

THREADS OF CARE

Inside Prerana's Case Management Approach



This document aims to build a general understanding of case management, covering both theoretical foundations and practical application. It also seeks to highlight Prerana's own practices, drawing from our ground experience across diverse programs.

Documented by: Kashina Kareem & Priti Patkar

Reviewed by: Deepti Sawant, Pooja Yadav,
Ragamala Datta, Rashmi
Taylor, and Smriti Mishra

Scope of this Document

Developed from Prerana’s long-standing work, this guide is intended to serve as an **operational and practice resource** for social workers, case workers, and allied staff providing direct services to individuals, children, and families from marginalized and underserved communities in vulnerable situations.

It outlines the **framework, principles, and procedures** that shape our approach to **case management**, grounded in the lessons and insights gathered from across our programs and interventions.

Intended Users



Social Workers



Counsellors



Case Workers



Project Managers



Govt. Stakeholders

Anyone directly or indirectly involved in case management, such as program coordinators, program managers, and government stakeholders—including members of the District Child Protection Unit and Childline—who plan, coordinate, supervise, and oversee casework processes.

Overview of Case Management

Case management is a **structured, collaborative, and rights-based process** through which a social worker or case worker provides holistic individualized support to a child, family, or person in a vulnerable situation. It is not a specific programme or intervention, but an approach (or service) aimed at **identifying and assessing individual needs**, planning and implementing interventions, coordinating and advocating for services and community resources, **reviewing progress and adjusting decisions** over time and ensuring consistent follow-up to assist the individuals for better adjustment between them and their environment.

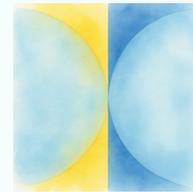
This approach involves **assisting clients in navigating complex systems** and accessing essential services such as healthcare, counselling, education, housing, job training, social security documentation and sometimes even the judiciary. It ensures that services are well-coordinated and not fragmented. The process typically includes **assessment, planning, implementation, documentation, data management, monitoring, evaluation, and follow-up**—all designed to provide personalized client-centered care and sustained support.

Case Work is a **direct, relationship-based professional intervention** with an individual child or family. It involves **sustained one-on-one engagement**, where the primary focus is the client's psychosocial needs and problems. Through case work, practitioners seek to understand the client's feelings, lived experiences, strengths, and challenges, and support them to cope, heal, and function with greater agency and wellbeing.

The role of the case worker in this process is that of a **listener and facilitator**. Central to case work is the building of trust and rapport, enabling the client to reflect, express themselves, mobilise their capacities to make informed decisions, and grow.

Case Work interventions in a child protection/trafficking context may include:

- Providing emotional support to a trafficked child
- Helping the child process trauma and loss
- Supporting the child to express their wishes regarding education, livelihood training, self-care, or family restoration
- Bridging the information access gap
- Strengthening self-awareness, self-esteem, and decision-making abilities for actualizing their self-determination



Case Management, on the other hand, is a **system-oriented and coordinated approach** that ensures the client receives timely, appropriate, and continuous services. It focuses on **assessment, care planning, coordination among multiple stakeholders, monitoring progress, and safeguarding outcomes**. While the client remains central, the emphasis in case management is on service delivery, protection, and accountability across systems.

Case Management process in a child protection/trafficking context may include:

- Ensuring the child is produced before the Child Welfare Committee (CWC)
- Coordinating medical care, legal aid, education, shelter, trauma counselling, and compensation
- Following up on FIRs, court proceedings, and rehabilitation plans
- Ensuring all interventions align with the child's best interests

Case Work and Case Management are **complementary, not opposing** approaches. Case work provides depth by centering the child's voice, emotions, and lived realities, while case management provides structure by organising services, systems, and safeguards around those needs. **Together, they ensure that support is both person-centred and system-responsive.**

As outlined in the Interagency Guidelines for Case Management and Child Protection developed by the Child Protection Working Group (2014), case management:

“is a way of organising and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and/or referrals...”



Principles of Case Management

1. Child-Centred / Client-Centred Approach

Client is the central focus of all case management decisions—not the system or services. All actions are guided by the best interests of the child, respecting their age, maturity, views, and evolving capacities. Services are planned and delivered in ways that are accessible, understandable, and convenient for the client and family.

2. Rights-Based Approach

Clients are rights-holders, not beneficiaries. Case management ensures access to legal, health (mental and physical), education, protection, and rehabilitation entitlements. Services should be extended as rights, not charity.

3. Participation and informed Consent / Assent

Clients are informed, consulted, and supported to participate in decisions affecting them. Information is shared in a language and manner they understand. Informed consent or assent is obtained wherever legally appropriate, including from caregivers/family when required. Clients are also informed about their right to say no without punishment.

4. Determination of Best Interest

There is rarely a single “ideal” solution while working with children and families; decisions involve balancing multiple options. All decisions prioritise safety, dignity, well-being, and long-term development of the client. Risks and protective factors are continuously assessed, and irreversible decisions are made with care.



5. Safety and Do-No-Harm

Safety: physical, emotional, and psychological of the client –is paramount at every stage of case management. Mindful practices avoid re-traumatisation or re-victimization, unnecessary questioning, usage of labelling language or exposure to physical or psychological risk. Confidential information is shared strictly on a need-to-know basis.

6. Confidentiality and Privacy

Personal information is protected and records are securely maintained physically and digitally. The right to confidentiality and privacy, however, is not absolute. Information is shared only with informed consent and only when necessary for protection or service delivery. Disclosure without consent occurs only in high-risk or legally mandated situations which may involve a threat to safety or life of the client.

7. Individualised and Holistic Care Planning

Each case has a tailored care plan based on the child/client's unique needs, problems, strengths, risks, and goals. The pace of intervention respects the client's readiness and capacity. Care planning involves coordination among relevant stakeholders for a holistic response.

8. Continuity of Care

Case management ensures timely, uninterrupted, and coordinated services for a sustained period of time. Follow-up is systematic until goals are achieved or safely transitioned. This prevents clients from falling through service gaps.

9. Coordination and Collaboration

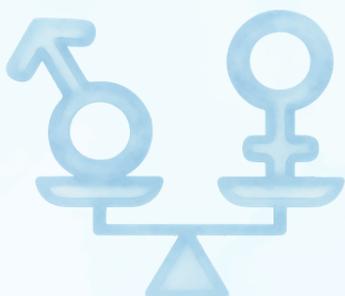
Effective coordination is maintained with CWC, police, health, legal, education, shelter services, and NGOs. Roles and responsibilities are clearly defined to avoid duplication and service fatigue. Clients are best served when stakeholders work together in a spirit of collaboration, rather than competition.

10. Accountability and Documentation

Case management complies with applicable laws and policies (e.g., JJ Act 2015, POCSO Act 2012). All assessments, decisions, referrals, and outcomes are accurately documented. Regular supervision, capacity building, and client feedback mechanisms ensure quality and accountability.

11. Non-Discrimination and Inclusion

Services are provided without discrimination based on gender, caste, religion, disability, migration status, or identity. Additional support (e.g., translation, accessibility assistance, support persons) is provided to enable participation of the most marginalised.



12. Empowerment and Strength-Based Practice

Case management recognises and builds on the client's strengths and resilience. Promotes informed decision-making, independence, and sustainable coping. Encourages safe family and community support systems.

13. Time-Bound and Outcome-Oriented

Clear goals, timelines, and indicators guide case plans. Progress is reviewed regularly, with course correction as needed. Focus remains on sustainable outcomes, not just service provision.

14. Ethical and Professional Practice

Practice is guided by professional ethics, legal mandates, and organisational values. Reflective practice and supervision are integral. Professional boundaries are maintained at all times.

15. Least Intrusive and Proportionate Intervention

Interventions should be no more intrusive than necessary to ensure safety and well-being. The level of involvement, surveillance, and decision-making by the system must be proportionate to the assessed risk and reduced as capacity and safety increase.

What this really means is:

- Families are not over-monitored because they are poor or marginalised.
- Institutionalisation, separation, or legal escalation is used only when unavoidable.
- Support is stepped down as soon as safely possible.

16. Shared Responsibility and Gradual Transfer of Ownership

Case management explicitly plans for the progressive transfer of responsibility from the worker/ system to the client and family. Support reduces as confidence and capacity increase and exit is planned, not abruptly.

17. Review, Reflection and Course Correction

Case management is a dynamic process, not a linear one. Plans are reviewed with clients and adapted in response to changing circumstances, feedback and learning. This includes regular reflective reviews with clients and caregivers, willingness to change direction and acknowledging when something is not working.



Process of Case Management in Social Case Work

Case Management follows a structured, cyclical process to ensure that children and clients receive coordinated, timely, and appropriate services for a sustained period of time. While this process shares several stages with social case work - such as engagement, assessment, planning, and review—the emphasis in case management is on coordination, continuity, and systems accountability, rather than primarily on therapeutic intervention with an individual.

1. Identification and Intake

Individuals may be identified through outreach, institutional referrals, community members, or self-referral.

At this stage, basic information is collected to understand the concern and assess eligibility. The case worker explains the purpose of case management, roles and responsibilities, client rights, and confidentiality, while beginning to build rapport.

An initial safety and risk screening is conducted to identify urgent protection needs or mandatory reporting requirements. Where risks are identified, appropriate protective steps are taken and explained to the client.



2. Assessment

A comprehensive assessment is undertaken to understand the client's situation holistically, including:

- Individual views, needs, preferences, strengths, risks, and vulnerabilities
- Familial, social, economic, legal, health, and psychological factors
- Root causes and challenges, priorities, risks, and protective factors
- Access to resources, skills and social networks

Assessment is a dynamic and iterative process that is undertaken repeatedly throughout the intervention period. In situations of critical need, especially concerning medical care or safety, service implementation is initiated before the comprehensive assessment of the client is concluded.

3. Planning (Case Plan / Individual Care Plan)

Planning is a dynamic and participatory process carried out with the client. Interventions are sequenced and phased based on urgency, client readiness, and capacity. Not all needs are addressed at once; priority is given to safety and stabilisation before longer-term goals.

This includes:

- Setting clear, realistic, and measurable goals
- Identifying required services and interventions
- Defining roles and responsibilities (client, case manager, service providers)
- Developing timelines and indicators of progress
- Ensuring informed consent and client participation



4. Linking and Referral

The case worker facilitates access to relevant services and community resources such as:

- Health care
- Education
- Legal aid and justice processes
- Shelter and protection services
- Counselling and mental health support
- Livelihood support, schemes, and social security
- Parenting guidance and safety planning
- Linkage to government schemes and benefits
- Linkages to NGOs and other service centres



Barriers to access are actively identified and attempts are made to address them.

5. Implementation and Coordination

This stage focuses on:

- Coordinating with multiple service providers and institutions
- Advocating for the client's rights and entitlements
- Ensuring continuity and timeliness of services
- Supporting the client to engage with and navigate systems

Rather than being a linear phase, implementation is an evolving journey of self-discovery that centres the client's self-determination and gradual empowerment. It requires patience, adaptability, and openness to trial and error.



7. Evaluation

Outcomes and impact of interventions are assessed to determine:

- Whether goals have been achieved
- What has worked well and what has not
- Lessons for future practice

This stage strengthens accountability and learning.



6. Monitoring and Review

Progress is regularly reviewed against the case plan through:

- Follow-up with the client and service providers
- Assessing effectiveness and relevance of services
- Revising goals or strategies as required
- Conducting case review meetings and maintaining documentation
- Seeking regular client feedback on usefulness, pace, and experience of services



8. Case Closure and Aftercare

Case closure is a planned and gradual process. Cases are closed when goals are achieved or services are no longer required. Responsibility is progressively transferred to the client and family, with clarity on:

- What support systems remain in place
- Where and how to seek help if challenges re-emerge
- What follow-up, if any, will occur

Closure includes:

- Preparing the client for independence and sustainability
- Ensuring the client does not feel abandoned
- Planning for aftercare or periodic follow-up, where necessary
- Documenting outcomes and learning

The Case Management Cycle



While these stages mirror those of social case work, case management complements case work by providing structure, coordination, and system-level accountability, enabling case work to remain depth-oriented and client-focused.

What are Case Management Meetings?

Case Management Meetings provide a structured, multidisciplinary platform for professionals—including social case workers working with children—to come together regularly **to review and discuss casework practices, milestones, and challenges**. These meetings are facilitated to support professionals when they encounter obstacles in case planning or implementation.

Through this forum, social case workers and other child care professionals collectively **reflect on cases, ethical dilemmas, unintended harm, share insights from prior experience, and suggest interventions** or approaches that have been tested in practice. Participants also propose innovative strategies, which are often examined through a **multidisciplinary lens** to enable more informed and balanced casework decisions. This **collaborative process** strengthens problem-solving and contributes to the development of effective and child-centred rehabilitation plans.

Due to time and resource constraints, it may not be possible to discuss every child's case during these meetings. However, the learnings, perspectives, and practices that emerge from these discussions **meaningfully inform case planning and implementation across other cases as well**.

While case management meetings serve as important spaces for reviewing processes and realigning strategies, they also create moments of shared reflection. They remind caseworkers that they are not alone—that their dilemmas, uncertainties, and challenges - that often contribute to burnout - **are collectively held and understood within a supportive group**.



Prerana's Experience with Case Management Meetings



At Prerana, Case Management Meetings are an integral part of our casework practice. These meetings are conducted at least **once a month within each project**, and joint meetings across diverse programme teams are held once every quarter. They function not only as coordination and review platforms, but also as **reflective and learning spaces for practitioners**.

Beyond serving as a peer support system, these meetings create opportunities for social case workers to **step back from their day-to-day case responsibilities and examine casework processes as well as the principles** they could or could not practice and their outcomes more objectively. This reflective distance enables deeper analysis of challenges, ethical dilemmas, and decision-making processes, contributing to improved quality of care.

In Prerana's experience, some key benefits of Case Management Meetings include:

- **Strengthening Rehabilitation Plans and reviewing implementation:** Collective discussions within case management meetings contribute to the development of more comprehensive, realistic, and child-centred rehabilitation plans. Inputs from professionals across disciplines enable a holistic understanding of the child's needs, risks, and strengths, ensuring that planned interventions are well-coordinated and contextually appropriate. These forums also provide space to review the progress of implementation, identify gaps or delays, and make course corrections where required. Such regular reflection helps keep rehabilitation efforts responsive, accountable, and aligned with the child's long-term safety, recovery, and overall well-being.
- **Improved access to Support Services:** These meetings facilitate the identification and mobilisation of support services for children. This may include referrals, linkages to specialised services, resource mapping, and the sharing of practical insights or interventions that can enhance a child's protection, recovery, and development.
- **Capacity Building and Networking for practitioners:** Participation in case management meetings strengthens the professional capacities of social case workers and other participants including other child care professionals. Exposure to diverse cases, problem-solving approaches, and peer learning discussions enhances critical thinking, expands practical knowledge, and builds confidence in handling complex case situations.



- **Promoting consistency and accountability in Casework:** Regular review of cases supports consistency in practice, reinforces accountability, and helps aligning individual case decisions with organisational values, legal frameworks, and child protection standards.
- **Strengthening our legal advocacy efforts:** By helping identify gaps in the implementation of laws and policies. These platforms also serve as spaces for collective reflection and problem-solving, leading to the development of knowledge resources and SOPs. In turn, these tools support clearer processes and stronger on-ground implementation.

Overall, Case Management Meetings play a critical role in improving the quality, effectiveness, and ethical grounding of casework practice at Prerana, while fostering a culture of collaboration, learning, and shared responsibility.



Who participates in our Case Management Meetings?

Prerana has facilitated Case Management Meetings both internally—within and across programme teams—and externally, in collaboration with **Children’s Homes and other child care institutions (CCIs)** that we have worked with. When organised externally, these meetings typically include representatives from multiple systems and disciplines involved in a child’s care, protection, and rehabilitation. Often, individuals relevant to the case and other experts attend these meetings.

Participation is primarily guided by the **needs of the child** and the specific purpose of the meeting. In most of Prerana’s internal Case Management Meetings, **social case workers and mental health professionals form the core group** of participants.



However, based on our experience of organising Case Management Meetings externally, a **wider range of stakeholders may be involved**, depending on the nature of the case and the interventions required. These may include the following:



- **Social Case Workers:** These individuals are often representatives of civil society organizations like Prerana
- **Mental Health Professionals:** Counselling Psychologist, Psychiatrist, etc.
- **Health Professionals:** Visiting Doctor, Nurse, Para Professional Medical Staff, etc.
- **Caregivers, Person In Charge/ Superintendent,** other staff from Child Care Institutions
- **Representatives from the District Child Protection System:** Women and Child Development Dept, District Child Protection Unit, Child Welfare Committee, etc.
- **Representatives from Service Providers:** Educational Institutions, Vocational Training Institutions, etc.
- **Subject-matter experts** engaged for specific inputs (e.g., lawyers)



The views of the child and/or caregivers are incorporated into Case Management Meetings often through representation by the case worker **ensuring that decisions reflect the child's lived experience, preferences, and evolving capacities.**

Note: As part of our training, we have also permitted outside agencies to attend these meetings, provided they consent to maintain complete confidentiality and adhere to all the principles mentioned above regarding Case Management.

It may not always be possible for all the previous mentioned stakeholders to be present at every Case Management Meeting. In such situations, social case workers, in coordination with the respective stakeholder, may **gather relevant information from them to be shared in the meetings**. This includes updates on interventions, assessments, and recommendations, which can then be presented and discussed during the meeting.

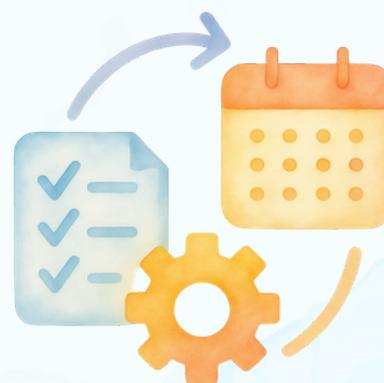
Effective case management relies on teamwork—a **coordinated effort between the child, the case worker, and a wider network of professionals and community stakeholders**. Each contributor brings distinct expertise and perspectives, and even when not physically present, their inputs play a vital role in ensuring the child’s safety, holistic well-being, and long-term rehabilitation and empowerment.

How Case Management Meetings unfold at Prerana?

1. Preparation and Planning

The team or group organizing the Case Management Meeting identifies cases, cross cutting themes, relevant data points that would benefit from collective discussion. **Case selection** may be guided by one or more of the following factors:

- Reviewing and reflecting on the case journey, including **the achievement of key milestones**
- **Challenges faced** by a case worker despite multiple attempts at intervention
- **Ethical dilemmas** encountered during casework
- Cases where **interventions have slowed down** or taken a back seat over a period of time
- Situations where a **child may be at risk of harm** from their immediate social or caregiving environment



For each selected case, the presenting case worker is expected to prepare a brief and structured presentation covering the following aspects:

- Basic case history
- Interventions undertaken so far
- Stakeholders and professionals involved or mobilised
- Major milestones achieved
- Current challenges or concerns
- Proposed way forward

While thorough preparation is essential, case workers are also encouraged to present cases in a time-bound manner to allow adequate space for **discussion and reflection**.

A meeting date is to be finalised based on the availability of team members and relevant child care professionals, who may be invited to participate. Where certain stakeholders are unable to attend, their inputs on the cases to be discussed is **sought in advance and shared during the meeting**.

It is recommended that one person be designated to coordinate the meeting and document key discussions and decisions, while another person tracks time and supports the smooth flow of the agenda. Typically, Case Management Meetings are conducted for approximately two hours, during which four to six cases may be **discussed in depth**.

2. Conducting the Case Management Meeting

Case Management Meetings must be conducted in a **safe, respectful, and non-judgemental environment** that encourages open sharing and critical reflection. This is especially crucial, as case workers may bring forward ethical dilemmas, uncertainties, or challenges that require a secure and supportive space for honest discussion. Creating such an environment helps ensure that concerns are raised early and addressed thoughtfully, rather than remaining unspoken.

Confidentiality is a core principle of Case Management Meetings. Case workers may share detailed and sensitive information related to children, families, and interventions, which must be handled with the highest level of care and discretion. All participants are expected to uphold confidentiality and use shared information solely for the purpose of strengthening casework and child protection outcomes.





At the start of each meeting, the coordinator may briefly reiterate the purpose of the meeting, the agenda, and the expected time allocated for each case. In meetings where new participants are present, it is particularly important to restate these **ground rules**, including expectations around **confidentiality, respectful engagement, and child-centred practice**, to ensure a shared understanding among all participants.

Each selected case is then presented by the concerned case worker in a structured and time-bound manner. Following the presentation, all participants are invited to seek clarifications, share observations, and offer suggestions based on their professional experience and disciplinary perspectives. Discussions may include:

- Analysis of the child's current situation, risks, and protective factors
- Review of interventions undertaken and their effectiveness
- Alternative or additional intervention strategies
- Ethical, legal, or procedural concerns that need attention
- Linkages for resources or services
- Roles and responsibilities of different stakeholders going forward

The coordinator plays a key role in ensuring that discussions remain focused, child-centred, and **aligned with legal frameworks and organisational values**. Attention should also be paid to power dynamics within the group, ensuring that all participants—especially frontline case workers—feel heard and supported.

Where relevant, decisions or recommendations emerging from the discussion should be clearly articulated, including timelines and responsible persons, so that the agreed way forward is well understood by all.

Discussions on ethics and practice are among the most important and reflective components of Case Management Meetings, as they often require case workers to be vulnerable and openly share their **experiences, doubts, and dilemmas**. Such conversations create opportunities for deep learning, critical self-reflection, and collective growth. All efforts are made to acknowledge experiences where interventions did not work despite best efforts.

Such practices send a powerful message to the case workers that reduces their fear of judgement within case management meetings, allowing caseworkers to engage honestly with complexity rather than perform competence. It reinforces the idea that case management is a **shared learning space focused on practice and systems**, not an evaluative forum about individual capability.

Key learnings and insights emerging from these discussions may be summarised and re-articulated to the group before moving forward, helping to reinforce shared values, **strengthen ethical decision-making, and inform future casework practice**.

3. Documentation and Follow-up

Documentation is a critical component of effective case management. Key points from each case discussion—including **observations, decisions taken, recommended interventions, and assigned responsibilities**—should be accurately recorded during or immediately after the meeting.

Post-meeting documentation may include:

- A brief summary of each case discussed
- Agreed-upon action points and timelines
- Stakeholders responsible for follow-up actions
- Any referrals, assessments, or approvals required
- Where consensus is not reached, differing viewpoints, unresolved concerns, and risk flags are explicitly recorded, along with the rationale for the final decision taken.
- Cases involving heightened risk, repeated implementation barriers, or ethical uncertainty are flagged for escalation to senior supervision or statutory authorities, with timelines clearly defined.



These records should be **shared with relevant team** members and securely stored in accordance with confidentiality and **data protection protocols**.

Follow-up is essential to ensure that decisions taken during the meeting **translate into concrete action**.

Case workers should review progress on agreed action points in subsequent supervision or case management meetings, **flag any implementation challenges**, and seek further guidance where required.

This ongoing loop of discussion, action, and review helps **strengthen accountability, continuity of care, and the overall quality of casework practice**.

Do's and Don'ts for Coordinators and Participants of Case Management Meetings

DOs

For Coordinators

- *Create a safe, respectful, and non-judgemental space where participants feel comfortable sharing challenges and ethical dilemmas.*
- *Clearly state the purpose, agenda, time limits, and ground rules at the beginning of every meeting—especially when new participants are present.*
- *Keep discussions child-centred and aligned with the best interests, safety, and well-being of the child.*
- *Encourage participation from all members, being mindful of power dynamics and ensuring frontline case workers are heard.*
- *Remain attentive to signs of emotional distress or vicarious trauma among participants and pause or contain discussions where required to ensure psychological safety.*
- *Help the group stay focused on problem-solving and constructive reflection rather than blame or fault-finding.*
- *Summarise key decisions, ethical learnings, and action points before moving to the next case.*
- *Ensure that documentation and follow-up responsibilities are clearly assigned.*

For Participants

- *Come prepared with relevant case information, reflections, and questions.*
- *Listen actively and respectfully to others' experiences and perspectives.*
- *Share suggestions and feedback in a supportive, solution-oriented manner.*
- *Uphold confidentiality and treat all shared information with care and discretion.*
- *Remain open to learning, feedback, and alternative approaches to casework.*
- *Ground recommendations in professional ethics, legal frameworks, and child protection principles.*
- *Try to view these forums as spaces for building your capacities and as opportunities to learn, reflect, and grow as a social case worker.*

DON'Ts

For Coordinators

- *Don't allow the meeting to become a space for judgement, criticism, or personal remarks.*
- *Don't let discussions drift away from the agenda or exceed allocated time without purpose.*
- *Don't dominate the conversation yourself or don't let certain voices dominate over others.*
- *Don't overlook ethical concerns, safety risks, or discomfort expressed by participants.*
- *Don't leave meetings without clear outcomes, action points, or follow-up plans.*

For Participants

- *Don't disclose case information outside the meeting or use it for purposes other than case management.*
- *Don't interrupt, dismiss, or invalidate another participant's experience or perspective.*
- *Don't impose solutions without understanding the context, constraints, and lived realities of the case worker and child.*
- *Don't approach discussions with a mindset of blame or defensiveness.*
- *Don't disengage from agreed responsibilities or follow-up actions after the meeting.*

We'd also like to thank Ms Geetarani Lourebam for her contributions in the ideation stage of the document.

Contact Us



414, Bhaveshwar Arcade Annexe, Opposite Shreyas Cinema, LBS Marg,
Ghatkopar West, Mumbai – 400086



contact@preranaantitrafficking.org



preranaantitrafficking.org



fighttrafficking.org



facebook.com/preranaantitrafficking/



[@PreranaATC](https://twitter.com/PreranaATC)



[@preranaantihumantrafficking](https://www.instagram.com/preranaantihumantrafficking)