that adolescent girls would not be trained as dancers; rather dance and movement would be used as a medium to enable them to build self-awareness, confidence and protect themselves from risks.

The dance movement therapy sessions were conducted with 120 adolescent girls in four groups of 30 participants each. Each group constituted a Well-being Club. The Well-being Club was not seen as a physical space, but a conceptual one. It could be created wherever its members gathered to participate in DMT and work to respond to risks of trafficking and GBV. Each Well-being Club went through a total of 72 DMT sessions. Before DMT sessions began, assessments were done to understand physical, emotional and cognitive traits of participants such as, body awareness, flexibility, hesitation, eye contact, focus and attention span.

While DMT sessions began in person, a hybrid method was adopted during the pandemic. As most participants did not have access to mobile phones, a laptop, projector and sound system was arranged at Mandirbazar, and participants attended online sessions in smaller groups of 15 each. Modifications were made to the DMT curriculum: More theoretical inputs, understanding trafficking and analysing risks, were done online, while sessions that required more physical involvement were in person. Out of 72 sessions at each Well-Being Club, 23 were conducted online.

A safe space was created for participants to express themselves freely and overcome their hesitation through movement and verbal sharing at the DMT sessions. They explored ways to protect themselves and mitigate GBV-related risks through movement, presentation, art work and role plays. (Table 2 outlines the thematic areas and objectives covered during the DMT

sessions). They also worked towards building leadership skills to prevent GBV in their communities.

Since participants are adolescent girls living with their guardians, continuous engagement with family members was necessary to ensure attendance and feedback. Every month, social workers conducted one home visit with each participant's family to gauge the girl's wellbeing, the socio-economic situation of the family and to inform them about the schedules of the upcoming sessions. This helped build a sense of trust and transparency with family members.



Home visit

After the second wave of the pandemic, four project team members (Project Lead, 1 DMT practitioner and two social workers) conducted four sessions (one for the parents of participants in each gram panchayat), in order to orient participants' guardians to the progress of the project and understand the changes that guardians had observed in the participants.

Out of 120 adolescent girls who enrolled, 111 girls completed the 72 session-long DMT curriculum. Nine girls did not complete the curriculum as some got married and their in-laws forbade attendance. Some were unable to balance dance with academics, while others were ill. The completion of the DMT curriculum was celebrated through a certificate ceremony in June 2022, where 120 participants, their family members and members of the collaborative network, were present. The participants shared their experience of DMT sessions and the members of each Well-Being Club performed as well.



A participant receives her certificate of DMT completion from the Joint Block Development Officer

1.1. Creation of collaborative network

A collaborative network began with the creation of a channel of communication at the state level through meetings with representatives from the Department of Women and Child Development and Social Welfare, Government of West Bengal. Similarly, at the district level meetings were held with the District Social Welfare Officer (DSWO) and District Child Protection Officer (DCPO) of South 24 Parganas. This was done to introduce the officials to the project and get requisite permissions. In order to recruit members for the collaborative network, key stakeholders such as the BDO, Joint BDO, members of CBOs, Panchayat Pradhans, Accredited Social Health Activities (ASHAs), Village Level Child Protection Committee (VLCPC), SHG members, and local school teachers, were met. Social workers met these stakeholders every month and in due course, a collaborative network of 21 members was created. The designations of the collaborative network members are given in Table 4. A membership card was given to these members and their names were registered in a logbook. Meetings were held where the members defined the structure, roles and functions of the network, and soon the network worked as a safety net where adolescent girls could report issues related to GBV in the community.

Designation	No. of members
Block Development Officer (BDO), Mandirbazar	1
Joint Block Development Officer, Mandirbazar	1
Child Development Project Officer (CDPO)	1
Panchayat Pradhan	5
Second Officer of Police	1
Supervisor of Integrated Child Development Scheme (ICDS)	1
Supervisor of Anganwadi Worker (AWW)	1
Accredited Social Health Activist (ASHA)	1
Members of Community Based Organisations (CBO)	2
Self-Help Group (SHG) president	1
Local schoolteachers	2
Staff members of Sundarban Social Development Centre (SSDC), partner NGO in the project	2
Staff members of Kolkata Sanved	2

While adolescent girls were attending DMT sessions, the collaborative network was envisioning and planning its functions, roles and processes. So far, when the girls needed to report issues they had to approach the KS team or staff of the partner organisation. But once the collaborative network's direct reporting mechanism was set up all the 111 adolescent girls were given the names and numbers of the members of the network. The girls were encouraged to access them directly.

Community awareness campaigns

From January 2022 to June 2022, two awareness campaigns were held for community members to raise awareness about the risks of GBV and building trust and connections with the community. The campaigns involved a performance created by the participants on how trafficking takes place, the prevention, and the ill-effects of child marriage. Community members were taken through an experiential DMT activity to understand the importance of the DMT process and its role in building skills and resilience amongst adolescent girls. Some participants spoke about their own change stories, while members of the collaborative network spoke of the power of DMT sessions in building communities.



Collaborative network members speaking at the community awareness campaign

Monitoring and documentation

Monitoring the project enabled the team understand whether everything was going as planned. Monitoring was done in the following ways:

- a) Feedback from participants: This is the key to every DMT session as it helps DMT practitioners to be constantly responsive to the needs of the participants. The project lead and head of programmes of KS also attended seven monitoring visits, where they held discussions with participants about the impact of the sessions and challenges faced.
- b) Feedback from parents: Four orientation programmes were held with family, one for each gram panchayat, and team members got an idea of the changes that parents had seen in the adolescent girls.



Orientation programme with family

- c) Quarterly review meetings: The entire project team met for a full-day meeting every three months, where they discussed what worked, challenges faced and how to overcome challenges.

Documentation took place through the following processes:

- a. Regular written reporting: Reports for each DMT session, home visits, and stakeholder meetings were created by the team members. The DMT session reports detailed the proceedings, feedback and observations of participants. The DMT practitioners also mapped the progress of each participant in each session by scoring indicators such as confidence, assertive communication, coping skills, focus, listening skills and critical thinking. The individual activity reports were compiled into monthly reports, and were supported by monthly financial reports, that were sent to the donor.
- b. Audio-visual documentation was done during DMT sessions, home visits and community awareness programmes. All documentation was done with the informed consent of the participants and their guardians, and in accordance with the Safeguarding Policy of Kolkata Sanved.

Output of the DMT programme

Adolescent girls developed psychosocial skills to respond to risks of trafficking

QUOTE IN A BOX

“Before attending DMT, I would parrot everything. I was locked up in a cage. I was scared of the outside world and had to abide by societal rules. Once I started attending DMT sessions, my thoughts changed and it brought changes within me. I learned to accept myself and others, create safe boundaries and build self-confidence.”

~ An adolescent girl who participated in the Well-Being Club programme

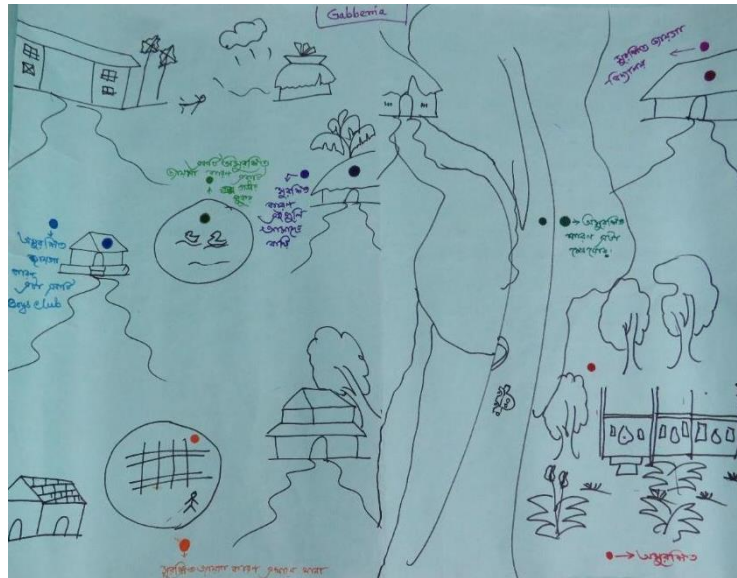
a) Building confidence and enhancing sense of agency:

Initially, most participants were hesitant and did not make eye contact with the facilitators. As the DMT sessions progressed, with extensive exploration of movement and reflection on one's own strengths, there was a marked change in the participants. Participants were able to speak their minds, not only during the DMT sessions, but also outside it. A participant says, “I used to underestimate myself and was always anxious and shy. But after attending DMT sessions, I realised I can now love myself. I can talk to people freely and confidently. I feel ready and know my self-worth.”

The participants' confidence enabled them to envision their own futures and forge their own paths. Another participant says, “I would like to apply all that I learned through these sessions to my everyday life and want to be self-dependent. It is my dream to open a big shop in the future. I will also help other women like me. It is from the DMT sessions that I learned to have a dream and I will achieve them.”

b) Communication skills

DMT has enabled participants to build effective communication skills verbally, non-verbally, and through movement and theatre and art-based tools. They made posters on child marriage, trafficking and sexual harassment, as well as a map of safe and unsafe zones in their communities, which were distributed amongst their family members and the collaborative network. The father of a participant said his daughter who would barely make eye contact was now on stage talking confidently to the community and even addressing local officials.



Map of safe and unsafe zones at a gram panchayat made by the adolescent girls

c) Emotional regulation

Emotional regulation helps individuals handle their emotions and they are therefore less likely to take impulsive decisions endangering their safety. Emotional regulation gives them the space to be calm and make rational decisions. This is especially important as many adolescent girls fall prey to traffickers luring them with romance.

The DMT sessions created a safe and healing space for participants who could share their feelings and anxiety without being reprimanded. “DMT is just like medicine which keeps us healthy. Earlier, I wanted to die, but now I try to imagine that my sadness is like rain and will wash away. I do what I love doing and I practice it every day. I am in such a good place now that I sometimes think if I had given up on my life, I would have missed out on this,” a participant says.

The participants also reported that they now had tools for anger management. Parents said their daughters used to sulk, refusing to eat, talk, and even hit their family. A participant said that after a few sessions on anger management, she realised that she is in control of her anger switch and can express her rage in a healthier way. Participants have learnt deep breathing, relaxing the body, listening to calming music and using dance for self-care. “There were many issues with the family because I was angry. But after enrolling in DMT sessions, I am able to control my anger and do not make hasty decisions fed by anger.”

d) Critical thinking and decision-making

Participants were encouraged to reflect on their experiences and give feedback with special emphasis on critically analysing gender norms. They were given information about gender and sexual and reproductive health, destigmatised menstruation and sex and sexuality. “We had an activity where we were asked to draw our own body and put a tick mark against body parts we like and a cross against body parts we dislike. It was then explained to that we need respect and give importance to all parts of our body. We must love ourselves,” a participant said.

The girls also learnt to deconstruct patriarchal ideas about women.. A participant said, “I used to think that women do not have rights nor do they have the strength to achieve their goals. In these sessions, I have never heard any negativity and I learned there is power inherent in women, which spurred me on to a new way to lead my life. I also learned about self-love and self-awareness.”

Participants began to articulate their own needs and make their own choices with their families. For example, all the five participants who got married during the lockdown said that they had tried to convince their husbands and in-laws to allow them to attend the DMT sessions. Two participants succeeded and would bring their husbands along and make them meet the facilitators. They did not give up their rights after marriage, but harnessed their own resources to access their rights.

1.2. The sessions on relationships and boundaries enabled the participants to understand who are safe. “It is important to think through an action, consider your safety and that of others. I have also learned to create boundaries; I have learned to say ‘no’,” a participant said.

1.3. Adolescent girls have access to stakeholders

Adolescent girls were given direct access to the key service providers so they feel safe leaving home. A participant said, “ I used to be eve-teased and did not know how to respond. People broke my trust. After DMT, I learned how to overcome my problems.”

The participants began reporting cases of child marriage and the risks of trafficking either to the facilitators of the Well-Being Clubs, who then conveyed it to network members, or directly to stakeholders. In fact, the girls addressed three cases of child marriage.

1.4. Building awareness of trafficking and GBV through leadership

The experience of participating in the Well-Being Clubs gave adolescent girls the opportunity to build leadership skills and take an active part in organising initiatives against trafficking and GBV in their communities. Family members of adolescent girls gave feedback that the 10 posters designed by the girls on issues like trafficking, child marriage, sexual harassment, and the importance of children staying in school, increased awareness in the community. The participants also developed a resource map of safe and unsafe spaces in their *gram panchayats*, which was shared with other members. They also have gained the confidence to address officials such as the BDO and the police.



Posters made by the participants

Participants advocate against a wide range of issues including, trafficking, child marriage and child labour. A participant mentioned how a relative, a young boy, was not going to school and, instead, made bidis for a living. After participating in the Well-Being Club, she encouraged the boy to defend his right to education. When he was not convinced, she approached the grandmother and explained that the boy was engaged in child labour, which is a violation of his rights. Consequently, the grandmother sent the boy back to school.

The adolescent girls want to work as leaders in preventing violence in their communities.

“For cases of child labour, I meet the guardians and explain that it is illegal. I also let them know of the risk of young children being trafficked. In case of child marriage, I explain why child marriage is a bad idea. Often, the child is not mentally or physically ready to get

married and have a baby leading to deaths of both the mother and baby during delivery,” said a participant.

The leadership and psychosocial skills of the participants have led to a remarkable transformation in their families. Their parents reported that the girls shared their learnings with family and neighbours, including community resources and that this along with home visits and care-providers meetings have led to attitudinal changes. Earlier, family members were opposed to participants attending DMT sessions, but now they request KS to include other children in the community so that the safety net is widened. Several mothers and grandmothers want to engage in DMT and are extremely enthusiastic for their children to go forward as leaders. A guardian said, “I take care of my granddaughter after her parents died and she is keen to become a community leader and create awareness in our villages where there is chronic human trafficking. She demonstrates the movements at home and in fact, I would also want to enrol.”

Challenges along the way

Stigma around dance

Dance was stigmatised in many communities and while the girls were enthusiastic about the sessions, parents thought DMT would make their daughters dancers, which they considered a taboo. In order to respond to this challenge, a community mobilisation programme was done with parents, before the DMT sessions began, which explained that DMT was different from dance. Parents were told that the aim of the programme was not to create dancers, but to enable adolescent girls secure their mental and physical safety. Even then, some participants continued to face opposition from male members of the family, due to which their attendance was initially irregular. Interestingly, mothers and other female members would encourage the girls to attend the sessions.

Extreme weather events

Periodic flooding at Mandirbazar is a challenge. During the course of the programme, two major cyclones — Amphan (2020) and Yaas (2021) — took place. Amphan, in particular, led to grave damage in Mandirbazar with the loss of homes and access to potable water. KS provided relief to the families of the adolescent girls sending dry ration, tarpaulin, and personal hygiene products like masks, sanitisers and sanitary pads.

COVID-19 pandemic

The COVID-19 pandemic led to a disruption of DMT sessions. Families faced loss of livelihood due to lockdowns and participants were distressed by the uncertainty, disruption of routine, and inability to go to school and meet their peers. KS worked towards providing psychosocial support and resumed DMT sessions online since many girls did not have access to mobile phones. These sessions were in small groups of 15 each and 23 such online sessions took place for each of the four Well-Being Clubs.

What the programme taught

- The in-depth engagement of a family through regular home visits, parents' meetings and community awareness programmes was crucial to ensuring that 92.5 percent (111) of the 120 participants were retained during the programme. The role of the partner organisation —SSDC— and four social workers with several years of experience in the area — was important as they had an existing rapport with the families of the adolescent girls.
- While most participants were aware of trafficking before starting DMT sessions, they did not have a clear idea how to respond to the risks. Through DMT, they could participate in activities, role plays and could make real-life decisions. For instance, the adolescent girls decided the locations in which their posters would be displayed and thereby it helped them use critical thinking and decision-making skills.
- While the Sampoonata Well-Being Club was initially focused on the issue of human trafficking, in practice, the sessions had to address multiple forms of gender based violence arising in the community, including child marriage and child labour.
- Apart from working with girls in the community, there is also a need to work with men and boys, as GBV is often perpetrated due to internalised patriarchal norms in males. Moreover, boys in Mandirbazar are also vulnerable to trafficking.

Conclusion: Moving forward

The Sampoonata Well-Being Club programme was successful in empowering 111 adolescent girls in Mandirbazar. The girls learnt to protect themselves from, and respond to, risks of trafficking and GBV in their communities, through building agency, psychosocial

skills and links to stakeholders. Now, KS seeks to make the programme sustainable in Mandirbazar through training 20 adolescent girls as community leaders, who would actively interact with the collaborative network with four selected leaders joining the network. They would thus create and run their own Well-Being Clubs creating a ripple effect of change in their own communities and beyond.



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