

Handbook for
Training

Local Governments and Comprehensive Child Development



**Kerala Institute of Local
Administration**

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Local Governments and Comprehensive Child Development



**Kerala Institute of Local
Administration**

Local Governments and Comprehensive Child Development

(A handbook for training of Local Government
functionaries)
July 2011



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We are thankful to Dr. Satish Kumar, Chief,
UNICEF Office for Tamil Nadu & Kerala
and his team for the technical and financial
support

Message

Kerala is a fore-runner for decentralised governance in India. The Kerala Institute of Local Administration (KILA) has been a nodal institution for shaping the Local Self-Governments in the State as a model for decentralised governance and planning for development. UNICEF has been working in close collaboration with KILA to design and conduct training programmes to develop capacity of PRIs to manage and implement social-sector programmes for development of children and women in the State.

There is a strong need to bring about a strategic shift in focus of capacity development programmes for PRIs with emphasis on child governance issues. The current training programme on effective child governance at the Panchayat level called "Comprehensive Child Development Programme" being carried out by KILA with support from UNICEF is a step in this direction and would ensure optimum management and utilisation of child care and development services in every Grama Panchayat of Kerala.

Kerala offers scope for ensuring good governance to children as the allocation of funds under the special component of the budget with the LSGs can be expended with keen concern for child rights and child participation. The needed input is mainly in terms of capacity building of Panchayats to plan for its children, monitor child rights compliance, and facilitate smooth functioning of public delivery schemes. Training modules presented in this Handbook address the different facets of this function by core sectors and functionaries including the President, Chair Persons of the Health, Education and Welfare Standing Committees, and Convenors of Health, Education, Social Security, Women and Child Development, and SC-ST Development Departments at the local levels.

I am convinced that this Handbook could serve as a useful resource for the PRIs and functionaries of the Local Self Government of Kerala. I foresee that the PRIs in the State would be able to bring child rights to the mainstream agenda, with effective planning and monitoring mechanisms in place for all children (0-18) including the difficult to reach, disadvantaged and most vulnerable of them. I wish all success for the implementation of comprehensive child development plans in Kerala.



Karin Hulshof
UNICEF Representative for India
01 August 2011





Dr. M.K. MUNEEER
MINISTER FOR PANCHAYATS & SOCIAL WELFARE
KERALA

Message

Kerala has made considerable progress in interventions that aim at development of children. Kerala is head and shoulders above other Indian states with regard to Health, Education and care of children. Everyone approves the fact that our Local Governments have played a key role in this respect. Decentralised planning has helped in improving the quality of the achievements in child health, education and social security sectors.

But at present the children of Kerala face very complex problems. The problems are not properly addressed because we do not have a comprehensive view of the problems faced by children and their development.

“Local Governments and Comprehensive Child Development Programme” envisages to pave the way for the comprehensive and integrated development of children. Let me make use of this opportunity to express the gratitude of Government of Kerala to UNICEF for extending financial and technical support to this novel initiative. In giving leadership to this programme KILA has tried to meet the need of the hour. The Government of Kerala offers its support to this initiative.

I expect that this Reference Book prepared by KILA will be useful to the elected representatives and officials of the Local Governments and others who are associated with the implementation of development projects relating to children.

Yours Lovingly



Dr.M.K.Muneer

Thiruvananthapuram
03.08.2011



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Foreword

UNICEF Field Office for Tamil Nadu and Kerala has been closely collaborating with the Government of Kerala for progressive realisation of rights of children and women in the State. It has a strong partnership with the Kerala Institute of Local Administration (KILA) to ensure that the Local Self Government in Kerala is sensitive towards child governance in principle and practice. To this end, UNICEF and KILA have jointly worked together in developing a Comprehensive Child Development Programme that would facilitate every Panchayat in the State to effectively plan and monitor child development activities at the local level, and together at the State level.

There has been a felt need to build the strengths of LSGs to mainstream child governance issues. Although the LSGs have fund-allocations under the special component plan to invest on children's health, nutrition, education and holistic development, social auditing exercises supported by UNICEF have shown that PRIs must gain capacity to better manage and implement social-sector programmes for development of children in the State. The present Handbook is an effort towards that objective.

Training modules presented in this Handbook have been developed over many consultative sessions sharing technical inputs from UNICEF and across the board with active participation of key stakeholders including academic, administrative and government representatives. The Training Manuals presented here is an educative tool to aid the President, Chair Persons of the Health, Education and Welfare Standing Committees, and Convenors of Health, Education, Social Security, Women and Child Development, and SC-ST Development departments at the local levels, on the principles of good governance for children. As duty-bearers, we have the obligation to ensure that all children enjoy all their rights.

The Manuals have been planned to include all sectors of child governance, and the training through KILA would reach every PRI in the state in a cascade mode. As KILA is a reputed nodal agency for training PRI functionaries, and is often visited by other states and neighbouring countries for learning from its success in the field of capacity building for democratic decentralisation processes, this phase of its work in training for effective child governance could well make it a model institution of greater repute.

I wish the programme all success.



Dr. Satish Kumar

Chief,

UNICEF Office for Tamil Nadu & Kerala





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Preface

People all over the world are trying to realise the great concept of “A World Fit for Children.” Children are the invaluable assets and future promise of a country. Investing in children means investing to give shape to the future of our nation and the world. One of the basic components of social development is creating conducive atmosphere for the healthy growth and development of children. Though, Kerala's achievements in this sector equal those of developed countries, those achievements have not reached all sections of the society. We must strengthen our efforts to protect the rights of children by ensuring the health, nutrition, education, protection and participation of children.

Most Local Governments of Kerala have made meaningful interventions in child development sector through local planning. This development model of Kerala has set an example for other states and countries. But to make Comprehensive Child Development possible, proper investment has to be made in children from foetus stage to the age of 18. There is a wrong notion that child development starts from foetus and lasts till the age of 6, with the completion of child care in Anganwadis. In spite of the fact that Local Governments spend nearly 20% to 25% of development fund for child development we have a long road ahead to reach the comprehensive development perspective. It is to achieve this goal that KILA implements the training programme on “Local Governments and Comprehensive Child Development Programme” with the financial and technical support of UNICEF. It is expected that this Reference Book containing 12 chapters prepared in connection with the training programme will be useful to the elected members, officials, and other development workers associated with local governance and child development.

I am grateful to Dr.Satish Kumar, Chief, UNICEF Office for Tamil Nadu & Kerala, Chennai and his team for their support, Dr.Peter M. Raj and his colleagues for leading the activities in connection with the programme and all others who have contributed to prepare this book. This book is dedicated to the children of India and to all good natured people who strive to create a world fit for children. KILA is committed to give leadership to all activities associated with this programme.

With Regards

Dr. P.P Balan
Director, KILA

Dedication

Childhood is the prologue to the book of life. This book is dedicated to all children of India and the good natured people who try to create a world fit for children.





GLOSSARY

AG Club	–	Adolescent Girls Club
ASHA	–	Accredited Social Health Activist
AWW	–	Anganwadi Worker
BFHI	–	Baby Friendly Hospital Initiative
BMI	–	Body Mass Index
BRC	–	Block Resource Co-ordinator
CARA	–	Central Adoption Resource Agency
CEDAW	–	Convention on the Elimination of all forms of Discrimination Against Women
CCDP	–	Comprehensive Child Development Plan
CHC	–	Community Health Centre
CIF	–	Child Line India Foundation
CRC	–	Convention on Rights of Child
CSSM	–	Child with Survival and Safe Motherhood
CWRDM	–	Centre for Water Resources Development and Management
DDE	–	Deputy Director of Education
DIET	–	District Institute for Education & Training
DISE	–	District Information System for Education
DPHN	–	District Public Health Nurse
EBF	–	Exclusive Breast Feeding
HDI	–	Human Development Index
HI	–	Health Inspector
HS	–	Health Supervisor
ICCONS	–	Institute for Communicative and Cognitive Neuro Sciences
ICDS	–	Integrated Child Development Services
IEDC	–	Integrated Education for Disabled Children
IFA	–	Iron and Folic Acid
IMNCI	–	Integrated Management of New borne and Childhood Illness
IMR	–	Infant Mortality Rate
IYCF	–	Infant and Young Child Feeding



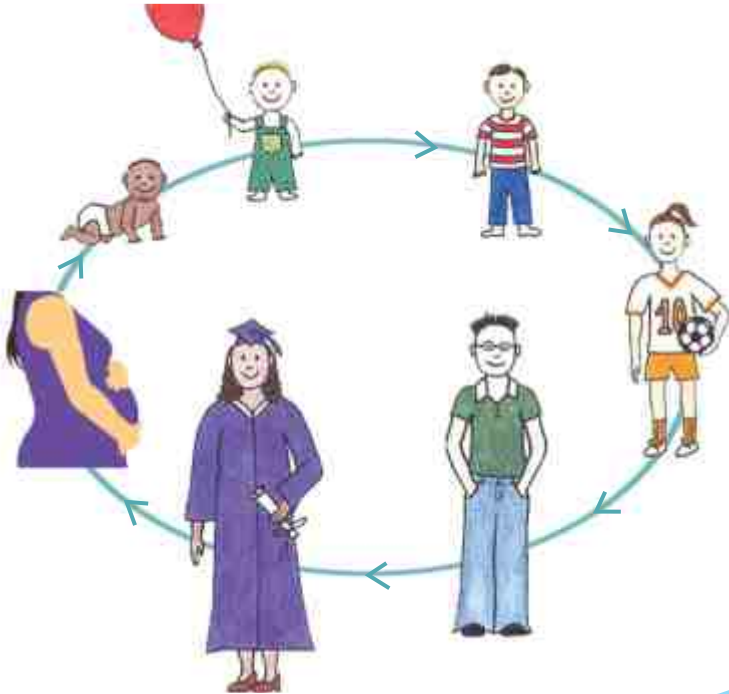


JHI	–	Junior Health Inspector
JJ Act	–	Juvenile Justice Act
JPHN	–	Junior Public Health Nurse
KEAR	–	Kerala Education Act and Rules
KSY	–	Kishori Shakthi Yojana
KWA	–	Kerala Water Authority
LHI	–	Lady Health Inspector
LHS	–	Lady Health Supervisor
MCHO	–	Mother and Child Health Officer
MDG	–	Millennium Development Goals
MGNREGS	–	Mahatma Gandhi National Rural Employment Guarantee Scheme
MMR	–	Maternal Mortality Rate
MPTA	–	Mother Parent Teacher Association
NCC	–	National Cadet Corps
NFHS	–	National Family Health Survey
NIMHANS	–	National Institute of Mental Health and Neuro Sciences
NPAG	–	National Programme for Adolescent Girls
NRHM	–	National Rural Health Mission
NSS	–	National Service Scheme
ORS	–	Oral Rehydration Solution
PHC	–	Primary Health Centre
PMGY	–	Prime Ministers Gramodaya Yojana
PTA	–	Parent Teacher Association
PWD Act	–	Persons with Disability Act
RCH	–	Reproductive Child Health
RMSA	–	Rashtriya Madhyamik Siksha Abhiyan
SABALA	–	Rajeev Gandhi Scheme for Empowerment of Adolescent Girls.
SCP/TSP	–	Special Component Plan /Tribal Sub Plan
SSA	–	Sarva Siksha Abhiyan
THRS	–	Take Home Ration Strategy
TSC	–	Total Sanitation Campaign
UNDP	–	United Nations Development Programme

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Chapter

1

**Comprehensive Child
Development**

“All children are born equal. They are entitled to freedom and fundamental rights by birth. It is the responsibility of the society, the nation and the rulers to protect their rights”

The newborns of most of the living beings have the capacity to suck the teets of the mother immediately after their birth. But human babies can survive only if the mother breast feeds them taking in her arms. Comprehensive Child Development is the sum total of all deliberate interventions of the society to develop the child that is born helpless, into a full fledged citizen of society. It aims at developing the child into a citizen that tries to develop and reform society through continuous interactions by ensuring physical, mental and social development of the child.

Families at present are nuclear in nature with only one or two children. So bringing up a child has become a complex process. As the tendency to become self centered is on the rise, many parents entertain the wrong notion that they alone are responsible for the development of their children. They fail to understand the fact that the security of the child is the joint responsibility of the society, environment and the Government. The society should also realise this combined responsibility.

To enable Comprehensive Child Development we should first try to study and understand children. A large number of parents of our generation do not know much about children. Young mothers do not even know how to bathe and breast feed the newborn babies. Even grandmothers who should train young mothers are not aware of the scientific aspects of child care. The result is that it gives rise to unexpected dangers and diseases. In order to ensure the growth and development of children, the mother, the family and the society must have proper knowledge about the physical, mental and social development of children. In the present context not only the family but also the workers and helpers of Balawadis and Anganwadis and teachers from pre- primary to college level must be aware of the different stages in the mental and

behavioural development of children. Only then can we create a child friendly environment. At present the majority of the institutions catering to the needs of children are not child - friendly.

The growth of children depends on many genetic and social components. The genetic structure of parents, traditions, race, genetic structure of child, sex, nutrition and care of child in pre-natal and post-natal stages, diseases, social and family background etc. influence the growth of child. Along with physical growth, physiological, behavioural and motor development also take place.

Stages of Development

The dimensions of physical and mental development of children are very complex. It is the experiences that the child has at different ages that transform into learnings. But we do not consider a child as an individual at any stage of its growth. We think it is small, it does not know anything and it cannot understand anything.



A child understands everything through its own experience. Even the period from infancy till the age of one is important in this respect. It is the Stage of Fixation when the infant gains confidence in itself and others. At this stage the child communicates with us by crying. It cries when it wants to urinate, when it is hungry and when it does not hear its mother's/father's/care giver's voice and the cry is different in different situations. If nobody responds to the cry the child learns that its cry has no value and it cannot rely on anybody.

ZZ

The stage between one year and 5-6 years is called the Stage of Initiation. At this stage the child tries to do things on his own. Ask her not to touch and she tries to touch. Tell him not to run and he runs. She/he tries to climb the chair, stool or table or anything high. The grown ups generally prevent, discourage or punish the child for doing so. Actually we are spoiling the initiative of the child. We consider such acts as part of childishness. We expect the child to sit still when we put him somewhere. Children of no other creatures sit still doing nothing. To insist the human child to do so is an act against nature. One should be cautious against danger, but we should convince the child about the possibility of danger and not forbid him/her from doing anything. If you forbid her she will only repeat what she has done. Only when we permit children to do things that are not dangerous, they learn to do things with confidence.

Here lies the importance of pre-primary education. Pre-primary education is not teaching children to read and write in a closed room. It must provide the children an opportunity to acquaint with nature and learn from it. The teacher must design games with friends to make it possible.

Many problems arise because we do not try to understand the nature of children. Even educated parents do not know the toys suited to the child even though the age of child that would use a toy is marked on the toy itself. But parents buy toys not considering this and later blame children for damaging toys.



The child at this stage acts like an adult. She demands all the rights of an adult. She occupies separate seats in transport bus and cinema hall and refuses to sit on her parents lap. She thinks rationally, but we tell lies to her deliberately or not. Some parents do not purchase tickets for children by lying about their age. Then the children know that the parents are liars or cheats. Sometimes parents do not directly answer the questions of children and try to frighten them away by putting counter questions. We cannot blame our children for lying when they learn it from us.

The period between the age of 5 and 10-12 is the Stage of Creativity. At this stage children start to express their creative and artistic talents. They try to do many things such as drawing figures, making images, acting and helping in household activities. The grown ups as well as most of the teachers do not allow children to engage in such activities and discourage their talents.

In the biography of E V Ramakrishna Pillai (Jeevithasmaranika) there is an account of the father beating his son who is tied to a post. When the mother protests, the father justifies “This is not done for me, it is to enable him to protect you in your old age”. Excellent way of investing for future! The child has to project the image of his father as an expert in child care by explaining to visitors how he was beaten up for lying. If telling lies is punishable, the gloating of the father is also punishable. But who will punish him?

Definition of Child

The Convention on Rights of Child and Juvenile Justice Act define “Child as human beings below the age of 18”.

Do all Acts have the same definition for child?

Though CRC and JJA have set 18 as the age limit of child, other Acts have different age limits.

Example:

• Right to Education Act	-	14 years
• Prevention of Child Labour Act	-	14 years
• Army Recruitment Manual	-	16 years
• National Handicapped Persons Act (Right to Education)	-	18 years
• Marriage Act Age of Bridegroom	-	21 years
• Indian Contract Act (Transfer of Assets)	-	21 years

It is the role of the State to provide services to enable the right growth and development of children.

National Policy for Children

We must be able to ensure a happy life to all children so as to ensure the development of the country by creating environment conducive to the physical, mental and social development and growth of all children. Our National Policy for Children should aim at creating “A world fit for children”.

Create an environment conducive for the growth, health, security, development and happiness for every child.

Constitution of India

Indian Constitution gives directions to make child development possible. Article 15(3) ensures special legal protection to women and children. 39 F ensures protection of children and youth from exploitation and opportunities and facilitates for healthy development in free and dignified atmosphere. Maternity benefits and provision of better work place facilities for women and development of children are aimed at in Article 42. The 86th Amendment to Indian constitution (2001) Article 21 (A) includes the right of children, between the age of 6-14 to compulsory and universal education. Article 42 of the constitution ensures child care and education to all children below the age of 6. Article 47 gives the guidelines for improving the health and raising the standards of nutrition and life of children.

Important Policies for Children

National Children's Policy	1974	To provide maximum facilities suitable to the comprehensive development of children by ensuring necessary services in all stages of development and growth before and after birth.
National Education Policy	1986	Programme for critical intervention for child care and education towards developing human resources, providing auxiliary services to working women and supporting primary education.

National Nutrition Policy	1993	Gives prime importance to the needs of children below the age of 6 among whom under nutrition is found
National Population Policy	2000	Health of children is considered as the most important component of population control.
National Health Policy	2002	Children aged 0-6 is the most important target group.

Acts and Rules ensuring protection of child rights

1. Juvenile Justice Act 2000
2. Persons with Disability Act 1995
3. Right to Education Act 2009
4. Orphanage Control Board Act 1961
5. The Child Marriage Restraint Act 1929
6. The Child Labour Prohibition and Regulations Act 1986
7. Probation of Offenders Act 1958
8. The Young Person (Harmful Publications) Act 1956

Action Plans for Children

National Action Plans were formulated for ensuring the survival, protection, growth and development of children in 1992, 2004 and 2005. In the light of these plans Government of Kerala formulated State Action Plan in 1995 and 2004. Experience shows that the objective of the Action Plans can be attained only if local development plans focus on these objectives.

Convention on Rights of Children (CRC)

The Convention on Rights of Children approved by the United Nations in 1989 is an important milestone in protecting the rights of children. The convention ensures the right to survival, development, protection and participation to children. Our commitment to the cause of children was established when India became signatory to the CRC in 1992. The Child Survival and Safe Motherhood Programme 1992 was introduced in the health sector to implement the CRC.

**Let there be a child in all your thoughts
and actions**

Focus of Five Year Plans

Until the third Five Year Plan most of the child welfare programmes were implemented with the partnership of voluntary organisations and private agencies. The 4th Five Year Plan gave more importance to child welfare programmes. During the 5th Five Year Plan, focus was shifted from welfare programme to development programme. One of the biggest development programmes for children with a Comprehensive Child Development perspective called Integrated Child Development Services was launched at that time. ICDS extension activities continued up to 8th Five Year Plan. The approach paper to the 9th Five Year Plan mentions child development programmes as the most valuable investment for future human development. The 10th Five Year Plan adopted an approach based on child rights and tried to extend child development activities to all children. As part of the attempt, activities to strengthen Reproductive Child Health, Integrated Child Development Services and Sarva Siksha Abhiyan were taken up.

SOME FACTS ABOUT INDIA

- India on top of the world with regard to population below 18.
- Only 35 % of births get registered.
- One out of 16 children dies before one year.
One out of 11 dies before 5 years.
- 35 % of underweight children at birth are in India.
- 40 % children of India are undernourished.
- Sex ratio is on the decline in India. Only 927 girls for 1000 boys.
- 19 out of 100 students are dropout of schools.
- 70 students out of 100 dropout before reaching secondary level.
- 66 out of 100 dropouts are girls.
- 65 % of girls get married before the age of 18 and immediately become mothers.

World Scenario

1979 was observed as International Year of Children with focus on comprehensive development of children. In addition to the Convention on Rights of Child, five out of the eight Millennium Development Goals approved by the UN are related to the health nutrition and education of children. The Human Development Index evolved to measure human development of a country assesses development using three indicators.

- Health status
- Education
- Decent living environment

All the three indices are related to child mortality, education and child labour. India's position in the Human Development Report 2003 is 127 and it is a clear sign that the status of children in India needs much improvement.

Child Development

From the time of birth at every moment of growth in the life of a person, changes take place. It is a continuous process. Important among them are growth and development. The extent of development that a child should attain at a particular age and the progress to be made in each aspect of human capacity have been approximately estimated. The responsibility of the nation is to ensure services to children to enable them to attain the degree of growth and development at each stage.

Development Stages

A child goes through many critical stages in the development process that begins with the pre-natal stage and extends to adolescence. The needs and interests of children vary from stage to stage. The intervention and support for children should be designed and implemented according to them. When evaluating the behavioural aspects of children due consideration should be given to different development stages. The development stages are given below.

Development Stages Age		
1. Foetus stage	-	
2. Infancy	-	0-1 year
3. Babyhood	-	1-3
4. Early childhood	-	3-6
5. Late childhood	-	6-12
6. Adolescence	-	12-18

Source: Elizabeth Hurlock

“Age is an index positioning individuals in a developmental sequence” -C.L. FRY

Factors that influence Child Development

- Genetic
- Biological
- Social

The factors that influence child development can be divided into three. Genetic factors cannot be easily influenced, but biological factors can be influenced. Care of pregnant women, prevention of diseases, safe delivery and nutrition are elements that protect a child from biological problems. Early social experience play a dominant role in determining the baby's future social relationship and patterns of behaviour toward others. And because the baby's life is centered around the home, it is here that the foundation for later social behaviour and attitudes are laid.

Important Principles of Growth and Development of Children

- The growth and development of children is a continuous process. Each stage critically influences the ensuing stages.
- In order to make comprehensive child development possible the essential services to be made available to children at pre-natal and post-natal stages have to be planned and provided continuously.
- Maternal care, health care, nutrition, sanitation, drinking water, protection, education, development of artistic and sports talents and disability reduction are indispensable to Comprehensive Child Development.
- The objectives of Comprehensive Child Development can be achieved only by an integrated approach to provide the services regularly.

- For child development to reach its optimum, plans have to be formulated considering the environment in which the child grows.

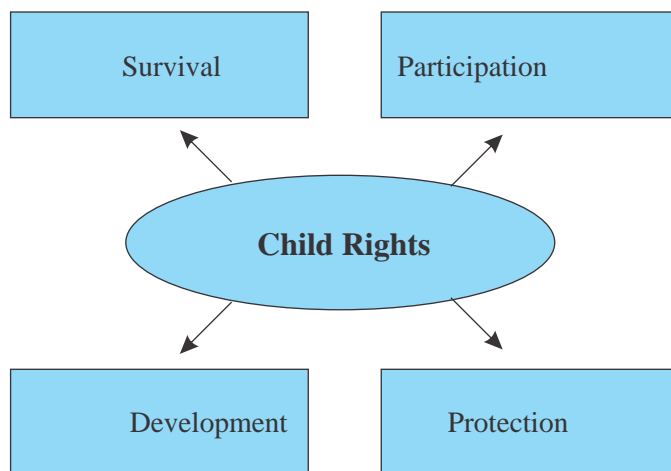
Child Development: Approaches

a) Life Cycle Approach

Life cycle approach is the approach to develop children into able and healthy persons by ensuring the care necessary for each development stage from birth to maturity. It is the approach to provide all care services necessary for each development stage to children from conception to maturity. Such an approach is the most suitable one for child development.

b) Rights Based Approach

The essence of Life Cycle Approach lies in the Rights Based Approach. The crux of such approach is the recognition of the fact that the services rendered to children are not welfare measures or favours given to them but the rights promised to them. UN perspective is that needs of children cannot be fulfilled without ensuring their rights.



Survival :

- Right to life
- Right to Nutrition
- Right to essential living environment
- Right to lead a healthy life
- Right to a name and nationality

Development :

- Right to education
- Support for early childhood care and development
- Social security
- Right to leisure, recreation and cultural activities

Right to Protection includes protection from all forms of:

- Exploitation
- Abuse
- Inhuman or degrading treatment
- Neglect
- Special protection in special circumstances such as situations of emergency, armed conflict, disabilities etc.

Right to participation includes:

- Respect for the views of the child
- Freedom of expression
- Access to appropriate information
- Freedom of thought, conscience and religion

c) Comprehensive Child Development Approach

Comprehensive Child Development Approach is a policy approach that focus on addressing the problems connected with the developmental needs of each child without any discrimination, giving special care if necessary and delivering services in a rights based manner considering their life cycle needs.

At present the developmental needs of children are delivered in

sectoral approach. Major sectors like Health, ICDS, Education, SC and ST Development are working independently without proper convergence. Child development up to the age of 6 has been implemented in an integrated manner since 1975. ICDS is the first attempt of convergence of various services like health care, nutrition, pre school education and referral services as an integrated package for child development at a single point of delivery. The physical quality life of children has improved a lot since the 9th Five Year Plan because of the integrated approach. But a unitary service delivery system is not feasible in the case of all children ranging from 0-18 because though the needs of different ages are complementary, there are complex shades of difference among them. In order to solve the problems faced by the children arising from their lifecycle needs, interventions and services are absolutely necessary. To achieve the goal of ensuring holistic development of children a comprehensive programme that promises all essential services required for child development. The local governments in Kerala are empowered to converge and co-ordinate all essential services for children through transferred institutions and non-governmental organizations at local level and they alone can effectively implement Comprehensive Child Development Programme.



Comprehensive Child Development: Components

- Ensure physical, mental, emotional, social and developmental interventions suitable to the critical stages in life cycle.

- Problems of children and the solutions to be objectively assessed through child status study and made use of to ensure rights of children viz: survival , protection, development and participation at every stage.
- Local Governments to adopt measures to connect encourage and lead different service providers to an integrated approach.
- Local Governments to evolve a policy for Comprehensive Child Development utilizing their powers and resources.
- Local Governments to create a system for the monitoring and evaluation of Comprehensive Child Development Programme.

Child Development : Responsibility for Local Governments

According to 73-74 constitutional amendments child development is a subject transferred to Local Governments. As decentralisation of power took place in Kerala, most of the functions relating to human development became the responsibility of Local Governments. The role of Local Governments in implementing the Comprehensive Child Development programme to fill the existing gaps in development by integrating different agencies transferred to them has increased the responsibility of Local Self Governments greatly.

Comprehensive Child Development- Problems and Solutions

- One of the serious problems faced in child development sector is categorizing children into different age groups and providing services by different departments without integration. Eg: PHC, Anganwadi, School.
- Lack of responsible institutions to address complex issues faced by some children at local level. Eg: Destitution, child labour, violence against children, child beggary, problems of children of migrant labourers
- Lack of child status study that would help to identify the problems of children of a locality.
- Hurdles in converging private, voluntary and public services and bringing them under local governance.
- Issues relating to mainstreaming disabled, persons suffering from chronic disease and marginalized.

Children are often victims of violence both at home and in public places. Denial of entry in buses at stops, not permitting students to occupy seats, and harassment of girls are common in public transports. Children who grow up as victims of humiliation cannot be expected to respect the elders.

Child development schemes of Kerala are considered commendable throughout India. But the child development index of the state continues to be stagnant for years which are not a healthy sign. The enrolment rate, immunisation status, infant mortality rate etc are very close to international standards and that can be raised to that higher standard by planned and concerted interventions. The interventions have to be strengthened to raise the development standard of children by setting benchmarks to the existing service providers and forming local collectives to extend health, nutrition and education activities. This can be done only by Local Governments. It is certain that in future our children will reach international development standards, if Local Governments implement the Comprehensive Child Development programme in full spirit. Let us hope that there will be initiatives at local level to prepare Local Action Plans and take up activities that will enable the planning of Comprehensive Child Development programme.

Our country has promised the right to health, education and security to all children. Along with the Central and State Governments, the Local Governments also have the responsibility to keep the promise.

Society's and our attitude towards children must change. There is no exclusive world for children. They are born and brought up in the world of adults and they learn from them. We can create a world fit for children only through a sustainable and Comprehensive Child Development Plan. To make it possible the home, the school and the locality must become child friendly.

For further reading..

Milestones of Child Development

One important milestone in child growth is teething. In 5-8 months the central incisor erupts in the middle of the lower gum. Within another month the central incisors erupt on the upper gum and in the next three months all the incisors erupt. The molars appear between 12 and 15 months. Canine teeth erupt from 18 months onwards and continue till 20 months.

After six years the baby teeth start withering and they are replaced by adult teeth. The molars erupt between the age of 6 and 7, the incisors between 6 and 8 and canine teeth between 9 and 12. By the age of 12 the second molars and by 18 the third molars (wisdom teeth) start erupting.



A child starts to raise its head when it is 4-6 weeks old. Within 12-22 weeks it can control its head (head becomes firm). By the fifth month it is able to roll sideways and then lie on its back. In the sixth month it starts to swim on the floor. After 5 months it tries to sit firm when we put it in the sitting position and to control its body. But it cannot sit without support. By the eighth month it starts to sit without falling. By the tenth month it starts to sit by itself and then crawls on its knees.

By the fourth month the child tries to stand erect at least for a short time, but it is

only by the ninth month that it can stand firmly and take one or two steps forward. By that time it tries to stand up holding on to a cot or something and move. By the fifteenth month it is able to toddle a few feet forward, backward or sideways. But walking forward with the toes firmly planted on the floor takes 2 to 2 ½ years. At the age of two the child attempts to climb steps. Only after putting the two feet on one step it attempts the next steps. When climbing down the child often slips because it does not know the depth of the steps. At the age of three a child can climb steps putting one foot on a step, but while climbing down puts both feet on one step and then moves to the step below. At the age of three a child can ride a tricycle.

When six months old a child starts to hold things with its hand but cannot use its fingers. It catches using the palm. To hold things using two fingers it takes 10-14 months. After two months it attains two dimensional sight. To attain three dimensional sight it takes 6-7 years. That is the time taken to understand in depth. That is why children stumble while walking if we do not hold their hand. Parents that beat children for not being careful do not understand their mistake. Though a child can use spoon at the age of one, it takes 15 months to learn to use spoon for eating without spilling. Just like this to drink from a cup holding it to lips without spilling takes at least one and a half years. As children learn all these by doing, parents should not discourage them from doing saying “You cannot do it right now, Let me do it for you”.



Though a child can turn 2-3 pages of a book together by the time it is 13 months old it has to wait till 2 years to turn the pages one by one. It can draw cross lines at the age of one onwards but only after completing 2 years it can draw horizontal and vertical lines. It attains the ability to draw a circle at the age of three, to put '+' sign at four and 'x' sign at the age of five. In our Lower Kinder Garten and Nursery schools children at the age of 2 or 2 ½ are taught to draw and write. This is unscientific and adversely affects

their natural growth. Reading and writing should be taught at the age of 6. That is why the Government of India fixed the age of school admission at 6. At the age of 2 the child starts to laugh. It starts to recognize its mother/father while 6 months old. The child who laughs when it sees anybody starts to look with anxiety at strangers by the time it is 8 month old. Sometime it may cry. It can start imitating others at the age of one. By nine months the child starts uttering monosyllables. This is not real speech. By one year it starts uttering one or two words like 'mama' or 'papa'. At the age one and a half it learns to speak 6-20 words –names of familiar articles. By the age of 2 it starts to speak nouns together. It cannot speak sentences using verbs. By the age of 3 it speaks full sentences using verbs.



The child knows approximately more than 250 words now. At the age of 4 it learns to describe in its own way what has happened. At this stage they know 450-600 words. It can pronounce certain speech sounds only at a later stage. Our Anganwadis and Nurseries are making children bite off more than what they can chew. An alphabet can be uttered by a child at a particular stage of its growth. For example 'k' can be uttered at the age of three, 'r' at the age of seven and sometimes 's' can be uttered properly at the age of 7-8. At the age of 5 the child can speak more than 800 words. All these words are learned by children by listening to others and not by teaching. Children learn themselves; not by teaching. We can only help them learn.

Children must be trained to use toilets before the age of 2-3. A child can hold

the call of nature for a few minutes only at the age of 3. The pre-primary teachers punish or mentally torture children who attend the call of nature in the class room without understanding these facts.

After infancy till the age of 10 the growth process of a child is systematic and slow. There is not much difference between the growth of boys and girls during this period, but boy's growth may be a little faster. This is the crucial stage when personality is formed.





Chapter

2

Problems Faced by Children- Solutions

The problems faced by children are multi-farious and complex. As a result solutions should be multi-disciplinary.

Development Domains of Children

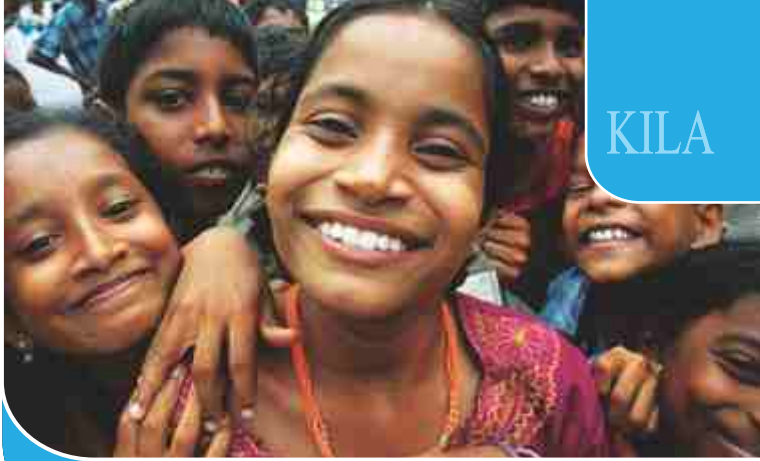
The term child development denotes a progressive series of interrelated changes which are measurable or observable. These development are manifested in basically four domains such as:

1. Physical Development
2. Mental Development
3. Emotional Development
4. Social Development

Development Process

• Physical Development

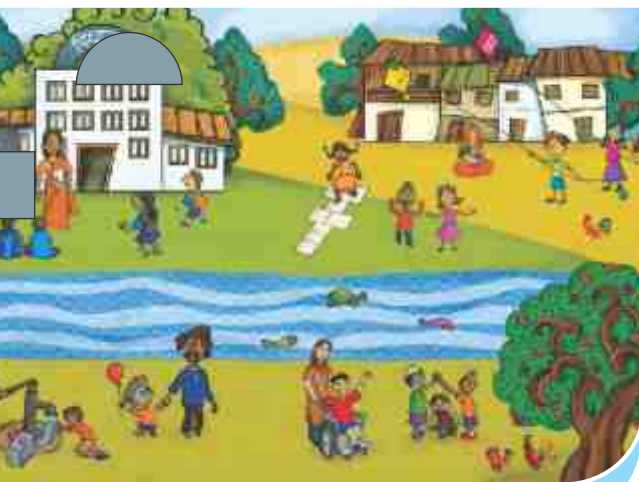
Physical development becomes complete when skills are accrued along with growth from conception to maturity. A child attains physical growth and development depending on availability of nutrition and freedom from diseases. That is why much importance is given to nutrition, health care and prevention of diseases. But growth does not assure physical development. The sequential development of movements of body parts at the time of birth leading to sensory motor, to fine motor and later to locomotor changes is a sign of physical development. It is through this development that at a later stage the child learns to walk, play, write, draw and work with tools. A person masters various skills like acting, dancing, surgery etc according to the rate of physical development. If growth and development is assessed on the basis of competencies, physical development becomes the most important among the four aspects of development.



- **Mental Development**

To be able to identify the objects around and to utilize and analyze them and add these perceptions to the existing ones is part of mental development.

Children progress from very simple perceptions like differentiating between heat and cold and recognizing their mother to more complex knowledge that requires sharp intelligence like atomic science. Faculties like recognition and correction arise from mental development. All aspects of knowledge like language, arithmetic and scientific approach derive from mental development which is influenced by a number of factors like security, nutrition, care, freedom and education.



- **Emotional Development**

Emotions are one of the main influences that determine human activities. They also decide the attitudes of an individual. A person who develops healthy attitudes from childhood can grow up into a confident person. Happiness and sadness are primary emotions. It is the changes that primary emotions undergo that are later manifested in desirable qualities like love, sympathy, cooperation, fellowship etc and undesirable qualities like anger, violence, frustration etc. That is why happy infancy is considered the corner stone of child development.

- **Social Development**

The first social relationship that a child acquires is the love that it expresses to its caregivers on whom it depends to satisfy its livelihood needs such as food, rest and recreation. A child that gets opportunity to cultivate love and respect to individuals and circumstances from early childhood onwards grows up as a socially responsible person. Soft skills or good manners are considered one of the important assets in the present day world. It emphasises the need of social development of children.

Growth and Development of children

The development needs of children vary from age to age.

Development Aspect	Age 0-1	Age 2-5	Age 6-10	Age 11-14	Age 15-18
Physical Development	Rapid Growth Health Care.	Development of nerves & muscles, Micro and macro muscle development	Ectomorphic growth. Game skills.	Creative activities, Physiological change, Rapid growth.	Physical and intellectual skills, Internal and external changes.
Mental Development	Secondary motor development.	Pre-Conceptual development	Conceptual development ,Thinking, Reading, Learning skills.	Pre-thinking.	Thinking age, Eagerness to win competition, Aptitude for jobs.
Social & Emotional Development	Happiness, Love, Fear Anxiety.	Imitating, learning from experience	Emotional Control, Friendship with play mates, Creative games.	Sense of liberation.	Emotional interest in and antipathy to established groups, Sense of values.

To facilitate the functions relating to different life cycles, following service provisions are made available at local level.

1. Primary Health Centre
2. Health Services
3. Anganwadis
4. Schools
5. Welfare homes
6. Bala Panchayat
7. BUDS school

General Challenges Faced by Children

The challenges faced by children can be categorised as below:

- a) Health and survival problems
- b) Nutrition health problems
- c) Problems created by malnutrition
- d) Learning and educational problems(CWSN)
- e) Adolescent problems
- f) Children in need of care and protection
- g) Problems of Scheduled Caste, Scheduled Tribe and other marginalized groups
- h) Problems of mentally and physically challenged children
- i) Sanitation, transportation, drinking water and environmental problems

A. Health and Survival Problems

- Pre term deliveries
- Infant mortality
- Inadequate immunization

- Development delays and disabilities
- Low birth weight babies
- Stunted growth and wasting
- Communicable diseases
- HIV/AIDS



B. Nutrition Health Problems

Status of Nutrition	Percentage
Acute and severe nutrition in children	7.4
Severe malnutrition in children	12.9
Underweight in relation to age	40.7
Underweight in relation to height	30.0
Adolescent anaemia	23.0
Malnutrition in women	19.0
Anaemia in pregnant women	23.0

Reference: NFHS II

It is evident from the above table that underweight of children in relation to age is the problem that calls for immediate attention.

C. Problems Created by Malnutrition

- Underweight and under height in relation to age (stunting and wasting)
- Problems related to anaemia
- Micro nutrient deficiency diseases
- Health and Nutritional deficiency of adolescent girls
- Malnutrition among women
- Water borne diseases
- Diseases resulting from unscientific food habits
- Lack of nutritious food among poor sections of society
- Lack of health check ups, supply of IFA tablets and de-worming

D. Educational and Learning Problems

- Lack of infrastructure facilities in Anganwadis
- Lack of child friendly infrastructure
- Lack of early detection for disability intervention
- Inadequacy of training and educational facilities for mentally challenged children
- Lack of availability of essential medicines for treatment of genetic disorders
- Lack of training of Anganwadi workers to provide inclusive education
- Unscientific views regarding child education and development
- Lack of uniform syllabus for pre-school education.

E. Problems faced by Adolescents

- Gender discrimination problems faced by adolescent girls – sexual harassment, violence, neglect, child marriage, child labour, trafficking
- Problems relating to mental health – lack of counselling, lack of self direction, learning disabilities, emotional disorders, anxiety
- Increasing suicidal tendency
- Uncontrolled life style – fast food, substance abuse, excessive recreation
- Nutrition health problems – lack of medical check up, dental caries, eye diseases, skin diseases, sexually transmitted diseases etc.

F. Children in need of Special Care

- Child labourers
- Street children
- Slum dwelling children
- Child beggars
- Children of Scheduled Tribe habitats
- Orphans
- Children in conflict with law
- Children at risk
- Exploited/abused children
- Abandoned new borns
- Children of migrants
- Victims of natural disasters and mutinies
- HIV/AIDS affected and infected children
- Drug addicted children
- Children of alcoholics

- Children of sex workers
- Children with learning deficiencies
- Children of unwed mothers

Children that need special care face a number of problems in life. At an early stage they are neglected and insulted and become victims of abuse and violence. It leads them to delinquency and anti-social attitudes. They are

denied of primary rights like education and health. Local Governments should initiate appropriate interventions on their own and with the co-operation of Community Based Organizations for such children.



G. Problems Faced by Children of Scheduled Caste, Scheduled Tribe and other Marginalised Groups

- Poverty, malnutrition
- Abuse of tobacco, substance and liquor
- Lack of money to invest in education
- Lack of schools in accessible locations
- Inferior status of girls
- Lack of awareness about the importance of education
- Lack of educational tradition
- Lack of learning equipment
- Lack of facilities for remedial teaching

H. Problems faced by physically and mentally challenged children

- Lack of educational facilities – remoteness of special schools for the blind and the deaf
- Shortage of facilities for the mentally challenged
- Lack of transportation facilities
- Inadequate infrastructure in BUDS schools
- Lack of remedial teaching
- Shortage of health check ups
- Non availability of essential medicine for children with genetic disorders

I. Problems relating to sanitation, Drinking Water, Transportation and Environment

- Lack of toilets in proportion to the number of students
- Shortage of girl-friendly toilets and sanitation facilities
- Non availability of pure drinking water facilities in schools
- Neglecting personal hygiene
- Lack of child friendly conveyance

Classification of Problems

The problems faced by children can be categorized into three considering the basic cause and the severity of their impact – first generation, second generation and other problems.

First Generation Problems

First generation problems are related to basic and primary needs of individuals. They are not created by individual activities, but by circumstances. Hence public intervention is necessary to solve such problems.

1. Health problems
 - Problems faced by mother
 - Problems faced by child

2. Nutritional problems
3. Educational problems
4. Developmental delays

Second Generation Problems

The changes in socio economic relations, family relationship, communication, transportation and sanitation affect all aspects of life both favourably and unfavourably. Problems arising from such changes and that cannot be foreseen are second generation problems. Majority of the problems faced by children are confined to second generation problems.

- Alcoholism of parents
- Inadequate mental growth – suicide tendency
- Increasing addiction to liquor and substance abuse in children
- Nuclear family – loneliness and exploitation
- Cyber crimes
- Misuse of mobile phones and internet
- Increasing motor accidents
- Libertine life style
- Contaminated drinking water and water borne diseases
- Problems relating to non residency/migration
- Neglect, harassment and alienation in family
- Health and educational problems faced by migrant children

Other problems

Some problems that are solved at primary level continue to exist in different forms or new problems arise while old ones are solved.

- Single bedroom household
- Lack of learning facilities
- Lack of child friendly infrastructure

Challenges and problems faced by children – Causes and Remedies

Problems faced by children arise from a number of causes. Interventions for sustainable development of children will be fruitful only when concerted attempts are made in a comprehensive manner.

Causes	Remedies
<ul style="list-style-type: none"> • Malnutrition of mothers • Lack of care during pregnancy • Lack of care of adolescent girls 	<ul style="list-style-type: none"> • Timely registration of pregnant women • Nutrition programme for pregnant women • Provide medical check up during pregnancy • Strengthen adolescent girl's clubs, SABALA
<ul style="list-style-type: none"> • Deficiency in providing universal preventive measures 	<ul style="list-style-type: none"> • Immunization during pregnancy • Supply of iron tablets
<ul style="list-style-type: none"> • Lack of system for the early detection of developmental disorders 	<ul style="list-style-type: none"> • Pre-natal check ups and early detection of developmental delay
<ul style="list-style-type: none"> • Undesirable food habits • Inadequacy of health treatment 	<ul style="list-style-type: none"> • Health and Nutrition Education • IEC • 100% hospital delivery and support services • Janani Suraksha Yojana
<ul style="list-style-type: none"> • Illegal and unsafe sex practices 	<ul style="list-style-type: none"> • Universal Sex education and family welfare promotion • Prevention of parent to child transmission of HIV

0-6 years is the crucial age that lays the foundation for future growth and development

Causes	Remedies
<ul style="list-style-type: none"> Under nutrition due to poverty and ignorance 	<ul style="list-style-type: none"> Provide supplementary nutrition to all children in need of it. Preventive treatment to all children in need of it Promote health and nutrition education
<ul style="list-style-type: none"> Inadequate use of locally available varieties of nutritious food 	<ul style="list-style-type: none"> Promotion of horticulture Promotion of bio cultivation
<ul style="list-style-type: none"> Food habits and under nutrition of adolescent girls 	<ul style="list-style-type: none"> Nutrition education and nutrition counselling for adolescent girls Special nutrition programme for adolescent girls Extension of Take Home Ration Strategy
<ul style="list-style-type: none"> Under nutrition of breast feeding mothers Situation when infants cannot be breast fed till 6 months 	<ul style="list-style-type: none"> SNP for lactating mothers Creche for children of unorganized laboureres Healthy weaning practices

Create suitable atmosphere for the growth and development of each child

The birth of disabled children can be reduced by discouraging consanguineous marriage.

Disabilities of Children

Causes	Remedies
<ul style="list-style-type: none"> Lack of system for early detection of disabilities 	<ul style="list-style-type: none"> Introduce facilities in all Primary Health Centres for early detection of disabilities
<ul style="list-style-type: none"> Lack of expertise of health workers for early detection of disabilities, including Invisible disabilities 	<ul style="list-style-type: none"> Make house visits of JPHN and Anganwadi workers effective and enable them to detect early problems in growth
<ul style="list-style-type: none"> Lack of training to Anganwadi workers to provide comprehensive education to disabled children 	<ul style="list-style-type: none"> Give special training to Anganwadi workers in special education and if necessary upgrade selected Anganwadis to Special Learning Centres.
<ul style="list-style-type: none"> Reluctance of parents to admit disabilities and growth problems of children 	<ul style="list-style-type: none"> Parental counselling
<ul style="list-style-type: none"> Situation that does not see the development and rehabilitation of disabled children as a social responsibility 	<ul style="list-style-type: none"> Community- based rehabilitation programmes. Self Help Groups of parents of children who need special care

Children in need of Special Care

Causes	Remedies
<ul style="list-style-type: none"> Increasing family conflicts 	<ul style="list-style-type: none"> Strengthen the functions of Vigilance Committees (Jagratha samiti). Improve counselling facilities.
<ul style="list-style-type: none"> Separation and incapability of parents leading to orphans 	<ul style="list-style-type: none"> Eradicate child labour and child marriage. Strengthening CWC intervention
<ul style="list-style-type: none"> Lack of civic sense 	<ul style="list-style-type: none"> Programme for identifying and protecting children who need special care.
<ul style="list-style-type: none"> Denial of justice to children who do not have anybody to protect them 	<ul style="list-style-type: none"> Encourage adoption, foster care, sponsorship and foster mother system.
<ul style="list-style-type: none"> Children of socially ostricised parents (Eg: unwed mothers, sex workers, HIV affected persons) 	<ul style="list-style-type: none"> Interventions to detect and remedy their special development issues.

Children who are victims of neglect, misuse, exploitation, violence and destitution and orphans need special care.

Child-centric Central and State Government schemes

1. **Kishori Sakthi Yojana (KSY)**
It is a scheme formulated by Central Government to improve the health and nutrition standard of adolescent girls aged between 11 and 18 and to raise their social status. It is implemented by ICDS.
2. **Nutrition Programme for Adolescent Girls (NPAG)**
SABALA
Rajiv Gandhi Scheme for Empowerment of Adolescent Girls

SABALA is a scheme that combines two earlier Centrally Sponsored Schemes namely National Programme for Adolescent Girls and Kishori Sakthi Yojana. It is implemented by Anganwadies, the units of ICDS. The objectives of the scheme are to solve to the problems of health, anaemia, lack of health education and to provide lifestyle education and vocational training for adolescent girls. It is a programme to improve the health and nutrition standard of adolescent girls implemented by ICDS with Central Government assistance.

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SABALA is a scheme that combines two earlier Centrally Sponsored Schemes namely National Programme for Adolescent Girls and Kishori Sakthi Yojana. It is implemented by Anganwadis, the units of ICDS. The objectives of the scheme are to solve to the problems of health, anaemia, lack of health education and to provide lifestyle education and vocational training for adolescent girls.

Problems Faced by Children-
Solutions

Take Home Ration Strategy (THRS) is implemented through Anganwadis utilising the facilities of ICDS to improve the nutritional status of children aged between 6 months to 3 years.

1. Adoption Cell

This is a cell functioning in the Directorate of Social Welfare to encourage adoption. The Voluntary Co-ordinating Agency for Adoption at Rajagiri College, Kalamassery functions under the cell.

2. Children's Home, Special Home, Observation Home

It is a scheme under the Juvenile Justice Act 1986 for the protection and rehabilitation of the neglected, destitute and delinquent children. It aims at the protection of boys below 16 years and girls below 18 years. At present four children's Homes for boys and one for girls are situated in Kollam, Kottayam, Thrissur, Thiruvananthapuram and Kozhikode. There is one Special Home each in Thiruvananthapuram and Kozhikode and 12 Observation Homes in the State. (Details are available in District Social Welfare Offices.)

3. Child Line

This is a help line that functions 24 hours to help children at risk. At present (as on March 2012) child line is functioning in all districts in Kerala except Alappuzha. Help Line number is 1098.

As the problems faced by children are varied and complex. Multifarious interventions are necessary on the part of Local Governments to address them. The concerted and conscious interventions of Working Groups of different development sectors can alleviate the problems. Similarly Local Governments also must make development interventions to improve child-friendly infrastructure facilities at the pre-primary, primary, secondary education centres and primary health centres. Public Private Partnership is necessary to bring together the locally available services and potentials necessary to address issues relating to child development. Only by such comprehensive interventions can the present status of children be improved.

For further reading..

Child Status Study

Why?

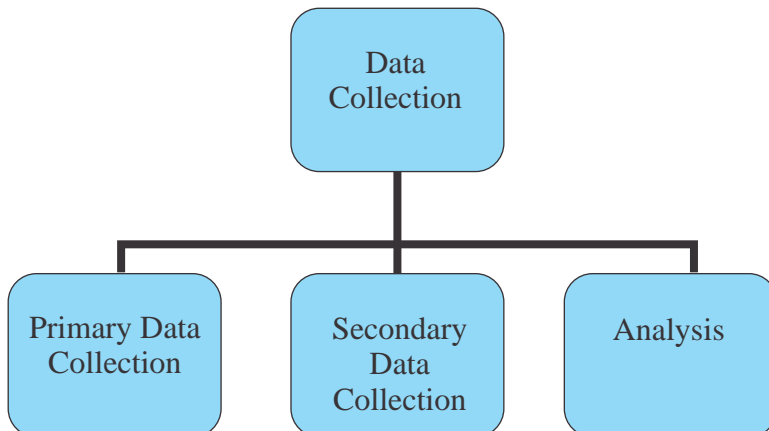
Child status study is a process that helps recognise the problems of children, identify the causes, seek solutions through community intervention, and carryout responsibilities with peoples participation.

Objectives

1. Understand the status of the children of a locality.
2. Analyze the problems faced by children in different locations and development sectors to make necessary interventions.
3. Assess and prioritise the needs of children.
4. Create awareness among different sections of the society regarding the problems of children and intervention possibilities.
5. Enable children to engage in participatory planning process.

This participatory study process would help Elected Representatives and Officials concerned with planning process, the children facing problems and the general public to identify the problems faced by children and make interventions.

How to conduct Child Status Study?



1. Primary Data Collection

Primary data have to be collected as part of child status study. Interviews, focused group discussions and field visits can be conducted as part of primary data collection.

a) Interview

Interviews can be conducted with selected parents of a locality, children, Anganwadi workers, school teachers, health workers and experts in child development.

b) Focused Group Discussions

Discussion can be held about the problems related to child development with children, children's club, Kudumbasree members and organizations aiming at child development.

c) Field visit

The child-friendly atmosphere prevailing in institutions that work for child welfare like Anganwadi, Primary Health Centre, Schools, Welfare Institutions, and other places like play grounds and reading rooms etc can be assessed by visiting them.

2. Secondary Data Collection

Data must be collected as part of child status study about the status of children of the locality from census report and development report. Details of atrocities against children are available in Police Stations. Thus the data regarding population, literacy and participation can be obtained. This will constitute the first part of the Child Status Study Report. The collected data must be analyzed under the leadership of Woman and Child Development Working Group.

Sources of Secondary Data		
1	Census Report	Population, Literacy rate
2	Educational Institutions	Drop outs, Participation of children in educational activities, standard of learning, class room activities
3	Primary Health Centre	Data about diseases, child care, atrocities against children, problems faced by children
4	Police station	Statistics on atrocities against children
5	ICDS survey, Kudumbasree survey	Information about immunization and disability

In addition to this, Development Report of the Grama Panchayat and reports of study conducted by academic institutions also can be utilized as sources of secondary data.

Only after consolidating the secondary data the next step can be taken, because in the ensuing meetings the consolidated data must be presented for discussions.

1. Analysis

a) Institutional Analysis

The basic child welfare institutions under the Local Governments are Primary Health Centre, Anganwadi, School

and other welfare institutions transferred to Local Governments. The child friendliness and infrastructure facilities of these institutions must be analyzed

b) Analysis of Public Space of Children

Analyse how far the play grounds, reading rooms, clubs and Balasabhas are child friendly

c) Analysis of Development Plan

The allotment, activities and achievements of the development projects of the previous year formulated by the Working Groups for Woman and Child Development and Social Security have to be analysed. Along with this, the allotment and activities of the projects prepared by other Working Groups for child development must also be analysed. This will help to get a clear picture of the total allotment and achievement pertaining to the previous year for child development.

d) Analysis of Child Welfare Organizations

The activities taken up by various organizations and institutions of the locality working for the welfare of the children must be analyzed. The purpose of such an analysis is to integrate the activities of the civil society with those of Local Governments in the child development sector.



Nutrition and Comprehensive Child Development

Chapter

3

According to WHO, one third of total children suffering from malnutrition live in India. It is a matter of serious concern that India's position is below that of very poor countries in the list prepared on the basis of Hunger Index. It is a fact that the status of children in the State is not so good, although Kerala has achieved high standards in child health and education.

Nutritional Status of Children in Kerala		
Sl No.	Indicator	Percentage
1	Low birth weight	17.6
2	Anaemia in children below 6 years	33.7
3	Children suffering from malnutrition	40.79
4	Underweight children	30
5	Children having stunted growth	33.8
6	Prevalence of Iodine deficiency disorders	4.5
7	Anaemia in adolescent girls	23
8	Blindness due to Vitamin A deficiency	0.1

Source: NFHS – III (2005-06)

Nutrition and growth of children begins even before birth. The baby in womb gets nutrients from its mother. A pregnant woman must gain a minimum increase of 10 kilograms in body weight during pregnancy. She must get sufficient food and water for this increase in body weight. Pregnancy care is given to women to preserve their health so as to enable them to give birth to a healthy baby.

During pregnancy a woman needs more energy (between 2500-3000 calories a day). She has to take balanced diet, containing more protein for the steady growth of the child.

20% of the children born in Kerala weigh below two and a half kilograms. This may cause ill health or even death during infancy.

Nutritional Status of Kerala				
Parameters	92-93 NFHS -1	1999 NFHS-2	2006 NFHS-3	2015
Stunting	25	22 (0.5%)	17.8	12.5 (0.6%)
Wasting	13	11 (0.3%)	9.04	6.5 (0.4%)
Underweight	27	27 (nc)	21.4	13.5 (0.8%)

NFHS –II,III

Malnutrition adversely affects the growth, immunity, learning, stamina and intelligence of child. It may even give rise to mental disorder as a consequence. Malnutrition occurs in Kerala not only because of poverty but also because of ignorance about the importance of nutrition. Studies have shown that 60% of girls studying in unaided schools of Kerala are anaemic. Anaemia is seen even in wealthy and educated families. Nutrition education also should be given along with nutritious food to address the problem. It is a fact that most people do not even know even how to cook without losing nutrients.

Often pregnant women do not get sufficient nutrients because of the prevailing food habits and superstitions regarding the kind of food to be taken during pregnancy. Anaemia caused by deficiency of Iron and Vitamins (Folic acid) is very common in our country. This is because they do not eat enough vegetables and green leafy vegetables. If curries made of pulses are taken along with rice sufficient protein will be available without much expenses. It is

necessary to sensitize every one about the need of preventive measures and precautions to be taken by pregnant women to ensure smooth delivery of healthy babies. Equally important is care after delivery for women. There is no need to restrict food intake immediately after delivery. A mother loses 600 calories of energy a day in producing breast milk to feed the child. To compensate this loss the mother should be given more food. It is better to take food in four or five times a day.

Daily Dietary Requirement

	Type of work	Calory (Kilo)	Protein (gm)	Fat (gm)	Calcium (mg)	Iron (mg)	Vit.A (micro gm)	B-Carotene(micro gm)	Thiamine (mg)	Riboflavin (mg)	Niacin (mg)	Folic acid (micro gm)	Vitamin C (mg)
Man	Sedentary	2425	60	20	400	28	600	2400	1.2	1.4	16	100	40
	Moderate	2875							1.4	1.6	18		
	Heavy work	3800							1.6	1.9	21		
Woman	Sedentary	1875	50	20	400	30	600	2400	0.9	1.1	12	100	40
	Moderate	2225							1.1	1.3	14		
	Heavy work	2925							1.2	1.5	16		
	Pregnant	+300	+15	30	1000	38	600	2400	+0.2	+0.2	+2	400	40
	Lactating (0-6 months)	+550	+25						+0.3	+0.3	+4		80
	Lactating (6-12 months)	+400	+18	45	1000	30	950	3800	+0.2	+0.2	+3	150	80
Infant	0-6 month	108/kg	2.05/kg	-	500	-	350	1200	55 micro gm/kg	65 micro gm/kg	710 micro gm/kg	25	25
	6-12 month	98/kg	1.65/kg	-		-			50 micro gm/kg	60 micro gm/kg	650 micro gm/kg	25	25
Child	1-3 yrs	1210	22	25	400	12	400	1600	0.6	0.7	8	30	40
	4-6 yrs	1690	30			18			11	40			
	7-9 yrs	1950	41			26			13	60			
Boys	10-12 yrs	2190	54	22	600	34	600	2400	1.1	1.3	15	70	40
	Girls	10-12 yrs	1970	57		22			19	600	1.0	1.2		13	70
Boys	13-15 yrs	2150	70	22	600	41	600	2400	1.2	1.5	16	100	40
	Girls	13-15 yrs	2060	65		22			28	600	1.0	1.0		14
Boys	16-18 yrs	2640	78	22	500	50	600	2400	1.3	1.6	17	100	40
	Girls	16-18 yrs	2060	63		22			30	600	1.0			1.2	14

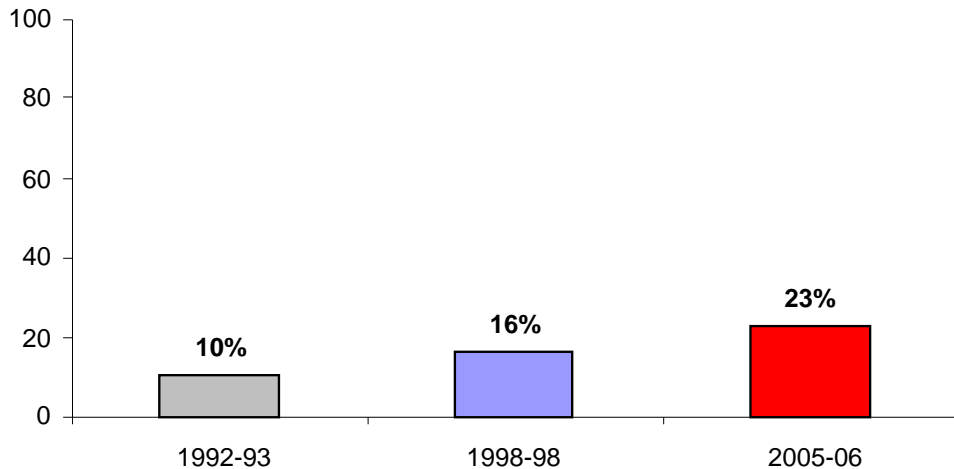
Food Items (Grams)

Whole grains(Cereals)	520	440	440	175	270	420	440	475	380	420	420
Pulses	50	45	75	35	35	45	50	45	45	45	45
Leafy Vegetables	40	50	5	40	50	50	40	45	50	50	50
Other Vegetables	70	40	50	20	30	50	50	60	50	50	50
Tubers	60	50	50	10	20	30	50	50	30	40	40
Milk	200	150	250	300	250	250	200	250	250	250	250
Fats Oils, Ghee	45	25	35	15	25	40	40	40	35	40	40
Sugar	35	20	30	30	40	45	40	30	45	30	30

There is no need to take special food or medicine for contracting the womb as it happens naturally. After delivery women may do all work except very strenuous ones.

The most ideal food for the baby is breast milk. Babies may be breast fed soon after or by half an hour of birth and in any case within two hours of birth. Even now there is a wrong notion that babies may develop indigestion if they are allowed to take the whole of breast milk. The yellow thick breast milk (Colostrum) contains fat that gives energy, protein and disease resistant nutrients. So the whole of it must be given to babies. It is the breast milk that provides the baby with immunity during the first six months. Feeding the baby with maximum breast milk enables the mother in production of hormones, contraction of womb and production of more milk. If the mother is looked after well she can produce 850 ml breast milk a day.

Trend of Breast feeding within an Hour of Birth



Only one child out of four is breast fed within an hour of birth in India

Only breast milk should be given till six months. It is easily digested. The digestive system of the child is not developed to digest any other food except breast milk. From six month onwards the baby may need other food, but breast feeding need not be stopped at this stage. After six months semi solid food may be started. The process of introducing semi-solid food along with breast milk alternatively is called weaning. It is done by administering powdered arrowroot, ragi, rice, wheat or black gram in cow's milk or water. It can be started with one of the grains and after every week another grain or pulse may be introduced. Thus a mixture of 3-4 grains or pulses may be given in the form of semi-solid food. Pulses provide the baby with necessary proteins. Semi-solid food should not be given before six months. Bottled milk should be



avoided as far as possible. There is difference between breast milk and cow's milk. Cow's milk may not suit the digestive system of the child. When the baby is fed using bottle with a nipple the milk may become sour and contaminated causing diarrhoea. It is better to use sterilized spoon to give milk.

Both the child and the family will be benefited by avoiding tin food. Usually tin foods are prepared by mixing wheat powder and ragi with sugar and a little bit of vitamins. A 500 grams of tin food costs Rs. 100 to 200. With the same amount we can prepare 6-7 kilograms of grain powder at home

which is abundant for a baby for 3-4 months. As the digestive system of the baby is not fully developed tin food may cause diseases like diarrhoea.

Ninety percent of the growth of brain in a child takes place before it is two years old. The growth becomes almost complete before four years. As protein deficiency affects physical and cognitive development, pulses, fish, meat or egg must be added to child's diet. That is why supplementary nutrition is provided to children below 5 years in Anganwadis and Nurseries. It is for the same reason school children are provided rice and green gram as mid-day meal. If the same food is given every day, not only children but also adults will be fed up and will not take it. So two or three days a week at least curry made of split pulses or egg could be given. As malnutrition affects physical and mental development, the standard of education may go down in schools that do not provide nutritious food to students.

25% of the height and 50% of the weight of an adult are acquired in adolescence. To attain the rapid growth necessary at this stage the adolescents need a lot of nutrients. But in Kerala Nutritional anaemia is seen in 40% of adolescent girls. There is also an increasing trend of reduced intake of food among adolescent girls to maintain their beauty and slim body. This results in

general weakness, stunting and slimming of waist that may cause arthritis, pain in joints and osteoporosis. Some children develop obesity problems because of over consumption of fried and roasted bakery food that contains high calories. Illness like diabetes, blood pressure, stroke and cancer are on the rise because of such food habits. Therefore, attempts at spreading nutrition education and agricultural intervention to provide good food to all has become the pressing need of the hour.



Nutrition Policy

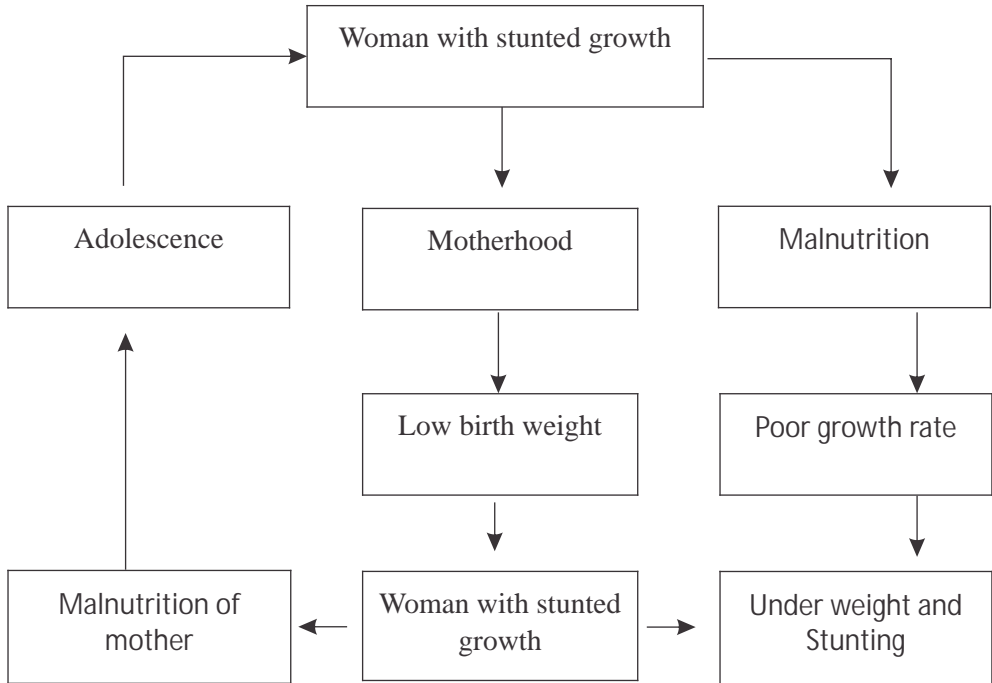
'Malnutrition free people' is our declared nutrition policy. The policy aims at abolishing all kinds of under nutrition within a given time limit and ensuring optimum growth of every child born here after. There are a number of on going Centrally and State sponsored nutrition schemes in the State. The Local Self Government plays a very important role in the implementation of the schemes. But so far we have not succeeded in creating an objective oriented and integrated system at the local level to ensure nutrition security to all. A few examples of the ongoing schemes are given below.

Ongoing Nutrition Security Programmes

Sl. No	Programme	Particulars	Implementing Agency
1	Programme for Pregnant Women and Children	<ul style="list-style-type: none"> • Anganwadi Nutrition Programme for Pregnant & lactating mothers • Take home ration for children below 3 years • Midday meal for Anganwadi and pre-school students • Nutrition for adolescent girls 	Local Governments Major allotment - Plan Fund of Central Govt and minor assistance from NPAG funds
2	Mid-day meal and Sanitation Programme for Schools	<p>1.For children up to 7th Standard in Govt and Aided Schools. Toilets in proportion to number of students Sanitary Kitchen Drinking Water</p> <p>2.For High School students</p>	<p>1.Education Department with assistance from local govts. Monitoring is done by LSGs</p> <p>2.LSGs with Community participation</p>
3	Food and Civil Supplies	Free ration to the absolutely poor. Rice at subsidised rate of Rs. 2/- per kilo to Below Poverty Line families	Food and Civil Supplies Department Vigilance and Monitoring Committee at LSG level
4	Preventive Medical Care for pregnant women and children	Vitamin A, Iron, folic acid, ORS, Iodized Salt	Health Department with participation of Anganwadis

5	Health and Nutrition Education	Pregnant women, Women, school students, adolescent girls, Souhruda clubs	Health Department with participation of Anganwadis. Education Department, Kumari Clubs.
6	De-worming	Children	Anganwadi/PHC
7	Drinking Water supply	Rain water harvesting for all families and public institutions, Water supply Chlorination	LSGs , Kerala Water Authority
8	Waste disposal	Households, public places, Public institutions, Educational institutions, Biogas plant, Septic tank	LSGs with peoples participation Total Sanitation Campaign
9	Prevention of diseases	Seasonal diseases	Agriculture Dept, Health Dept, Veterinary Department, LSG.
10	Chronic diseases	Seasonal diseases	Agriculture Dept, Health Dept, Veterinary Dept, LSG
11	Physical development/Sports	Play Grounds, Physical Training Centers, Arts Clubs, School Physical Education	LSG, Education Dept.

Inter generational Cycle of Malnutrition



The health problems created by malnutrition persist throughout the lifecycle. The stunted growth and malnutrition of adolescent girls later result in the birth of low birth weight children. Underweight children do not attain full development as other children do. Studies reveal that out of 10 children below six years of our country suffer from malnutrition.

Malnutrition

Malnutrition arises from inadequate quantity of food or non-availability of nutrients in food or defects in body processes

Impact of Under nutrition			
1	Under nutrition of pregnant woman.	Low birth weight of baby, Anaemia of mother.	Impedes further growth, Weakens immunity.
2	Infancy (0 to 1 year)	Stunting of growth, wasting, retarded cognitive development.	Stunted, underweight and lean child, susceptible to repeated illness.
3	Early childhood Pre-school (1 to 6 years)	Stunting of growth and wasting increases, Learning disability.	Poor muscle development, increased morbidity, learning disorders and development deviation.
4	Childhood (6 to 11 years)	Ill health arising from lack of food, retardation of mental abilities.	Loss of learning skill, no progress in co-curricular activities.
5	Adolescence (11 to 18 years)	Reduction in height and weight, improper development of body features, emotional disorders.	Inadequate stamina, learning failure and indolence.

Progress of nation is conditional to health for all. The most important factor of health care is nutrition.

Nutrition: Development Goals for Local Governments

1. Eradicate under nutrition in children between 0-3 years of age
2. Prevent anaemia among adolescent girls
3. Universal distribution of Vitamin - A
4. Prevent overweight among children
5. Eliminate low birth weight among newborns.

Strategies to achieve objectives

1. Strengthen and widen the functions of Anganwadis
2. Strengthen school feeding programme
3. Ensure food security of Scheduled Tribes
4. Fine tune and make flawless growth monitoring of children in Anganwadis, School Health Programme, Body Mass Index monitoring, Adolescent Girls' Clubs, Growth Monitoring of Adolescent Girls etc.
5. Strengthen Integrated Management of New Born and Childhood Illness
6. Strengthen Public Distribution System
7. Modify family food habits for a scientific change
8. Address the problems faced by population groups that need special care such as Scheduled Caste, Scheduled Tribe, Coastal population and other backward groups (Drinking water, Sanitation, toilets)
9. Effective implementation of National Health Programmes.

ICDS

ICDS is a Central Govt. Programme introduced in 1975 aiming at integrated development of children aged between 0 and 6 years. The programme was formulated as an important means to implement the National Child Policy 1974. ICDS was expanded to all LSGIs by 1996. To improve the efficacy of the programme special projects were started in large Block Panchayats and Municipalities in 2011. At present there are 258 ICDS projects and 32268 Anganwadis in Kerala. That is one Anganwadi for a population of 700. The guidelines for the formulation of annual plan for Anganwadis specified in section 4.2 of GO (MS)128/2007.

Important Services delivered by Anganwadi

1. Total family survey (Annual)
2. Selection of beneficiaries
3. Supplementary Nutrition
4. Growth monitoring
5. Pre school education
6. Organizing immunization programme
7. Monthly nutrition health education meeting of mothers
8. Adolescent Girls Club activities
9. Nutrition counselling during house visit
10. Strengthening the activities of Anganwadi Welfare Committee
11. Campaign for ensuring people's participation in Grama Sabha
12. Function as member of ADS, Ward Level Vigilance Committee and Village Health Committee
13. Co-operate with Health department workers to extend preventive medical treatment, distribution of ORS and promote Exclusive Breast Feeding



Role of Anganwadi in Comprehensive Child Development

1. Ensure nutrition to all eligible beneficiaries.
2. Provide nutrition education to pregnant women, children and adolescent girls. Identify problems through growth monitoring and appraise LSGs for taking remedial steps.
3. Ensure pre school education to all children aged 3-6 years.
4. Raise the coverage of immunization to 100%.

Areas that need special interventions by Local Governments

1. Improve the infrastructure facilities of Anganwadis.
2. Ward members should pay maximum attention to ensure efficient functioning of Anganwadis.
3. Evaluate the functioning of Anganwadi at institution level evaluation meeting by the President or in his/her absence by Chairperson of Welfare Standing Committee.
4. Conduct enquiry on reports about deaths, accidents, chronic diseases and infectious diseases of children.

School Nutrition Programme

The universalisation of education in Kerala is acclaimed a lot. But cognitive deficiency and inadequate competitive efficiency are prevalent among children of ordinary and traditionally poor families. One of the major reasons for this is malnutrition. So raising the standard of School Nutrition Programme will certainly help in raising the standard of education. But this cannot be achieved by mid-day-meal alone. Due care should be given to hand washing, healthy cooking practices, environmental sanitation, maintaining sanitation in kitchen and provision of toilets in schools. Meanwhile attempts should be made to raise the physical fitness of students by providing training in sports and

arts.

Suggestions to improve Nutrition and Health of Children

- Create awareness among parents and community about the negative impact of malnutrition.
- Sensitize about food habits essential for optimum growth and development of children. Make it compulsory in health sub centre, PHC, Anganwadi and school. The initiative should come from JPHN, Anganwadi teacher, Asha worker, school teacher and doctor. Include health and nutrition education in the school curriculum.
- Anganwadi workers should realise that they have an important role in the health care of children below 6 years, pregnant women, lactating mothers and adolescent girls.
- Effective implementation of School Health Programme under National Rural Health Mission.
- Sensitize parents about the importance of exclusive breast feeding till six months, need of providing supplementary nutrition from six months onwards and the need for continuing breast feeding till the age of one.
- Sensitize parents that additional nutrients are essential to remedy the problems of under nutrition. In addition to breast feeding children should be fed five or six times a day to enable them to acquire necessary weight.
- Anganwadi worker should demonstrate how food may be cooked to feed undernourished children using cheap and locally available grains, pulses and vegetables.

- Modification is necessary in the food habits of the family
- Food mixtures are to be made in an acceptable manner to children
- Make parents aware of the need to provide same food to boys and girls
- Observation of “Nutrition days” at ward level (NRHM)
- Ensure that the Anganwadi teacher records the weight of children and maintains growth chart every month.
- Encourage mothers to ask questions about the diet and protection of their children
- Apprise the LSGs about the indicators of child health to enable them to take remedial measures.

Nutrients in the right quantity and proportion are necessary to an individual to perform routine work, preserve health and resist diseases. The National Family Health Survey shows that one – fifth of Kerala women are lean due to under nutrition and one –third of them are prone to diseases because of immune deficiency and anaemia. It has an adverse effect on the children born to them. The percentage of under nutrition is high among Scheduled Caste, Scheduled Tribe and Fishermen communities. Besides the kind of food prepared in families, the selection of food items and mode of cooking are important factors of nutrition. As selection and cooking of food are the responsibility of women, local government should take due care to provide nutrition education to women.

Under nutrition and anaemia are seen among adolescent girls irrespective of their financial status. The problem is worsened by hike in food price, local non-availability of food items and lack of nutrition education. On the other hand unhealthy food practices, consumption of fast and junk food and lack of

exercise give rise to obesity. Therefore local governments should try to generate a healthy population by encouraging healthy food habits, discouraging fast food culture and promoting indigenous food habits and physical exercise.

For further reading ...

Health-Nutrition	
Health	Health is a state of complete physical, mental and social well being and not merely the absence of illness.
Nutrition	Nutrition is the process of digesting food and absorbing all components contained in it for use of the body and expelling the residue.
Balanced Diet	Nutritious food that provides the nutrients necessary for optimum physical and mental health in the right quantity and quality is called balanced diet.
Nutrients	Food consists of different kinds of nutrients. Human body needs them in sufficient quantity. The 6 nutrients are carbohydrates, fats, minerals, protein, vitamins and water.

Health - Nutrition care for Breast feeding Mothers

- Breast feeding mothers need at least one additional meal of nutritious food besides normal intake.
- Breast feeding mothers should take a lot of nutritious food for producing milk necessary for the baby and to meet her own

requirements

- To produce good amount of breast milk the mother should consume plenty of protein. Additionally she should take grains, peas, beans, milk, curd, leafy vegetables and fruits. Only to consume food cooked with iodized salt.
- Breast feeding mothers should take plenty of fluids.
- Consuming too much of calorie rich ghee containing food, condiments and too much cashew nuts will result in overweight.
- As the nutrients stored in the mother's body are used for production of milk, inadequate intake of nutrients will adversely affect her health.
- Avoid food habits and notions which do not have scientific basis.

Exclusive Breast Feeding –EBF

Breast milk produced in the first couple of days after delivery is called colostrum. It is rich in nutrients and easily digestible. It also increases the immunity of the child. As breast milk is nutrient rich and wholesome the child need not be given any other food till six months

Infant and Young Child Feeding (IYCF)

After six months other semi solid nutritious food can be started. Breast feeding must be continued till the child is two years old or even later. It helps to create a bond between mother and child. Mother should also take care to take nutritious food herself during lactation. Breastfeeding helps to improve mother's health and prevent other diseases like breast cancer.

Growth Chart

- The continuous process of observing the growth of child at regular intervals by measuring weight, height etc. that are indices of child growth, is called growth monitoring.
- It makes possible to detect growth faltering early and take appropriate steps quickly and effectively.
- Growth monitoring must start from the birth of the baby
- Growth chart is a tool to analyze child growth using weight in proportion to age index. It helps to understand the growth rate of a child.
- Growth chart is useful to identify the severity of malnutrition, to select beneficiaries for supplementary nutrition programme and to give nutrition health education to mothers.
- The four growth lines in the Growth chart indicate the nutritional level of the child against the standards.
- The weight in proportion to age of child is shown in the chart.

The growth chart is generally monitored in Anganwadis. Important means of monitoring a child's growth are the Paediatrician treating the child, the Mother – Child cards maintained in Sub centers and BMI charts used in School Health Programme.

Life Style Diseases

Daily routine, diet, exercise and work are considered different aspects of lifestyle. Keralites used to have a regular system in these matters. But the changes in education and current work culture have upset those systems and changed their lifestyle. Minimum exercise, lethargy, over eating, smoking, drinking, chewing tobacco etc became part of our lifestyle along with stress. The diseases caused by this style of living are called lifestyle diseases. Examples are obesity, coronary diseases, blood pressure, diabetes, liver disorders and cancer of throat and lung.

Better Parenting

Changing times have brought about drastic changes in family relations. As more and more nuclear families and single parent families came into existence changes occurred in child rearing also. As a result evolutionary changes occurred in breast feeding, child diet, child hygiene, child care etc. . Children started losing their sense of security due to under nutrition or over nutrition, too much control or undue pampering. Such contemporary problems of childhood and adolescence had resulted in changes in Child care practices and guidelines. Children suffer from lifestyle problems and emotional problems here also. The wrong notions and lack of awareness of parents complicates the problems of children. Any of the second generation problems faced by the children of our times arise from lack of quality parenting. In such a situation guardians who give care to children must be provided with guidelines of “better parenting”.



Infrastructure Facilities of Model Anganwadi

Anganwadi aims at comprehensive development of children and most of the services provided by them relate to child development. As Anganwadi are institutions that connect homes to schools it is necessary to create a homely environment in Anganwadis

Essential Infrastructure

The essential infrastructure facilities of Anganwadi are given below.

Location

- Anganwadi to be located in a place that is easily accessible to beneficiaries
- Minimum 5 cents of land
- Compound wall
- Proximity to road

Building

- Minimum three rooms – class room for non formal education, store room and kitchen
- Design of building must ensure adequate ventilation and lighting
- Building must be plastered and painted properly
- Leak proof and strong roofing
- Must have sufficient number of strong doors and windows

Materials necessary to keep the building clean

1. Broom
2. Mops
3. Toilet Brush
4. Bucket
5. Cloth to clean furniture

Class room facilities

Teaching style is that of non formal education

1. Carpet area in proportion to the number of children
2. Adequate Baby friendly chairs
3. Adequate Mats for babies to sleep
4. Table and chair for teacher
5. Shelf to keep records
6. Wall shelf for keeping the belongings of children
7. Chairs for use of visitors and conducting meetings
8. Electricity
9. Fan
10. Drinking Water Pot
11. Adequate Toys

Store Room

1. Facility for keeping things safe
2. Scale for measuring provisions

Kitchen

1. Cooking Utensils
2. Plates and tumblers for serving food
3. Stove/choola
4. Fuel (LPG preferable)

Toilet / Bathroom

There should be baby friendly toilets in Anganwadis with the following facilities

1. Adequate buckets to keep water
2. Mugs
3. Soap

4. Towel
5. Cleaning materials

Drinking Water and Other Facilities

1. Water for drinking, cooking and toilets is essential. It can be collected either from wells or through water supply connection
2. Floral and vegetable garden in the compound
3. Park with playing facilities to attract children
4. Clean environment
5. Mats for children to take rest. Periodical replacement of old mats with new ones

Duties and responsibilities of ICDS Supervisors

1. Give directions and support to workers for the functioning of Anganwadis
2. Visit each Anganwadi once a month. Visit one Anganwadi a week with the JPHN.
3. While visiting Anganwadis the following duties must be performed.
 - i. Assist the Anganwadi worker in conducting survey, updating the register and preparing the list of family members and beneficiaries.
 - ii. Examine the list of children below 3 years having acute under nutrition in BPL families.
 - iii. Assist the workers in recording the age and weight of children for identifying children with acute under nutrition.

- iv. Identify mothers and children at risk and refer those requiring treatment by Specialist.
- v. Examine the weight of children suffering from acute under nutrition and give directions for their rehabilitation.
- vi. Demonstrate the different activities suitable for the development of children so as to make child education more effective.
- vii. Extend help and co-operation to organise Nutrition Education Programme for mothers.
- viii. Assist Anganwadi workers in identifying and preventing growth disorders in children.
- ix. Visit the houses of acute underweight children and mothers at risk and give directions to workers and mothers about remedial measures.
- x. Examine whether appropriate entries are made in the survey register regarding births and deaths and in the register regarding immunization.
- xi. Verify the documents prepared by Anganwadi workers and help them to maintain records properly.
- xii. Assist the Anganwadi workers to make necessary entries in the records.
- xiii. Verify and report inadequacies to the ICDS Project Officer and Grama Panchayat about the procurement of nutritious food, medicine, registers and materials necessary for child education and preparation and supply of food.
- xiv. Assist the workers in organizing and effective conduct of Mahilamandals that support Anganwadis
- xv. Build partnership with elected representatives, Local Govts, Primary Schools, Youth Clubs, Mahila mandals etc and involve them in ICDS activities

- xvi. Identify the individual and work related problems of Anganwadi workers. Give directions to solve the problems and if necessary bring them to the attention of the Project Officer
 - xvii. Schedule the visit of JPHN to Anganwadi and monitor their visits
 - xviii. Verify whether the Anganwadi time table is strictly followed
 - xix. Report cases of children who have not received immunization to the ICDS Project Officer
4. Organise region wise meetings and formulate action plan for the following month.

Additional duties of ICDS Supervisors as part of decentralisation of power:

1. The supervisor is the Convener of Panchayat Level Coordination Committee. (GO(Rt) NO.282/2000 SWD dt.29.09.2000). The committee must be convened once in two months
2. It is the responsibility of the Supervisor to convene the meeting of this committee as per the directions of the chairperson
3. The following are the functions of the Panchayat Level Coordination Committee
 - i. Evaluate and monitor the implementation of ICDS project
 - ii. Coordination of LSGs with other departments
 - iii. Identify the problems relating to the

- iv. implementation of ICDS projects and solve them
 - iv. Evaluate the progress of implementation of ICDS projects and service delivery
 - v. Implement the action plan in the State Plan of Action 2004 with the cooperation of other departments.
4. Participate in the plan formulation process of LSGs (G.O (Rt) No. 282/2000/SWD dt 29.09.2000)
 5. Facilitate Panchayat Development Seminar
 6. Participate in Grama Sabha and make interventions

According to G.O(P) 188/2000/LSGD dt 04.07.2000 ICDS Supervisor is an official transferred to Grama Panchayat. She is the implementing officer of the projects in the following development sectors

1. Women development including Kudumbasree
2. Protection of the disabled
3. Campaign against superstitions, casteism and caste discrimination
4. Convener of Vigilance Committee formed by State Women's Commission

Body Mass Index of Child in Proportion to Age

Age	Height		Weight	
	Male	Female	Male	Female
0 months	50	50	3	33
3 months	60	60	5.5	5.5
5 months	65	65	6	6
9 months	70	70	8.5	8.1
12 months	74	73.5	9.3	8.9
1 ^{1/2} years	81	80	11	10.5
2 years	86	85	12	11.5
3 years	96	95	14.5	13.5
4 ^{1/2} years	103	102	16.2	16
5 years	107	106	17.4	17
6 years	113.7	113	19.2	18.8
7 years	118.6	118.2	19.4	19
8 years	124.1	122.7	21	20.5
9 years	130.4	128.6	26.5	25.8
10 years	134.7	134.8	28.7	29.6
10 ^{1/2} years	137.6	137.9	30.8	31.9
11 years	139.6	141.3	31.9	34.3
11 ^{1/2} years	142.3	144.3	33.8	36.8
12 years	144.71	46.7	35.4	38.7
12 ^{1/2} years	147.9	149.9	37.9	41.9
13 years	150.3	151.4	39.4	42.6
13 ^{1/2} years	154.9	153.2	43.2	45.2
14 years	158	153.6	44.7	45.7
14 ^{1/2} years	161.4	154.8	48.1	46.6
15 years	164.3	155	51	48
15 ^{1/2} years	165.5	155.4	52.4	48.9
16 years	167.1	155.8	54	49.2
16 ^{1/2} years	167.9	156	55	49.4
17 years	168.6	157.1	56.6	50
17 ^{1/2} years	169.4		56.9	
18 years	169.8		59.7	



Chapter

4

**Children and
Health**

Health is not merely the absence of disease or infirmity; It is a state of complete physical, mental and social well being. To achieve such a status enabling factors such as food, safe drinking water, disease prevention, and health education must be provided to all. It is the responsibility of the society to provide all the pre - requisites for health to all children.

Health Index of Kerala

Compared to other States mortality rate in Kerala is low, but morbidity rate is high. The prevalence rate of infectious diseases has come down during the last decades. But water borne diseases like typhoid, cholera, vomiting, diarrhoea, worm and parasite infestation are still prevalent. Life style diseases are on the rise. Though these diseases are found in aged persons, they can be prevented or controlled only if precautions are taken during childhood, because the foundations of growth and development are laid during infancy and childhood. The problems faced by children in different stages of growth are varied and complex.

Infancy

In Kerala 200 out of 1000 children are born under weight. 13 out of 1000 do not survive to celebrate their first birth day. 11 of them do not live to celebrate their 5th birthday. The most important reason for underweight is lack of nutrition and care during antenatal period.

Diseases and Health Problems of children

Under nutrition causes anaemia, stunting and growth retardation and deficiency of Vitamin A causes preventable blindness. If vitamin A costing 50 paise is given every six months blindness can be avoided. The weakening of bones and teeth caused by dietary deficiency of minerals can be solved by giving nutritious diet to children both at home, and in Balwadis as well as in Anganwadis. Diseases like itches, sores, scabies, worm and parasite infestations and skin diseases caused by lack of personal hygiene and environmental sanitation can also be prevented by the effective functioning of Anganwadis and Health Sub centers. Diseases that can be prevented by

immunization such as polio, diphtheria, whooping cough, mumps, tetanus, tuberculosis and hepatitis B can also be prevented in the same manner by those institutions. Pneumonia and meningitis can also be prevented by taking preventive steps.

Mother – Child Immunisation Card

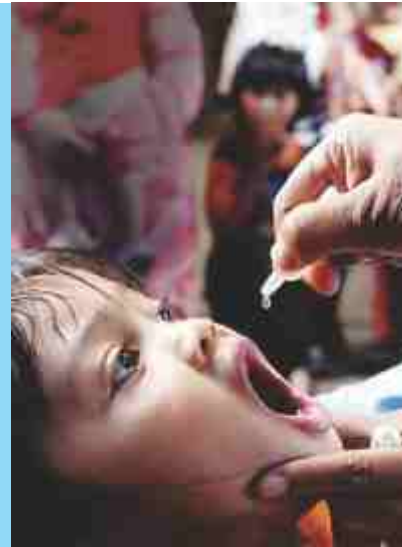
Pregnant Women

- Must take Tetanus injection at the earliest
- After one month Tetanus 2 injection must be taken

Age of Child	Vaccine	Dose
At Birth	BCG, Polio drops	Zero
6 Weeks	DPT (Triple), Polio drops, Hepatitis B	First dose
10 Weeks	DPT (Triple), Polio drops, Hepatitis B	Second dose
14 Weeks	DPT (Triple), Polio drops, Hepatitis B	Third dose
9 months	Measles, Vitamin A	First dose
18 months	DPT (Triple) Polio drops	First booster dose
	Vitamin A	Second dose
Vitamin A to be given every 6 months till 5 years		
5 years	DT (Polio drops)	Second Booster dose
	Vitamin A	Ninth dose

10 years	T.T. Vaccine	
16 years	T.T. Vaccine	
In Addition to this a dose of Polio vaccine is to be given on Pulse Polio days		

- If by some reason a vaccine or dose is not given in time, it must be given later. You can seek the advice of the health worker regarding this.
- Health card must be kept carefully.
- Take the Health Card while visiting Health Care Centres
- After taking immunization vaccine and dose are to be entered in the card.
- If the child is born in hospital, take BCG injection before leaving the hospital.



Respiratory diseases are increasing in children because of environmental pollution, defective design and maintenance of houses, schools and other buildings and inadequate ventilation in them. The increase is 160% for the last 15 years. One among 13 school going children suffers from respiratory disease like asthma. Diseases that need special care like heart disease, cancer, epilepsy and infirmities like deafness, blindness, motor disorders, depressions and anxiety are also increasing.

It has become common that children die in accidents caused by the carelessness of adults. Besides they become victims of physical and mental violence as mentioned in chapter 1. It necessitates providing more education and training on child care to parents and teachers of Balawadis and Anganwadis.

Childhood

Along with the health problems mentioned earlier, children become victims of physical and mental abuse committed by parents, school teachers, classmates, bus crew and others. The need of awareness generation and training of community on characteristics of childhood and child psychology points to the importance of making the education system more child centered.

Adolescence

Adolescence is the stage when physical growth takes place simultaneously with several mental and emotional transformations. As it is a stage of rapid growth the child requires more nutrition. In the case of girls it is the time when menstruation begins. But 85% girls in Kerala cannot even know what menstruation is and when it begins. A number of children are subjected to sexual abuse during adolescence. So, all children must be given adolescent sex education. We should accept it as the right of children. 'SABALA' is a scheme implemented through Anganwadis that addresses all these issues. But the scheme must not be restricted only to adolescent girls club as it is being practiced now. In majority of sex abuse cases it is the boys that become victims. So clubs for adolescent boys are also the need of the hour. Only then can we bring about a desirable change in the attitude of boys to girls. Moreover the number of adolescents who commit suicide due to frustration after discontinuation of studies and abortion caused by teenage love affair is also increasing. The way to address such problems is to strengthen school health clubs.

Problems of over nutrition are also increasing in the state. 30% of children in Kerala are obese. The craze for western food including junk food, ice cream parlor and fast food culture and aversion to any kind of physical exertion are also on the rise. Consequently children develop illnesses like high blood pressure, diabetes, heart disease, cancer etc. very early. Substance abuse of tobacco, alcohol, drugs and pan-masalas like "Panparag" and "Hans" starts during adolescent period. It is a matter of grave concern that children start taking alcohol by the age of 13. The annual consumption of panmasala in the

state is between 500 and 600 tons. No wonder that incidence of cancer is increasing. Substance abuse adversely affects physical, mental and social health.

Different Approaches to maintain Health

1. Immunization
2. Vitamin A prophylaxis
3. Preventive medical care and supplementary nutrition
4. Ensure care of all pregnant women
5. Encourage Early Exclusive Breast Feeding and Weaning
6. Waste disposal – sanitary latrine, facilities for hand wash, sewage, cleaning and beautification of public places.
7. Ensure availability of safe drinking water – chlorination of wells, preservation of water sources, preventing water pollution, use of boiled water, supply of drinking water at all public places
8. Preventing environmental pollution – disposal of bio waste, solid waste, hospital waste and controlled use of pesticides
9. Environmental protection – Water-shed based development, afforestation, stopping illegal mining, restriction of plastic use.
10. Preventing adulteration – of food, discouraging unhealthy dietary habits
11. Preventing production and marketing of substances like alcohol, drugs, panparag, tobacco etc.
12. Encouraging organic farming and cultivation of local species
13. Reducing accident risks – uninterfered sensitization



14. Providing Life skills education to adolescents
15. Establishing of Adolescent clinics to reduce tension, suicide and depression.

Treatment/Rehabilitation

1. Strengthening and improvement of public health institutions.
2. Special clinics and camps for pregnant women, infants, adolescents and disabled that need special care.
3. Make School Health Programme more effective.
Organize special camps in schools that are not covered by the programme.
4. Ensure availability of medicines
5. Encourage health institutions and the public to utilize health insurance(RSBY-CHIS).
6. Conduct Annual Survey on Development Delays for early detection of disabilities.
7. Ensure health and nutrition counselling through visit to houses
8. Display posters highlighting the importance of preventive medicine and treatment.
9. Strengthen Anganwadi medical check up and referral system
10. Ensure the availability of ORS and conduct campaign to spread use of ORS.



Outcome of Childhood Diseases

- | | | | |
|----|----------------------|---|-----------------------------------------------|
| 1. | Under five Mortality | - | Death of new borns and children upto 5 years |
| 2. | Underweight | - | Stunting, Wasting |
| 3. | Ill health | - | Immune deficiency, cognitive problems, Stress |
| 4. | Deformities | - | Differently abled |
| 5. | Financial Loss | - | Lack of social well being |

Childhood Diseases and Health problems

1. Diseases that can be prevented by vaccine – infant tuberculosis, polio, diphtheria, whooping cough, tetanus, rubella, mumps, measles, Hepatitis A & B.
2. Water borne diseases – dysentery, typhoid, hepatitis.
3. Respiratory diseases – pneumonia, asthma, cough, tuberculosis.
4. Skin diseases – itches, scabies, sores, rashes, leprosy.
5. Chronic diseases – cancer, kidney and cardiac disorders.
6. Neurological disorders – epilepsy, brain tumor.
7. Cognitive disorders – retardation, autism, cerebral palsy.
8. Physical disabilities – blindness, deafness.
9. Mental illnesses – emotional disorders, panic, depression, suicidal tendency.
10. Genetic and hereditary disorders.
11. Substance abuse like drugs, tobacco, alcohol, Panparag etc.
12. Diseases spread by mosquito.
13. Life style diseases like obesity, diabetes.

Auxiliary Problems

1. Diseases during pregnancy.
2. Risks during pregnancy.
3. Ill health of mothers – anaemia , under nutrition.
4. Substance abuse by parents like tobacco, alcohol and drugs.
5. Mental illness of parents, disturbed family atmosphere and domestic violence.

Status of Health Service System

There is a comprehensive public health system functioning under the Health Department. The public health institutions and officials of the department are now transferred to the Local Governments. Important among them are the Primary Health Centers at grass root level. Each Panchayat and Urban Local Body should understand the functions to be performed by these institutions and officials. Prevention of disease and not treatment is the important function assigned to Primary Health Centers. There are more field staff attached to PHC than staff for medical treatment. These officials are put under the control of Local Self Governments. If the field staff functions efficiently most of the problems relating to health can be solved. The Local Governments should also try to improve the efficiency of the staff dealing with medical treatment.

Along with the Primary Health Centers the functioning of Sub centers also should be evaluated. Each tier of Panchayat should monitor the functioning of Health Centres, Taluk hospitals, District hospitals and the Ayurveda/Homeo Dispensaries/Hospitals at its level.

National – State Health Programmes

1. RCH Programme – Life Cycle Approach
 - Services for mothers

- Services for children
 - Services for adolescents
 - Control of reproductive tract and sexually transmitted infections
 - Care of the aged population
2. Leprosy Eradication Programme
 3. Control of tuberculosis
 4. Control of blindness
 5. Control of diarrhoea
 6. Control of malaria
 7. Eradication of filariasis
 8. Detection of disabilities and rehabilitation

National Rural Health Mission

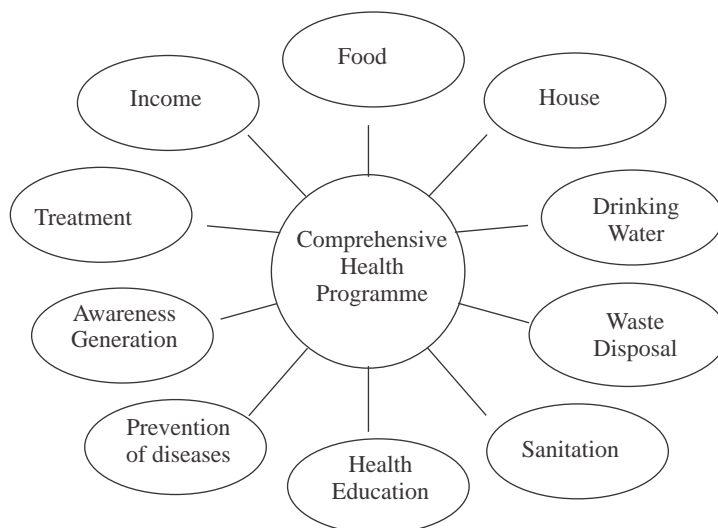
A comprehensive health system that covers all the ongoing public health programmes is being implemented by the State under the umbrella of National Rural Health Mission. The programme known as “Healthy Kerala” in the State was launched in India in 2005. At the grass root level the activities of the programme are implemented by local govts. Sufficient fund availability, Institutional development and Human Resource Development are the special features of the programme. All functionaries associated with the NRHM, starting from ward level Accredited Social Health Activist (ASHA) to Block Panchayat level Co-ordinator work in co-operation with the Local Government. Necessary steps for this have to be undertaken by the Local Governments.

Objectives of National Rural Health Mission

- Provide primary health care services.
- Reduce MMR and IMR
- Improve maternal and child health status
- Universalisation of services like drinking water, sanitation, nutrition and prevention of diseases
- Ensure demographic balance
- Prevent local diseases, infectious diseases and life style disorders
- Encourage healthy practices
- Rejuvenate indigenous health promoting traditions
- Mainstream AYUSH (Ayurveda, Yoga, Unani, Siddha, Homeo)

What should the Grama Panchayat do?

Formulate a comprehensive health programme with the right perspective. The following are the components of such a programme.



Local Government should formulate Comprehensive Development Programme on the basis of the development report and the status report prepared by Working Groups. Each component of the comprehensive programme must be carefully analysed and the activities of each component decided accordingly. Then the components not directly related to Working Group for Health must be transferred to the other Working Groups concerned with a request for necessary action. For example the Working Group for drinking water may be asked to implement scheme for supply of drinking water in places where water – borne diseases are prevalent. The Working Group for health must formulate a health programme that includes all interventions directly related to health.

Panchayat Health Programme

A Panchayat Health Programme consisting of the eight components of activities given below may be prepared, taking into consideration the existing status, problems, needs and possibilities as detailed in the status report prepared by the Working Group. The action plan must conform to the mandatory functions and duties of the Panchayat

1. Awareness generation activities
2. Disease prevention activities
3. Improvement of medical treatment
4. Improvement of quality of service delivery
5. Improvement infrastructure facilities
6. Creation of auxiliary facilities

Four Plus Crash Programme

Role of Local Governments

Four Plus Crash Programme 2010 is a year long campaign implemented by the collective work of various departments, organisations and the public along with the Health Department that focuses on strategies to fight against four deadly infectious fevers in the State.

Four infectious fevers

1. Leptospirosis or Weil syndrome
2. Dengue fever
3. Chickun guinea
4. Malaria

Four strategic Interventions

1. Early detection of disease
2. Disease prevention and control
3. Area Specific communication strategies for behavioural change
4. Monitoring and evaluation

Urban Four Plus that focuses on urban areas (TC Four Plus in Thiruvananthapuram Corporation), Campus Four Plus in Medical colleges and Border Four Plus in border areas are such specific interventions.

Continued co-operation between different Govt departments, private institutions, Non Governmental Organisations and the public is essential for the success of the crash programme. The Handbook prepared in connection with this explains the functions to be performed by each department to check infections. Each department must ensure their efficient performance of the functions assigned for the success of the programme. Let us examine the role of Local Governments in effective implementation of the programme.

Role of Local Governments

1. Give leadership to the Planning, Implementation and Monitoring of programmes for prevention and control of infectious diseases.
2. The Chairperson of the Monitoring Committee for disease control at all levels; starting from Ward to State level is the elected representative at that level. The co-chairperson and convenor are the officials of Health Department. LSGs should take the initiative to organise preventive

measures with the scientific and technical support of Health Department. The Committee should meet and evaluate the progress of activities at least once a month or whenever necessary.

3. Formulate area specific action plan taking into consideration local conditions and peculiarities and implement them in a time bound manner. The process should start from the Grama Sabha. The active involvement of Ward level Health and Sanitation Committee are essential for this. Panchayat/District level plans are to be formulated by consolidating the ward level plans. Necessary funds have to be allotted and the implementation overseen by the Local Governments. Ward Level Health Volunteer Corps are to be constituted including ASHA, Kudumbasree Health Volunteers and others for time bound and effective implementation of preventive measures

Disposal of Waste and Mosquito control - If waste is disposed off in a scientific manner the source that breeds flies, mosquito and rat will be removed. There are many simple, effective low cost and eco friendly methods for mosquito control. Such methods have to be integrated to suit the locality for implementing the 'Integrated Mosquito Control Scheme' in collaboration with the Health Department. We should realize that the unscientific mosquito control measures and the excessive and unwarranted use of pesticides do more harm than good in the long run. Mosquito control and waste disposal programmes can be implemented under the Mahathma Gandhi National Rural Employment Guarantee Scheme also.

4. Lead community awareness generation programmes. Focus must be on increasing the participation of school and college students. A new generation that is vigilant to preventive measures can be created in this manner

5. Precautions should be taken against incidence of rat bite fever while implementing MGNREGS projects (Individual protection, Preventive treatment).
6. Conduct the activities of Ward Level Health Sanitation Committee diligently.
7. Ensure that activities like health education, mosquito watch, encouraging families to keep the surroundings clean and destroying the sources of mosquito breeding are properly done by the Junior Health Inspector, Junior Public Health Nurse, ASHA, Anganwadi worker, Kudumbasree volunteer and other volunteers by visiting households.
8. Ensure that not only in houses but also in schools, hospitals, other institutions and shops/business centres there are no breeding areas for flies and mosquitoes.
9. Ensure that infectious diseases do not break- out in plantations, construction work sites and residential colonies of immigrant workers
10. Ensure quick disposal of waste accumulating in public places.
11. The possibility of out-break of infectious diseases is more in urban area. So special Action Plan has to be prepared and implemented for urban area. Necessary officials and workers should be deployed to implement the Action Plan.
12. Strengthen control measures when there is disease outbreak. Organise medical camps.
13. Ensure necessary funds, vehicles, human resources and training for undertaking preventive measures.
14. Ensure that disease prevention measures cover children of migrant labourers also.
15. Take punitive action including fines against individuals and institutions that cause spreading of infections by environmental pollution.

Ward Level Health Sanitation Committees – Vigilance Bodies for Diseases Surveillance

Ward Level Health Sanitation Committee enables Local Governments to formulate plans and implement them at grassroot level. Each committee is allotted Rs. 10,000/- a year for this purpose. The committee should be strengthened and equipped to observe local diseases, control, create awareness against and monitor diseases.

The elected member of the ward is the Chairperson of the committee and the JHI/JPHN/LHI/HI is the convenor. Registered medical practitioners of the ward, School teachers, Anganwadi workers, Kudumbasree members, NSS volunteers members of Residents' Associations, Scheduled Tribe members (Scheduled areas), representatives of Non Governmental Organizations and Women Self help Groups, ASHA workers etc are the members. As JHI/JPHN is not appointed in all wards, the same official may be the convenor of the committee of more than one ward. Some of the activities that can be taken up by the Ward Level Health and Sanitation Committee are mentioned below.

1. Formulation of action plan, implementation and monitoring of Ward level Health Plan.
2. Ward level health survey (Health Sanitation Survey).
3. Constitution of ward level health sanitation corps.
4. Local specific communication for behavioral change relating to personal hygiene, environmental sanitation, prevention of epidemics, control of epidemics etc.
5. Implementation of activities for prevention of epidemics
6. Attending meetings monthly or whenever necessary
7. Sending Ward level Health Plan to Panchayat or Municipality for inclusion in the Panchayat or Municipal Health Plan.
8. Monitoring of Health Plan activities.
9. The Ward level Health Fund allotment of Rs.10000 can be utilized to perform the above mentioned functions. Funds can be raised from the community to enhance the Ward level Health Fund.

10. An amount upto Rs.1000 may be spent from the Ward level Health funds for emergency medical treatment of a member of a poor family or destitute woman

Priority is to be given to provide services like Nutrition, Education, Sanitation, Environmental protection, Public Health intervention to more families rather than to an individual. Fund utilisation certificate for a year must be submitted to the Medical Officer concerned before April 15th of each year. A register containing details of all activities and expenses there of must be maintained and shown to the public on demand. It should be verified periodically by the President and the Medical Officer of the PHC concerned.

Social Audit

The Social Audit Committee should ensure that the Department Officials, Voluntary Organisations and the public have performed their responsibilities for the prevention and control of infectious diseases. Problems that cannot be solved at the ward level must be reported to higher levels. The Committee must take special care to formulate and implement projects to address local specific issues.

Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Action plan for children must be made part of the Comprehensive Health Plan. LSGs must take the initiative to solve service delivery problems. For example

1. Whether service is made available to all who need it and Whether they get it in time
2. Whether interrelated services are provided simultaneously
3. Whether there is integration between different systems of medicine

Local Governments must play a more energetic role in such managerial affairs. At the same time they should formulate and implement a local health plan to preserve the health of children in partnership with other organisations that work for addressing the problems and diseases of children.

The health of a generation depends on the physical, mental and social well being of the children. Mere disease prevention measures and treatment alone cannot produce a healthy generation. We should learn to view health in a broader sense.

Panchayats should have a labour intensive agro- based culture. Only then nutrition can be made available to all. They should realize that getting a good library, good playground, good school, good swimming pool and good park established is a health promotion activity. All human development interventions are really health promotion activities.

Panchayat President, Members of Standing Committees, Working Groups and interested public can review and monitor the progress of Comprehensive Child Development Plan based on the sample indicators are given below.

Monitoring Indicators: Health

- a) Registration of pregnant women
- b) Medical examination of breast feeding mothers and pregnant women
- c) Health card for pregnant women
- d) TT injection for pregnant women
- e) Institutional delivery
- f) Registration of birth
- g) Exclusive Breast Feeding
- h) Universal Immunisation
- i) Supplementary Nutrition at Anganwadi
- j) Growth monitoring
- k) Take Home Ration Strategy for children below 3 years
- l) School medical check up, School Health Card
- m) School Mid day meal
- n) Adolescent Girls' Club
- o) School counselling
- p) Supplementary nutrition for pregnant women and breast feeding mothers
- q) Distribution of iron and folic acid tablets to breast feeding mothers and pregnant women
- r) Free transportation facility for pregnancy care and delivery to weaker sections
- s) BFHI
- t) Vitamin A prophylaxis for children
- u) Efficiency of public distribution system(PDS) (Monitoring)
- v) Janani Suraksha Yojana(JSY)

For further reading ..

District Level Steering Committee

- President of District Panchayat
- Mayor
- District Collector
- District Medical Officer(Health)
- Superintendent of Police
- District Programme Manager (NRHM)
- Deputy Director, Education
- Deputy Director, Panchayat
- District Social Welfare Officer
- District Information Officer

Chairperson	:	District Panchayat President
Co -chairperson	:	District Collector
Convenor	:	District Medical Officer (Health)

District Level Executive Committee

- District Medical Officer (Health)
- District Programme Manager (NRHM)
- District Officer(RCH)
- District Mass Media Officer
- MCHO/DPHN
- Technical Assistant (Grade 1)
- DDE (Sarva Siksha Abhiyan)
- Principal, DIET

Chairperson: District Medical Officer (Health)
 Convenor: District Programme Manager (NRHM)

Meetings

- District Steering Committee should meet twice a year
- District Executive Committee should meet whenever necessary

Block/Municipal Level Committee

- President, Block Panchayat/Chairperson, Municipality
- Chairperson, Welfare Standing Committee
- Medical Officer – Block PHC
- Medical Officer in charge of school health in PHC/CHC
- Assistant Education Officer
- Child Development Project Officer
- HS, LHS
- BRC Co-ordinator

Chairperson : Block Panchayat President/Municipal
Chairperson

Convenor : Medical Officer

Committee should meet once in 4 months

School Level Committee

- President, Grama Panchayat
- Chairperson, Welfare standing committee
- Ward Member
- Medical Officer, PHC
- Head Master/Principal
- President, PTA
- Teacher in Physical Education (In charge of School Health Programme)
- Health Club Leader
- HI/LHI/JPHN/JHI/ASHA
- ICDS Supervisor, ICDS Counsellor
- JPHN(SH)

Chairperson: President, Grama Panchayat
 Convenor: Principal

School Health Team

The School Health Team is constituted under the leadership of the Medical Officer of the Primary Health Centre, Community Health Centre or Taluk Hospital near the school. Following are the members of School Health Team

HealthSupervisor	Block Health Co-ordinator
Lady Health Supervisor	Ophthalmic Assistant
Health Inspector	Teacher in Charge
Lady Health Inspector	ASHA/AWW
Junior Health Inspector	Dental Assistant
Junior Public Health Nurse	Fitness co-ordinator





Education of Children

Chapter

5

Importance and Objectives

Education is one of the basic factors of the social development process. Education enables individuals to cultivate knowledge, attitudes and skills necessary for creating a sustainable democratic society.

The perspectives of the world society about education as a means for social and individual development are relevant in our own background. The collective rising against the inequalities in communities has influenced progress in education more than anything else. Human survival, development of production forces, universal outlook, critical thinking etc were the objectives of the struggle to build a democratic education system. The Education Commission of UNESCO realized the need of the concept of a “learning society” in the 21st century on the basis of the changes that took place in different aspects of society in the 20th century. Even the whole life of a person is inadequate to learn the continuous changes in all aspects of life.

Acquiring knowledge is not the only aim of education. Modern education aims at creating a generation committed to work for the comprehensive development of the self and society. Childhood is the preface to the book of life. It is the strength of childhood that lends support to an individual till the end of his life. Character, behavior and habits are also formed in the early ages. So education aims at the identification, encouragement and cultivation of the abilities of children and enabling them to acquire new abilities. Along with acquisition of knowledge, education tries to develop personality, values, morality, civic and social consciousness.

Present Status

One out of six of the total population of Kerala is a school student. 98% of children between 6-11 study in primary schools. Only Scheduled Tribe children in remote areas and physically or mentally challenged children keep



away from schools. Kerala has the best educational system in India. But it cannot claim that the standard of education, emotional development, civic and social sense of the students are the highest. Education aims at developing individuals for better social life. Can we say

that our education system is moving in this direction? Have we created individuals whose thoughts are confined to themselves and their family, who degrade to any low level in the competition to succeed, who have given up social values and sense and alienated themselves from their culture, tradition and identity? Does the education system have a role in creating social evils such as corruption, nepotism, murders, suicides, increasing unemployment, contempt to manual work, commercialization and insecurity of women?

Though Kerala is far ahead of other States in respect of infrastructure and standard of education, the flash statistics of District Information System for Education 2006-07 reveals that 3365 schools do not have good buildings. Only 67% of schools have good class rooms. 2314 schools do not have

common toilets, 4020 schools do not have compound walls and 6944 schools do not have kitchen. There are class rooms in which up to 60 students sit together in a crowd. There are students who do not take proper breakfast because of poverty and shortage of times. Studies show that obesity and diabetes are increasing among school children. Most of the children experience stress because of pressure from teachers and parents to improve academic performance. How can these children lead a healthy life and achieve success when they are deprived of their childhood amidst home work, school bus journey and strict discipline that deny play and enjoyment?

Right to Education

The Constitution assures free and universal education to all. Right to Education Act envisages equal responsibility to LSGIs along with Central and State Governments. As per Kerala Education Act and Rules the Local Government also give leadership to educational institutions.

Responsibilities of Local Governments

1. Provide infrastructure facilities to schools – construction of class rooms, office room, compound wall, toilet, play ground etc. Set up library, computers and furniture
2. Formulate projects with the help of other agencies according to the guidelines issued by Government to improve the standard of education make noon feeding effective by providing necessary infrastructure.

Existing System

Several agencies, programmes and schemes are available for making education time bound and qualitative.

1. Sarva Siksha Abhiyan
2. Madhyamik Siksha Abhiyan (RMSA)

3. National Rural Health Mission (NRHM)
4. Total Sanitation Campaign
5. Integrated Child Development Services
6. School Health Programme
7. Project utilising MLA's local development fund
8. Project utilising MP's local development fund
9. Projects utilising fund of Local Governments
10. Mahatma Gandhi National Rural Employment Guarantee Scheme
11. District Institute for Education and Training
12. Civil Society including voluntary organizations
13. Parent Teacher Association
14. Mother PTA

Problems and Challenges

There is still shortage of infrastructural facilities in many schools even though the school atmosphere is very important. The rapid physical and mental development of a person takes place during childhood and adolescence. During this age the major part of the waking time of a child is spent in school, approximately 6 hours a day. When the body is fully awake a child reaches school. She/He learns, plays and eats there until it is time to go home. The environment of many schools in which children spend most of their time is unhealthy. Dark, dusty, stenchy and unhygienic surroundings should be avoided as this will adversely affect their interest in education. They fall victims to illness and undesirable lifestyles. Learning and performance will deteriorate. The tendency to drop out will increase.

Attractive uniform, size of school building and fees and number of buses should not be the considerations for selecting school. Instead, healthy environment, child friendliness of learning system, hygienic toilets and opportunities for physical activities and recreation should be taken into consideration.

Format Exercise-Problem Analysis

Problem Analysis Table					
Sector	Problem	Causes	Remedies	Remedy through ongoing schemes	Problems that require new schemes
Pre - Primary					
Lower Primary					
Upper primary					
High School					
Higher Secondary					

School building, class room, playground, games and exercises, learning time, school bag, toilet, feeding, dining space, drinking water, school bus, punishment system, value education, health education, health card, role of teachers and other activities must be meticulously evaluated to improve the education system.

The health standard of a school can be assessed through a School Health Survey. Survey form is given as item no. 1 in the Annexure to this chapter.

By analysing the problems and challenges we can identify the areas of interventions by Local Governments. Based on that the perspective and approach of a Comprehensive Education Programme can be formulated.

Comprehensive Education – Perspective and Approach

The responsibility of improving the standard of education of schools within a Local Government lies with the Local Government itself. Quality of education depends on many factors. The core of comprehensive education consists of the perspective and approach that enrich the factors identified through the analysis of problems. The factors that we create anew, the strengths of existing factors and favourable environment for creating sustainability should be made a part of the policy. The increasing pass percentage in Secondary, Higher Secondary and Vocational Higher Secondary School Examinations is a result of the integrated interventions of Local Governments.

At the same time there is the need to develop certain new perspectives and approaches. Some of them are detailed below:

Student Friendly School

Student friendly school is not a novel idea. The idea has not yet become popular in our country. Health promoting schools and their network are functional in America, Europe and Latin America. The World Health Organization started global school health programmes in 1995. According to WHO a health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working.



Health School

As Higher Secondary courses became part of schools, health problems have

increased. The health environment of common schools in which the largest section of students study continues to be miserable. The number of schools having sanitary toilets is very few even today.

Can we expect to raise the standard of education by setting school time that does not give children adequate time to take breakfast or lunch? Schools must become health schools that do not permit other teachers to engage drill hours that must have well ventilated class rooms, play grounds, clean toilets, promote value education and social manners, having the right teacher – student proportion, teaching and promoting healthy habits and devoid of corporal punishment. Health school must:

- Work for facilitating the health and learning standard of students.
- Make school environment healthy with the participation of teachers, health workers, students, parents and elected representatives.
- Conduct health education and service programmes inside and outside schools.
- Prepare schemes for health promotion, nutrition and food security
- Provide opportunities for physical exercise, counselling, mental health development and recreation.

Healthy School

“The south wind blows in the stench of school toilet, the north wind blows in the foul smell of the decaying waste from kitchen. When the wind does not blow the classroom gets hot. In between there is the 'a+b' and threatening look of the teacher. What can a student do in such an environment? Listen to the teacher or cover the nose to escape the stench?”

Even the parents, who dream of their children becoming doctors, engineers or professionals in future are blind to the woes of their children. They become worried only when their wards are laid up with illness or do not perform well in examinations. The school authorities think of prolonging the teaching hours even by reducing lunch time with a view to increase the pass percentage.

Generally people believe that school students are healthy. But studies show that almost half of them suffer from anaemia, under nutrition, worm or germ infestation, dental problems, eye problems or learning problems. Healthy learning environment plays a critical role in the health and learning standard of students. The responsibility of school must not be limited to teaching, conducting examinations and publishing results. It must also include moulding children into healthy and cultured citizens.

Health and education are the rights of children. Every child is entitled to a good start in life. The learning environment of school must be changed to suit the purpose.

Facilities of a Model School

School Building

Schools are institutions dedicated to learning and teaching. Students should feel that a school is a second home that provides them health, knowledge and pleasure. We must bear this in mind when designing school building. As most of the school time of a child is spent inside the building, special attention must be given to create healthy atmosphere in it. The Kerala Education Act and Rules give clear directions regarding the location and design of school building. According to Kerala Educational Acts and Rules (KEA and R) a school should be situated in an elevated place that is easily accessible. Healthy environment and availability of drinking water must be ensured. Marshes, noisy and crowded places, factory and canal premises must be avoided. LP and UP schools must have a minimum of 0.4 to 0.8 hectares of land and H.S and H.S.S must have minimum of 1.2 to 2 hectares. Schools must not be located near cemeteries or meat stalls. They must be 50 meters away from schools. A compound wall of minimum 6 meters height should be built to block outside view from students. Liquor shops should not be opened within 183 meters of school building. Verandah is compulsory. In the case of mixed schools there should be separate waiting room for girls. Floor should be washable. Roof

must either block or reduce heat. A school building consists of class rooms, Head Master's room, space for taking lunch, teachers' room, library, laboratories, computer room, craft room, drill shed and kitchen.

Class Room

Class rooms are said to be thresholds to the world. So the thresholds should not be disgusting to children. Crowded, dark and hot class rooms not only affect education standard but also create health problems. KEA and R specifies that a class room should have adequate area to provide 8 square feet of floor area and atmosphere to each student. It means that a class



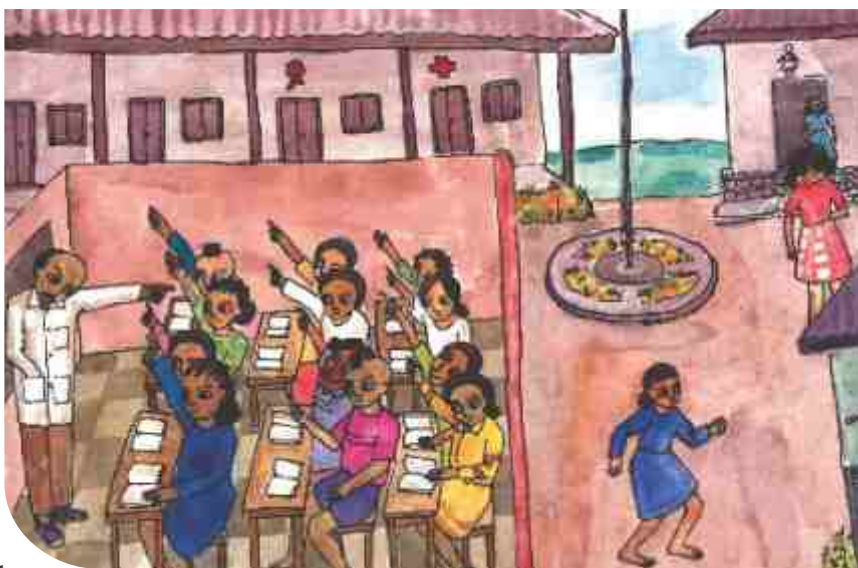
room in an L.P. School must have 6x6x3.7 size in addition to 1.5 meter wide varandah CBSE suggests an area of 500 square feet for a class room.

Neatness, ventilation and light are as important as the size of class room. Otherwise it may create problems like viral infection, foul smell or difficulty in reading that hinders learning. The problems can be solved by fixing doors, windows and ventilation as necessary. Each class room should have uniform windows not below one fifth of the carpet area of the room. They should be installed at 1.22 meters height from the floor. They should be installed in such a way that the main source of light is from the north. The door of class room should open to the varandah and not to another class room. A class room needs only two doors and one of them should be near the teacher. Or the class should be arranged in such a way that the teacher's position is near the

door. There should be at least one ventilator for a class room. Class room should be separated by wall of 2.4 meters height or partitions. The walls of class rooms should be neat without any marks on them.

Play ground

“We do not get time to play after completing study requirements” say the children. “Do not waste your time for play” say the parents. “If there is no scope for play why should there be play ground” think the school



authorities. The weekly one drill period is now encroached by other teachers. Most of the teachers and parents believe that playing is not desirable for children. The role of physical exercise and games in developing the physical, mental and learning faculty of children has been proved beyond doubt. Playground is a primary requirement for it. KEA and R insists on garden and playground in every school. The playground used for games and athletics must have fence or compound wall around it. Playground must be plain and devoid of bush. There must be a garden of trees and flowering plants for children to rest during leisure time.

Games and Exercise

In a model health school daily physical exercise is compulsory to all students. It will help students to retain interest in physical exercise throughout their life.

It is in adults who have not got any physical training in their childhood that obesity, diabetes, high blood pressure, heart diseases, certain types of cancer and premature death are widely seen. Physical exercises help not only to resist physical violence and control body weight but also to enhance body health, fitness, discipline, confidence, leadership, self defence, knowledge, stamina, dynamism, good relationship and mental health. A correct, unified and balanced curriculum consists of exercises, games and fitness practises. It also requires qualified physical education teachers. Physical education training can also be utilized to sensitise students about the dangers of liquor, substance use and smoking.



KEA and R Reforms Committee has recommended ensuring regular regimented physical exercise in open air to all students and compulsory participation of all teachers below 45 years to make mass physical training dynamic. It also recommends to allocate at least 5 periods a week for physical training and to encourage traditional games like Khokho, Kabadi and dance, yoga and aerobics. The report says that the aim of physical education should be to nurture the students to such a state that they are able to enjoy physical exercises. It also recommends construction of separate tracks for walking and cycling.

School bag

'Heavy school bags cause health problems in children' is not new information. Even then we are not ready to implement strictly the High Court judgment and direction of Human Rights Commission regarding this matter. Indian



exceed one fifth of the weight of the child. Otherwise it will damage the spinal cord and physical condition of the child. A nursery child carrying a 4 kg school bag is just like an adult carrying a cement bag. The High Court ordered to reduce the weight of school bag in 2004. Later considering a complaint received by the Human rights Commission, an expert committee was appointed to submit recommendations regarding reduction of weight of school bag. The committee recommended to reduce the weight of school bag to below one kilogram. Other recommendations are:

1. Text books must be term wise
2. Combine all study materials relating to a term into a single text book
3. Use A4 size paper instead of notebooks and keep the filed papers at home
4. Provide quality drinking water in school to avoid children carrying it from home.

Inspite of the directions and court orders our children continue to carry heavy school bags

Toilet

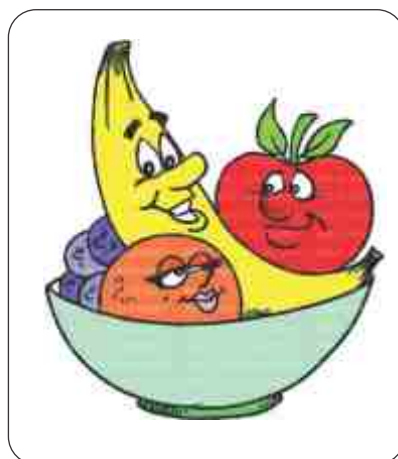
Statistics reveal that more than two thousand schools in Kerala do not have toilets even now. KEA &R insists separate toilets for boys, girls and teachers in schools. They should have privacy and cleanliness and should be at least 12 meters away from school building. Besides they should not be built in the direction of wind. Water and soap should be provided in toilets. There should also be adequate number of latrines. Schools should also see to it that girl friendly toilets are available for the



use of girls. All these are essential to make school environment healthy.

School Food

The noon feeding programme of India is the largest school feeding programme in the world. The programme guarantees 450/700 calories, 12-20 gms of protein and micronutrients (iron, folic acid, vitamin A) to all primary and upper primary students. Each student at primary and upper primary level is provided with 100/150 gms of food grains. But food is cooked in unhygienic conditions in many schools.



Locally available vegetables, leafy vegetables, fruits, cereals etc can be used to make the meals nutritious and to avoid getting fed up with the same items. It is the right of children and we should have human consideration to our children. The Local Governments can take steps to encourage vegetable garden and nutrition garden in schools. We have to make drastic changes in the noon feeding programme considering the findings of the National Family Health Survey that people of Kerala take least quantity of vegetables in India and anaemia and hypoglycemia are prevalent among children. The Local Governments must try to ensure the nutrition standard of noon meals at school and prevent the sale of unhealthy food items in shops near schools.

Drinking Water

There are schools that do not have drinking water in Kerala even now. The Flash Statistics of District Information System for Education 2006-07 shows that only a very small percentage of schools in Kerala do not have drinking water facility. But the falsity of the claim is understood when we realise that in a school availability of drinking water means that the school has a well.

To have a well in school is not enough. It is the responsibility of the school to make available quality drinking water and to ensure that children take sufficient quantity of water. To maintain the fluid level of the body and good health water is essential. Water is a drink without calorie. So use of water should be encouraged in place of other beverages with high calorie. If drinking water is made available at school the weight of school bag can be reduced. The drinking water facilities must be maintained neatly and care should be taken to prevent pollution of water.

School Bus

Old school buses cause accidents. Buses in good condition and the service of efficient and experienced drivers must be used to transport students. The number of seats must be in proportion to the number of passengers. First aid box and fire safety devices must be kept in the bus. Speed limit should not exceed 40 kms per hour. No one else except students must be permitted to travel in school bus.



Value Education

KEA and R focuses the importance of value education. Every school must have its own programme for value education. The programme should aim at helping children to grow up into good citizen and social beings with good manners. The objective of the programme is to nurture values like honesty, non violence, courage, self control, selflessness, piety, kindness to animals, sympathy to the poor, humility, patriotism, optimism, respecting national flag, discipline, punctuality, singing national anthem and achieving intellectual height. At the same time teachers should try to be role models.

Health Education

Children are agents of change. Schools can play a very important role in creating awareness about healthy life styles and hygienic practices. Students can influence the decisions taken by parents, friends and society. By sensitising students about treatment a number of future diseases can be prevented and a healthy generation can be cultivated. This can be made more effective if health is made a part of the syllabus. Fast food, unhealthy diet, alcohol, drugs and smoking can be resisted in this way. Sale and use of alcohol, drugs and tobacco can be prohibited near schools (Zero Zone)

Health Card

Medical checkup of all students must be done at least once a year. Vision, hearing, physical and mental growth and haemoglobin should be checked constantly. There must be a system to maintain a complete health card of each student at school containing information about name, address, blood group, hereditary diseases, height, weight, illness, medicines taken, disabilities and vaccination details. Specimen Health Card is given as annexure 2, at the end of this chapter.

Other Activities

Cultural programmes for the physical and mental development of children, music lessons, excursion, NCC, NSS, Scouts and School Parliament are special features of a model health school. Environmental sanitation is as important as personal hygiene. Observances like sanitation week not only make school atmosphere more healthy but also inculcate service mindedness in children. Students should be encouraged to wear uniform made of cotton cloth that suits the weather of the place. Teachers should take care to conduct school assembly in the shade.

Comprehensive Education Programme

Comprehensive Education Programme has to be formulated considering the perspectives and approaches mentioned earlier. We must be able to inject new vitality in the school education system through such a Comprehensive Education Programme. We have to address three basic issues here.

1. Optimum utilization of existing system
2. Improving infrastructure
3. Enhancing quality

These issues should form the foundations of the Comprehensive Education programme of Local Governments. We have to achieve the objectives relating to each issue. In addition to that we have to sustain the achievements made so far. So a Monitoring and Evaluation System should be made an integral part of the programme so that the achievements made so far are sustained. It must also be ensured that all components of the programme are mentioned regularly.

Possibilities of Convergence and Integration

The first step is to identify the needs and problems of Local Governments as mentioned earlier. The next step is to study the ongoing schemes and programmes to satisfy the needs and address the problems. Local Governments have the responsibility to integrate the intervention by different agencies and department to achieve the objectives.

1. Utilization of SSA Fund

Sarva Siksha Abhiyan is a centrally sponsored scheme. The scheme is implemented following the norms fixed by the Central Government. Local Governments should allot the amount fixed by the State Government from time to time in proportion to the amount sanctioned by the Central Government. Following are the activities that can be

included in SSA.

1. Training of teachers
2. Monthly meeting of teacher
3. Projects for infrastructure development
4. Projects for backward students
5. Special programmes for the mentally and physically challenged
6. Special grant for teachers and schools
7. Distribution of free text books

2. Non Road Maintenance Fund

This fund is granted to Local Governments by the State Government annually through budget allotment. The Government Order mentions that the fund should be spent mainly for educational institutions. The fund can be utilized for the following

1. Repair of school building
2. Construction of compound wall
3. Construction of toilet, store room and kitchen
4. Purchase and repair of furniture
5. School electrification
6. Library development
7. Purchase of laboratory materials including computer

3. Total Sanitation programme

This Centrally sponsored programme can be utilized for the construction of school toilets, solid - liquid waste management and school health programmes.

4. Mahatma Gandhi National Rural Employment Guarantee Scheme

Under this scheme implemented through the Panchayats, construction of play ground, soil conservation measures, afforestation and

vegetable garden can be taken up.

5. M.P, MLA Fund

These funds can be utilized to improve infrastructure of educational institutions as suggested by the MP or MLA

6. National Rural Health Mission

Programmes connected with the health education of children can be included in this scheme.

7. Scheme for the Physically and Mentally Challenged

As per the Kerala Education Act students suffering from motor disabilities can be admitted to schools and blind and deaf students can be admitted to special schools. Government Schools can appoint Resource Teachers under Integrated Education for Disabled Children Scheme to teach such children

8. SCP/TSP Funds

The SCP/TSP funds allotted to Local Governments can be utilized to address the problems of backwardness of students of that category. It can also be used for the efficient functioning of Pre-matric hostels and Model Residential Schools.

Child Friendly Infrastructure

1	Lack of barrier free infrastructure	Ramp, Open doors, handrails etc.
2	Toilets	<ul style="list-style-type: none"> • Proportionate number • Girls friendly toilets • Barrier free toilets for the disabled • Baby friendly toilets for babies • Facilities for teachers
3	Drinking Water	Facility for washing hands and dishes

4	Kitchen and store room	<ul style="list-style-type: none"> • Hygienic kitchen • Secure store room • Gas Stove • Solar water heater • Bio gas stove
5	Washing hands	Facility for washing hands and dishes
6	Sewage	Use sewage water from kitchen and washing place to water plants and nutrition garden
7	Rain water harvesting	Potable drinking water
8	Napkin vending machine	<ul style="list-style-type: none"> • Facility for disposal of napkins used by girls • Availability of napkins
9	School garden	Provision for cultivating plants, trees and vegetables
10	Healthy class rooms	Good ventilation and proper lighting
11	School electrical fittings	Two tube lights and fans each in all class rooms
12	Teaching materials	Black board, White board
13	School Resource Room	Latest audio visual aids, computers
14	Play ground	Safe play ground and child friendly sports and games facilities

Participation of Local Governments

1. Village – Municipal Level Education Committee
2. School Resource Group

In the context of Kerala school education can be easily decentralized. The large size of Panchayat and large population size make it a sustainable unit of administration. In the case of any Panchayat, educational institutions consisting of Anganwadis and schools constitute the majority of institutions under it. The earlier and ongoing educational programmes provide ample proof to the fact that the most suitable unit for formulating comprehensive education programme is the Grama Panchayat.

Participation of people is essential at all levels of educational interventions. It is to ensure people's participation that certain functions, institutions and schemes are transferred to three tier Panchayats by the Constitutional Amendment and Panchayati Raj Act.

Sreekaryam Grama Panchayat

Learning House and Teachers Bank are two innovative projects implemented by Sreekaryam Grama Panchayat, Thiruvananthapuram district for giving special attention to students of Government schools with a view to enhance

Learning House ('Padana Veedu')

It is a scheme to bring together children from economically and educationally backward families and give them special coaching in one house. Efficient teachers give them free coaching from 4 to 7 p.m. Panchayat provides the children free refreshments

Teachers' Bank

The Grama Panchayat implemented this scheme to solve the problem of shortage of teachers in schools. When vacancies of teachers arise or when teachers take leave the service of teachers from the Bank is provided to schools. In the beginning of the academic year the Panchayat conducts an interview and prepares a panel of teachers. When vacancies arise the Panchayat appoints teachers and pays their salary from its own fund.

Along with academic activities a number of other activities requiring the attention of the community are going on in schools. Examples are various activities connected with SSA, noon feeding, book distribution, scholarships, financial assistance and special facilities for physically and mentally challenged students. Such activities can be successfully carried out only by continuous evaluation and strong support of the community. They cannot be implemented effectively with the limited support of Education department. It

needs the assistance and strong support of Local Governments as well.

According to the Education Policy of the State Government, it is the Local Governments that should give leadership to the education activities at grassroot level.



Responsibilities of Local Governments

1. Infrastructure development of schools – Construction of class rooms, office room, compound wall, toilet and play ground, setting up library and laboratory, providing necessary furniture
2. Formulate plans to raise the standard of education with the support of other agencies subject to the guidelines of the Government
3. Make noon feeding efficient by providing necessary infrastructure facilities.

Agencies to support Local Governments in education sector

1. Sarva Siksha Abhiyan
2. Rashtriya Madhyamic Siksha Abhiyan
3. District Institute for Education and Training
4. Civil society including voluntary organizations.

The details of educational institutions transferred to Panchayats and the powers of Panchayat on such institutions are given in the following table.

Local Government	Transferred Institutions	Transferred Officials
Grama Panchayat	Govt. LP, UP Schools	Head Master and teachers

Block Panchayat	Industrial Training Centers	Transferred Officials
District Panchayat	High schools of the District (Except those in Municipalities), Vocational Higher Secondary Schools, Higher Secondary Schools (Including LP, UP attached to them), District Institute for Education and Training. TTIs, PPTTIs, Special Schools	Principal, Head Master, Teachers, Non teaching staff, District Education Deputy Director, District Education Officer, Assistant Education Officer, Officials of the institutions

Ensuring People's participation

Collective effort of teachers and community is essential for the formulation, implementation and monitoring of Comprehensive Education Plan. We have to find new ways to increase people's participation in education.

After providing drinking water and toilet facilities to all Government schools, Panchayat can utilize development fund to provide the same facilities to aided schools. Panchayat should also meet the expenditure towards building rent, phone charge, electricity charge, water charge, stationary expense and postage charge of Government schools from General Purpose Fund. Some suggestions to enhance people's participation in education are given below.

Making PTA Functions Effective

Parent Teacher Association consists of well wishers of schools, namely parents and teachers. The Association should meet at least once a month. All functions including financial management should be carried out in a transparent manner. Important activities are:

1. Activate Class PTA – CPTA is a forum where students, teachers and parents sit together and discuss each student individually
2. Mother PTA – MPTA is a means to create a bond between the school and home.
3. School Supporting Group- A forum that seeks the support of local people who are not parents
4. Utilizing local knowledge- School can make use of the service of local experts in different fields. eg: Artists, Painters and Craftsmen
5. Bond with community and cultural organizations – Bond may be created with Reading Rooms, Libraries, Clubs and other cultural organizations.
6. Interface with Government and semi Government Institutions. Interface may be established with Hospital, Police Station, Agriculture Office, Veterinary Hospital, Village Office and other institutions
7. Making infrastructure facilities of school available for public use – By making school infrastructure facilities available for public use a feeling of ownership can be created in the local people. The Panchayat council and Standing Committees have an important role in ensuring people's participation in school activities.
8. School Vigilance Committee - School Vigilance Committee must be constituted to prevent atrocities against children and exploitation of children and to protect their rights.
9. Install Complaint Suggestion Box and take action on all complaints and suggestions.

Sources of fund for Physical Development Programme

1. Assistance from Sports Council
2. Assistance from agencies working in the field of athletics, games etc.
3. Plan Fund, Public contribution
4. Assistance from MGNREGS to construct playground Local Governments can take up the construction of school playground and social afforestation under the MGNREGS

Cultural Development Programme

1. Writing Local History

Local history can be written to make people aware of the changes that have occurred in local social life and the difference between the past and present.

2. Social, Educational and Cultural Programmes

Improving the functions of Reading Rooms, Libraries and Cultural Centres through the following activities:

1. Reading corner for women
2. Reading corner for children
3. Mobile library
4. Encouraging indigenous arts
5. Organising seminars, debates, film exhibitions etc.

3. Panchayat Library Complex

One of the libraries of the Panchayat may be selected to house the Panchayat Library Complex that collects and consolidates universal knowledge and information and documents local history and traditional knowledge.

4. Arts and Literary Activities and Competitions

Identify children and youth with artistic and literary talents in the Panchayat and impart training and encourage them.

Organisational Structure

Committees are constituted at different levels to lead the cultural, artistic and sports activities at each level. The President of District, Block and Grama Panchayat is the chairperson of the Committee at the respective level. In the Panchayat wards where continuing Literacy Centres are located special committees are constituted at ward level and the elected member of the ward is the chairperson of the committee.

LEAP Centres

- One centre in a Panchayat. Two centers in big Panchayats based on population
- Special Centers in Scheduled Tribe, Scheduled Caste, Coastal and Minority areas.
- One Promoter and Assistant each in a centre
- Only LEAP promoters in Special Centers
- Minimum Rs. 1400/- monthly honorarium for Promoter and Rs. 1200/- for Assistant
- Monthly Travel Allowance of Rs. 100/- for Promoter
- Block Co-ordinator at Block level gets Rs. 1900/- as monthly honorarium and Rs. 500/- as TA

The powers and responsibilities given to Local Governments must be utilized to improve the functioning of institutions and deliberate attempt is necessary to make available the provisions of Education Rights Act in true sense to all children.

Monitoring

The core committee of Local Government should meet monthly and monitor the programmes. The Working Groups for Education, Health, Sanitation, Scheduled Caste, Scheduled Tribe and Agriculture should meet fortnightly and monitor projects in the respective development sector. School PTA should evaluate the activities of the school. The Standing Committee for Health and Education should ensure that all the activities mentioned above are implemented according to schedule.

Panchayat president, members of Standing Committees and Working Groups and the public can evaluate the progress of Comprehensive Child Development Programme based on the sample indicators given below.

Education

1. Timely enrollment of children in schools
2. Own building for all Anganwadis
3. Child friendly toilets
4. Playground and toys
5. Clean drinking water
6. Sanitary kitchen and utensils
7. Toilets with minimum standards
8. Admitting children of migrants in Anganwadis
9. Basic infrastructure facilities
10. Green enterprises in school

For further reading ..

Education

School Health Sanitation Programme School Sanitation Survey – Check list

In order to assess the physical conditions and suggest remedies a Sanitary Survey should be conducted using the following Check List. The class level survey may be conducted by school level Health and Sanitation Club. Copies of survey forms may be taken locally based on the number of classrooms. Each statement should be subjected to careful scrutiny and given scores : Very Good -5, Good- 4, Average - 3, Not good - 2, Poor -1. Then the sanitation standard of the school may be assessed and ranked.

A. Class rooms		
1	Food waste is not scattered in our classrooms	<input type="checkbox"/>
2	Litter is not scattered in our class rooms	<input type="checkbox"/>
3	Birdlime or other excreta is not scattered in our class room	<input type="checkbox"/>
4	There is no cobweb or dust in our class room	<input type="checkbox"/>
5	There is dustbin in our class room	<input type="checkbox"/>
6	The dust bin/ dustbins in our class room are usable	<input type="checkbox"/>
7	Our class rooms are clean	<input type="checkbox"/>
8	Our class rooms are safe and leak proof	<input type="checkbox"/>

B. Latrines and Toilets

1	There are separate usable latrines for boys and girls in our school	<input type="checkbox"/>
2	There are separate usable toilets for girls and boys in our school	<input type="checkbox"/>
3	The latrines and toilets of our school are kept clean	<input type="checkbox"/>
4	There are usable girl friendly toilet/toilets for senior girls in our school	<input type="checkbox"/>
5	Soap is provided for washing hands in our school	<input type="checkbox"/>
6	There is no foul smell in and near the toilets and latrines of our school	<input type="checkbox"/>
7	Sufficient water is available in the toilets of our school	<input type="checkbox"/>
8	The closets of latrines of our school are clean	<input type="checkbox"/>
9	The soak pits/septic tanks that collect the dirty water from the latrines and toilets of our school are clean and safe	<input type="checkbox"/>

C. Water Source

1	Our school has own water source	<input type="checkbox"/>
2	The well of our school is sanitary well	<input type="checkbox"/>

3	The water from our school's open well/bore well is potable	<input type="checkbox"/>
4	Our school well is chlorinated monthly/weekly	<input type="checkbox"/>
5	There is provision for rainwater recharge in our school well	<input type="checkbox"/>
6	Drinking water is available throughout the year in our school	<input type="checkbox"/>
7	Boiled drinking water is available in our school	<input type="checkbox"/>
8	There is no pool of dirty water near the water resources of our school	<input type="checkbox"/>
9	There is provision for draining stagnant water away from the water sources of our school	<input type="checkbox"/>
10	The surroundings of water sources of our school are clean	<input type="checkbox"/>

D. School Kitchen or Kanjipura

1	The kitchen of our school is clean	<input type="checkbox"/>
2	There is a system for safe storage of food items in our school	<input type="checkbox"/>
3	Smoke does not linger in the school kitchen or the surroundings of our school	<input type="checkbox"/>
4	The vessels used in the school kitchen of our school are clean	<input type="checkbox"/>

5	The cooked food is kept covered in our school	<input type="checkbox"/>
6	The vessels of our school are cleaned daily	<input type="checkbox"/>
7	The place where we take food is kept clean in our school	<input type="checkbox"/>
8	Remains of food are not scattered in or around our school	<input type="checkbox"/>
9	There is no pool of dirty water near the kitchen in our school	<input type="checkbox"/>
10	Flies are not seen in and around the kitchen in our school.	<input type="checkbox"/>
11	Soak pits is constructed to collect sewage water from the kitchen and surroundings of our school	<input type="checkbox"/>
12	Hot drinking water is available for students at lunch time in our school	<input type="checkbox"/>

E. School Premises

1	Our school has compound wall	<input type="checkbox"/>
2	Trees are planted in the school premises	<input type="checkbox"/>
3	There is no grass or bush in the premises of our school	<input type="checkbox"/>
4	Solid waste is not scattered in the premises of our school	<input type="checkbox"/>

5	Plastic waste is not scattered in the premises of our school	<input type="checkbox"/>
6	There is provision for bio waste management in our school	<input type="checkbox"/>
7	There is a good vegetable garden in our school	<input type="checkbox"/>
8	There is a good herbarium in our school	<input type="checkbox"/>
9	The compost made in our school is used in the vegetable garden / herbarium	<input type="checkbox"/>
10	Disposable glass or plastic containers are not used in any programmes in the premises of our school.	<input type="checkbox"/>

There are 50 statements to assess sanitation. The maximum score that can be obtained by a school is 250. The following table shows the scores for fixing the grade of a school in respect of health standard.

Position	Standard
A Grade	200 to 250
B Grade	150 to 199
C Grade	100 to 149
D Grade	50 to 99
E Grade	Below 49

Item No. 2 Health Card



LKG – Ist Std

4th Std

7th Std

10th Std

12th Std

School TC & Health Card Minus 2 to Plus 2

“Children's Health, Nation's Wealth”

Name of Student:.....

ID Number:

Permanent Address:.....

.....

.....

Sl No	Name of School and Year	Standard	Grama Panchayat/ Municipality/Corporation	District

Personal Details

(To be filled by the class Teacher)

Name :

Name of Mother :

Educational qualification of mother
(from School Application form) :

Occupation of mother :

Name of Father :

Educational qualification of father :

Occupation of father :

Local guardian :

Address :

Change in Address :

Phone Number (House) :

Identification marks :

1.

2.

Section in which student is admitted: 1.Pre-primary 2. Lower Primary
3.Upper Primary 4. High School
5.Vocational Higher Secondary

Sex : Male / Female

Date of Birth : Date Month Year

Blood Group :

If any allergy is detected
give details :

Does any one in the family suffer from the disease?

1. Diabetes 2. Blood Pressure
3. Leprosy 4. Tuberculosis
5. Skin disease 6. Cancer
7. Other diseases

Below 10 years

(To be filled in consultation with mother or parent)

Name :
 School Address :
 Class and division :
 Weight at birth :
 Duration of breast feeding :
 Number of attack of diarrhoea
 in the pervious month :
 Number of respiratory infection
 in the previous month :
 Single child or not : Yes No
 Disabilites at birth (Which type?) :
 Physical disabilities (Which type?) :
 Hereditary diseases (Give details) :

Early History

(To be filled in consultation with parents/ guardian)
 Developmental Milestones

Developmental Stages	Expected age	Age when started
Infancy		
Smiling	2 months	
Holding of head	4 months	
Sitting	8 months	
Walking	12 months	
Toddlng		
Recognizing parts of body/pictures/objects	16 months	
Speech (Vocabulary of 10-20 words)	20 months	
Listening to simple directions	22 months	
Points at parts of body / pictures/objects. Combines words	27 months	

National Immunisation Schedule

(To be filled in consultation with the parents or guardian)

Vaccine	Prescribed	Actual time
BCG & OPV 'O' dose	At birth	
DPT1, OPV.1, Hepatitis B – First dose	6 weeks	
DPT 2 OPV.2, Hepatitis B – Second dose	10 weeks	
DPT 3, OPV 3, Hepatitis B – Third dose	14 weeks	
Mumphs, Vitamin A – First dose	9 months	
MMR	15 months	
OPV, DPT – First booster, Vitamin A – Second dose	18 months	
Continue Vitamin A dose every six months till the child is 5 years old		
DP Booster, OPV, Vitamin A – 9 th dose	5-6 years	
T.T – First dose	10 years	
T.T – Second dose	16 years	
Rubella (for girls)	10-16 years	
H influenza B – First dose		
H Influenza B – Second dose		
H Influenza B – Third dose		
Chicken pox		

Administer a dose of OPV on Pulse Polio days

**Nursery Evaluation Scale, Thiruvananthapuram (NEST) Abstract
Child Development Centre, Thiruvananthapuram, Kerala
Eligibility for Admission to Standard 1 – Evaluation
(To be filled in the case of LKG, UKG students)**

Activities to be performed by children	Put ✓ mark for activity performed		
	4 years	5 years	6 years
A.Large Muscle Development			
1. Take 5 steps in a straight line			
2. Stand on one leg for 10 seconds			
3. Jump over rope fixed at 20 c.m height			
4. Hold a ball in one hand			
B.Small Muscle Development			
5. Give colour to shapes □ ? ○			
6. Cut along a figure drawn on paper			
7. Copy the figure of diamond ◇			
8. Copy the figure of □ ? ○			
9. Write alphabets A, F, E			
10. String 10 beads in a minute			
C.Cognitive Development			
11. Take a certain number of things (Eg: 5)			
12. Make pyramid using 10 blocks			
13. Arrange things according to length and width			
14. Arrange numbers in order from 1 to 10			
15. Tell the position of things			
16. Find the way in a figure drawn on paper			
17. Name the days of week in order			
18. Read 10 words			
D.Socialisation			
19. Do and undo the buttons of own dress			
20. Wash hand and mouth after taking food oneself			
21. Expressive Language			
22. Say the use of three organs of human body			
23. Say what things are made of			
F.Receptive Language			
24. Perform two instructions that are not related			
25. Point out the defects of a picture			
26. Join two parts of a picture into one			

Screening Medical Camp (Upto 10 Years)
Health check of children below 10 years performed in July by
Doctor/ JPHN

Date: _____

Item	Age (Year)						
	3	4	5	6	7	8	9
Weight							
Height							
Pulse rate							
Blood pressure							
Anaemia							
Headache							
Dental disease (Caries)							
Sight							
Hearing							
Stomach pain (worm)							
Speech							
Other health problems							
Behavioural problems							
Surgery							
Fits/Epilepsy							
Others.....							

Special Medical Camp (Upto 10 years)

Health check of children up to 10 years performed by doctor in Special Medical Camp during December/January.

Name :

Class and Division :

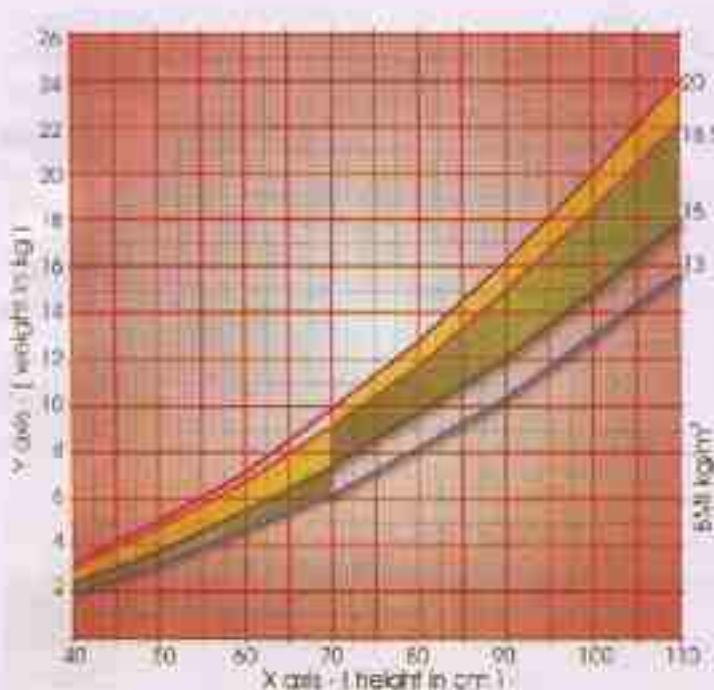
Date:

Item	Age (Year)						
	3	4	5	6	7	8	9
Goiter							
Dental Problem							
Menstruation							
Pimples							
Seborrhea							
Acanthosisnigricans							
Serious health problems requiring special care							
CVS							
Nervous system							
Respiratory System							
GIT							
Genitourinary							
Ophthalmology							
Skin							
ENT							
Urine test							
Blood test							

Only for 0-5 Aged Children

Eliz Health Three in One Height, Weight, BMI Path for Under Five Children (EHPUC)

$$\text{BMI} = \text{Weight in Kg} / (\text{Ht in m})^2$$



Mark height in X axis and weight in Y axis. After marking the intersection point extend the point towards the dotted line parallel to find out the body weight index from the right margin

Eg: For children from 0-1 year: Between 40-70 cms

Eg: If height is 55 cms and weight is 4 kgs, Body Weight Index will be between 13-15.

Reading in green area is normal
Reading -13 shows underweight

Reading +15 shows overweight

Reading +18.5 shows abnormal weight

Underweight -13

Normal weight 13 -15

Overweight +15

Abnormal weight +18.5

Eg: for children between 1-15, 70-110 c.ms
If height is 90 cms and weight is 12 kgs, Body Weight Index is 15. If height is 95 cms and weight is 14kgs, Body Weight Index will be between 15-16.5.

Reading in green area is normal

Reading -15 shows underweight

Reading +18.5 shows overweight

Reading +20 shows abnormal weight

Underweight 15

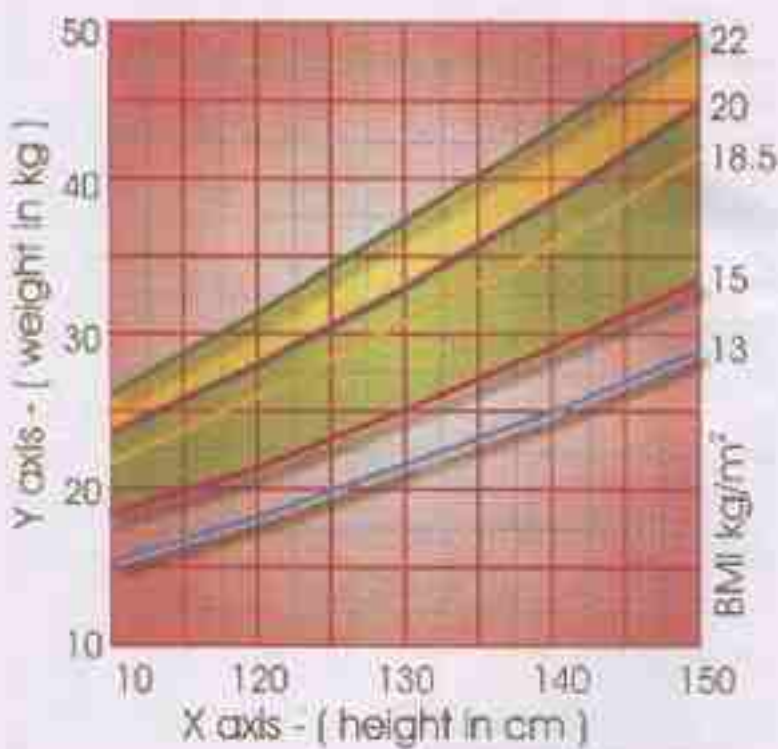
Normal Weight 15-16.5

Overweight +18.5 – 20

Abnormal weight +20

Only for Children aged between 5-10

Eliz Health Three in One Height, Weight, BMI Path for Older Children (EHPOC)



Mark height in X axis and weight in Y axis. After marking the intersection point extend the point along the dotted line or parallelly to find out the Body Weight Index from the right margin.

Ex: If height is 130 cms and weight is 25 kgs Body Weight Index will be 15.

If height is 140 cms and weight is 35 kgs Body, Weight Index will be between 15-18.5

Reading in green area is normal
 Reading -15 shows underweight
 Reading +20 shows overweight
 Reading +22 shows abnormal weight
 Underweight 15
 Normal weight 15-20
 Overweight 20-22
 Abnormal weight +22

Screening Medical Camp (10-18 years)

Name:

School Address:

Class and division:

Date:

Medical checkup conducted by Doctor/ JPHN in July for children aged 10-18

Item	Age (Year)									
	10	11	12	13	14	15	16	17	18	
Weight										
Height										
Pulse rate										
Blood pressure										
Anaemia										
Goiter										
Head ache										
Dental disease (Caries)										
Sight										
Hearing										
Stomach ache (worm)										
Menstruation										
Pain during menstruation										
Unusual vaginal secretion										
Menstruation disorder										
Pimples										
Seborrhea										

Acanthosis nigricans																			
Speech																			
Other health problems																			
Behavioural disorders that need attention																			
Serious medical problems requiring special care																			
CVS																			
Nervous system																			
Respiratory system																			
Others																			

Operation Olympiad

Karakulam Grama Panchayat, Thiruvananthapuram District has become a model by imparting physical training to 150 children facing socio-economic backwardness. The programme launched in 1998 provide refreshments, sports kit and the service of a coach to the trainees. The expenses were met from the Own Fund of the Panchayat. The Panchayat succeeded in developing athletes who performed well at State and National level competitions. Karakulam Panchayat has made a forward leap through the “Operation Olimpiad”





Water, Sanitation, Environment

Chapter

6

Kerala is a land blessed by nature, it is God's Own Country. People of Kerala are far ahead of others regarding personal hygiene. At the same time we are far behind others regarding environmental sanitation. Public places and residential areas abound in garbage. Many of the dangerous diseases that are on the increase are caused by accumulated garbage.

The eco systems that have been created by interactions of biotic and abiotic organisms and bio diversity through millenniums are facing destruction because of environmental pollution. Rain water washes down the waste from high places to water resources. The waste materials and chemicals that reach the lakes and ponds pollute them. Excessive uses of chemicals in agriculture contaminate ground water. Stagnant sewages and leaking sewages are a common sight in Kerala. Water is the lifeblood of human beings. It is essential for human life and second only to air to retain human life. But with the passage of time it is getting more and more polluted.

What is Hygiene?

“Hygiene is a way of life. Hygienic home, hygienic farms, hygienic surroundings and hygienic population are indices of good quality of life. As a way of life it arises from the heart of the community, is enriched by knowledge and develops as a responsibility and ideal human relationship” (National Sanitation Foundation, USA)

Importance of Sanitation

Sanitation is one of the important factors of healthy life of human beings. It is essential for preventing diseases and maintaining mental health. Food is an individual health factor whereas sanitation applies both to the individual and community. Therefore if the advantages of sanitation are to be made available to humanity not only personal hygiene but also sanitation in all spheres of human activity have to be assured. An individual can maintain sanitation at a personal level but she/he cannot do much to create or maintain public sanitation facilities. Sanitation is a community issue that can only be solved by the community. The role of Government in this matter is very important.

The Keralite who gives great importance to personal hygiene does not give due importance to environmental sanitation. She/He has cultivated the habit of throwing away whatever is unnecessary and criticizing everything without getting involved. Environmental sanitation cannot materialize unless this attitude is changed. Everyone wants sanitation but no one is willing to perform duties. Adults who should be role models for children also fail to do so. The present lifestyle results in accumulation of garbage. Every citizen must keep one's surroundings clean. This cannot be enforced merely by law. It is a mindset and culture that should develop in the mind of each individual.

Infectious diseases like Chickun guinea, Dengue Fever, Lepto spirosis, cholera, Japan fever etc. arise from unsanitary conditions. Some of these diseases are deadly. We do not learn from experience. The Government alone cannot maintain sanitation. People also have an important role in it.

Sanitation is an essential factor for maintaining the standard of life. Personal hygiene and sanitation is an important factor to keep one's dignity and status in society especially in the case of the working class. People should cultivate good sanitary habits based on civic sense to attain healthy life.

Sanitation Components

- a) Safe disposal of human excreta
- b) Solid waste disposal
- c) Liquid waste disposal
- d) Public sanitation
- e) Personal hygiene
- f) Safe management of drinking water
- g) Domestic hygiene
- h) Institutional hygiene

Environmental Sanitation

Planned and participatory interventions of Local Governments are necessary to ensure and achieve the goals in environmental sanitation.

Grama Panchayats have succeeded in carrying out many useful interventions in the case of household latrines in the 1950s. A lot of latrines with single water pits known as ESP latrines were constructed under rural development programmes. Later as a result of the Total Sanitation Programme of the Govt. of India and People's Plan Campaign 100% sanitation coverage was achieved. Up to an extent schools and Anganwadis were also provided sanitation facilities. Such interventions helped to reduce waterborne diseases and also diseases such as Filaria and Malaria. But the re emergence of certain diseases shows the return of some of the old problems.

Schools

It is to be ensured that schools have healthy environment, surroundings without stagnant water, gardens, kitchen, toilets and latrines in proportion to the number of students.

Having infrastructure facilities but not in proportion to the number of students and lack of toilet facilities for girls are also problems. Nearly half of the waste generated in schools is dumped in the school campus. And schools are supposed to be institutions that should cultivate virtues like personal hygiene and public sanitation. Wherever waste is disposed it is done in an unscientific manner like burning or burying. It results in ill health and loss of resources. If the degradable waste is used in Bio gas plant the problem of waste can be solved. Moreover the bio gas can be used to cook noon meal which will save fuel cost and the slurry can be used as manure in the school garden.

Biogas Plant

Biogas plant may be introduced in schools that generate large quantity of biodegradable waste. While starting Biogas plant, care should be taken not to fill the plant with waste that is above its capacity to avoid stagnation of out flowing water and to keep the plant and its surroundings clean. As the Methane gas produced by the plant is harmful to Ozone it should not be released into the atmosphere; it should be burned. It can be used to cook rice or boil water. It means that not using the gas from the plant is harmful to the atmosphere. The slurry from the plant can be used for cultivation or let out into the soak pit.

Soakage Pit

Soakage pit is a device that allows dirty water to percolate into the soil instead of getting stagnated. Make a pit of 1 meter width, 1 meter length and 1 meter depth in the line of water flow. The length and breadth of the pit can be increased depending on the quantity of water. One third of the pit may be filled with rubble or brick pieces of 15 cms diameter. One third of the part above may be filled with stones or brick pieces of 5 cms diameter. Above that there should be a layer of rubble and another layer of sand. Let the water flow into the soak pit through sewage.

Child Friendly Facilities

- Girl friendly toilets for schools
- Running water in toilets and latrines
- Toilets at the rate of 6 for hundred boys and 12 for hundred girls
- Distance of 12 meters from school building to toilet
- Provision for washing hands
- Availability of drinking water
- Biogas plant and Rain water harvesting structure
- Open and roofed passage from school building to toilet
- No dust or cob web in class rooms

Duties and Responsibilities of Local Governments

According to the Kerala Panchayati Raj Act and the Kerala Municipalities Act public health activities come under their mandatory functions.

Mandatory Functions in Public Health

- Collection and disposal of solid waste
- Maintenance of environmental hygiene
- Vector control
- Disease prevention measures
- Effective implementation of National and State level strategies and programmes for prevention and control of diseases

Interventions by Thiruvananthapuram District Panchayat

The District Panchayat has set up laboratories in 5 schools to test the quality of water. Technical assistance is provided by State Sanitation Mission and CWRDM. The presence of Chlorine, Nitrate and Coli form bacteria can be detected by the test. If it exceeds the prescribed limit the students can give warning to the local people.

General Functions of Local Governments

- Improve general standard of life
- Widen health and sanitation activities and make sustainable
- Enable the individuals to adopt to healthy practices through Information Education Communication
- Activities: 1. Data collection 2. Planning 3. IEC activities 4. Creating sanitation facilities

Why is sanitation important to child development

- 90 lakhs children die annually out of preventable diseases
- 90% of child mortality below the age of 5 is caused by diarrhoea.
- 40 crore persons suffer from diarrhoea every year
- 90% of diarrhoeal diseases is caused by pollution due to human excreta
- One child dies of diarrhoea in every 15 seconds in the world

Intervention possibilities of Local Governments in Health Sector

Household Level

- Ensure latrines in all houses irrespective of the financial status of family
- Ensure construction of latrines in all houses built with financial assistance of Government and render necessary assistance
- Ensure Community Latrine in slums and other habitats
- Support waste management at domestic level or collect and dispose waste from other places where there is no scope for domestic level waste management
- Install Biogas plants
- Provide suitable sanitation facilities in tribal areas
- Provide suitable sanitation facilities in coastal areas
- Organise domestic sanitation campaigns
- Organise sensitisation campaigns to wash hands before and after taking food and after defecation and handling waste
- Use vegetables and fruits after cleaning
- Sort domestic waste into degradable and non degradable items
- Utilise opportunities for recycling waste
- Compulsory use of gloves when handling waste and cleaning wash basins and latrines
- Ensure the availability of gloves and kits for depositing waste
- Propagate alternatives for plastic.

Public Institutions

- Ensure sanitation facilities in all public institutions
- Provide sanitation facilities – sanitary toilet, wash basins and other facilities to all employees
- Provide toilet, wash basins, drinking water and clean chairs to the public
- Woman friendly toilet
- Introduce green office system
- Make water harvesting system and Bio gas plant compulsory in public

- offices having more than 25 employees
- Make arrangements for the disposal of degradable waste daily and non degradable waste weekly

Health Education Institutions

Anganwadis

- Implement infrastructure development
- Set up child friendly toilet
- Toilet facilities for adults
- Ensure availability of drinking water
- Provide wash basin and facilities for washing hands and feet
- Ensure washing hands using soap
- Introduce flower garden/nutrition garden in Anganwadi compound
- Collect used water from kitchen and use it for cultivation after treatment
- Set up racks for shoes and bags of children
- Ensure the use of sinks for washing dishes – introduce scientific system for disposal of waste water

Hospitals and Health Care

- a) OP Centered Sanitation Facilities
 - Arrange neat resting place, clean toilet and freshness centre for spitting and vomiting for the use of out patients
- b) Treatment Centered Sanitation Facilities
 - Arrange facility for washing hands and toilet in connection with laboratories, minor surgical centers, injection rooms etc.
- c) Inpatient – Sanitation Facilities
 - Provide one toilet and bath room for every six patients
 - Provide separate facilities for gents and ladies
 - Provide toilets suitable for the use of children, the aged and handicapped.
 - Ensure availability of drinking water
 - Keep water storages clean

- Set up Bio gas plant and Incinerator
- Provide facilities for keeping waste covered

Sanitation in public places

- Every Local Government must have separate or joint biowaste or solidwaste treatment plant
- Policy and perspective regarding public sanitation must be formulated
- Water sources must be kept free of pollution
- Provision for the scientific treatment of waste water
- Ensure sanitation facilities at bus stations and markets
- Keep roads, markets, drainage and water sources clean
- Protect trees in public places
- Fix and ensure sanitation standards for hotels and other eating places (Mumbai model)
- Community latrines in places frequented by migrant workers and pilgrims

Water

70-80 percent people of Kerala depend on wells for water. A number of diseases are spread through drinking water. Water in the well may be contaminated because of latrines not having the required distance from well, lack of proper drainage or lack of protective wall around it.

In some places people depend on wells and ponds for drinking water. They wash cloth, animals and vehicles near the water sources. Quite often, proper treatment of water is not given due importance.

Although 70% of Kerala population has sanitary latrines, the latrines are not built at a safe distance from water sources. Similarly we are not aware of the danger of throwing away excreta in a careless manner. Water sources may get polluted because people do not have own latrine and migrants defecate in open places as there are no community latrines. It is desirable to have a distance of 5-15 meters between latrine and water source depending on the slope and nature of land. In coastal areas that are sandy the distance should be at least 15



meters. In laterite soil it may be between 5 and 10. Wells must have protection covering at least upto 2 meters below ground level to prevent inflow of water and one meter wide cement platform around. Well should be kept covered to prevent leaves and other things falling in it. It is better to cover the wells with tin sheets or other materials.

Water contaminated by human excreta, chemicals and industrial waste may cause many diseases. Suitable water treatment methods should be adopted to avoid it. The habit of drinking boiled water must be cultivated. Removing germs through chlorination is a method of treatment that we can practice at house. The commonly used antiseptic bleaching powder is used for the purpose. For a well of average size bleaching powder at the rate of 2.5 gms for 1 meter cube of water (a match box has the capacity of 20 gms of bleaching powder) is dissolved in a bucket of water and filtered and then poured into the well. The water in the well may be stirred and used after a few hours.

Sanitation awareness programmes need be organized to make people conscious about water pollution and its consequences. The water supply schemes must be made efficient and Urban Local Governments must take steps for waste management and sewage. The water sources must be subjected to detailed analysis and quality of water assured at least once a year. Kerala has not yet formally introduced Water Card system.

Water Card

People claim the ownership of a number of cards. We keep ration card, identity card and reports of testing blood, stool and urine. We drink two or three litres of water daily, but have we ever thought of the quality of water that we drink?

What is the source of water that we drink; does it contain any material harmful to our body and if it is so, what are they? Water card gives us all the information. A specimen of the water card is given below:

Water Card

1. Name of a Family Member/Hotel/Hospital etc : _____
2. Address : _____
3. Drinking Water Source : _____

Water Analysis Report

Sl. No.	Parameter	Concentration	Desirable Limit (BIS)
1.	pH	.....	6.50 – 8.50
2.	Colour, Hazen	.....	5.0
3.	Turbidity, NTU	.....	5.0
4.	Total Dissolved Solids, mg/1	.....	500.0
5.	Taste	.....	Absent
6.	Odour	.....	Absent
7.	Total Hardness, mg/1	.....	300.0
8.	Chloride, mg/1	.....	250.0
9.	Sulphate, mg/1	.....	200.0
10.	Nitrate, mg/1	.....	45.0
11.	Calcium, mg/1	.....	75.0

12.	Magnesium, mg/1	.....	30.0
13.	Iron, mg/1	.....	0.30
14.	Manganese, mg/1	.....	0.1
15.	Coliform Bacteria, MPN/100ml	.....	10.0
16.	E. Coli	.....	Absent

Pure Drinking Water

1. Introduce water quality analysis system
2. Extend chlorination
3. All wells should mandatorily have protection walls
4. Prevent pollution of water sources
5. Distribute Water Card to all houses to ensure quality of drinking water

Deterrent Actions

- Impose penalty on those who pollute public places (Open defecation, spitting, dumping waste in public land)
- Impose penalty on those who dump or deposit plastic waste, biowaste, construction waste and remains of burial ground in public water sources
- Ensure that license is not issued to slaughter houses that do not have scientific disposal system for waste

Majority of Local Governments of Kerala have won the Nirmal Puraskar Award by the Government of India. Many Local Governments have

constructed Community Sanitary Complexes. Many have implemented the school sanitation programme in a commendable manner. In spite of it the prevalence of 4+ diseases and Hepatitis have adversely affected the health and reputation of Kerala. It reminds us that although we have achieved a lot, many serious health problems still persist. The way to address the problems is to formulate schemes to ensure availability of pure drinking water and to formulate a policy and system for sanitation of children under the Comprehensive Child Development Programme.

Panchayat President, Members of Standing Committees, Working Group and other stakeholders can monitor the implementation progress of Comprehensive Child Development Programme through indicators given below.

Indicators – Sanitation

1. Availability of unpolluted drinking water
2. Quality analysis of drinking water (Water card)
3. Hygienic kitchen and utensils
4. Latrines with septic tanks





Physically and Mentally Challenged Children and Services

Chapter

7

The National Policy recognizes that persons with disabilities are valuable human resource of the country and seeks to create an environment that provides them equal opportunity, protection of rights and participation so that their inborn talents are developed to the optimum. There are two strategies to implement the policy.

1. Prevention of Disabilities

Disabilities can be prevented up to an extent. A number of diseases that cause disabilities can be prevented by vaccines and taking precautionary measures. The extension work and education regarding pregnancy care, immunisation and nutrition are helpful for prevention. Certain possibilities of disabilities can be avoided by timely professional treatment and medicine.

2. Rehabilitation

Three ways of rehabilitation are envisaged in the case of disabled children.

- i. Physical rehabilitation
- ii. Educational rehabilitation- Training – General education, Special education and Vocational training are part of this.
- iii. Economic rehabilitation – Create suitable environment for leading independent and dignified life – employment, permanent employment and self employment are the three means for this

Disabled who Need Special Care

Women and children need special care among the physically and mentally challenged. So the following special considerations must be given to children.

Physically and Mentally Challenged Children

- i. Ensure their rights to care and protection
- ii. Ensure the right to development so as to enable them to enjoy all legal

- rights, equal opportunities and full participation
- iii. Ensure educational, health, vocational training and rehabilitation services
- iv. Recognize that children with severe disabilities have special needs and ensure full care and protection to them.

Mandatory Facilities

- i. Creation of barrier free environment at all public places
- ii. Issue Medical Board Certificate and Identity Card to all disabled persons
- iii. Sanction social security pensions to liberate the disabled and their care givers from economic deprivation
- iv. Set up forum for their physical and cultural programmes
- v. Collect data about the disabled
- vi. Ensure special care to children with genetic disability possibilities

Important Areas of Intervention

- i. Successful implementation of Immunisation programmes
- ii. Organize training for early detection of disabilities
- iii. Give direction to families to treat the disabled children with love and sympathy
- iv. Arrange facilities for medical examination of infants immediately after birth
- v. Open school in the model of BUDS in areas where there are no facilities for special education
- vi. Develop common schools into Barrier Free Built Environment
- vii. Make available scholarships, study aids and assistive devices to physically and mentally challenged children
- viii. Organize special Neighbourhood groups and group enterprises for the disabled.
- ix. Give special training to parents of the disabled
- x. Genetic counselling to couples likely to have disabled children

Persons with Disability Act (PWD Act 1995)

According to the Act disabilities are categorized into seven:

1. **Visual impairment**
2. **Low vision**
3. **Locomotor impairment**
4. **Hearing impairment**
5. **Mental retardation**
6. **Mental illness**
7. **Post leprosy disabilities**

Important Provisions of the Act

1. It is the responsibility of the Local Government to ensure free education to all disabled children up to 18 years
2. All institution for physically and mentally challenged children should seek recognition under the Act

Barrier Free Built Environment

1. **Ramp**
2. **Open door**
3. **Handrail**

Assistance to physically and Mentally Handicapped Persons – Guidelines
Assistance must be given to all disabled persons irrespective of APL/BPL division. The following items may be given free of cost to help the physically and mentally challenged persons

a) For the physically challenged

1. Surgical shoes, Ankle boot, moulded shoes, leather footwear made as per height and measurement, footwear with micro cellular rubber soles, accommodative footwear
2. Orthopaedic devices, different types of corrective shoes
3. Artificial limbs like hand, foot etc.
4. Mobility aids like crutches and walkers
5. Lumber corset, spinal brace, jacket, knee brace, static and dynamic splints, wheel chair, tricycle operated with hand or motor

b) For the hearing impaired

Hearing Aids

c) For the mentally challenged

1. The devices given to physically challenged persons depending on the needs of the mentally challenged
2. Tricycle or wheel chair manufactured according to the needs of the individual
3. Designer furniture that can be used by children

d) For the vision impaired

1. Special mobility aids, white cane
2. Hand held stand, magnifiers with or without light, speech synthesisers, braille attachments for computers
3. Braille attachments to telephone for the vision impaired and the hearing impaired
4. Devices for Braille writing – shorthand Braille machine,

Braille typewriter for the students who have passed Xth standard, talking calculator, raised map, globe etc

5. Special teaching aids

The following assistance can be given to the physically and mentally challenged children at the rate prescribed.

A. Physically Challenged Students				
Sl No.	Standard/Class	Monthly Scholarship/ Rate of stipend		Annual Stipend
		Day Scholar	Hosteller	
(1)	(2)	(3)	(4)	(5)
1	1-4/ Nursery Class	300	–	400
2	5-8	400	–	500
3	9, 10, +2	400	800	600
4	Graduate	750	1250	1000
5	Post Graduate	1000	1500	1500
6	Vocational Training	1000	1500	1500
7	Travelling Allowance for Orthopaedically challenged	150 or Actual expense	–	–
8	Travelling Allowance when using facilities of institution	Actual expense	–	–

B. Mentally Challenged Students

SI No	Item	Scholarship Allowance (Rs)
1	Scholarship (Monthly)	750
2	Dress Allowance (Annual)	750
3	Annual allowance for learning Aids/Educational devices	750
4	Travelling Allowance – Picnics, excursion etc	1250
5	Allowance given to mentally handicapped persons of 21 or above for spending day time in day care centre	Rs. 600/- per month Local Governments should ensure necessary infrastructure and other devices for the safety of persons belonging to the category

The three tier Panchayats should allot funds necessary to provide assistance mentioned above in rural areas. The norms for allocation of funds are mentioned below:

- While preparing the micro plan under Anti- Poverty Sub Plan, Grama Panchayat should identify physically and mentally challenged persons in the Neighbourhood Groups through participatory need assessment.
- The list of disabled persons thus identified should be read aloud in the Grama Sabha and displayed on the notice board of the Panchayat.
- Applications must be collected from disabled persons belonging to

APL families and not included in the list prepared by Neighbourhood Groups.

- d) A disability certification camp has to be organized participating the District Medical Officer and Specialist doctors to certify disabilities.
- e) The needs of the physically and mentally challenged must be identified and the amount necessary to satisfy the needs estimated.
- f) The total amount necessary for the rehabilitation package has to be shared by Grama Panchayat, Block Panchayat and District Panchayat in the proportion 50:30:20.
- g) The Block Panchayat and District Panchayat should be informed of their share and the amount collected from them by the Grama Panchayat.
- h) The beneficiaries are given assistance by Grama Panchayat.

- The assistance permissible to physically and mentally challenged children/persons may be given to children/persons suffering from growth challenges, cerebral palsy, autism etc.
- Local Governments can directly give scholarship allowance on demand by institutions. In such cases they should evolve a monitoring system to ensure the security and development of disabled persons in such institutions



Local Government can establish Special School for physically and mentally challenged children with the help of Kudumbasree. Honorarium can be paid to Special teachers at the rate of Rs. 3000/- per month and Rs. 250/- to physio therapist and speech therapist on a visiting day. Development fund/general purpose fund/own fund can be utilised for the purpose.

Other services

1. Handicapped Persons

Pension amount: Rs. 400

Documents to be produced:

1. Two copies of application in prescribed form
2. Proof of age (any one of the following)
 - a) Copy of Birth Certificate
 - b) Copy of School certificate
 - c) Copy of Passport
 - d) Certificate issued by doctor
3. Attested copy of ration card in which the name of the applicant is included
4. True copy of the identity card issued by the Election Commission

2. Karunya Scheme

A scheme for accepting an amount of one lakh rupees or its multiples as voluntary deposits from voluntary persons or institutions and utilizing the interest to satisfy the special needs of physically and mentally challenged children between the age of 5 and 18 years.

3. BUDS School

Guidelines for BUDS school are published in G.O (MS) No. 148/09/LSGD dt. 29.07.2009. According to this, in order to establish a BUDS School there should be 15 cents of land, 40 Sq.ft built in area for each child, one special educator for eight children and an 'Ayah'(helper) for 15 children.

Development Management Committees are constituted for BUDS Schools as per k-D(MS) NO. 152/09 LSGD dated. 1.08.2009. As per G.O(MS)No. 183/07/dt 24.06.2007 honorarium at the prescribed rate can be paid to employees of BUDS schools. The same Government Order permits payment of honorarium continuously for 12 months. According to Government Circular No. 12924/sFFI/11 LSGD dt.26.03.2011 BUDS school must function for the whole of 12 months.

As per the Government Circular No. 43154KM/1/2010 LSGD dt. 26.07.2010 non -road maintenance fund can be used for infrastructure development of BUDS school. As per the Government Circular No. 4466/DB21/09/LSGD dt.02.02.2009 nutrition may be provided to BUDS School children using Plan Fund.

BUDS Special School – Venganur

BUDS School is an institution, initially established by Venganur Grama Panchayat, Thiruvananthapuram District in 2004 with the help of Kudumbasree. The purpose was to provide day care to the physically and mentally challenged children who were languishing in their houses. Later it was raised to the status of Special School and building and compound wall were constructed with financial assistance from different sources. At present there are 46 students and 8 employees in the school. It was the first BUDS Special School approved by the Government. Following the model 48 Local Governments have started BUDS School in Kerala as on January 2012.

“All children have the right to be born and to live”

Genetic Disorders or Disabilities

Diseases or disorders are caused by the aberrations in the number or structure of chromosomes or in the arrangement of nucleotides in genes. Eg: Down Syndrome, Haemophilia, Sickle cell anaemia, Thalassemia.

National policies and perspectives are applicable to Local Governments as well. There must be well perceived and planned action to develop all physically and mentally challenged children into economically independent

individuals so as to enable them to lead an equal and dignified life in society. At the same time Local Governments should educate the community to take all preventive measures to avoid the birth of a disabled child in future.

Based on the following key indicators Panchayat President, Members of Standing Committees and other stake holders can monitor the progress of Comprehensive Child Development Plan in their locality.

Indicators

- Collection of basic data
- Disability test
- 100% pension coverage
- 100% coverage of the services of BUDS school
- Special Grama Sabha
- Scholarship for physically and mentally challenged children
- Barrier free environment

For further reading ..

No.ICDS – B1-15303/10

Director of Social Welfare (Annex.)
Social Welfare Bhavan
Poojappura, Thiruvananthapuram
Date: 14.05.2010

Circular

Sub: Social Welfare Department – ICDS – Opening Anganwadis for Autism affected disabled children

Ref:

There are 32,230 Anganwadis functioning in Kerala. The services through ICDS programme are given to children below 6 years, breast feeding mothers and pregnant women. Although pre-school service is part of the ICDS programme, differently abled children do not get the service because of various reasons. A number of children in Kerala are affected by autism. There is no provision for special service or schools for such children. Only a few institutions in the private sector render special service to the children. There is a shortage of qualified teachers to impart pre - school education to the children. Government is considering to give special service to the children through ICDS programme. As part of it Government is considering to dedicate one Anganwadi in each Block to give pre-school education to Autism affected children of the Block. A report may be prepared considering the following points to implement the proposed scheme.

Collect information regarding Autism affected children between 3-6 years in the ongoing annual survey. Block level location map and family profile are to be prepared and submitted along with the report.

An Anganwadi that is easily accessible to the children included in the block area may be identified as the Special Anganwadi for this purpose and

arrangements may be made to transfer the pre-school children from nearby Anganwadis. If this is not possible one of the newly allotted Anganwadis to the Special Anganwadi of the Block may be considered for the purpose. Such an Anganwadi must have necessary facilities. Address of the anganwadi including the name of Panchayat to be collected and submitted.

The Workers and Helpers selected for service in such Anganwadis will be given Special Teacher Education Training in collaboration with ICCONS, NIMHANS Kozhikode and NIMHANS Bangalore. The names of Workers and Helpers who have ability and interest in this may be reported.

The action regarding this must be completed before 31.05.2010 and reported to District Programme Officer and Director of Social Welfare on 05.06.2010.

Sd/-

For Director of Social Welfare

Guidelines of BUDS School

Guidelines of BUDS School

Government of Kerala have granted permission to open Special Schools and Welfare Institutions in the model of BUDS School for the mentally challenged as per G.O(MS) No. 183/07/LSGD dated 24/07/2007 . According to the GO honorarium may be paid from Plan Fund to open Special School in the model of BUDS School with the support of Kudumbasree. Nine such schools opened with the support of Kudumbasree are approved by Government.

In addition to this more than one BUDS school is opened in Block Panchayat area without minimum standard, infrastructure facilities or trained teachers. Most of such schools are started in the model of single teacher schools. Starting of such schools without adequate infrastructure facilities not only makes it difficult to get the approval of Government but also defeats the very purpose and objectives of the programme. Hence in future when Local Governments open BUDS School (Special Schools) they must satisfy the following conditions. Honorarium from Plan Fund must not be paid to institutions that do not follow the conditions. But the institutions started or continuing to function using Plan Fund and approved by the DPC in 2008 -09 are exempted from the above stipulations due to technical reasons. Such institutions should also improve their standard within the prescribed time limit.

Conditions

1. The institutions should be located in a place with transportation facility and free from physical danger. The location should be convenient to the people of more than one local government.
2. The institution should have 15 cents of own land or public land.

3. Building facilities at the rate of 40 square feet per child must be available for 25-50 students. School should not be opened with less than 25 students aged between 5 and 21.



4. School building should have minimum 5 class rooms (including partitioned common hall) rooms for office, staff, recreation, store, kitchen, dining room, employment training, therapy and day care.

5. Building should be barrier free and risk free.

6. There should be separate bathrooms (minimum 4) for girls and boys and one each should have European closet.

7. Kitchen, store, dining room etc must be free from dust smoke, dampness and dirt.

8. There should be clean dining tables, drinking water, facilities for hand washing and waste disposal.

9. Necessary learning aids, furniture, employment training tools and physio therapy devices must be available.

10. There should be three teachers having recognized training (RCI) two

Ayahs and a cook. The number of employees must be increased in proportion to the number of children.

11. Furniture suitable to the requirements of different types of disabled children must be available.
12. Employment training must be given to elder children and adults.
13. Facilities must be provided to mothers of children with severe disabilities to spend their day time with the children.
14. Ensure regular visit of Physio-therapist, Speech therapist, Medical Officer and Social worker. Counselling service also should be provided.
15. Provide transportation facilities to children.
16. Meeting of parents to be held once a month.
17. Only minimum expenses to be met from Plan Fund and remaining fund to be mobilized from other sources.
18. All disabled children in the Local Government must be considered for individual assistance. A special survey must be conducted in



collaboration with the State Commission for people with disabilities.

19. It is desirable to conduct a feasibility study (Family Survey Document of ICDS) to convince the three tier Panchayat before starting special School.
20. One school in small Block Panchayat and more than one school in large Block Panchayat may be started. If there are good special schools run by private agency or voluntary organizations in a Panchayat there is no need to open BUDS School there. But following the provisions for the utilization of Plan Fund, Day Care Centre may be opened there. Such institutions need approval of the Social Welfare Department under the Persons with Disability Act.
21. After 2009-10 three tier Panchayat have to consult themselves and ensure integration possibilities and set up minimum facilities and human resources before starting Special School.
22. According to Persons with Disability Act 1995 Special School must obtain approval from Education Department immediately after it starts functioning.
23. Before starting special school in the BUDS model, permission has to be obtained from the District level BUDS special school advisory committee.
24. The advisory committee only recommends the opening of a school. When the school starts functioning approval has to be obtained from Education Department. The Local Government should submit a

descriptive short project, along with the feasibility survey report to open the school and information regarding consultation with three tier Panchayat to the Chairman and Convenor of the Advisory Committee. The Chairman should take the initiative to make recommendation. All Local Governments that run such schools should send the progress report prepared by the Headmistress to the convenor once in 3 months. The convenor convenes the meeting and does correspondence according to the directions of the Chairman. The MPs and MLAs of the District may be special invitees to the meeting and their suggestions and co-operation must be ensured.



CHILD PROTECTION



Chapter

8

Child Protection

“Protection of child means to create an environment that provides safety to children from all kinds of ill treatment, risks and insecurities faced by them in family, school, society or local community with which they interact continuously”. As children are easily vulnerable, it is the responsibility of the society to ensure special care and protection to them.



Though protection of child right is part of Human Rights Declaration it cannot be assured without special care. When India signed the UN Convention on Rights of Child in 1992 our country promised the international community to ensure the survival, protection, participation and development of all children. In accordance with that India declared a policy statement called “National Charter for Children” in 2004. In spite of many child protection laws and charters, it is a fact that children are becoming victims covertly and overtly of different types of ill-treatment and violence. So in order to understand child protection properly we should have a clear idea of who are children, how they should be protected, from whom they should be protected and what are the risks and ill-treatment against which they need protection.

Illtreatments	Risks
<ul style="list-style-type: none"> • Excessive discipline • Insult • Neglect • Sexual abuse • Indecent physical contact • Atrocities • Mocking 	<ul style="list-style-type: none"> • Inadequate medical treatment • School bus • Proximity to smokers and alcoholics • Hazardous environment- ponds, streams, pesticides, pollution etc. • Garbage • Unguided games, insecure playgrounds • Child labour • Infection • Begging • Natural calamity

Child Rights Protection Approach

The earlier approach was to give protection to those children who are victims of atrocities or some other abuses. eg: Orphanage, Juvenile Home, Borstal school, Juvenile court etc. This kind of social security net is not sufficient to protect children prone to abuse, violence and harassment. So considering the limitations of the earlier approach, Preventive and Protective Approach is adopted now.

Preventive Approach

Earlier focus was given to sensitization, media campaign, training of officials



and the public, legal literacy, sex education etc. In the present context a new approach that focuses on the micro and macro issues facing children becomes relevant. Preventive approach means an approach that identifies insecure families (smoking , liquor, single room, risky behaviors like suicide tendency , alcoholism etc) and utilises the services of sectors like Health, Education and Development to address the problems. It takes into account lateral linkages in trying to solve the problems of children by identifying the root causes behind them.

Protective Approach

It is the approach that seeks solution in a post harm situation and ensures protection to the child on a long term basis. Physical and mental recovery, rehabilitation, reintegration and legal help come under this approach.

Juvenile Justice (Care and Protection of Children) Act 2000

The Juvenile Justice Act was enacted by our country consolidating the Acts for protection of child that were in force and incorporating modern international laws for the protection of children. Under the Act, problem children are divided into two categories.

1. Child in need of care and protection
2. Child in conflict with law

The Act aims at rehabilitation of children through child friendly approach giving importance to the interests of children by providing them with necessary care and protection instead of treating them as criminals. The systems and devices necessary for this are ensured in the law.

- Child Welfare Committee for the welfare of insecure children
- Juvenile Justice Board for children in conflict with law
- Central Adoption Resource Agency for encouraging adoption, sponsorship and foster care(CARA)
- Special Home, Children's Home, Observation Home etc for protection of children

Children in need of Care and Protection under JJ Act

1. Children without family or home.
2. Children living with a person who threatens to kill or harm them
3. Destitute children who suffer from chronic physical or mental illness
4. Child whose parents cannot care and protect children
5. Children without parents
6. Children who are abandoned or whose parents are absconding
7. Children living in circumstances that may subject them to exploitation or violence
8. Children living in circumstances that expose them to sexual harassment or substance abuse
9. Children who are victims of natural calamities or war

JJ Act stipulates that children in need of special attention must be provided protection and special care.

Children in Conflict with Law – Main causes

- Slums and single room houses
- Broken family
- Personality disorder
- Circumstance that makes them lead a life that is not approved by

society

- Learning disorder
- Children of tramps

Goals for Local Governments

- Create safe living conditions for all children
- Strengthen protective measures of children
- Ensure empowerment of families
- Make education child friendly
- Create a network directory for protection of children
- Make Child Line system effective
- Constitute vibrant Jagratha Samities

How to protect the rights of children migrants aged 3-6 years

- Admit the children to the nearest Anganwadi
- Check their health and weight
- Ensure food and education
- Bring children to the main stream



Child line

Child line is a system that provides assistance for protection of children on telephone round the clock. Toll free number is 1098. The institution called Child Line India Foundation function under the Ministry of Women and Child Development of the Government of India. The system introduced in 74 cities will be extended to all districts of the country by 2020.

Important activities include searching for missing children, intervention for victims of violence, harassment and traffic, absconding children and providing counselling and other services and rehabilitating them.

Special problems faced by girl children

Child sex ratio throughout India including that of Kerala is decreasing to the disadvantage of girls. At the same time the violence and ill treatment they face are increasing. Comprehensive Child Development cannot be achieved without addressing the special problem of girls.

1. Female foeticide

Missing girl child

In the study report of CEDAW in 1979 it came to light that the sex of embryo is detected through scanning and female embryo is aborted by some people. By the time of Census 2001, sex ratio came down to 927 girls for 1000 boys. The Government of India enacted the Pre-natal Diagnostic Technique Act (PNDT) in 1994 to address this issue. In spite of the Act female foeticide continued and the Act was amended in 2003 (PNDT 2003) which included the provision of penalty up to one lakh rupees for revealing the sex of embryo. By successfully

implementing the law, sex ratio came up in Andhra Pradesh by 942/1000. It was made possible by offering special financial assistance to new born girl children. The Institutions transferred to Local Governments must see to that female foeticide does not happen in area under their jurisdiction. They should also conduct awareness campaign.

2. Child Marriage

NFHS 3 reveals that even in Kerala that claims to be a model for others ten out of 100 girls getting married are under aged.

Consequences of Child Marriage

- Child Marriage goes against the rights and interests of the girl as a child because it denies the girl her rights of child hood , infringes her liberty and prevents her from enjoying the right to live and develop independently.
- It denies the girl the right to reproductive health.
- Adversely affects her education
- Limits healthy growth and development
- Violates satisfactory life



These problems can be solved by taking steps to prevent dropouts in schools, implementing SABALA scheme effectively and making marriage registration compulsory.

The Local Governments can take steps for the effective implementation of the PCPNDT Act and give assistance to new born girl children. They should also make sure that female foeticide does not take place in the area under their jurisdiction. They can organize awareness campaign against the practice.

Vigilance against Trafficking

Trafficking is the process of buying or selling children inside and outside the country for exploitation after possessing them by deception, temptation or intimidation . Cases have been reported of trafficking children for sexual abuse, sale of body parts, drug pushing , child labour and begging.

Within one hour in India

- Rape -2
- Molestation-4
- Kidnapping-2
- Domestic violence-7

Atrocities against women		
Relation with victim	No. of violence cases	Percentage
Aquaintances	14536	75.1
Parents/ Relatives	431	3
Neighbours	5351	36.8
Distant relatives	1106	7.6

Source: Crime Records Bureau 2006

Atrocities against Women – Kerala

- **One case of crime in every 3 minutes**
- **One woman becomes victim of male violence in every 9 minutes**
- **One woman raped in every 29 minutes**
- **One woman killed in every 75 minutes**

Source: Crime Records Bureau 2006

In order to avoid the presence of law breakers likely to commit such crimes, campaigns may be organised with the help of Neighbourhood groups. Resident associations, Vigilance committees and Kudumbasree units.

Suicide Tendency

The highest single factor for mortality of adolescents is suicide. As in Kerala the situation prevails in many developed countries. One of the important reasons for suicide is emotional problems or mental disorders. The feeling of isolation is another important cause of adolescent suicide. It is a feeling of isolation from classmates, parents and lovers. Mental disorders are generally categorised into two:- severe and mild.

Madness, Delirium, and Depression came under severe disorders whereas Anxiety, Fear, Sadness and Tension belong to the second category. Severe disorders make a person nervous. The tension created by such a condition is more in children. Many of them find suicide a way out of such a condition.

Remedies

- Teachers or parents should watch the behavioural disorders in children between 12-18 years and provide counselling to them.
- Extend and strengthen Life Skill Education, School Adolescent Club, Bala Panchayat, Faith Based Organisations, Student Youth Organisations like NSS, NCC, Scouts etc.
- Give wide publicity to the address and phone number of suicide prevention counselling centres so that children and families can directly approach them for remedial action.
- The counselling service made available in high schools under Kishori Shakti Yojana can be utilised for the purpose.

When we say that each child is an invaluable asset of the nation it means that the strength and future of our nation depend on them. The nation develops when each child attains optimum productivity .When children who should become the source of strength deviate into undesirable ways or commit suicide or become victims of tragedies due to lack of care, protection or guidance it turns out to be a loss to the nation. Such situation also results in the notoriety that we cannot protect the rights of our children. Therefore it is the responsibility of the rulers to protect the children and their rights.

Panchayat President and Members of Standing Committees and Working Groups and the Public can evaluate the progress of Comprehensive Child Development Programme based on the sample indicators given below

Indicators

1. School Adolescent Club
2. ICDS Adolescent Girls 'Club
3. Jagarata Samities
4. School Vigilance Committee
5. Zero Zone Declaration
6. Citizen's Charter of children.





Children's Right to Participation

Chapter

9

According to UN Convention Child Rights(CRC), right to participation means respecting the right of children to participate in decision making processes that may be relevant in their lives and to influence decisions taken in their regard within the family, school or community. They have the right to think and believe what they want, express their views and opinions and freedom of religion, conscience and thought. According to UN the primary needs of children are the right of children. When these fundamental needs are promised and ensured it becomes the protection of their rights.

The rights of children are much discussed and their survival, protection and development are properly taken care of. But how to ensure the lofty idea of the child's right to participation is still an enigma to many communities. Society considers the child as a property of the parent and as a being that should obey the commands of the master. So the child does not get any opportunity to express her/his opinion in the family or school or other public places.

Present Status

- Children get less opportunity to express their natural talents
- Too much control regarding play, rest and even sleep
- Adults reach arbitrary conclusions without considering the condition and opinion of children regarding their problems. Imposing strict discipline on children without seeking expert opinion even in neuro development problems like behavioural problem, learning disability and tantrums.

Consequences

- Creates mental and emotional problems in children
- Creates contravention and tension
- Gives rise to diffidence and lethargy
- Scholastic failure
- Conflict with law
- Indiscipline

Objectives of Child Participation

1. Provide opportunities to each child according to her/his age and maturity to express opinion. Create a suitable environment to encourage the child in all activities and on all occasions. Ensure participation of child in family, school, institution, appointment procedure and administration. Ensure respectable proportion of representation to girls and marginalised sections
2. Create opportunities to all children to learn about their rights, to develop their skill to express their talents, cultivate self respect, acquire knowledge, generate ambitions, develop skills to take decisions, communicate and to build confidence.
3. Empower them so that they are able to participate just like the adults in taking decisions in matters that directly affect their life, family and society.



Tips to Local Governments

- Advocacy for ensuring participation of children especially girls on all occasions
- Ensure good governance to make sure that the rights of children are protected in all institutions and fora.
- Train children to attain life skills, develop leadership qualities and to participate in all activities of life along with adults.
- Develop girl friendly environment in schools and society.

Intervention possibilities of Local Governments

1. In the process of formulation of local plan give space to children by way of Children's Parliament and Special Grama Sabha for children to address issues relating to children.
2. Strengthen the functions of Adolescent Girl's Club at Anganwadi level
3. Utilise Bala Sabha and Bala Panchayat as fora for the participation and training of children
4. Ensure the participation of children, especially mentally and physically challenged children in programmes like 'Keralotsavam'.
5. Deal with cases of improper conduct against children immediately and do not let children lose their confidence due to such untoward incidents
6. Give importance to the problems of children in Vigilance Committee – when family problems are raised give importance to the safety of children
7. Utilise national celebrations as occasions to display the leadership qualities and participation of children.
8. Encourage Self Help Groups of Children
9. Avoid imposing punishments that have physical and emotional impact both in family and at school.
10. Discourage negative reinforcement as a means of punishment
11. There must be public spaces for children to grow up together and be part of the mainstream development

Children's Report Card

Children should be provided opportunity to decide what they want and evaluate various services delivered to them such as those of schools, hospitals, library, play grounds etc. Children's Score Card can be used for the purpose. School toilet, library, teachers behaviour, playground, public paths, Anganwadi building, medical examinations, drinking water, nutrition etc. must be subjected to such evaluation.

Attitudinal Change

Imposing punishment on children has been the traditional attitude in family, society and school. In such condition children do not get freedom to express their opinions and informed decision making. They are at a loss to decide what subjects they should study, what games they should play, which books to read, whether they can criticise the improper conduct of the teacher or deviate from traditional rites or rituals or whether they can involve in politics. These are only specimens of the problems that they face. In order to provide children the freedom to participate, creative interventions are necessary to remove the attitudinal barriers. Suggestive interventions to ensure children's right to participation are given below:

1. Children's Parliament
2. Bala Panchayat
3. Adolescent Club
4. Students' Councils in institutions for children
5. Children's Libraries
6. Children's Park
7. Resident's Association
8. Family get-together
9. Excursions/Study visits

10. Keralotsavam

Protection of child rights in Mahatma Gandhi National Rural Employment Guarantee Scheme

- **Care of children below 6 years whose mothers are employed**
- **Ayah ' to provide care for the child**
- **Drinking water for children**
- **Shade and shed for children to rest**
- **First aid facilities**
- **Insurance coverage**

Panchayat President, Members of Standing Committees, Working Groups and other Stakeholders can monitor the implementation progress of Comprehensive Child Development Programme through indicators given below

INDICATORS

1. Make efficient the functions of Adolescent Girls Club at Anganwadi level.
2. Utilise Bala Sabha and Bala Panchayat as fora for the participation and training of children.
3. Ensure the participation of children, especially physically and mentally challenged children in programmes like Keralotsavam.
4. Enable the Jagrata Samitis to address the problems of children on time. When family problems are raised give importance to the safety of children.
5. Create public space for children like play ground, reading rooms, parks etc.
6. Observation of special days like 'Children's Day', ' Day of the Disabled' etc.

For further reading ..

Bala Sabha/Bala Panchayat

Bala Sabha

It is a permanent association or union of all children under a Local Government formed by children interested in it at the Neighbourhood level and then federated at Ward level and Community Development Society level and then at District level.

Objectives of Bala Panchayat

- Ensure protection of child rights, welfare, personality development and empowerment of children
- Create awareness among children about local governance procedures
- Create awareness among children about democratic values and various democratic structures and their functions
- Enable children to think about public issues and form opinions about them
- Give training to children to participate in group discussions effectively
- Develop the capacity of children to lead group discussions and report points in plenary.
- Enable them to recognise suitable democratic language and procedure in group discussions
- Develop group dynamics skills
- Enable them to understand problems faced by people and society and suggest solutions

- Function as a forum for leadership training
- Teach children to solve the problems of common man
- Teach children to prepare for public debate
- Create awareness about the constitutional rights of children
- Learn about the democratic system and institutions that work for the welfare and safety of children. Make their services available to the children of the locality
- Plan activities to solve problems relating to learning
- Conduct campaigns to bring child rights, environmental problems, health problems etc to public attention

Membership

- Children from 5 to 18 are eligible for membership
- All children from families coming under a Kudumabsree Neighbourhood Group are eligible for membership in the respective Bala Sabha
- There is no membership fee or monthly subscription
- Primary membership is given only in the Bala Sabha of the locality
- When a child eligible for membership expresses willingness to be a member, her/his name and particulars are entered in the Membership Register.
- Membership of a Bala Sabha should not be below 15 and above 30

Organisational Structure Bala Sabaha

Bala Panchayat system is a collective convergence of the structures formed at different levels namely Bala Sabha, Bala Samiti, Bala Panchayat and District Parliament.

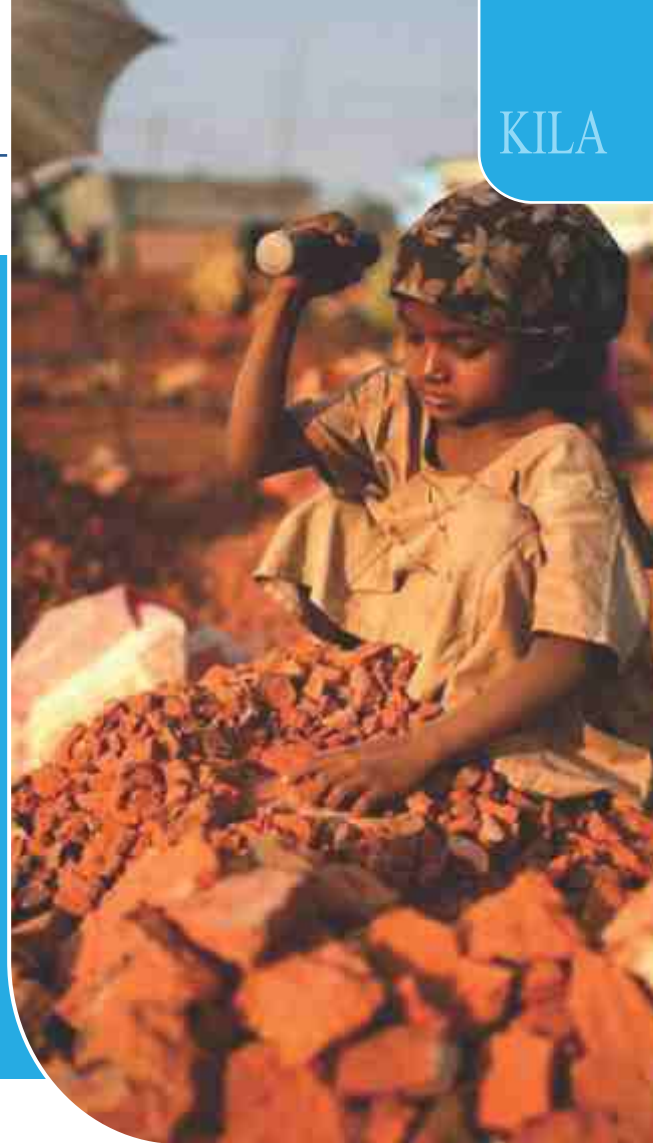
Bala Sabaha
Ward Level Bala Sabha Committee
Bala Panchayat
District Bala Parliament

The Child Support Group consisting of adults and led by representatives of Neighbourhood Groups should give special attention to support and give directions to the system.

- General Body – Bala Sabha consists of all children who are members
- Activities are determined, controlled and decisions taken by the office bearers elected by the Bala Sabha
- President, Vice President, Secretary and Joint Secretary are the office bearers
- There should not be two persons above 15 years of age among the office bearers

Child Labour

Government of India have issued order prohibiting the employment of children below 14 years in houses, hotels, restaurants, wayside eateries, business establishments and entertainment centres from 10th October 2006 according to Child Labour (Prohibition and Regulation) Act 1986. In addition to it the Juvenile Justice (Care and Protection of Children) Act was amended on 22.08.06 including child labourers below 18 years in the list of children who deserve special care and protection.



Many cases of atrocities against children are reported in the State. Quite often atrocities committed inside houses go unreported. Unofficial reports show increase in abuses including sex abuse. The victims of atrocities who face very serious consequences are the following

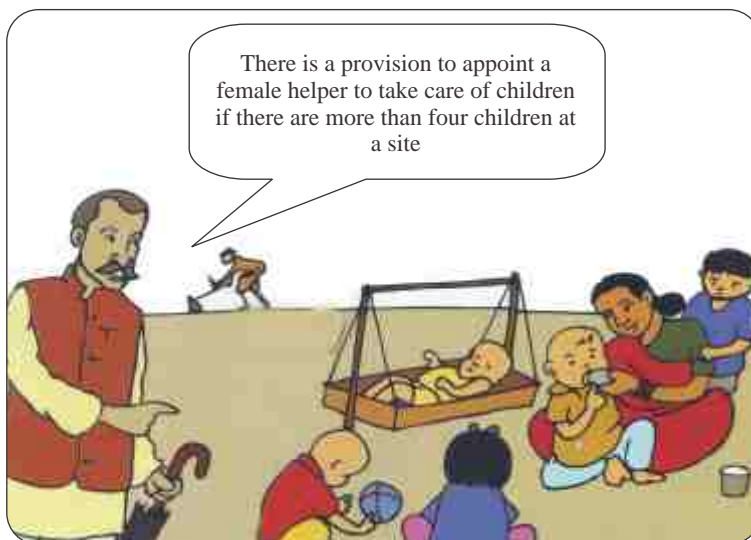
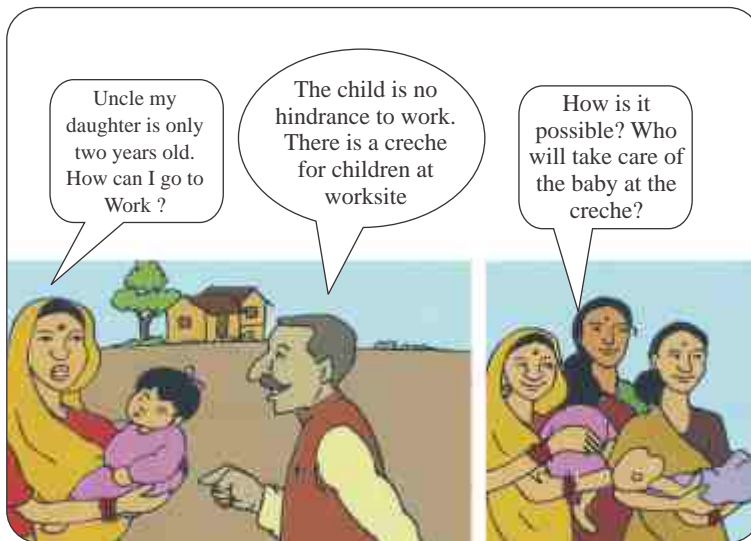
1. Children engaged in begging
2. Street urchins
3. Children used as domestic labourers

4. Children employed in circus
5. Children working in kilns and quarries
6. Children working in construction sector
7. Children engaged in work related to railway tracks and cable laying
8. Children employed in hotels
9. Children employed in tourist centres and small shops at pilgrim centres
10. School dropouts
11. Children in motor workshops
12. Children employed in tea, coffee, rubber estates
13. Children staying in unauthorised institutions
14. Children employed in fishing harbours and boat jetties



All such children are subjected to cruel atrocities that deny them physical, mental and cognitive development. Though there are laws and many agencies for protecting them, the benefits of such interventions do not reach the children. There are at least one lakh such suffering children in our state. The protection offered under the Juvenile Justice Act 2000 is available to less than

2000 children . The benefits of the Child Labourers' Rehabilitation Scheme under Sarva Siksha Abhiyan, various grant in aid schemes of the Central and State Governments etc do not reach the deserving children fully.





Development of Scheduled Caste and Scheduled Tribe Children

Chapter

10



Compared to other States of India, Kerala has made greater achievements in respect of human development index and extension of infrastructure development. So the

State has succeeded, to a great

extent in achieving social justice and economic equality. But the goal of economic inclusiveness is still far away. Among the marginalised groups of Kerala the most neglected are the Scheduled Castes and Scheduled Tribes. Social inequality, denial of civic rights, geographical isolation, ethnic culture, unwillingness to deal with outsiders, primitive traits and economic backwardness are some of their salient features. So to bring their children to the mainstream requires separate comprehensive interventions in all development sectors. Although after independence the Central and State Governments have introduced Special Component Plan and Tribal Sub Plan for their development and Local Governments have tried to strengthen the attempt through decentralised planning it is still doubtful whether we have achieved the vision of comprehensive development of Scheduled Caste and Scheduled Tribe children.

The growth rate of SC and ST population of Kerala is 8.14% and 13.75% respectively. At the national level the growth rate of Scheduled Caste population is 20.55 and that of Scheduled Tribe is 23.30 in the decade from 1991 to 2000 (Economic Review). The growth rate of SC is below general growth rate in Kerala. But the growth rate of ST is higher than the average growth rate as referred in the following tables.

Population Growth Rate of SC & ST Kerala

No	Year	Growth Percentage in decades (%)		
		SC	ST	General
1.	1971	20.00	26.29	26.33
2.	1981	48.02	2.97	19.2
3.	1991	13.26	22.61	14.3
4.	2001	8.14	13.75	9.45

Source: Economic Review

The following table points out the intensity of the backwardness of SC and ST. The solution to the problem is to focus on the education of all SC and ST children between the age of 6 and 18 and also the family features that influence their education namely health, nutrition, remedial teaching and sanitation.

Lack of Basic Facilities – Deprivation Index

Sl No.	District	SC	Rank	ST	Rank	General	Rank
1	Thiruvananthapuram	54.4	13	60.1	10	39.5	11
2	Kollam	47.8	8	50.7	5	30.4	8

3	Pathanamthitta	50.3	10	54.6	7	31.1	9
4	Alappuzha	45.9	6	40.1	3	29.6	6
5	Kottayam	5.1	3	-	-	-	-
6	Idukki	40.8	2	65.3	13	42.7	13
7	Ernakulam	29.3	1	37.2	1	15.5	1
8	Thrissur	42.0	3	37.5	2	24.7	2
9	Palakkad	52.9	12	65.3	12	40.4	12
10	Malappuram	46.2	7	56.8	8	28.6	5
11	Kozhikode	48.8	9	50.9	6	28.3	4
12	Wayand	51.5	11	66.0	14	46.3	14
13	Kannur	43.8	5	57.7	9	29.7	7
14	Kasaragod	62.7	14	61.3	11	37.6	10
15	State Level	47.8	-	57.9	-	29.5	-

Source: Human Development Report 2005 Kerala

Although Human Development Index of Kerala is high and the General Basic Facilities Deprivation Index is 29.5% the deprivation index of SC still remains at 57.9% and that of ST at 47.8%. Lack of basic amenities adversely affect child development.

Kerala is much ahead of other States regarding literacy and general education. But in every aspect of education the State of SC is much backward. When the general literacy percentage rose as a result of the Total Literacy Campaign, the literacy percentage of SC and ST remained comparatively backward. In the

case of general education and higher education the backwardness continues in one way or other. During the 9th Five Year Plan period out of 100 students enrolled in primary class only four students continued studies till Plus Two Level.

Literacy Rate

Sl No.	Census Year	India			Kerala		
		Total	SC	ST	Total	SC	ST
1.	1971	29.45	14.67	11.30	60.42	40.21	25.72
2.	1981	36.03	21.38	16.35	70.42	55.96	31.79
3.	1991	52.21	37.41	29.60	89.81	79.66	57.22
4.	2001	64.36	54.32	47.08	90.86	82.66	64.35

Education and School Enrolment

Level	Total	SC	Percentage	ST	Percentage
L.P	1665993	187508	11.26	33781	2.03
U.P	1452540	161243	11.10	24449	1.68
H.S	1427293	144034	10.09	15882	1.11
Total	4545826	494785	10.84	74112	1.63

Source: Directorate of Public Instructions

The table shows that although school admission in lower classes is in proportion to population, the percentage of SC and ST students gradually decreases in the higher classes

Pass Percentage in SSLC Examination			
Year	Total Pass Percentage	Pass Percentage of SC Students	Pass Percentage of ST Students
2006	69.33	48.58	41.18
2007	82.23	65.17	60.67
2008	92.08	83.37	82.46

Source: Commissioner for Government Examinations

Pass Percentage at Higher Secondary Level (2008)			
Category	Total Number of Students	Number of Students passed	Pass Percentage
SC	29165	15278	52.38
ST	3392	1666	49.12
General	293788	220575	75.08

Source: Commissioner of Government Examinations

The table given above proves the backwardness in the learning standards of SC and ST students.

Problems

1. Health

- a) Inaccessibility to health services
- b) Lack of health education
- c) Unscientific health habits
- d) Lack of sanitation facilities
- e) Scarcity of drinking water
- f) Lack of health care
- g) Increased expenditure of medical treatment
- h) Lifestyle issues

2. Nutrition

- a) Scarcity of food
- b) Under nutrition
- c) Lack of nutrition education
- d) Changed food habits

3. Education

- a) Lack of awareness about the importance of education.
- b) Non availability of education facilities, financial problems.
- c) Lack of remedial education.
- d) Lack of transportation facility.
- e) Lack of reference books, computer etc.
- f) Teacher absenteeism.
- g) Linguistic limitations.
- h) Lack of food.
- i) Sense of estrangement.
- j) Tribal customs.
- k) Apathy of parents.

4. Participation and Motivation

- Reluctance to recognise the cultural tradition of SC and ST
- Denial of opportunity
- Negative attitude of civil society

Decentralisation of power

Schedule 3, 4 and 5 of the Kerala Panchayati Raj Act assign the following functions relating to the development of SC and ST children to the three tier Panchayats.

Grama Panchayats

- Management of Nursery Schools for SC and ST children
- Give assistance to SC and ST children

Block Panchayat

Management of Pre-matric hostels

District Panchayat

Management of Post -Matric hostels

The following offices and functionaries relating to child development are transferred to three tier Panchayats

	Grama Panchayat	Block Panchayat	District Panchayat
SC Development Department	Balwadis, Balwadi cum Feeding Centre, Seasonal Care Centre, Dormitories	Pre-matric Hostel	Post-matric Hostel
ST Development Department	Balwadis, Medical Unit, Nursery Schools, Midwifery Centres, Ayurveda Hospital	-	-

Special Component Plan (SCP)

Each Local Government should formulate a Special Component Plan for the development of Scheduled Castes considering the following factors

1. Provision of basic facilities – Eg: Housing, latrine, drinking water, electricity, road etc.
2. Economic development – Interventions to provide employment and enhance income
3. Improving quality of life – Eg: Education, health, continuing education, arts and sports, culture, social welfare etc.

Tribal Sub Plan (TSP)

Tribal Sub Plan is formulated exclusively for the benefit of Scheduled Tribes. The Local Governments that are allotted funds under TSP must formulate Tribal Sub Plan. The plan has to be prepared according to the procedure mentioned in G.O (Ms) No.128/2007/LSGD dated 14.05.07. The plan has to be formulated considering the special features and indigenous life style of the tribes in such a way that it helps them to address the challenges that they face.

Development programmes for children implemented by SC and ST Development Departments

Education Schemes

1.Nursery Schools (Non Plan)

In order to provide pre-primary education 90 nursery schools are functioning under SC Development Department and 13 under ST Development Department. Though these institutions are transferred to Grama Panchayat in 1995-96 the salary and allowance of teachers /Ayah and the expenditure for noon meal are met by the Department. Annual lump sum grant of Rs. 100/- is paid to each child

2.Pre- matric Education (Non Plan)

Lump sum grant to meet the initial expenses at the beginning of academic year and monthly stipend are paid to SC and ST students up to SSLC class. Repeaters in the same class are paid half of the annual lump sum grant.

The rates of lump sum grant and monthly stipend are given below.

Lump Sum Grant Monthly Stipend			
1.	L.P. Section (I to IV)	Rs. 55/-	Rs. 140/-
2.	U.P.Section (V to VII)	Rs. 60/-	Rs. 240/-
3.	High School Section (VII to X)	Rs. 70/-	Rs, 330/-

3. Post -Matric Education (Non Plan)

Students pursuing studies in different courses after SSLC are paid full fees, annual lump sum grant and monthly stipend irrespective of the annual income of the family. It is applicable to any course in any institution approved by Government or University. Lump sum grant varies from one course to another.

For example:

Plus Two/Vocational Higher Secondary	715/-
B.A, BSc, B.Com, B.Ed or Equivalent	910/-
M.A, M.Sc, M.Com or Equivalent	1010/-
Engineering, Veterinary, Agriculture etc	1500/-
MBBS, MS, MD	2063

Monthly stipend is paid at the rate of Rs.405 to students staying within 8kms of the educational institution and Rs. 475/- to those staying beyond 8 kms. Those who stay in college hostel or any recognised hostel are paid pocket money besides meeting the actual food and accommodation charges. Pocket money is granted at the rate of Rs. 120/- to students of medical and engineering courses, Rs. 100 for other courses and Rs. 70 to inmates of DMH under the department E-Grant system has been introduced so that all educational assistance can be received online through Bank ATM

4.Distribution of Dress (Non- Plan)

Two sets of uniform are distributed to all ST students studying in lower primary classes of Tribal Schools and Welfare Schools. The expense of one student is limited to Rs. 500/.

5.Boarding Grant (Non- Plan)

Inmates of hostels run by NGOs and approved by Government are paid Rs. 500/- as boarding grant.

6.Incentive to Parents of ST Children (Non- Plan)

Incentive of Rs. 50/- for a month limited to Rs. 500/- for ten months is paid to the parents of ST children for sending their children regularly to school. Parents are paid incentive on the basis of 75% attendance of the student for an academic year (from June to February).

7.Tutorial Scheme for School Students and Failed Candidates of Examination

The scheme aims at providing special coaching to prepare ST students for year end examinations of High School, Plus One and Plus Two levels. Parents of students are paid tuition fees for sending their children to tutorial institutions.

Important Components of the Scheme

1. Tuition fees for ST students of High School, Plus One and Plus Two classes

2. Financial assistance for tutorial education of ST students failing in examinations
3. Girivikas implemented by Nehru Yuvak Kendra and Gurukulam Schemes implemented by Attapady Farming Co-Operative Society.
4. Crash coaching programme before one month of examination given under the supervision of District level officers of ST Development Department
5. Special incentive to talented students (plan)

The scheme is for giving special incentive to talented SC and ST students who are educationally backward. Special incentives at the rate of Rs. 3000, 4000 and 6000 are given to students who obtain first class in SSLC, Plus Two, Degree and Post Graduate examinations respectively. Besides incentive is paid at the rate of Rs. 2000/to 20 ST students each from Wayand, Palakkad and Malappuram Districts and 10 students each for other districts who obtain maximum marks below first class in SSLC examination.

Similarly for 5 students each from Waynad, Palakkad and Malappuram Districts and 2 from other districts obtaining maximum marks below first class for Plus Two and Degree Examinations are paid incentive at the rate of Rs. 3000/-. The incentives for SC students are given below.

Incentives to SC Students		
	First Class	Distinction
SSLC	750	1500
Degree	1500	3000
Post Graduate	2000	4000

8.Ayyankali Memorial Talent Search and Development Scheme (Plan)

The scheme aims at providing quality education to and SC and ST students. Until 2005-06 beneficiaries were selected on the basis of a competitive examination held for ST students of Standard IV and VII. Now that the ST students of standard V to X are covered under the scheme, competitive examination is held for students of standard IV and scholarship is given from standard V onwards since 2006-07. The scholarship continues upto standard X. From the next year onwards competitive examination will be held for students IV and scholarship will start from standard V. To ensure quality education the students will be provided the expense for books, hostel, special tuition, health care and counselling.

9.Bharat Darshan – Tours and Excursions

The scheme aims at providing financial assistance to talented SC and ST students below poverty line studying in Plus Two, Degree, Post Graduate and Professional Diploma Courses to participate in tours and excursions.

10.Education at settlements

The scheme proposes to give education to special backward tribals at their settlements using the service of touring teachers. In the beginning 100 bright youth are selected from STs and provided training. They will go to tribal settlements and impart primary education to children. It is done to create an interest in education in their natural habitat and when the students reach second and third standard they will be admitted in hostels

11.Ensuring quality education to SC and ST Students

The programme intends to raise percentage of school admission of SC and ST students to 100, provide hostel facility, conduct tests to evaluate standard of education, conduct remedial teaching course, start special coaching centre, give guidance to participate in admission tests and to enroll bright students in famous educational institutions

12.Improving Infrastructure of Pre- Matric Hostels

There are 108 Pre-matric hostels under the department. The Central Government allotted 5 crore rupees in 2004-05 and 1.5 crore in 2005-06 for the infrastructure development of these hostels. The incomplete projects under the scheme were completed in 2007-08. In the coming years funds will be utilised for the infrastructure development of hostels, especially for construction of additional buildings, furniture, laboratory and drinking water.

Educational Institutions

13.Modification and functioning of Pre matric Hostels

The habitats of SC and ST are located in places without educational facilities. So to satisfy their educational needs 108 Pre matric hostels are run by ST Development Department and 90 hostels are run by SC Development Department. The students staying in the hostels are provided free accommodation, food, text books, study aids and dress. The hostels of SC Development Department are transferred to Panchayats.

14.Model Residential School (Plan)

Model residential schools are opened to provide good quality education to SC and ST students in the model of public school with residential facilities. There are 18 Model Residential Schools/Asram Schools functioning under ST Development Department and 9 such schools are functioning under SC Development Department. The schools are controlled by the Kerala SC and ST Educational Society. Students of residential schools are provided free food, accommodation and educational expenses. Applications for admission are invited in December-January every year. Admission is based on entrance examination. The ceiling of income for parents seeking admission for children is one lakh rupees.

15. Post Matric Hostel (Plan)

Post matric hostels are opened in Thiruvananthapuram, Kozhikode and Palakkad districts by the ST Development Department for SC and ST students studying in post matric courses. There are 17 post matric hostels under SC Development Department. Free food and accommodation are provided to all inmates. Application for admission to the hostel should be submitted to the ITD Project Officer/Tribal Development Officer concerned through the Head of the educational institution

16. Vocational Training Institute (100% Centrally Sponsored Scheme)

One Industrial Training Centre each is functioning at Kuttamala, Nedumangad in Thiruvananthapuram District, at Puthedath in Idukki District and Ranni in Pathanamthitta District with hundred percent central assistance to impart training in the subjects approved by National Vocational Training Council. There are 44 ITCs under the SC Development Department.

17. Industrial Training Centres (Non Plan)

There are 20 model training centres under SC Department that impart training in technical trades such as sewing, weaving, carpentry and cane work.

18. Production Training Centre (Non Plan)

A production training centre is functioning at Anappara in Thiruvananthapuram District for SC and ST students. In addition to the above mentioned schemes the following projects are implemented by SC and ST Development Departments.

19. Other programmes of SC and ST Development Department, Kerala

1. Admission of bright students in private boarding schools
2. Fee concession in recognised aided schools
3. Admission of talented students in Sree Ayyankali Memorial Government Model Residential Sports School

4. Pre examination Training Centres (3 nos)
5. Coaching Centre for Civil Service Examination
6. Centre of Excellence (Trust)
7. Book Bank
8. Temple Entry Proclamation Memorial Scholarship/Award
9. Award for rank holders
10. Assistance for study in self financing institutions
11. Para-medical Education Institution (4 Nos)
12. Assistance to students studying in other Indian States

Approach to be followed by Local Governments for the Development of SC and ST Children

- Programme for the physical and mental development of children
- Protection from all kinds of exploitation
- Provision of good quality education
- Nutritious food
- Health protection
- Special package for the challenged
- Provision for knowledge and sports development
- Friendly and indiscriminate school environment

Action Plan for Implementation

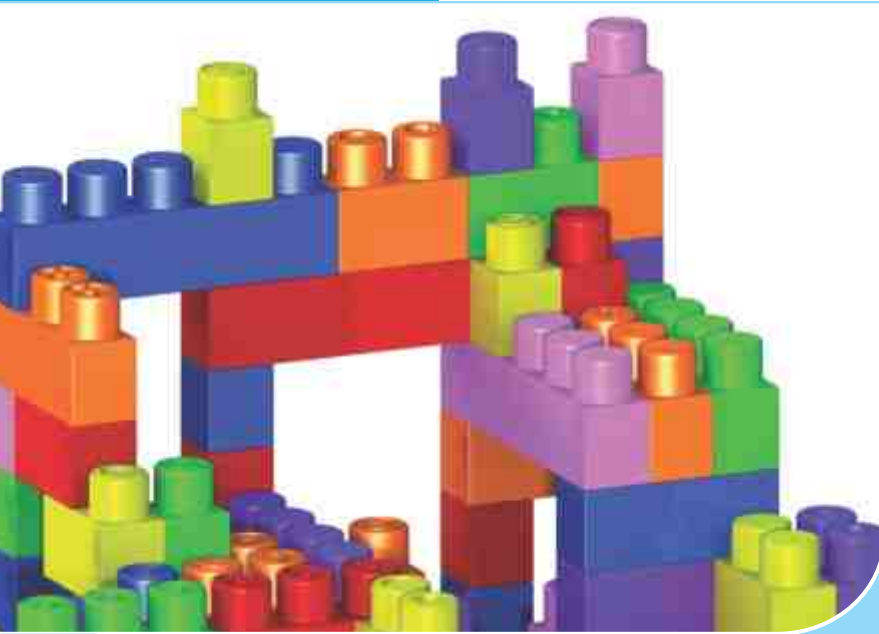
- Open Balawadi (Cresches) for children of working parents
- Provide standard facilities in Anganwadis
- Open more Anganwadis in settlements
- Provide breakfast, uniform, bag, umbrella and notebooks
- Provide transportation facilities – vehicle, cycle etc.
- Enrol all children in schools and retain them
- Arrange remedial teaching classes
- Special tuition to High School and Higher Secondary School students
- Organise entrance coaching to prepare students for entrance examinations of professional courses
- Financial assistance to students of technical/professional courses
- Provide vocational training
- Organise Bala sabha/Bala Panchayat
- Identify and encourage talented children
- Encourage sports and arts
- Provide opportunities for acquiring knowledge
- Organise excursions and study tours
- Adopt bright poor students
- Organise counselling courses
- Ensure rehabilitation of all challenged children (Aids and appliances, medical care)
- Recognize children with proven talents and their parents
- Ensure Health Card for pregnant women and children up to 18 years
- Free medical treatment to address learning disabilities and health problems

Panchayat President, Members of Standing Committees, Working Groups and other Stakeholders can monitor the implementation progress of Comprehensive Child Development Programme through indicators given below

Indicators

1. Open more Anganwadis in settlements (Proportionate - one Anganwadi centre/300 population)
2. Enrol all children in schools and retain them (Rate of enrolment & retention)
3. Organise Balasabha/Bala Panchayat (Number covered in settlements)
4. Rehabilitation of all challenged children (Medical treatment and care)
5. Health card to all pregnant women and children aged up to 18 years
6. Cultivate values in younger generation (Reduction in number of substance use)
7. Declare school area as zero zone





Chapter

11

**Formulation of
Comprehensive Child
Development Plan**

The aim of Comprehensive Child Development Plan is to make available the services and environment necessary for the physical, mental and social development to all children.

Who is a child?

All human beings starting from conception to 18 years of age are children . India is a signatory of the Child Rights Convention approved by the UN in 1989. So our country is legally bound to protect child rights. The Government of India formulated Action Plans in 1994 and 2004 for time bound implementation of the provisions of the Convention on Rights of Child. The State Government also announced its Action Plan for children in 2004 in conformity with the Central Action Plan.

According to the provisions of the Action Plan of the Central Government, the institutions and officials at the local level that work for protecting the rights and comprehensive development of children are transferred to the Local Governments and hence they are under the control of Local Governments. Moreover most of the Centrally and State sponsored schemes for children are implemented by Local Governments. In this context the Local Governments are primarily responsible for the effective implementation of the activities under the Comprehensive Child Development Plan.

Responsibilities of Local Governments

The Constitution of India and Kerala Panchayati Raj and Municipalities Acts have given powers to Local Governments to formulate and implement local development plan. Using the powers devolved to them, the Local Governments should formulate plan relating to the development sectors assigned to them. While formulating plans for development of different sections under different development sectors, prime consideration should be given to the development of children. The priority that Local Governments should give to child development becomes clear from the fact that the Local Governments are not only given the responsibility to formulate plans, but also the funds, institutions and officials to implement the same.

Comprehensive Child Development Plan is formulated by introducing new schemes as well as by integrating different department schemes at local level making effective use of the existing institutional and official system

Why Comprehensive Development Plan for Children?

In order to get special consideration for children in the Plan and Non Plan activities of Local Governments, interventions are necessary in all spheres related to children. To make this happen all existing programmes and systems have to be consolidated and integrated suitably in addition to introducing new interventions. To make it possible every Local Government must formulate a separate Comprehensive Development Plan for children

Guidelines for Formulation of Plan

Separate directions and conditions for child development are given in the Guidelines issued by Government regarding plan formulation of Local Governments and norms for subsidy.

Examples:

- Allotment for Anganwadi nutrition programme and SSA activities are made mandatory
- Allocate at least 5% of development fund for children, the aged and the physically and mentally challenged.
- Allocation of funds for study aids and uniform of ST children
- Scholarship for physically and mentally challenged children
- Make available facilities like toilet, drinking water and play ground to Schools and Anganwadis

Plan Objectives

Each Local Government should formulate a Comprehensive Child

Development Plan to achieve the following objectives.

- Child – friendly Panchayat/Municipality.
- Protect all rights of children mentioned in the Central and State Action Plan for children.
- Eliminate all forms of denial of justice, atrocities and abuse of children.
- Formulate innovative projects for the physical, mental and social development of children to achieve the objectives mentioned above.
- Enhance the quality and effectiveness of services made available to children through the existing systems and by creating new ones.
- Provide better facilities and services in institutions that render direct or indirect services to children.
- Publish a Citizen's Charter for children and protect their rights.

Approaches and Perspectives

What should be the approach and perspectives of Comprehensive Child Development Plan? The following points must be considered while formulating the plan. Modifications may be made considering the needs of the locality.

a) Mainstreaming of development activities for children

Mainstreaming is possible not only by formulating separate plan for children but also there should be a child -friendly approach and considerations in the projects of all development sectors and in the activities of all institutions and also plan processes.

b) Convergence Approach

Side by side with the physical, mental and individual development the survival, protection, participation and social development of child should be given equal importance. Each cannot be attained separately. Hence there is the need for a convergence based perspective and approach. Only then the plan becomes rights based.

c) Comprehensive Approach

The services and facilities due to children must be made available to them in the right quality, right quantity and at the right time. Health-education services, nutrition, sanitation, social interactions, family environment etc. are integrated factors that influence child development. Therefore the child development approach should be comprehensive.

d) Integrated Approach

Comprehensive Child Development is possible only by integrating the activities of different institutions, development departments, panchayats of different tiers, and governmental and non governmental agencies. The objectives of the plan can be attained only when the different activities are integrated at the Grama Panchayat or Municipality level.

e) Child Budget

Adequate funds must be earmarked in the annual budget to address the problems that impede the development of children and to fill the critical gaps. A budget note that reveals the motivation, approach and perspectives for such allocation must be prepared. A note containing the guidelines for the preparation of budget note is given as appendix to this chapter.

f) Comprehensive Child Development Plan

Each Grama Panchayat/Municipality should formulate a Comprehensive Child Development Plan to attain the above mentioned objectives in a time bound manner incorporating the perspective and approach and utilising the possibilities of convergence and integration (The process of Comprehensive Child Development Plan formulation is described later)

g) Detailed Action Plan

After formulating the Comprehensive Plan, the activities to be carried out as part of the implementation of projects contained in the plan, and activities that are not part of the projects must be detailed in the Action Plan. Who will do what and when to address a particular problem must be clearly stated in the Action Plan. A model Action Plan is given in the Annexure.

Process and Procedure for the formulation of Comprehensive Child Development Plan

The State Government have stipulated a procedure to formulate local development plan based on participatory planning methodology. The Comprehensive Plan must follow the procedure and at the same time attempt should be made to make it more meaningful. The process and procedure for the same are given below

1.Strengthening and Reconstitution of Working Groups

The existing Working Group for child and woman development has to be strengthened for the purpose of Comprehensive plan formulation. The non functioning members have to be dropped and active members to be inducted. Only members having interest and clear perspectives and willing to do voluntary work and devote time should be included. Maximum 20 members will do. There should be a deliberate attempt to enlist the service of experts in health education, child rights, sanitation, nutrition, social security, drinking water and engineering. Other directions issued by the State Government regarding constitution of Working Group should be followed

At least one member of the Working Group for Woman and Child Development should be nominated in all other Working Groups on the basis of a resolution by Panchayat / Municipality

2. Constitution of Core Committee at Panchayat/Municipality Level

A core group may be constituted in the following manner Chairperson

Chairperson	President of the Local Government
Vice Chairperson	CDS Chairperson
Joint Convenor	ICDS Supervisor
Members	Three members selected from the Working Group for Woman and Child development
Responsibilities	Constant monitoring and evaluation of the formulation and implementation of Comprehensive Child Development Plan. Make necessary interventions, if necessary

3. Status Report

The responsibility to prepare Status Report is vested with the Working Groups. The following procedure is to be followed

a) Data Collection

What are the data to be collected? All data pertaining to children must be collected. Eg: health, education, sanitation, drinking water, child labour,

atrocities, violence, anti-social activities, nutrition, family environment, social transactions, arts – sports and cultural activities etc.

What kind of data are to be collected?

Data about present status, problems, challenges and needs relating to all areas mentioned above.

How can data be collected?

Primary Data Collection	-	Survey, Interview, Focused Group Discussion etc
Secondary Data Collection	-	Existing Institutions and their services, schemes of departments, Central and State Sponsored schemes, intervention made by Grama Panchayat/Municipality, interventions of other tiers of Panchayat

Groups of two or three members of the Working Group may be entrusted with the task of data collection. Necessary formats may be designed for data collection

b) Data Analysis

It is the responsibility of Working Group to analyse the data. All data must be analysed. While analysing data each development sector (Eg: health, nutrition, drinking water, education, sanitation, physical development, social development, mental development, participation etc) and sub sectors (Eg: health of baby in womb, health of newborn child, health of child etc.) must be considered separately. The following format can be used for data analysis.

Sl. No	Development Sector	Sub Sector	Present Status	Problems	Causes	Suggested interventions	How can the interventions be made					Amount required if intervention is to be made by Grama Panchayat / Municipality
							Improving the present system	Improving the efficiency of Department Schemes	Through Centrally and State Sponsored Schemes	Through other tiers of Panchayat	Grama Panchayat / Municipality interventions	
1	2	3	4	5	6	7	8	9	10	11	12	13

Note : Column 5 and 6 are to be filled on the basis of data collected. The suggested interventions to solve problems are to be specified in columns 7 to 12.

c) Preparation of Status Report

The responsibility of writing the report is with the Working Group. It can be prepared after completing data collection and analysis. The structure and content of Status Report are given below.

1) Present Status

To be written on the basis of statistics about each development sector and sub sector

2) Institutions, services and officials

The details of institutions working directly or indirectly for child development are to be entered in the following format

Sl No	Name of Institution	Number of Officials*	Services to be rendered by the institution**	Items of service provided	Range and quality of service***

Example:

* While stating the number of officials in PHC the number of ASHA workers should be shown separately

**Items of service provided by PHC includes medical treatment of children, vaccines, health education, sensitisation of pregnant women and breast feeding mothers, house visit, school health programme etc.

*** Range of service means the number of persons expected to get service and the number of persons who actually get the service

3) Centrally and State Sponsored Schemes

Sl No	Name of CSS or SSS	Activities	Items of service to be provided	Items of service provided	Range and quality of service

Details of SSA, NRHM, ICDS, School noon meal programme, MGNREGS (facilities for children to be provided at worksite), Kudumbasree, Bala Panchayat, TSC, Programmes of Social Security Mission, Social Welfare Department Schemes (Counselling of School students) Child Development Committee Programmes, SC and ST, Fisheries Department Programmes etc relating to the locality have to be included in the report

4) Schemes Implemented by other Tiers of Panchayat

(Previous Year)

Sl. No	Name of Project	Objectives		Achievement		Project wise	
		Economic	Physical	Economic	Physical	Expected	Achieved

5) Schemes Implemented by Grama Panchayat

(Previous Year)

Sl. No	Name of Project	Objectives		Achievement		Project wise	
		Economic	Physical	Economic	Physical	Expected	Achieved

- 6) Reasons for the success or failure of projects implemented by Grama Panchayat/Municipality
- 7) Existing problems and the reasons there of, needs, gaps (Development sector-wise and sub-sector wise on the basis of data)
- 8) Solutions (Development sector and sub-sector wise on the basis of statistics)
- 9) Possibilities: The intervention to be made by Grama Panchayat/Municipality or other tiers of Panchayat with regard to Centrally and State sponsored schemes, Departmental schemes, Non Governmental Organisations by improving and increasing the efficiency of existing systems must be categorised and tabled. A lot of things relating to the Survival, Protection, Development and Participation of children can be done by improving the present system. Instead of improving it, new projects must not be taken up to do the same. For example nutrition problem can be solved by efficient implementation of Anganwadi School feeding programmes. Participatory rights of children can be protected by improving Bala Panchayat and Bala Sabha.
- 10) Policy, Goal and Strategy

Policy, goal and strategy are to be entered in the table given below

SI No	Development Sector	Sub Sector	Policy	Goal	Strategy

Development Sector	-	Nutrition
Sub Sector	-	Malnutrition in children
Policy	-	Solve the problem of malnutrition by improving the existing system
Goal	-	Panchayat without any child suffering from malnutrition
Strategy	-	Poverty alleviation programme, propagation of healthy food habits, increasing efficiency of Anganwadi School feeding programme

11. Fixing Priorities

There may be many problems/needs relating to each development sector and sub sector. Programmes for increasing infrastructure facilities and improving service delivery may become necessary. But all these cannot be done at once. Some of the issues can be addressed by utilising or improving the existing systems, some may be addressed by other institutions or agencies and some by formulating projects by Grama Panchayat/Municipality. Priority has to be fixed depending on the importance of the need and intensity of the problem. Priority can be shown in the following table. This has to be done based on the information available in the data analysis table.

SI No	Development Sector	Sub Sector	Necessary Actions on priority basis	Reason for prioritisation

12. Convergence and Integration Possibilities

After tabulating all the necessary actions according to priority, how each activity has to be performed must be examined. At this stage all possibilities of consolidation and integration have to be explored. This can be done only if the examination is carried out in the following manner. The information available in the data analysis table has to be used to tabulate what has to be done to solve each problem.

- Problems that can be solved by existing system/institutions
- By making existing system institutions more effective
- By making the existing official system more effective
- By involving clubs, reading rooms, private hospitals, Non Governmental Organisations, other agencies/institutions or voluntary workers
- By departmental programmes
- By Centrally and State Sponsored schemes
- With the co-operation of other Local Governments

Such an examination is possible only if all members of the Working Group are involved in the process. Members of other Working Groups, Heads of Government and private institutions, NGOs, clubs, reading rooms etc should also participate in the process.

2. Comprehensive Plan

The Comprehensive Plan has to be formulated in such a way that the Survival, Protection, Development and Participation rights of children are taken care of. The frame work of Comprehensive Plan can be prepared in the following format.

Sl No	Development Sector	Sub Sector	Proposed Action Plan				
			By making the present system more effective	Through ongoing Centrally and State Sponsored Programme	Through organisations and private institutions	Through other tiers of Local Government	By the Grama Panchayat or Municipality

Note :

- i. Sectors like health, education, nutrition, sanitation, drinking water, physical development, mental development, social development must be separately dealt with
- ii. The proposed action plan for each sector may contain activities for enhancing the range and quality of services and improving or developing infrastructure facilities. Both activities have to be recorded.
- iii. It should be stated how the activities are going to be carried out by enhancing the efficiency of which institution what officials and which functions
- iv. The names of Centrally and State sponsored Schemes and the activities to be carried out through the schemes should be mentioned
- v. Which NGO/Institution should carry out which activity to what extent must be specified
- vi. Which Local Government would carry out which activity must be specified

vii. The activities to be implemented by Grama Panchayat/Municipality under comprehensive plan can be divided into two categories.

- a) Non-plan activities implemented using own fund
- b) Plan activities included in the annual plan formulated according to the guidelines issued by Government

3. Preparation of Project Proposals

Many activities included in the comprehensive plan need not be projectised for implementation. For such activities there is no need to prepare projects. But many activities have to be projectised and approval obtained before implementation. In the case of such activities project proposals are necessary.

Projects can be prepared for implementation utilising the funds of the Local Government or utilising various resources like voluntary work, public contribution, allotments from Central or State sponsored schemes or funds given by other Local Governments. But while allocating funds, plan formulation guidelines, subsidy assistance norms and guidelines of the programme under which allocation is made must be followed. Draft project proposals may be prepared in the following format.

Sl No	Name of Project	Proposed activities	Beneficiaries or beneficiary area	Sources of fund				Allocation

4. **Discussion with Working Groups**

The responsibility of holding discussion with Working Groups lies with the core group. The draft comprehensive plan and project proposals are to be discussed with all Working Groups because many of the activities proposed may be related to other Working Groups. Moreover some of the projects also have to be prepared by other Working Group. Discussions are to be held at two levels. First the Comprehensive Plan and all project proposals are to be discussed in the General Body of all Working Groups. Secondly the activities and project proposals relating to a particular Working Group are to be discussed in that Working Group.

5. **Discussion with Stakeholders**

The responsibility of the discussion lies with the Working Group for Woman and Child Development. Stakeholder discussion is conducted participating those persons interested in any aspect of child development, experienced persons, persons with practical experience, experts, well wishers and organisations and institutions interested in child development. Both the comprehensive plan and project proposals are to be discussed. The plan and project proposals have to be modified based on the suggestions of the meeting. Then they are to be submitted to the Panchayat Council.

6. **Discussion in Grama Sabha**

This responsibility lies with the Working Group for Woman and Child Development. The Comprehensive Plan and project proposals prepared according to the guidelines are presented and discussed in the Grama Sabha. Two members of the Working Group should attend the Grama Sabha to explain the draft plan and project proposals and facilitate discussion.

7. **Preparation of Draft Plan**

There should be a separate chapter in the annual plan document of the

Local Government that deals with the special programmes for child development. It may be written in two or three pages of descriptive matter with the Comprehensive Plan and project proposals coming in the end.

8. Development Seminar

In the Development Seminar organised by the Local Government as part of the plan formulation procedure, this subject has to be presented for discussion and seriously discussed. The Working Group and Core Group should see that the important persons associated with this sector participate in the seminar and the group discussion is held in a meaningful manner. Necessary changes may be made in the Comprehensive Plan and project proposals based on the suggestions arising in the seminar.

9. Writing Project Documents, Data Entry and Vetting of Projects

Most of the projects for child development may be prepared by other Working Groups. To facilitate the writing of project documents a meeting of all Working Groups that should prepare the projects must be convened. The aims and objectives of projects, activities, resources etc should be presented and the Working Groups may be asked to prepare project documents accordingly. The projects that are to be prepared by the Working Group for Woman and Child Development have to be prepared by that Working Group.

After the projects are prepared and data entry completed, the print outs of projects must be verified by the Working Groups concerned to see that the projects are prepared in the prescribed manner.

10. Discussion with Standing Committees

This responsibility lies with the Working Group for Woman and Child Development. All projects should be discussed with all Standing Committee and they should be convinced about the need, relevance and

feasibility of each project and approval of each project obtained from the Standing Committee concerned.

11. Plan Approval

The approval of Panchayat Council has to be obtained for the plan in accordance with the rules for approval of plan. When the plan is approved administrative sanction is deemed to be accorded to all projects included in the plan.

12. Vetting by TAG and approval by DPC

The projects are then vetted by TAG and made worthy of approval by rectifying any defects or drawbacks and making them conform to guidelines and subsidy and fund appropriation norms. This is made possible through interaction between TAG members and members of Working Groups. With the vetting of TAG it should be ensured that all projects are eligible for the approval of DPC.

Child Budget – Budget Note

A budget note is prepared on the basis of status report and the projects included in the Comprehensive Plan. Then the budget has to be prepared in the prescribed format allocating funds from plan and non- plan heads based on the approved Comprehensive Plan and the projects included in it. The child budget prepared in this manner has to be made part of the annual budget and approved by the Panchayat/Municipality.

Plan Implementation

The Working Group for Woman and Child Development should take necessary steps to ensure that the Comprehensive Plan and projects are implemented in an effective and time bound manner. An Implementation Calendar may be prepared fixing in advance who will implement what activity and when. The Working Group should make necessary preparations and organise activities to ensure that each activity mentioned in the calendar is implemented within the scheduled time. The Working Group should also give directions and support to

the implementing officials and agencies.

Monitoring and Evaluation

The Comprehensive Plan and projects must be monitored and evaluated carefully. Details are given in the next chapter

Conclusion

Every society has the responsibility to cultivate an object oriented future generation. At present this responsibility can be performed best by Grama Panchayat/Municipalities. Administration with vision and direction and officials with dedication and commitment would like to work in this sector, because it is the best service they can render to the future generation. The Comprehensive Child Development Plan is the first step towards this goal.





Chapter

12

Monitoring and Evaluation



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Comprehensive Child Development Plan is an innovative intervention for human development. This programme with lofty goals and objectives has not been tried anywhere in India and therefore there are no models. Human development is very complex and the issues involved are unique. So the activities relating to child development are not confined to any sector or institution.

Healthy child development can be achieved only through concerted interventions considering the age, individual features and multifaceted problems at different levels. Because of these special features the development of children is inextricably linked with various services provided by different service networks such as Health, Education and Social welfare. The integration and convergence of these activities for the time bound achievement of objectives of the Comprehensive Child Development Plan is a challenging task.

The Local Governments can implement the activities of different institutions that are not directly managed by them only through a goal oriented management system. The most suitable methodology for such a complex management system is continuous monitoring and evaluation.

Monitoring is inevitable for the smooth implementation and achievement of objectives of any programme. Monitoring is a system that ensures that a project is implemented in a time bound and systematic manner so that the objectives are fully attained. Monitoring generally has three components.

1. Written progress report, income – expenditure statement, problems and solutions.
2. Direct quantitative and qualitative examination to determine the quality of work.
3. Evaluation, evaluation meetings and remedial measures.



The first step is to assess the project activities by the three procedural components. It is from the information obtained by this exercise, the activities of different institutions and sectors are evaluated.

Monitoring

Monitoring cannot be conducted on the basis of documents alone. That is why a meeting of all important actors are convened monthly or once in three months to evaluate the progress. The purpose of such meeting is to seek details and clarifications to get a real picture of the progress of implementation. This is done by the Chairperson of Standing Committee on the basis of the consolidation of reports received from time to time. Instead of putting the blame on someone the reasons for problems must be traced and solutions are to be invited from the actors themselves in the form of suggestions. The leadership has to ensure necessary support and mutual co-operation. See the format for preparing periodic monitoring reports to be submitted from different sectors.

Monitoring Indicators

Each programme and organisation has certain pre-determined goals. The progress report of work points out how the organization is functioning. The objectives of each intervention are to be quantified beforehand. The efficiency of each intervention is measured by the percentage of achievement of the objectives. That is why it is directed that the objectives of each work and project are to be determined in advance. See the Objective Setting Index prepared in the case of Action Plan for children and Millennium Development Goals for achieving the goal of child – friendly Panchayat. An example of indicator used for data analysis is given below.

Example:

Number of children eligible for nutrition for a month in Anganwadis	600
Number of children who were provided nutrition for the month	480
Percentage of children who were provided nutrition	$480 \times 100 / 600 = 80\%$
Deficit in service	20%

Why there was deficit and how the problem can be solved are to be evaluated

The main purpose of monitoring and evaluation is to assess the objectives, achievements and deficits of all important activities of each organisation in this manner. The information necessary for decision making is obtained by analysing the data using certain indicators. The data is obtained by consolidating the reports received from different sectors. The system that consolidates and analyses statistics obtained by various interventions, converts them into information and takes remedial measures is known as Management Information System.

Monitoring Committee

As directed in the Plan Formulation Guidelines the Working Group of each development sector later function is Monitoring Committee. The Monitoring Committee is constituted to evaluate project implementation. Under the circumstances, as institutions and services of development sectors are to be evaluated in addition to projects it is better to entrust the responsibility of monitoring either to the Panchayat Council or to a Core Committee constituted by the Panchayat.

Monitoring Indicators

Important development sector wise monitoring indicators necessary for monitoring the progress of Comprehensive Child Development Plan are given below. These indicators can be used by the Panchayat President, Members of Standing Committees, Working Groups and other persons interested in child development.

The monitoring indicators basically include two categories

1. Development sector based indicators – Health, education, social security, SC and ST development, sanitation
2. Rights Based Approach – Survival, Participation, Development, Protection

If a Local Government monitors the progress of the Comprehensive Development Plan on the basis of the most suitable and viable indicators selected from those given below, it can attain the goal of child – friendly Panchayat/Municipality. In the case of the monitoring indicators given below the benchmark and standard have to be fixed.

Health

1. Registration of pregnant women
2. Health check ups of breast feeding mothers and pregnant women
3. Health card for pregnant women
4. T.T. Injection to breast feeding mothers and pregnant women

6. Birth registration
7. Exclusive breast feeding
8. Universal immunization
9. Anganwadi nutrition
10. Growth monitoring
11. Implement Take Home Ration Strategy properly for children below 3 years
12. School health check ups, school health card
13. School noon feeding programme
14. Adolescent Girls' club
15. School Counselling
16. Supplementary Nutrition Programme for breast feeding mothers and pregnant women (only for eligible persons)
17. Iron and Folic Acid tablets for breast feeding mothers and pregnant women
18. Free vehicle service for pregnancy care and delivery for weaker sections
19. Vitamin- A tablets for children
20. Efficient Public Distribution System
21. Janani Suraksha Yojana
22. Baby Friendly Hospital Initiative

Education

1. Timely Enrolment
2. Own building for Anganwadi
3. Baby friendly toilet
4. Indoor and outdoor play equipments
5. Pure drinking water
6. Hygienic kitchen and clean utensils
7. Toilets with minimum standards
8. Enrolment of children of migrant workers in Anganwadi
9. Minimum Standards for infrastructure
10. Green Initiatives in schools

Protection

1. School Vigilance Committee
2. School PTA, MPTA
3. School Adolescent Clubs
4. School Counselling
5. ICDS-Adolescent Girls' Clubs
6. Jagrata Samiti
7. Prevention of marriage before prescribed age
8. Prohibition of sales of substances like drugs, alcohol, tobacco
9. Zero Zone declaration
10. Citizens' Charter for of child- centric services

Services for Physically and Mentally Challenged Children

1. Basic database on children
2. Disability medical examination
3. 100% pension coverage
4. 100% BUDS School service coverage
5. Special Grama Sabha
6. Scholarship for physically and mentally challenged children
7. Barrier free access

Sanitation

1. Availability of pure drinking water
2. Water Card
3. Hygienic kitchen and clean utensils
4. Latrines with septic tank

Participation

1. Enhance efficiency of functioning of Adolescent Girls' Clubs in Anganwadis
2. Develop Balasabha and Bala Panchayat as fora for training and participation of children
3. Ensure participation of all children, especially physically and mentally challenged children in programmes like Keralotsavam

4. Enable Jagrata Samiti to focus on problems of children. Give due consideration for child security while dealing with family problems
5. Creation of public space for children to come together and participate in mainstream development- library, play grounds
6. Observation of special days like children's Day', 'Disabled day' etc.

Scheduled Caste and Scheduled Tribe

1. Health card for pregnant women and children up to 18 years
2. Opening of Anganwadis in settlements
3. Enrolment and retention of all children of school going age
4. Balasabha – Bala Panchayat
5. Rehabilitation of all disabled children (Assistive medical devices and care services)
6. Cultivate values among young generation (Reduction in the rate of alcoholics and use of substances)
7. Declare school premises as Zero Zone
8. Strengthen Jagratasamiti, School Vigilance Committee, School PTA, MPTA

Important Offices and Institutions Associated with Child Development

a) Child Welfare

Director of Social Welfare
VikasBhavan, Vth Floor,
Thiruvananthapuram -33
Phone: 0471-2302887

Major Mission

Adoption, Integrated Child Protection Scheme, ICDS, JJ Act Institutions, Registration and Grant for Orphanages, Probation Services, Prohibition of Dowry, Senior Citizens' Right Protection Act. District Social Welfare Officers may be contacted for services at District level.

Kerala State Social Security Mission implements several programmes with a focus on social security pensions and care packages. The Mission can be contacted in the address given below:

Executive Director
Kerala State Social Security Mission
Poojapura, Thiruvananthapuram

b) Children with Disabilities

Commissioner for persons with disabilities	-	Rights Protection Authority Kerala Secretariat Annexe Thiruvananthapuram
Recognition of non educational institutions for the disabled	-	Director of Social Welfare Thiruvananthapuram swd.kerala.gov.in

Recognition of educational institutions for the disabled	-	Director of Public Institutions Thiruvananthapuram -16
Entrepreneurship treatment devices and loans for the disabled	-	Managing Director, Handicapped welfare Corporation Poojappura Thiruvananthapuram-2
Scholarship for general education of the physically and mentally challenged children	-	<ul style="list-style-type: none"> • Through SSA • Through school by Social Welfare Department • Scholarship through Local Governments
Disability Test – Medical Board Certificate	-	Government Medical Colleges, General Hospitals, District Hospitals, Major Taluk Hospitals
Identity Card for disabled children	-	<ul style="list-style-type: none"> • District Social Welfare Officer

Child Rights Protection

Agency for maintenance of law	-	Child Welfare Committee(CWC) of the district (Attached to Observation Home)
Centre where cases of improper behaviour to children and child labour are to be reported	-	Child line toll free number of the district 1098
Legal Service Society	-	Attached to all District Courts

CWC is endowed with giving recognition of Rehabilitation Centers except Orphanages and doing placement of orphans and abandoned children in institutions.

Protection Centers for Children

1. For unknown children as well as the children engaged in illegal acts	-	Observation Home (Children may be admitted directly or by police) through Child Welfare Committee
2. Institutions where children are entrusted for protection by parents	-	-
a) Institutions managed by religious organizations or NGOs	-	Orphanages, 'Yatheemkhanas'
b) Institutions managed by Government for physically challenged children	-	Home for Disabled in Thiruvananthapuram, Alappuzha, Ernakulam, Thrissur and Kozhikode
For Adolescent Girls	-	Thevara, Ernakulam
c) For Mentally Challenged Children	-	<ol style="list-style-type: none"> 1. C.H.Muhammad Koya Momorial Home Thiruvanthapuram 2. Home for Mentally Disabled Children Pratheeksha Bhavan Thavanur , Malappuram

d)	SC and ST Students	-	Model Residential School / Asramam Pre-matric hostels
e)	Training for the physically and mentally challenged children and problem detection system	-	NISH, Aakkulam, Thiruvanthapuram Website. www.nishindia.org ICCONS, Amruthakripa Pattom, Thiruvanthapuram ICCONS, Kavalappara Shornur, Palakkad SIMI, Pangappara Thiruvanthapuram

Education

1. Director of Public Instructions, Jagathy
Thiruvanthapuram
Ph: 04712325116
2. Sarva Siksha Abhiyan
Ph: 04712342890
3. Director , Scheduled Caste Development Department
Nandavanam, Thiruvanthapuram, 04712361294
www.sc.directorate@gmail.com
4. Director, Scheduled Tribe Development Department
Vikas Bhavan, Thiruvanthapuram
www.sheduledtribe.kerala.gov.in

Towards Child Friendly Panchayat

1. Birth registration	-	100%
2. Marriage registration	-	100%
3. Immunisation coverage	-	100%
4. Own land and building for all Anganwadis	-	100%
5. School enrolment	-	100%
6. School dropout	-	0%
7. Inmates of Orphanage (Local)	-	0%
8. Infant mortality	-	Nil
9. Hospital delivery	-	100%
10. Marriage before the eligible age	-	Nil
11. Compulsory education for all disabled children		
12. Availability of toilets in proportion to the number of students in all schools		
13. Availability of drinking water in all schools		
14. Zero atrocity against children (Zero Crime)		
15. Health check up for all students		
16. Declaration of zero zone		
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