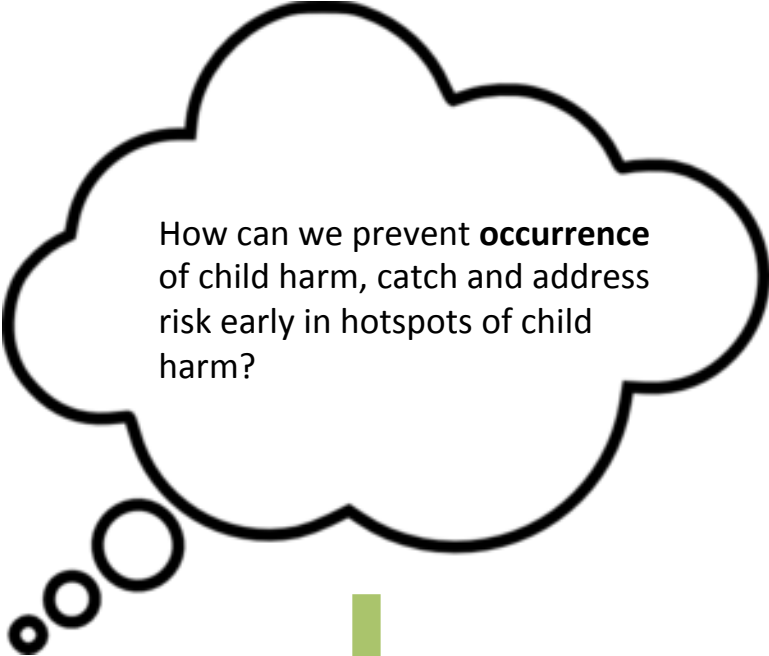


## Our History

- **Founded 2002: Aangan enters a “closed” system** notoriously violent and mismanagement. *Begins work with 75 rescued survivors in one government rescue home in Mumbai: Psychosocial support, healing and trauma work*
- **2002-2005: Expand in Mumbai** to reach **3000** children in 15 rescue homes in Mumbai/Thane. *Aangan does a psychosocial healing program for survivors of harm across 15 rescue homes in Mumbai, Thane. Trains 75 frontline government workers in government rescue homes on child friendly and survivor centered intervention.*
- **2005: Scales work across 32 districts of Maharashtra.** Action research in partnership with Department of Women and Child Welfare, Maharashtra. *Changing Spaces: First ever study on the institutionalized child’s perspective of post rescue systems for survivors.*
- **2006-2008:** Based on Changing Spaces, Aangan is appointed to monitor **100 homes across 32 districts, and train 300 frontline staff for 8000 children**
- **2009-2013:** Appointed by state Departments of Women and Child Welfare across **16 states** to assess/monitor/train state functionaries and frontline workers who deal with child survivors. *(Developed a 100 point national Standards of Care monitoring and capacity building tool and pilot with UNICEF to monitor and capacity build state functionaries in rescue homes across the country. Standards of care inspection committee, frontline workers and NGOs trained).*
- **2014:** Partner NGO reported a **33%** improvement using Aangan’s tool
- **2015-2017:** Strengthening care and rehabilitation systems so that a child who leaves the government home is safe from recurrence of harm. Work with **30,000 survivors** and **300 government** functionaries so that destinations of harm are well equipped to provide treatment and care. Prevention model so that sources of child harm are safer. **1000** cohort of barefoot workers (women volunteers) in **75** most dangerous “hotspots of harm

**2014-2018:**

*After a decade of working with child survivors of harm – the questions before us...*

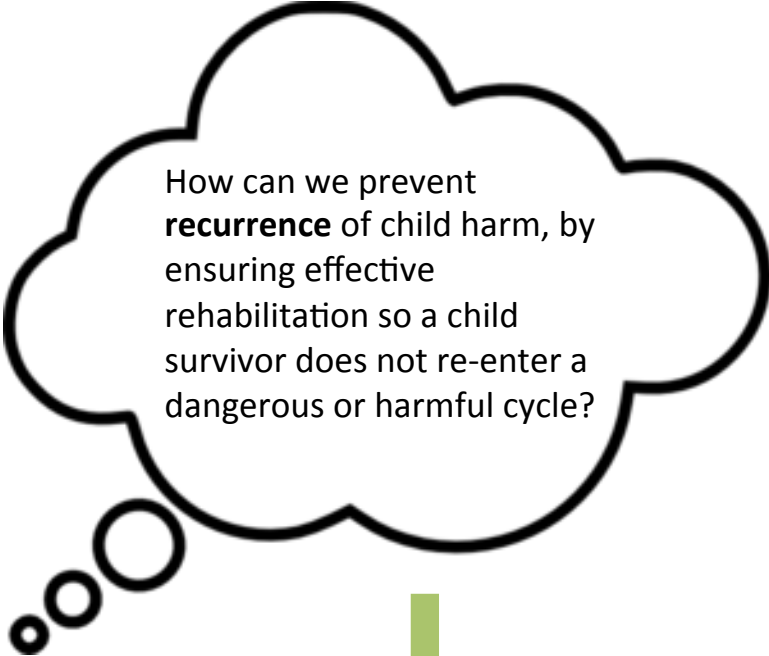


How can we prevent **occurrence** of child harm, catch and address risk early in hotspots of child harm?



### **Prevention Model for Hotspots**

*Hotspots are defined as “sources” or villages/slums with high child harm incidence as per UNODC, UNICEF and government data*



How can we prevent **recurrence** of child harm, by ensuring effective rehabilitation so a child survivor does not re-enter a dangerous or harmful cycle?



### **Post Harm Model for Hotspots**

*Hotspots are defined as destinations where there are high numbers of children rescued in larger towns, they will be sent back to source districts*