

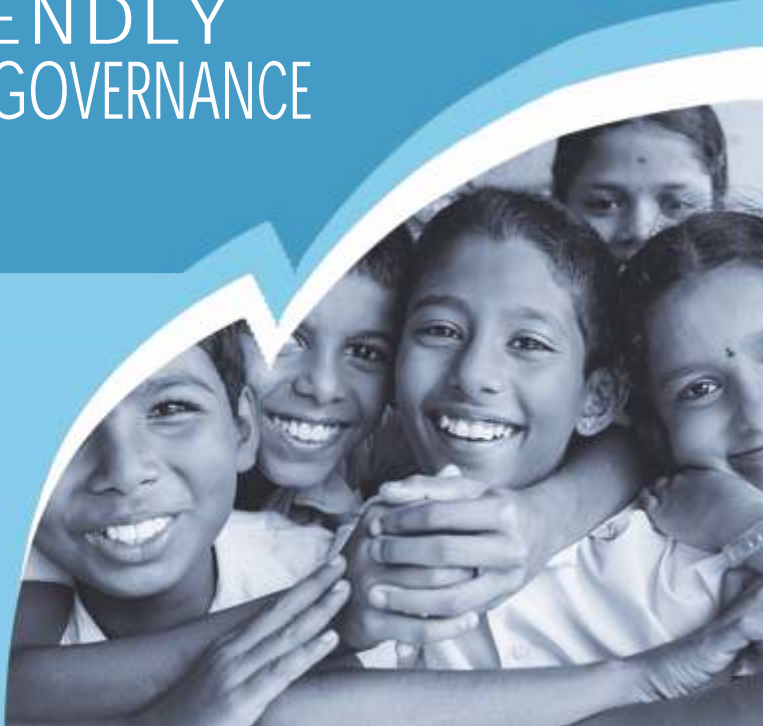
OPERATIONAL  
MANUAL

# FC CHILD FRIENDLY LOCAL GOVERNANCE

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**Child Resource Centre  
Kerala Institute of Local Administration  
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## CHILD FRIENDLY LOCAL GOVERNANCE

**An Operational Manual to ensure good governance through realisation of all rights for all children by the Local Governments of Kerala**

**January 2016**

This book is developed by Dr.Peter M.Raj (Associate Professor, Child Resource Centre - KILA), Dr.Akila Radhakrishnan (Planning Monitoring & Evaluation Specialist, UNICEF office for Tamil Nadu and Kerala), Dr. K. R. Antony and Sri. M. G. Kalidasan (Independent Experts). The valuable input received from many contributors at every stage of this work is humbly acknowledged.

We are especially thankful to Dr.P.P.Balan (Director, KILA) and Sri.Job Zachariah (Chief, UNICEF office for Tamil Nadu and Kerala) for their guidance and support.

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Dr.M.K.Muneer  
Minister for Panchayats and Social Justice, Govt. of Kerala

## FOREWORD



Kerala is a forerunner of decentralised governance in India. The decentralisation design of Kerala offers scope for child rights realisation. However the success of this model largely depends upon how the elected representatives, officials and other support arrangements are capacitated for this. The Kerala Institute of Local Administration (KILA) has been a nodal institution for shaping the Local Governments in the state as a model for decentralised governance and development. There is a strong need to bring about a strategic shift in focus of capacity development programmes for Local Governments with an emphasis on child rights governance. The current initiative called 'child friendly local governance' being initiated by KILA with the support of UNICEF is a step in this direction.

I am glad that UNICEF has set up its first Child Resource Centre (CRC) in India at KILA in 2011 to give a focus on child friendly local governance. Over the years CRC has become a specialised centre of excellence in the area of child rights governance. Working in close collaboration with UNICEF has enabled Local Self Government Department, Govt. of Kerala and KILA to take up several policy initiatives in the child governance front. 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.

The operational manual and guidance note prepared by CRC- KILA to initiate child friendly local governance with the support of UNICEF Chennai is

commendable. I am convinced that these resource materials will serve as useful resource for the Local Governments and other functionaries to make governance child-centric. I wish all success for UNICEF and CRC- KILA to facilitate Local Governments to implement child friendly local governance as mentioned in these resource materials.

I appreciate Dr.P.P.Balan and Dr.Peter M.Raj and the panel of expert team in CRC- KILA as well as Mr.Job Zacharia and Dr.Akila Radhakrishnan in UNICEF Chennai for undertaking this commendable work.



January 2016

Dr.M.K.Muneer





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## MESSAGE



One of the basic components of social development is creating conducive atmosphere for the healthy growth and development of children. Kerala has made considerable progress in interventions that aim at development of children. Everyone agrees that effective local governance have played a key role in this respect. Irrespective of these achievements, due to lack of comprehensive view of children and their development, the complex problems that the children of Kerala face are not properly addressed. There is the need to strengthen our efforts to protect the rights of children by ensuring the health, nutrition, education, protection and participation of children.

The actual realisation of the rights of children depends on the response of the Local Governments in understanding and managing the child governance issues. Most of the Local Governments of Kerala have made meaningful interventions in child development sector through local planning. Thus development model of Kerala has set an example for other states and countries. However Local Governments have a long road ahead to reach the comprehensive development perspective. It is to achieve this goal that KILA has launched a new initiative called child friendly local governance with the support of UNICEF. I am sure that these resource books prepared by KILA will inform and enable Local Governments to bring child rights to the

mainstream agenda of local planning.

I am grateful to Mr.Job, Chief, UNICEF Office for Tamil Nadu & Kerala, Chennai and Dr.Akila Radhakrishnan at UNICEF Chennai for their guidance and support. I appreciate Dr.Peter M. Raj and his colleagues at CRC- KILA for leading the activities in connection with the preparation of this manual.



January 2016

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## MESSAGE



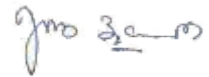
Exploring the new area of Child Friendly Local Governance in Kerala has been a fruitful journey in our continued partnership with Government of Kerala and Kerala Institute of Local Administration (KILA). A number of milestones have been covered in this journey through the Child Resource Centre, we have set up in KILA.

The comprehensive child development planning (CCDP) manual and handbook that we had jointly developed during 2012, introduced the concept and significance of planning and monitoring the development for children in every local government unit. This document was widely disseminated across the country at the request of Ministry of Panchayat Raj, Government of India. Later, the formulation of state level guidelines facilitated its use in the annual planning exercise by local government units.

The State Child Policy for Kerala, recently approved by the Government, has a clear vision for children, and this will become a reality only when all the local governments work towards it. There is already good evidence for the commitment and child-sensitive approach of many local self-governments, be they Grama Panchayats, Municipalities or Corporations. The many national and international study teams which visit Kerala are impressed by their child friendly efforts.

As more and more local governments attempt to engage in child friendly governance, we are frequently asked about how they could declare themselves as a child-friendly grama panchayat. The present Operational Manual is a tool that can help for this result. It can be used like a magic wand by the panchayat presidents, standing committee members, functionaries like teachers or anganwadi workers, budget makers in panchayats, and also the block and district level planners. I wish good use of this document for realising the rights of all children in a child friendly environment across the state.

I foresee that Kerala could become the first child friendly state in the country.



January 2016

Job Zachariah  
Chief, UNICEF office for Tamilnadu and Kerala

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## PREFACE



It is my pleasure to introduce this Operational Manual and Guidance Note, prepared over many long hours of consultations and reflections over field realities by our core team in the Child Resource Centre – KILA. Our work is a labour of commitment to facilitate the local governments of Kerala to progressively meet the realisation of all rights for all children.

Children are an asset everywhere, and they are even more precious in Kerala because of the lowering child population on account of demographic transition. Therefore, as duty-bearers for children's rights, every unit of government at all levels of decentralised governance in Kerala must focus greater attention to children, and particularly attend to the rights of the most vulnerable and deprived of them.

Development research has shown that one of the best means for improving a country's development status is through adequately engaging with all dimensions of child development. Highly developed countries are those which have already achieved high indices for human development as well as child development. Interestingly, while both India and China have attained medium level human development index, India lags far behind China on child development. Hence, there is urgency to improve the well-being of our children, through sustainable levels of survival, growth and development for all children, including the most vulnerable.

Kerala is well ahead of all other states in the country in terms developmental goals (eg. MDGs and SDGs). The state has achieved middle income status with considerably high standards in health, hygiene, education, etc.

However, despite Kerala's impressive development trajectory, there are pockets of continuing deprivations. Equity among children is a critical concern in the state across all sectors. High density population and higher levels of privatisation hamper the access of poor and in-migrant children to good quality services from the public or private sector. Tribal pockets of backwardness stand evidence to malnutrition, health risks, poor water quality, low educational attainments, substance abuse among children and teen pregnancies. Gender equity also assumes a newer dimension in Kerala - while on the one hand girls outnumber boys in all levels of education, they continue to face violence and discrimination on many fronts. Female work participation rates remain low, domestic abuse for women is high, and child sexual abuse is frequent. Across the state, both adolescent boys and girls demand high priority attention for child protection. The problems of children in the 'last mile pockets of development' start from the ill health of young mothers and continues to reflect in inefficient disease prevention, lack of treatment facilities, unhygienic environment, lack of enabling environment for physical and mental development, and poor quality education. So, the vicious cycle of intergenerational deprivations continues. Vulnerable groups of children, be they in coastal or tribal areas, continue to stand as outliers to the state's otherwise enviable development history.

Additional factors like rapid increase of nuclear families and unbridled growth of consumeristic culture are also landing the children and their families in helplessness. Quality of systems and functions for addressing child vulnerabilities and equity, particularly in the wake of challenges from high density, rapid urbanisation and in-migration has been a serious concern indeed.

Against this grim context, which indicates the need for robust systems for child rights governance, the silver lining behind the cloud in Kerala is its big-bang decentralisation, which has allowed deep devolution of functions, functionaries and funds (the 3 Fs) to the local self-governments. All the core development institutions for children are managed by local bodies, be they grama panchayats, municipalities or corporations. They are free to take up different approaches to child governance depending on their own priorities and development vision. Our research with child budgets of local governments have shown that a number of them go well beyond the statutory funding guideline provided by the state government (5% special

component) and spend more on children's nutrition, education, public parks, special needs, etc. The decentralised system in the state allows them flexibility and creativity to explore localised adaptations for implementing the state government schemes. Some of them even enhance the provisions of flagship schemes from central government, based on the specific needs of children in their areas. This is widely evident from the panchayat's own contributions to supplementary nutrition in Anganwadis or educational aids to Schools under their control. However, our consultative meetings and field observations also show that in most cases, while funds are not a big constraint, there is lack of well-informed guidance regarding how to promote child sensitive or child friendly local governance.

What do we mean by Child Friendly Local Governance: First of all, governance means a system by which goals are laid out, policies exist, administrative functions are allotted and action is guided and monitored by an authority. The core principles of good governance include accountability, transparency, responsiveness, effectiveness, efficiency, participation, inclusion and consensus (OECD, 2009). Against this broad framework, we refer to child friendly local governance as a principle and practice by which all duty-bearers of children's rights are able to progressively ensure that every child within their area of jurisdiction is fully able to enjoy their rights for survival, development, participation and protection. Children in a child friendly local government would enjoy a safe and happy childhood on all counts. Thus, child friendly local governance is an approach to guarantee children's rights to all their rightful entitlements such as health, education, safe water, sanitation, protection from abuse and exploitation, etc. Duty-bearers of children's rights must initiate child sensitive development interventions through planning, budgeting and monitoring for children. They must participate in decisions with the best interest of children, and proactively engage with children on all matters concerning them.

Ultimately, child friendly governance means that those in charge of governance have a) a vision of development in which children are not at the seams but at the centre of attention; b) they are aware of a comprehensive set of child sensitive interventions which they can put in place; c) they have control over the funds, functions and functionaries which can produce results for children; d) they can monitor the ways in which children's institutions are managed, and e) they are willing to be held accountable for

the achievement or lack of it of child development outcomes.

At the operational level, this would entail that all duty bearers (including elected representatives, officials, parents, care-givers and civil society members) as well as the rights holders (namely children and adolescents) come together in an integrated cross-sectoral working pattern within the decentralised planning structure in Kerala. Ideally, they would also be able to monitor the implementation of policies, laws, schemes and programmes with budgets for children, and produce outcomes for children. Thus, in a child friendly local governance unit (Grama Panchayat, Municipality or Corporation), both the rights holders and the duty bearers would have serious stake in good governance for children.

Hence, the detailed exercise undertaken in this Manual is to build the capacity of local governments to readily undertake child friendly governance. It details out what the local governments can do to achieve the 4 Rights namely 1. Right to Survival, 2. Right to Development, 3. Right to Protection and 4. Right to Participation. In doing so, the Manual has incorporated the UNCRC principles of non-discrimination (Article 2), best interests of children (Article 3), maximum development (Article 6) and voices of children (Article 12) and in fact the essence of all other Articles of the Convention in building the foundations for the local government to develop a child friendly grama panchayat or city corporation.

The Manual is a tool to impress upon the local governments to do what they ought to do as child friendly governors. It gives them inputs on how they could progressively engage in local governance with a vision for the present and future of their children and adolescents. The audience for this material is therefore all those who are all morally bound to engage in child friendly governance.

At the end, it is for the members of local governments themselves to reflect on the evidence they collect (i.e. through the indicators), ponder upon the suitability and effectiveness of the strategies they have chosen to implement, discuss areas of improvement and ultimately self-accredit themselves as child friendly. In facilitating the self-accreditation, a grading matrix is also presented which lists 40 key indicators – i.e. 10 each under each of the 4 Rights - that are again arranged across 3 stages of child friendly



status namely Essential (or non-negotiable), Desirable (or making good progress) and Excellent (or is fit to be declared as child-friendly). It should be kept in mind that a higher stage of CFLG cannot be attained without meeting the basic stage criteria. But, the tool also allows flexibility for each local government to expand the assessment criteria depending on the type of activities they plan to undertake. However, depending on the local reality, one's own vision for their children, and the type of activities they plan to undertake, the local government can refine the tool to expand the assessment criteria as they deem fit. It is suggestive and not prescriptive. Besides this Manual, a Guidance Note document has also been prepared as a reference book, which can help provide clarity on laws, policies schemes, etc. A number of good practices by local governments are also presented in this Guidance Note to support motivation and peer learning.

Such a customised approach presented in a rights based framework for implementation is the present effort's value add to the globally understood concept of child friendly local governance. It has unpacked the frequently used phrase 'child rights realisation' by providing direct and doable action points on the field. Already, a number of local governments - Grama Panchayats and Municipalities – have started the journey, and in fact some of their experiences have contributed to finalising this document.

With that, I close this introductory note with the best hope that this Operational Manual and Guidance Note would be immensely useful for the timely and progressive development of child friendly grama panchayats, municipalities, corporations and overall a child friendly state of Kerala. It could also be useful reference for any state or country that pins faith in local governance and good governance for all children.

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## ACKNOWLEDGEMENTS



This innovative Operational Manual for child friendly local governments and the supplementary reference document called Guidance Note have been developed over many hours of intensive reflections for children of Kerala. It was a professionally enriching experience to work with a committed core team and to engage in several discussions with elected members of local governments as well as official functionaries who matter for children.

We sincerely value the constructive advice given by Dr.P.P. Balan, Director, KILA throughout the period of preparation of this Manual. His leadership promoted us to think out of the box and at the same time to suit the realities of the local governments in Kerala. The detailed feedback given by Mr. Job Zachariah, UNICEF Chief of Field Office for Tamil Nadu and Kerala, at the near-final stages of this Manual, has made it crisper and more user-friendly. We are very grateful to Mr. Job Zachariah and his UNICEF Chennai team for extending the technical and financial support to help Kerala enter yet another rich phase of child friendly local governance.

Our team consisted of many, but especially Dr. Akila Radhakrishnan, Planning, Monitoring & Evaluation Specialist, UNICEF office for Tamil Nadu and Kerala, Dr. K. R. Antony, former Director, State Health Resource Centre, Chhattisgarh and Sri. M. G. Kalidasan (Independent Expert) have been with me throughout all the stages of developing this right-based document, which categorically shows that 'child rights realisation' is doable. It is their continuous and tireless effort that has helped Child Resource Centre, KILA to bring this document to present shape. The content of this document is a

creative work of many minds. Valuable inputs were received from Mr.M.P.Antony, Project Director, Rajagiri outREACH and we acknowledge his inter-sectoral expertise on child rights governance. Dr.Gopakumar, Assistant Surgeon, Velur Grama Panchayat, Dr.Jayakrishnan.T, Associate Professor, Department of Community Medicine, Government Medical College, Calicut, Dr.Amar Fettle, State Nodal Officer (Adolescent Health), National Health Mission, Directorate of Health Services, Govt. of Kerala, Mr.Babu Varghese, Lecturer, District Institute for Education and Training, Malappuram have all played a tremendous role of providing technical inputs. The ever-positive support of Ms.Rismiya R.I in keeping the pace of content compilation and content reviews is greatly acknowledged. Sri.Bhaskaran Pallikkara and Ms.Viji Seeraj contributed in preparation of case studies. The active participation of many stakeholders including academic, administrative and government representatives, elected members and children is much appreciated.

The document is enriched by the actual evidence of child friendliness displayed by Pullur- Periya, Noolpuzha, Pulamanthole, Sreekrishnapuram and Engandiyoor Grama Panchayats and Nilambur Municipality. These local governments were in partnership with CRC- KILA in the child friendly local governance pilot initiative. We gratefully acknowledge the contribution of elected representatives, officials, experts and children of these local governments.

Special thanks to Dr.Satish Kumar (former Chief, UNICEF Chennai) for strongly orienting us on the prospects of right based approach in responding to issues of children. All the sectoral experts in UNICEF Chennai have provided valuable technical inputs at different stages for the different chapters. It is pleasant to recall the work of Ms.Sudhamony K.L (formerly Consultant CRC), Ms. Beena Sivan and Bindu VK in the initial stages of preparation of this document. The continuous support of Mr.Muhammed Ismail C.M in administrative coordination has been valuable for finalising this Manual. Special thanks to Mr.Anu David for beautifully doing the design and layout of the Manual.



Dr. Peter M Raj  
Associate Professor & Chair, CRC

January 2016

## INTRODUCTION

Democratic decentralisation and people's participation is increasingly becoming a critical need for development of any society and a subject of discussion globally. Everywhere, democracy is more meaningful when governance becomes closer to the people. Strengthening of local governments, by means of devolving fund, functions and functionaries, is found to be one of the effective ways of decentralisation and such experiments are being made all over the world. As we get into how governance can become child friendly, it is relevant to provide the following broad background.

### Brief Note on Local Governance System of Kerala

The key to the success of decentralisation lies in the level of people's participation and the effective participation of people depends on how effectively people are equipped to participate in local level planning, monitoring and implementation. Kerala, the southernmost state in India, has a unique story of decentralisation in India. It has successfully experimented with democratic decentralisation and people's participation in local level planning and local level governance.

As of December 2015, the State is divided into 14 Districts spread over to 21 Revenue divisions, 63 Taluks and 1453 Revenue Villages. There are 14 District Panchayats (District level Rural Local Government), 152 Block Panchayats (Intermediary Level Rural Local Governments), 941 Grama Panchayats (Village level Rural Local Governments) and 87 Municipalities and 6 Municipal Corporations at urban level. With the devolution of power (fund, functions and functionaries) Kerala has evolved a participatory planning process which is universally acclaimed as a replicable model.

## Governance and Committee System in Local Governments of Kerala

**Local Government Committee:** The Local Government committee consists of all the elected members of a local government. The steering committee consists of President, Vice President and Standing Committee Chairpersons with President as the Chairperson. The steering committee monitors and coordinates the activities of the standing committees.

**Standing Committees:** Standing Committees are committees constituted under the provision of Kerala Panchayat Raj/Municipality Act. The members of Standing Committees are elected from among the elected members of the concerned Local Government itself. The Chairpersons of Standing Committees are elected from among the members of the concerned standing committee. Finance, Development, Welfare, Health, Education, Public works, Town Planning and Tax Appeal are the various standing committees at different levels of Local Governments.

**Working Groups:** Working group is the forum of experts. Local Governments are mandated to form working groups in each sector. The chairperson of a working group is an elected representative and the Convenor is a senior official of the particular sector. The expert volunteers and practitioners will be the members of the working group. The working groups shall prepare status report in each sector. The working groups have a pivotal role in preparing the local plan, considering the suggestions of Grama Sabhas/Ward Sabhas.

The financial resources for local planning consists of funds given by state government, own resources of local government, state and centrally sponsored scheme funds, loans, public contributions, donations etc. The major portion of the outlay of local plan is the fund given by the State Government. The local governments have the freedom to allocate fund according to local priorities.

All Local Governments in the State are preparing and implementing their own plans for local economic development and social justice. The local planning process is participatory and transparent in nature. The involvement

of democratic structures like Grama Sabha, Children's Grama Sabha, Community Management and Welfare Committees, Kudumbasree, BalaSabha and other community based organisations etc. ensures effective community management in local governance and service delivery.

### Opportunities for child-centric planning in Kerala

Local Governments have several mechanisms for child-centric planning such as Grama Sabha, children's gramasabha, working group on women and child development, jagratasamiti, adolescent clubs, welfare committees etc. Local Governments can carry out comprehensive programmes for children including nutritional support, scholarship and stipend for children with special needs, building and maintenance of child care institutions like anganwadis, schools, health centers and hostels, BUDS special school for differently abled children, library, parks, play grounds, etc.

Local Governments have special fund for children such as mandatory allocation of fund for nutrition, mandatory allocation of fund (5%) including for children with special needs, special fund under Asraya (destitute rehabilitation) programme including for management of BUDS School, mandatory allocation of fund (10%) as part of women component plan including for girl children of 0-18 years etc.

While devolving functions to Local Governments, the institutions and officials to perform those functions are also transferred to them. Agriculture offices, health institutions, anganwadi, schools, BUDS special school, and special homes for children etc. are transferred to local governments as part of decentralisation of powers. Such Institutions and the officers and staff under these institutions belong to Local Governments. Similarly the core child development officials like District Social Welfare Officers, ICDS Programme Officers, Child Development Project Officers, ICDS supervisors, anganwady workers etc., are working under local governments.

### Child Resource Centre (CRC): UNICEF-KILA Initiative

Kerala Institute of Local Administration (KILA) is an autonomous organisation of Local Self- Government Department, Government of Kerala for training, research and policy advocacy. The UNICEF partnership with KILA

has been focused on building the capacity of Local Governments in Kerala to pay attention to child rights and governance in principle and practice. The Child Resource Centre (CRC), set up at KILA during 2011, initially prepared a collaborative product called the comprehensive child development plan (CCDP manual and handbook) documents, in order to facilitate every local government in the state to effectively plan and monitor child development activities at the local level and at the state level. Following this, child friendly local governance initiatives are seen as an empirical reality in a number of local governments. In taking forward this in a more structured way, and across state, CCDP guidelines were prepared, which too are used by many local governments during their planning phases each year. Lately, efforts were taken to include them under the general guidelines for decentralised planning itself, so that it becomes mandatory for local governments to take up conscious efforts for child friendly governance across all sectors which affect children.

The Operational Manual and Guidance note is yet another step in the same lines. We expect that any LSG attempting to implement CFLG as a strategy would primarily agree to have a:

- Concise vision document for children specifying short term, mid-term and long term goals
- Children's data profile or status report with cross-sectoral interventions for improvement
- Comprehensive local development plan for children with annual budgets for children, prepared in consultation with children, for project submission, fund sanction and implementation
- Child-centric interventions and special measures for the vulnerable and deprived of them
- Child-budget analysis and social audits by children to promote quantitative and qualitative improvements

With that in the background, each chapter in this Manual, dedicated to each of the 4 UNCRC rights, goes deeper into the actual business of what the local governments can achieve, if they put their mind to child friendly governance. Under each of the 4 Rights, presented in each chapter, a set of five to seven



domains are presented, under which relevant/desirable goals have been proposed. The goals have been further broken down to easily understandable objectives. In all about 100 different strategies are suggested to implement the goals and a set of activities are also listed, so that the local government may choose what is most suitable to them based on where they begin. Whether they are progressing or not in operationalising the chosen strategy can be checked by ticking the sample indicators given under each strategy. A comprehensive child development approach is highlighted in CFLG. As a result, some of the domains, strategies, activities as well as indicators are cross-cutting and inter-sectoral and they are cross referred across different chapters.

Following this introduction, Chapter 2 details out how the local governments can ensure the right to survival for all children in one's area of jurisdiction. Right to Survival means that every child enjoys full access to all the basic essential conditions that are needed to be born and to live life to its full potential. According to UNCRC (Art 24), all children have the right to quality health care, food and nourishment, safe drinking water and a clean environment. It is the responsibility of the Local Self Government to provide the facilities that ensure the right to survival for every child in the area, and to provide special care to those children who are prone to health visits and vulnerabilities.

To ensure survival rights of children, LSGs are proposed with a set of 30 strategies under five domains. To operationalise each strategy, a set of five to ten activities are also presented. Eighty three sample indicators are given under 30 strategies. The LSGs can check their progress in the realisation of child's right to survival by ticking these indicators.

Chapter 3 details out how the local governments can ensure the right to development for all children in one's area of jurisdiction. Human development and progress are integrally related to the holistic development of children. According to UNCRC, development rights includes children's right to education, play, leisure, cultural activities, and access to information, and freedom of thought, conscience and religion. Progressive development and joyful childhood can result only from comprehensive and simultaneous interventions in the areas of nutrition, health, early child care, education, psycho-social and cultural provisions. While planning their interventions and delivering the services, Local Governments must coordinate the multi-

dimensional activities leading to the comprehensive development of children. They must ensure that the freedom and self-esteem of all children including the vulnerable ones such as the differently abled is fully protected.

To ensure right to development of children, LSGs are proposed with a set of 27 strategies under five domains. To operationalise each strategy, a set of five to ten activities are also presented. Seventy three sample indicators are given under 27 strategies. The LSGs can check their progress in the realisation of child's right to development by ticking these indicators.

Chapter 4 details out how the local governments can ensure the protection right for all children in one's area of jurisdiction. Right to protection is an entitlement of children to be safeguarded against all sorts of abuse, violence and dangers in any situation in the family, schools, establishments, community and public space. As children in Kerala are exposed to various threats in life, it is the duty of the LSG to protect children and adolescence from exploitation, abuse, moral and material abandonment. According to UNCRC they should be protected from hazards, harassments, torture, deprivations, insecurity and safety negligence. The best interest of child is to be ensured in every decision making process and drafting of legal safe guards.

To ensure the protection rights of children, LSGs are proposed with a set of 28 strategies under seven domains. To operationalise each strategy, a set of five to ten activities are also presented. Sixty seven sample indicators are given under 28 strategies. The LSGs can check their progress in the realisation of child's right to protection by ticking these indicators.

Chapter 5 details out how the local governments can ensure the right to participation for all children in one's area of jurisdiction. Right to Participation is an entitlement that the children have in any decisions made for and on behalf of them, affecting them in family, schools, community, governance or in any other settings. According to UNCRC children ought to have their own freedom to decide upon choosing friendship, sports, games, arts, recreation, education, social work, and gaining knowledge or skills by doing practice. It is the responsibility of the LSG to evolve children in decision making processes that are relevant in their lives, and to discuss decisions

taken on behalf of them in all institutions that directly or indirectly impact upon their childhood and Adolescence.

To ensure the right to participation of children, LSGs are proposed with a set of 22 strategies under five domains. To operationalise each strategy, a set of five to ten activities are also presented. Fifty Nine sample indicators are given under 22 strategies. The LSGs can check their progress in the realisation of child's right to participation by ticking these indicators.

As already mentioned, the Chapters will thus basically unpack the frequently used phrase 'child rights realisation' by providing direct and doable action points on the field. The Manual is not to be viewed as a rigid and mechanical book. It is proposed as a resource material to help think-through, discuss, select or refine content and prioritise actions so that each local government is at ease to use the material. It is a base material that must kindle creative and purposive programming for children with adequate public finance invested for children.

At the end, there is also a detailed matrix presented as Appendix, which can be used for assessment by any local government unit, to see where they stand and where they could go as far as child friendly governance is envisioned by them. Among the 3 stages, namely Essential, Desirable, and Excellent, which are explained with a set of sample indicators, it is important to note that it is a progressive scale and hence it is possible for one to start from the scratch of basic essentials, which are to be accomplished if one wishes to claim child friendliness in their governance. The assessment criteria at the essential stage should be sustained while undergoing assessment for a higher stage. In that sense, the assessment tool will be applicable only when the local government has understood and agreed to comply with the minimum standards of child friendliness. For the sake of easy handling, a Guidance Note is also separately presented, which can be used as reference material whenever there is need of further clarity on some of the laws, policies or interventions that are suggested under strategy or intervention. The Guidance Note has largely drawn lessons from existing standards and protocols proposed by state and national governments as well as model practices of local governments of Kerala.



# CHILD SURVIVAL



**R**ight to Survival means that every child enjoys full access to all the basic essential conditions that are needed to be born and to live life to its full potential. According to UNCRC (Article 24), all children have the right to quality health care, food and nourishment, safe drinking water and a clean environment. It is the responsibility of the Local Self Government to provide the facilities that ensure the right to survival for every child in the area, and to provide special care to those children who are prone to health risks and vulnerabilities.



Strategising the following domains of child survival will help the LSG to protect the Right to Survival of all children.

## Domains

1. Reversing the declining child sex ratio (CRC Article 6.27)
2. Quality service to pregnant and lactating women (CRC Article 24)
3. Immunisation, vitamin A supplementation and deworming(CRC Article 6.24,27)
4. Safe drinking water, toilet and hygiene(CRC Article 6.24,27)
5. Reducing neonatal Mortality, Infant mortality, Under 5 mortality(CRC Article 6.24,27)

## DOMAIN 1

# REVERSING THE DECLINING CHILD SEX RATIO



### GOAL

- To reverse the declining child sex ratio

### OBJECTIVES

- To ensure zero sex selection and zero sex selective abortions in LSG area
- To improve the ratio of girls among under 5 children
- To promote attitudinal change of society towards birth of girl children
- To ensure zero sex selection and zero sex selective abortion in all health institutions like hospitals, scanning centres, private clinics etc.

### Strategy 1

#### Mass campaigns by Local Governments against sex-selective abortions

#### Suggested activities to operationalise the strategy

- ♦ Conduct special discussions in the LSG committee about arresting incidence of sex selection
- ♦ Allocate funds for campaigns and related activities
- ♦ Monitoring by Health Standing Committee of all pregnant women for registration and antenatal counselling of couples with awareness on sex-selective abortions

#### Indicators to assess the effectiveness of strategy

- ☞ Number of campaign activities undertaken against sex selective abortions
- ☞ Number of married couples sensitised against sex selective abortions

### Strategy 2

#### Legal implementation of PCPNDT Act

#### Suggested activities to operationalise the strategy

- ♦ Organise wide publicity and awareness campaigns among young/prospective couples about PCPNDT Act (Guidance note: 1.1)

- ◆ Ensure that all centres/labs or hospitals having scanning facilities are registered under PCPNDT Act
- ◆ Conduct advocacy meetings with hospitals, ultra sound scanning centres in both private and government fertility clinics
- ◆ Facilitate officials to penalize the defaulters through withdrawal of license
- ◆ Monitor all cases of abortions that had undergone scanning
- ◆ Conduct sex-wise monitoring of under 5 deaths based on ICDS/PHC records

### Indicators to assess the effectiveness of strategy

- ☞ Number of scanning units which are not registered under PCPNDT Act
- ☞ Number of sex selective abortions reported in LSG area after scanning

## Strategy 3

## Zero discrimination against Girl Child

### Suggested activities to operationalise the strategy

- ◆ Organise campaigns to raise the dignity of girl children (eg: on status of girls and women, including awareness programmes against dowry)
- ◆ Collect and monitor disaggregated data on child malnutrition
- ◆ Ensure zero child marriage
- ◆ Promote zero drop out up to 12th standard
- ◆ Provide separate functional girls toilets in all schools and availability of sanitary napkins in all high schools and higher secondary schools
- ◆ Provide incentives for poor girl students like scholarship, computer, bi-cycle etc
- ◆ Activate adolescent girls clubs and promote leadership among girls

### Indicators to assess the effectiveness of strategy

- ☞ Number of special programmes conducted for promoting the status of girls and women

- ☞ Report on sex disaggregated data on malnutrition made available and disseminated every year
- ☞ Number of adolescent girls clubs and percentage of girls enrolled

#### Strategy 4

#### Update and ensure that girl friendly schemes are taken up by LSGs

##### Suggested activities to operationalise the strategy

- ◆ Plan, implement and monitor pro-girl child development initiatives by LSGs
- ◆ Monitor effective implementation of girl friendly schemes like Rajiv Gandhi Adolescent Girls Scheme, Rashtriya Bala Swasthya Karyakram, Scholarships for single girl child under CBSE Scheme (Guidance note 1.2)
- ◆ Monitor BMI for adolescent girls and strengthen the food supplementation
- ◆ Promote school health, Weekly Iron Folic Acid Supplementation (WIFS) and AHEP

##### Indicators to assess the effectiveness of strategy

- ☞ Status of implementation of RGAGS/SABALA/RBSK
- ☞ Number of girl friendly schemes and beneficiaries covered by LSG





## DOMAIN 2

# QUALITY SERVICE TO PREGNANT AND LACTATING WOMEN



### GOAL

To achieve 100% institutional delivery with birth registration and certification for all children

### OBJECTIVES

- To bring down maternal death rate below 40 per 100,000 live births
- To provide basic essential maternity services to all pregnant women
- To ensure conduct of 100% deliveries at institutions
- To ensure 100% birth registration and 100% birth certification

### Strategy 1

Early registration of all pregnancies in Anganwadi and Sub Centre (Guidance note: 1.3)

#### Suggested activities to operationalise the strategy

- ◆ Ensure early registration of all pregnancies in the LSG area
- ◆ The existing public service providers such as JPHN, ASHA and AWWs shall reach out and register during first trimester itself and counsel for regular antenatal checkups

#### Indicators to assess the effectiveness of strategy

- ☞ Percentage of first trimester registration of pregnant women

### Strategy 2

Promote mandatory five antenatal checkups and three post natal visits (Guidance note: 1.4)

#### Suggested activities to operationalise the strategy

- ◆ Maintain and consolidate records for five antenatal and three postnatal check up
- ◆ Ensure house visits by field level functionaries to promote four mandatory antenatal checkups

- ◆ Monitor regular checkup of all pregnant women
- ◆ Ensure regular and special care for “ at risk” pregnancies (Guidance note: 1.5)
- ◆ Create awareness on the need for rest and nutritious food for pregnant women

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of registered pregnant women completing five antenatal check-ups
- ☞ Percentage of registered pregnant women receiving three postnatal visits by JPHN
- ☞ Percentage of at risk pregnant women given special care

### Strategy 3

Full coverage of maternity entitlement and safe transportation to all pregnant women & mothers

### Suggested activities to operationalise the strategy

- ◆ Promote full coverage of all entitlements and social security support to all eligible pregnant women(Guidance note: 1.6)
- ◆ Provide and regularly review availability of transportation for emergency delivery services 24hr/7 days

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of pregnant women eligible for getting v/s received full financial benefits under JSSK

### Strategy 4

Anemia reduction especially among girls and women

### Suggested activities to operationalise the strategy

- ◆ Provide weekly IFA tablets to all boys and girls in class VI- XII

- ◆ Provide 100 IFA tablets to all pregnant women and monitor consumption of 100 IFA tablets
- ◆ Check all women of 15-49 years receive weekly IFA tablets (Under NIPI Programme)
- ◆ Conduct compulsory blood test and correction of Hemoglobin deficiency
- ◆ Support 100% supplementary feeding for eligible women
- ◆ Campaigns and IEC to promote nutrition education and consumption of iron rich food including green leafy vegetables, grams etc

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of pregnant women consuming 100 tablets of IFA
- ☞ Percentage of pregnant women consuming balanced diet from AWC
- ☞ Percentage of anemic girls and women

## Strategy 5

Empowerment of families in care of the new born- including initiation of early breastfeeding and exclusive breastfeeding

### Suggested activities to operationalise the strategy

- ◆ Promote key messages on new born care during antenatal checkups, mothers meeting, and celebration of commemorative days in AWCs etc (Guidance note: 1.7)
- ◆ Recognition of signs of early sepsis in new born such as feeble cry, poor sucking, too cold or too hot to touch etc
- ◆ Make mothers aware about importance of breast feeding within one hour of birth and exclusive breast feeding for first six months and the need for frequent assisted breast feeding for low birth weight babies
- ◆ Provide space with privacy for breast feeding at public places like bus/railway station offices and work places

- ◆ Educate mothers to recognise symptoms of infections which can affect new born babies
- ◆ Ensure service of crèche to cater to the needs of children of working women

### Indicators to assess the effectiveness of strategy

- ☞ Number of pregnant women and mothers given awareness about importance of new born care
- ☞ Percentage of mothers sensitised about the need for early colostrum feeding
- ☞ Percentage of mothers who initiate breast feeding within one hour of birth
- ☞ Percentage of mothers who practice exclusive breast feeding for first six months
- ☞ Percentage of pre-term births and birth of low birth weight babies of less than 2.5 kg
- ☞ Number of breast feeding corners with privacy established at public places

## Strategy 6

### Availability of quality of care & service in maternity wards of Government Institutions

#### Suggested activities to operationalise the strategy(Guidance Note 1.8)

- ◆ Ensure that maternity stay is in clean, well lit and well ventilated rooms
- ◆ Provide separate well lit and functional toilets for female clients fitted with railings, waste basket and running water in maternity wings
- ◆ Establish new born intensive care units for pre-term babies and VLBW babies (Very Low Birth Weight babies) at referral institutions

### Indicators to assess the effectiveness of strategy

- ☞ Number of institutions providing delivery services with clean and hygienic facilities
- ☞ Percentage of mothers satisfied with the amenities and services provided in the labour room and maternity ward

## Strategy 7

## 100% birth registration and 100% birth certification

### Suggested activities to operationalise the strategy

- ◆ Conduct wide publicity for 100 % birth registration
- ◆ Streamline online birth registration system
- ◆ Carry out special drive for birth registration of tribal communities settled in hilly areas
- ◆ Ensure 100% birth registration and 100% issue of birth certification by local bodies(Guidance Note 1.9)

### Indicators to assess the effectiveness of strategy

- ☞ Percentage /Number of births registered in first 3 weeks of birth
- ☞ Number of birth certificates not issued/collected in last 3 months

## DOMAIN 3

# IMMUNISATION, VITAMIN A SUPPLEMENTATION AND DEWORMING



### GOAL

To ensure full immunisation of all children and pregnant women

### OBJECTIVES

- To ensure full immunisation including vitamin A supplementation and deworming of all children and pregnant women (Guidance note 1.10)
- Ensure sustained demand and reduced social barriers to access immunisation services

### Strategy 1

Micro planning process at local level based on accurate data (Guidance note: 1.11)

#### Suggested activities to operationalise the strategy

- ◆ Create accurate data base of under five children with regular data validation
- ◆ Regularly enter details of transient settlers and immigrants and migrating families with children
- ◆ Conduct gap analysis and identification of pockets of resistance so as to correct any delay in seeking immunisation services
- ◆ Promote sub-centre based planning involving AWW, ASHA, Ward Health Nutrition and Sanitation Committee
- ◆ Collect and compare data on immunisation coverage of the current and previous years from DLHS or DMOs office

#### Indicators to assess the effectiveness of strategy

- ☞ Number of pockets of resistance and poor coverage by immunisation
- ☞ Number of children in the pockets of resistance completely immunised
- ☞ Proportion of eligible children provided with full immunisation, vitamin A supplementation and deworming
- ☞ Migrants register with immunisation details recorded

## Strategy 2

## Conduct of regular immunisation sessions

### Suggested activities to operationalise the strategy

- ◆ Monitor the preparation of immunisation schedules and camps as directed by health department
- ◆ Provide full immunisation to all infants in the first year with close monitoring of timely doses
- ◆ Check the maintenance of immunisation register by sub-centres and AWCs
- ◆ Monitor fixed day and fixed site approach and network with private service providers
- ◆ Identify support needed from LSG and other partners in immunisation

### Indicators to assess the effectiveness of strategy

- ☞ Number of fixed day sessions held versus planned in each quarter of the year

## Strategy 3

## Reduce dropouts from full immunisation by strengthening services in remote and backward areas

### Suggested activities to operationalise the strategy

- ◆ Identify the pockets that are resistant to immunisation and take remedial action like awareness generation camps, house visits for motivation and follow up
- ◆ Assess immunisation status of pre-schools and elementary school kids

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of children (0-1) completing full schedule of immunisation with timely doses
- ☞ Number of families that resist immunising their child

## Strategy 4

### Targeting private service providers for full immunisation coverage

#### Suggested activities to operationalise the strategy

- ◆ Conduct convergence meetings with private service providers and PHC to streamline full immunisation coverage
- ◆ Medical officer to ensure that private sectors comply to National Protocols and cold chain maintenance for immunisation (Guidance note: 1.12)
- ◆ Information exchange on immunisation among private health institutions and PHC

#### Indicators to assess the effectiveness of strategy

- ☞ Number of private institutions which provide immunisations as per National protocol
- ☞ Number of private institutions regularly submitting coverage data to PHC/govt. vaccine supply point
- ☞ Action taken against non-complaint private institutions

## Strategy 5

### Immunisation coverage to all adolescent girls (Rubella, TT and folic acid)

#### Suggested activities to operationalise the strategy

- ◆ Promote 100% immunisation by strengthening school health programmes and supplying WIFS at school
- ◆ Identify adolescent girls who are not immunised through AG clubs and ensure immunisation through ARSH
- ◆ Create awareness on intake of folic acid before marriage

#### Indicators to assess the effectiveness of strategy

- ☞ Percentage of eligible adolescent girls covered by Tetanus- Toxoid immunisation
- ☞ Percentage of eligible adolescent girls covered by Rubella immunisation



## Strategy 6

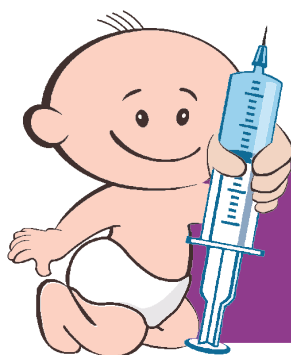
## Strengthening surveillance plan

## Suggested activities to operationalise the strategy

- ◆ Analysis of the surveillance of communicable diseases based on communicable diseases survey data
- ◆ Reporting of outbreak of measles, mumps and other vaccine preventable diseases promptly
- ◆ Set up computer based immunisation alerts and tracking at all PH centres
- ◆ House visit by sub centre /AWW to all cases of vaccine preventable diseases of young children

## Indicators to assess the effectiveness of strategy

- ☞ Number of cases of communicable diseases reported
- ☞ Number of supervisory house visits under taken by health workers
- ☞ Number of children reported for communicable diseases from each sub centre



*Don't Forget,  
Vaccination  
Your baby must get!*

## DOMAIN 4

# SAFE DRINKING WATER SANITATION AND HYGIENE



### GOAL

To ensure access to safe drinking water, sanitation and hygiene to all

### OBJECTIVES

- To provide all children with access to safe drinking water and toilet in their houses, schools, AWCs, Health centres and public places
- To have improved water management and water quality assessment system in place
- To have 100% individual household toilet in all habitations
- To promote personal hygiene to all - wash hands with soap before eating food and after going to toilet

### Strategy 1

Ensure safe drinking water and hygiene at houses, schools, AWCs, health centres and public places

#### Suggested activities to operationalise the strategy

- ◆ Confirm safe distance between drinking water sources and septic tanks as per standards (Under Kerala Panchayathi Raj Act Section 235, minimum distance is 7.5.m)
- ◆ Facilitate protection of wells by using proper cover and protection wall
- ◆ Promote safe drinking water, washing facilities and hygienic solid and liquid waste disposal systems
- ◆ Assess the quality of water supplied by contractors in tankers
- ◆ Organise awareness generation programmes to ensure safe drinking water (protected and covered well, boiling water, chlorination of well etc.) and sanitation
- ◆ Encourage hand washing with soap before mid-day meal in schools and anganwadis

- ◆ Collect and test samples for water quality in households and public institutions regularly (Guidance note: 1.13) for taking remedial measures
- ◆ Exhibit water score card in all child centric institutions

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of houses, AWCs and public places having safe drinking water
- ☞ Number of children in schools and anganwadis washing hands with soap before mid-day meals
- ☞ Percentage of households with access to safe water
- ☞ Number of water sample in public institutions collected and tested
- ☞ Percentage of samples certified as potable
- ☞ Number of review meeting held for water monitoring
- ☞ Percentage of families having water cards
- ☞ Number of cases reported for waterborne diseases

## Strategy 2

Use of safe drinking water, hygienic toilets and sanitation in all houses (Guidance note: 1.14)

### Suggested activities to operationalise the strategy

- ◆ Promote construction and maintenance of septic tanks in all residential buildings
- ◆ Verify completion of septic tanks and toilets before issuing possession certificate for newly constructed houses/flats
- ◆ Insist facilities for segregation at source, regular collection and disposal of waste through public treatment system
- ◆ Promote in house and institution based waste disposal system like compost pit, pipe compost, bio-gas, worm compost etc

### Indicators to assess the effectiveness of strategy

- ☞ Number of individual households having toilets
- ☞ Number of flats/housing complex with adequate number of toilets
- ☞ Number of houses/ flats having own waste disposal mechanism

### Strategy 3

## Child friendly and girl friendly toilets in schools, hospitals, AWCs and public places

### Suggested activities to operationalise the strategy

- ◆ Map the availability of child friendly and girl friendly toilets and drinking water facility in School, PHCs, Anganwadis etc.
- ◆ Identify all market places, bus stands and other vehicle stands and mass congregation places for providing child/girl friendly public toilets
- ◆ Assess quality of maintenance of above services periodically
- ◆ Engage and network with government -private/voluntary actors and corporates for ensuring toilet provisions in public places
- ◆ Provide wash basins and closets in schools, hospitals, AWCs and public places
- ◆ Awareness generation for waste disposal at source using compost pit , soak pit, bio gas plant etc
- ◆ Serve Legal Notice to defaulting service providers

### Indicators to assess the effectiveness of strategy

- ☞ Number of public places mapped for child friendly, women friendly toilets
- ☞ Number of child centric places provided with public toilets and waste disposal system



## DOMAIN 5

### REDUCING NEO- NATAL, INFANT AND UNDER 5 MORTALITY



#### GOAL

To achieve single digit rates in neonatal, infant and under-5 mortality

#### OBJECTIVES

- To bring down infant mortality rate to below 6/1000 live births in a given year
- To reduce Neo natal mortality to the level of 3/1000 live birth
- To bring down under 5 mortality to the level of 7/1000 live birth

#### Strategy 1

Essential health services for pregnant and breast feeding mothers, infants and children

#### Suggested activities to operationalise the strategy

- ◆ Provide essential and quality services to pregnant and lactating women (Refer Operational Manual, Survival, Domain 2) immunisation, vitamin A supplementation and deworming (Refer Operational Manual, Survival, Domain 3), safe drinking water, toilets and hygiene (Refer Operational Manual, Survival, Domain 4)
- ◆ Improve early detection and treatment of congenital anomalies including congenital heart diseases

#### Strategy 2

Reduction in perinatal deaths among immediate newborns by timely referral for diagnosis and management

#### Suggested activities to operationalise the strategy

- ◆ Conduct close scrutiny of report on identified " at risk mothers" by the Medical Officer for ensuring modern diagnostic services (Guidance note 1.5)
- ◆ Ensure follow up treatment to " at risk mothers" and their babies in referral health institutions

- ◆ Strengthen perinatal diagnostic facilities for genetic disorders and congenital malformation in all referral units
- ◆ Conduct death audit of all infants (Guidance note 1.16)

### Indicators to assess the effectiveness of strategy

- ☞ Number of deaths of neonatal (less than 28 days), infant (less than one year) and under 5 children
- ☞ Number and percentage of “ at risk mothers” who have been provided with special care and observation

## Strategy 3

### Prevention and control of acute respiratory infections

#### Suggested activities to operationalise the strategy

- ◆ Provide and inspect availability of basic child care standards at PHCs and CHCs
- ◆ Create awareness on danger signs of pneumonia- fast breathing and chest in-drawing for early specialised care to ASHA workers and mothers
- ◆ Prevent environmental pollution in houses and surroundings (eg. using smokeless stove instead of firewood and spread of smoke)

#### Indicators to assess the effectiveness of strategy

- ☞ Number of children below 5 years in the area admitted in hospital with pneumonia- out of total children with acute respiratory illness
- ☞ Percentage of mothers surveyed aware of danger signs of pneumonia

## Strategy 4

### Prevention and treatment of diarrhea

#### Suggested activities to operationalise the strategy

- ◆ Promote exclusive breast feeding for first six months of birth
- ◆ Promote home available fluids and ORS along with zinc
- ◆ Promote access to safe drinking water and personal hygiene (Refer

Operational Manual survival Domain 4)

- ◆ Promote hygienic feeding practices

### Indicators to assess the effectiveness of strategy

- ☞ Number of diarrheal cases among children reported in the LSG area
- ☞ Number of children with diarrhea receiving ORS and zinc
- ☞ Number of under five children hospitalised for diarrhea
- ☞ Percentage of mothers aware about giving ORS for diarrhea

## Strategy 5

### Reduction in malnutrition and severe acute malnutrition among under-5 children

#### Suggested activities to operationalise the strategy

- ◆ Complete and comprehensive growth monitoring of all under- 5 children
- ◆ Inform parents regarding child health, nutrition, development and safety
- ◆ Provide supplementary nutrition to malnourished under 5 children
- ◆ Promote display of community growth charts in AWCs
- ◆ Promote effective maintenance of MCP cards
- ◆ Advocate exclusive breast feeding for first six months (Refer Operational Manual, Survival, Domain 2, Strategy 5), prevent anemia among women (Refer Operational Manual, Survival, Domain 2, Strategy 4), Provide Vit. A supplementation at six monthly intervals (Refer Operational Manual, Survival, Domain 3), ensure safe drinking water, toilets and hygiene(Refer Operational Manual, Survival, Domain 4) and growth monitoring
- ◆ Validate and reconcile records of nutritional status of infants and young children maintained by health centre and by AWCs- identify inconsistencies and initiate remedial measures
- ◆ Identify and assess children with severe acute malnutrition (SAM) and

refer to NRC and for community management through therapeutic food

- ◆ Monitor moderate and severely malnourished children for incidental illnesses by medical officer
- ◆ Ensure compliance of food safety protocol in schools and anganwadi's
- ◆ Promote recording height of children in AWCs – to check wasting and stunting status

### Indicators to assess the effectiveness of strategy

- ☞ Number of children weighed and growth monitored at Anganwadi level
- ☞ Number of under-weight, moderate and severe malnourished children
- ☞ Number of children provided therapeutic nutrition
- ☞ Number of AWCs displaying community growth charts

## Strategy 6

## Prevention of disability and early detection of developmental delay

### Suggested activities to operationalise the strategy

- ◆ Initiate and promote early detection of disabilities through special drive by AWWs during annual survey
- ◆ Follow a check list for early detection of disabilities in all pre-schools, AWWs and LP schools
- ◆ Provide facilities for diagnosis, intervention and referral of all identified children with developmental delays
- ◆ Ensure issuing of disability certificates to all disabled children

### Indicators to assess the effectiveness of strategy

- ☞ Number of children with disabilities detected through regular RBSK screening at AWC /annual survey
- ☞ Percentage of infants screened under RBSK by one year of age
- ☞ Percentage of children with disabilities issued disability certificates
- ☞ Number of children covered with helping aids and financial assistance by LSG



## Strategy 7

## Prevention of accidents and injuries among children

## Suggested activities to operationalise the strategy

- ◆ Sensitise parents and care givers on common causes of accidents and injuries among children
- ◆ Provide and check availability of first aid box and trained personnel on first aid
- ◆ Maintain barrier free public places for children (eg: park, swimming pool, toys etc.)
- ◆ Give awareness to children about road safety norms
- ◆ Prevent children below the age of 18 from driving motorised vehicles
- ◆ Protect children from bites and injuries caused by pet animals and other animals

## Indicators to assess the effectiveness of strategy

- ☞ Number of sensitisation programme conducted on road accidents
- ☞ Number of boards displaying accident prone spots
- ☞ Number of traffic rights and zebra – cross symbols on main roads

## Strategy 8

## 100% coverage of social security schemes (RBSK, KSSM) and health insurance/entitlements for children

## Suggested activities to operationalise the strategy

- ◆ Promote parental awareness on early detection, referral and treatment of all diseases and disability in children with the help of ASHA and Anganwadi worker under RBSK
- ◆ Sensitise and train mothers and care givers under RBSK components especially with emphasis on 'Four D's – Defects at birth, Delays of

milestones and disabilities, common Diseases and Deficiencies (Guidance note: 1.15)

- ◆ Include that all eligible families under schemes like Arogyakiranam/RSBY/ CHIS/CHIS Plus/Thalolam/Karunya Benevolence Fund and RBSK (Guidance note: 1.2)
- ◆ Create awareness generation on Arogyakeralam and other health entitlements
- ◆ Regularly check that all disabled children are covered with all eligible government services meant for them

### Indicators to assess the effectiveness of strategy

- ☞ Number of children covered with RBSK
- ☞ Number of mothers/AWW and care givers participated in sensitisation & training under RBSK
- ☞ Percentage of children covered with all eligible government services
- ☞ Percentage of children from BPL families covered under RSBY/ CHIS

## Strategy 9

### Conduct of community based child death audit (Guidance note: 1.16)

### Suggested activities to operationalise the strategy

- ◆ Identify reasons for child death based on records and take remedial measures
- ◆ Reporting child death within 24 hours to Medical Officer of PHC (by JPHN/ASHA/AWW or elected representatives)
- ◆ Monitor conduct of child death audit that is undertaken within three weeks of the incidence by the Medical Officer and elected representatives

### Indicators to assess the effectiveness of strategy

- ☞ Number of child death during 1 year against conduct of child death audit

## Strategy 10

### Child friendly health institutions (Guidance note: 1.17,1.18,1.19)

#### Suggested activities to operationalise the strategy

- ◆ Make all PHC/CHC women friendly and child friendly and referral centres (eg: Breast feeding corner, baby friendly immunisation room, availability of ORS, referral for LBW babies)
- ◆ Undertake projects for the maintenance PHC and CHC
- ◆ Construct proper roads for PHC/CHC by using road maintenance fund
- ◆ Provide emergency care facilities for minor accidents
- ◆ Provide support with confidentiality for diagnosis and treatment and care for HIV/AIDS affected children
- ◆ Provide awareness to Doctors, Nurses and other health staff about child friendly hospital
- ◆ Provide residential quarters for Doctors, Nurses and other health staff with local area

#### Indicators to assess the effectiveness of strategy

- ☞ Percentage of public health institutions meeting women and child friendly norms
- ☞ Number of public places where child friendly messages are exhibited
- ☞ Number of health units having emergency care facilities for children
- ☞ Number of centres providing information and support on HIV/AIDS

CHILD  
DEVELOPMENT

Human development and progress are integrally related to the holistic development of children. According to UNCRC, development rights includes children's right to education, play, leisure, cultural activities, and access to information, and freedom of thought, conscience and religion. Progressive development and joyful childhood can result only from comprehensive and simultaneous interventions in the areas of nutrition, health, early child care, education, psycho-social and cultural provisions. While planning their interventions and delivering the services, Local Governments must coordinate the multi-dimensional activities leading to the comprehensive development of children. They must ensure that the freedom and self-esteem of all children including the vulnerable ones such as the differently abled is fully protected.



Strategising the following domains of child development will help the LSG to address the Right to Development for all children

**Domains**

1. Early childcare and stimulation for development (0-3 years) (CRC Article 28, 29,31)
2. Universal Early Childhood Care and Education(pre-school, ECCE) 3-5 years (CRC Article 28, 29,31)
3. Healthy and Child friendly pre-school and school (CRC Article 28, 29,31)
4. Education for all children upto 18 years (CRC Article 28, 29,31)
5. Nutritional status and physical fitness of children (CRC Article 28, 29,31)

## DOMAIN 1

### EARLY CHILD CARE AND STIMULATION FOR DEVELOPMENT (ECD) (0-3 YEARS)



#### GOAL

To ensure effective management of programmes for early child care and stimulation

#### OBJECTIVES

- To ensure all infant and young children below three years can optimise their potential through early childhood care and stimulation

Every child has a right to physical, mental and emotional development through appropriate nutrition, care, stimulation, play, rest, leisure and recreation

#### Strategy 1

#### Awareness generation among parents and care givers at home

Suggested activities to operationalise the strategy

- ♦ Generate awareness among parents(including father) and care givers at home on the importance of psycho-social stimulation of young child during the first three years for best brain growth and development (Guidance note 2.1)
- ♦ Convince the need to devote some duration of time in a day, by parents and family members exclusively for their baby to care for and interact with
- ♦ Organise training to both parents during pregnancy/antenatal clinics on developmentally appropriate ECCE
- ♦ Conduct sensitisation training on responsible fatherhood in child rearing practices
- ♦ AWW/JPHN to promote the usage of the MCPC (Mother Child Protection Card) by the family members for psycho social care and stimulation of early learning
- ♦ AWW/JPHN/NHE/ Medical Officers to utilise VHNDs and house visit as

opportunity for counseling parents on Early Child Care, Early Stimulation and Responsible Parenting

- ◆ Conduct regular awareness on ECD among parents and caregivers

#### Indicators to assess the effectiveness of strategy

- ☞ Number of awareness generation programmes conducted with parents and caregivers on early child care and stimulation
- ☞ Number of IEC materials which show linkages between LSG and service providers (public and private) for sensitisation

### Strategy 2

Capacity building on ECD to care givers at Day care centres, Creches, Balwadis, Play schools and Nursery schools (public and private)

#### Suggested activities to operationalise the strategy

- ◆ Convene meeting of the stake holders and Panchayat members for planning training and procurement of training materials for ECD
- ◆ Engage resource persons, mobilise training materials and raise funds for training
- ◆ Involve all JPHN, ASHA workers and Anganwadi workers in ECD training
- ◆ Form three to five member committee under LSG to monitor training and the uptake of practice of skills taught to frontline workers

#### Indicators to assess the effectiveness of strategy

- ☞ Number of ECD sensitisation trainings conducted
- ☞ Number of parents and care-givers oriented on early childhood development

### Strategy 3

Qualified and trained care givers at all child care centres for children below 3 years (Day care, Creches, Balwadis, Play schools Anganwadi and Nursery schools)

### Suggested activities to operationalise the strategy

- ◆ Collect details of all child care centres functioning in the area through Health and Education Standing Committees
- ◆ Analyse the training status of functionaries under child care centres
- ◆ Standing Committee to submit recommendations for follow up actions (training)
- ◆ Standing committee to monitor the functionaries for early identification of disability and slow learning by care givers and refer them under RBSK in the private sector (Refer Operational Manual, Survival, Domain 5, Strategy 1,2 and 6)
- ◆ Provide all the child care centres with child friendly infrastructure, environment and care
- ◆ Identify and provide crèche facilities in areas where mothers are working
- ◆ Develop and distribute sufficient age appropriate materials to the functionaries

### Indicators to assess the effectiveness of strategy

- ☞ Number of inspection visits conducted to child care centres
- ☞ Number of IEC materials developed and distributed
- ☞ Number of young children included in the ECD programme in public and private institutions



## DOMAIN 2

### UNIVERSAL EARLY CHILDHOOD CARE AND EDUCATION (ECCE) (3-5 YEARS)



#### GOAL

To ensure that all children in the age group of 3-5 years to have a sound foundation for child development

#### OBJECTIVES

- To promote age- appropriate maximum potential in physical, psychological, social and emotional development among all children of 3-5 years
- To ensure minimum required child friendly standards in all anganwadis and nursery sections in schools

#### Strategy 1

#### Standardisation of Anganwadis (Guidance note 2.2)

#### Suggested activities to operationalise the strategy

- ◆ Joint visit by Welfare Standing Committee along with concerned ward member to AWCs for gap analysis of all AWCs
- ◆ Prepare Need Analysis report of all AWCs and upgrade anganwadi services as per standards
- ◆ Child friendly AWC is to be made an agenda of every LSG Committee meeting and detailed reporting by welfare standing committee chairperson
- ◆ Development of minimum one child friendly AWC as model AWC every year to function as Grama/ward Kendra, library, AG clubs & AB clubs etc.(multi-utility cum resource centre)
- ◆ Develop Crèches and baby friendly toilets in places where women's work participation is high
- ◆ Convene annual Anganwadi old students meeting for getting public support to improve facilities in the AWCs



## Indicators to assess the effectiveness of strategy

- ☞ Number of Anganwadis which have own building
- ☞ Number of model child friendly AWC in LSG
- ☞ Number of wards which have prepared need analysis report for all AWCs for standardisation

### Strategy 2

Enrolment of all children under five years of age in Anganwadi/ECCE centres and strengthen Early Childhood Care and Education (Guidance note 2.3)

## Suggested activities to operationalise the strategy

- ◆ Create and regularly update the data base of under 5 children through AW family survey by visiting every household before the month of May each year
- ◆ Ensure that there are sufficient number of Anganawadi or mini Anganawadi centres accessible for parents to admit young children in their neighbourhood
- ◆ Enroll all eligible children in Anganwadi or pre- school
- ◆ Provide timely service of mini Anganwadi centres in scattered tribal hamlets and isolated coastal islands /forest hamlets adapting to local convenience of time
- ◆ Enroll children of all transient dwellers including migrant laborers without discrimination (Guidance note 2.4)
- ◆ Disburse scholarships / stipends to the eligible, like the differently abled in a timely manner
- ◆ Register a pool of voluntary resource persons in all AWCs to support uninterrupted pre-school activities

## Indicators to assess the effectiveness of strategy

- ☞ Number of children left out of enrolment in AWC or pre-school (Public and Private)
- ☞ Percentage of enrolment of children under 5 years of transient dwellers including migrant population

- ☞ Number of Anganwadi centres conducting ECCE more than 20 days in a month

### Strategy 3

### Quality upgradation of pre-schools (Guidance note 2.5)

#### Suggested activities to operationalise the strategy

- ◆ Trained staff in AWCs and private institutions in childrights
- ◆ Provide and maintain child friendly materials, nontoxic-toys etc
- ◆ Ensure minimum 5 hours presence of AWC staff in Anganwadi
- ◆ Create a pool of volunteers for taking responsibility of children in the absence of AWC staff
- ◆ Promote interaction by the elders/retired teachers with the children in AWCs

#### Indicators to assess the effectiveness of strategy

- ☞ Thematic list of trainings attended by AWWs
- ☞ Number of AWCs having pool of voluntary trained personnel to serve in the absence of AWW

### Strategy 4

### Strengthening Adolescent clubs in Anganwadis (Guidance note 2.6 )

The life cycle approach focuses greatly on adolescent girls' empowerment through personality development, confidence building and other Kishori Shakti activities. For further details please refer activities and indicators under Strategy 1 and 2 of Operational Manual, Participation, Domain 2. In addition, promote adolescent boys clubs also in similar lines as adolescent girls clubs

### Strategy 5

### Strengthening AW Monitoring and Supporting Committees

#### Suggested activities to operationalise the strategy

- ◆ Promote formation and functioning of AW Monitoring and Evaluation (AW M and E) Committees as per standards (Guidance note 2.7)

- ◆ Prepared and follow detailed activity plan for the AW M and E committees
- ◆ Anganwadi Monitoring Committee reports are presented in and reviewed by Grama Panchayat Committee
- ◆ Monitor timely functioning of AWC including SNP distribution, growth monitoring, Vitamin-A distribution, NPAG and mothers meetings
- ◆ Monitor standard cooking practices and kitchen hygiene-eg: dust proof-pest proof-dirt proof-and smoke-proof environment

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of Anganwadi Welfare Committee formed as per standards and regularly functioning
- ☞ Percentage of public contributions and services provided to Anganwadis

## Strategy 6

## Enrolment of Children with Special Needs in AWCs/other pre-schools (Guidance 2.8)

### Suggested activities to operationalise the strategy

- ◆ Awareness campaign for parents of CWSNs about merits of enrolling their children in AWCs
- ◆ Skill training to all Anganwadi Workers to take care of young children with differential ability
- ◆ Facilitate inclusive pre- school education especially for Mental Retardation, Cerebral Palsy (CP) and Autism in all AWCs/pre-schools
- ◆ Ensure the functioning of Anganwadi Centres in pockets of poverty and social deprivation of tribal area, coastal area, migrant pockets

### Indicators to assess the effectiveness of strategy

- ☞ Number of AWCs ensuring free entry and retention of CWSNs
- ☞ Percentage of differently abled young children receiving special services in AWC/pre-school

## DOMAIN 3

# HEALTHY AND CHILD FRIENDLY SCHOOL AND PRE-SCHOOL



### GOAL

To ensure healthy and safe environment in school for achieving holistic development of students

### OBJECTIVE

To provide essential infrastructure and functioning facilities in schools

## Strategy 1

Minimum standards in infrastructure and facilities of schools (Guidance note 2.9)

### Suggested activities to operationalise the strategy

- ◆ Construct infrastructure as per standards (including class room, kitchen, lab, library, play grounds, boundary wall, toilets, separate toilets for girls, drinking water facility, hand washing facility, rain water harvesting unit etc.)
- ◆ Annual fund allocation in the LSG maintenance plan and approval of school maintenance and development plan for five years
- ◆ Promote efforts for individual sponsorship and community participation (PTA, old students association) for upgrading school infrastructure
- ◆ Develop barrier free school plan by evaluating all physical barriers in the school building and hazards in the environment (Guidance note 2.10)
- ◆ Provide and maintain proportionate number of toilets with essential minimum standards as per norms (Guidance note 2.11)

### Indicators to assess the effectiveness of strategy

- ☞ Number of schools having infrastructure facilities as per protocol/minimum standards

- ☞ Percentage of LSG fund earmarked for school maintenance
- ☞ Number of schools having disable friendly infrastructure as per protocol

## Strategy 2

### Safe and Secure school (public and private) to all children

#### Suggested activities to operationalise the strategy

- ◆ Ensure proper transportation to school children including safe roads, safe ferry and water crossings (Guidance note 3.9)
- ◆ Declaration of safe school zone at 91.4 meters or 100 Vaara
- ◆ Establish school vigilance committees (Guidance note 3.13)
- ◆ Reduce weight of school bag by rationalising lesson plan requirements of notes, text books (Guidance note 2.12)
- ◆ Sensitise students regarding disaster risk reduction (fire, earthquake, attacks, flood etc)
- ◆ Ensure First Aid facilities for children in schools
- ◆ Maintain safe and hazard free play grounds (Guidance note 2.13)

#### Indicators to assess the effectiveness of strategy

- ☞ Number of students provided safe transportation facilities by school
- ☞ Number of deaths of children due to accidents en -route and back from school
- ☞ Number of students oriented on disaster risk reduction
- ☞ Number of schools having safe playgrounds with safe play materials

## Strategy 3

### Effective school noon meal programme for 5-14 years age (Guidance note 2.14)

#### Suggested activities to operationalise the strategies

- ◆ Establish hygiene school kitchen and serve food items as per norms
- ◆ Ensure food safety- uninterrupted supply of quality diet to all eligible children. Appoint only a trained cook
- ◆ Ensure persons cooking food have no diseases (medical certificate)
- ◆ Maintain a clean wash area -use only safe clean water

- ◆ Promote green initiative/school nutrition garden
- ◆ Form a Management Committee with student/PTA involvement
- ◆ Monitor menu planning and meal planning by school management committee
- ◆ LSG Committee to take NMS as special agenda and allot supplementary fund as per need
- ◆ Conduct joint visit by Education Standing Committee to all schools for inspecting quality and intake of noon-meal by all children
- ◆ Conduct Social Audit with child participation
- ◆ Involvement of (PTA, MPTA, Old Students Association)for improving the quality of noon-meal programme

### Indicators to assess the effectiveness of strategy

- ☞ Number/Percentage of schools having kitchen as per minimum standards
- ☞ Number of schools with safe piped water facilities
- ☞ Percentage of students left out of NMS with reasons
- ☞ Number of action taken to improve hygienic kitchen

## Strategy 4

### Community sensitisation for Waste Disposal System (Guidance note 2.15)

### Suggested activities to operationalise the strategy

- ◆ Cultivate ideas on minimum waste generation - Zero waste programme
- ◆ Nurture habits on segregation of waste at source into biological recyclable and non- recyclable waste
- ◆ Cultivate nutrition gardens in schools and promote school green initiative
- ◆ Run demonstration projects for organic waste disposal for developing waste management habit among students
- ◆ Install bio gas plant or other appropriate waste management system
- ◆ Provide incinerators in all girls toilets
- ◆ Form functional neighbourhood groups for coordinating the waste disposal system

### Indicators to assess the effectiveness of strategy

- ☞ Number of schools with bio gas plants
- ☞ Number of schools with nutrition gardens and green initiatives

#### Strategy 5

#### School Health and Nutrition Programme (Guidance note 2.16 and refer Protection Operational Manual, Domain 4 Strategy 1)

### Suggested activities to operationalise the strategy

- ◆ Organise school health programme in collaboration with NHM as per protocol
- ◆ Create awareness on the importance on physical exercise and bad effects of junk food
- ◆ Access BMI and record it in health card for all children for follow up action
- ◆ Implement WIFS for anemia reduction among all students including boys from class VI to XII
- ◆ Implement Rubella vaccination for girl children
- ◆ Implement ARSH activities
- ◆ Psycho social counselling for students
- ◆ Conduct awareness generation on high risk sexual behavior among students

### Indicators to assess the effectiveness of strategy

- ☞ Number of children having health cards regularly updated and with follow up action
- ☞ Percentage of students consuming WIFS in school

#### Strategy 6

#### Set up student Council /Cabinet/Parliament

### Suggested activities to operationalise the strategy

- ◆ Formation and regular functioning of school parliament as directed by the Department of Education



- ◆ Organise promote and activate theme specific students clubs as per directions (Guidance note 4.5)

#### Indicators to assess the effectiveness of strategy

- ☞ Number of schools having functional school parliament (students councils)
- ☞ Type of issues raised and resolved by student councils and time taken to resolve



## DOMAIN 4

### EDUCATION FOR ALL UP TO 18 YEARS



#### GOAL

To ensure education of all children up to 18 years

#### OBJECTIVES

- To ensure all children above 5 are enrolled in elementary education and continue their education up to 18 years
- To ensure quality education under child friendly environment in all schools and other educational institutions
- To achieve zero school drop outs

Right of children to Free and Compulsory Education Act provides for free and compulsory education for all children of age 5 to 14 years in an age appropriate class room in the vicinity of his /her neighborhood. Efforts are to be made to ensure education of all children upto 18 years.

#### Strategy 1

Enrolment of all the 5 + age children in school (Guidance note 2.17)

#### Suggested activities to operationalise the strategy

- ♦ Maintain and update the village education register list of all children with the help of AWWs and teachers
- ♦ Maintain and updated LSG level school enrolment and drop out register with the help of Education Working Group
- ♦ PEC (Panchayat Education Committee) to be convened with headmasters of all schools of the locality (Guidance note 2.18)
- ♦ Track attendance of vulnerable students - migrant labourers, differently abled, tribes, fishermen communities and provide support services to enable them to attend school

- ◆ Prepare annual child status report of LSG and incorporate in plan document (Refer Operational Manual, Participation, Domain 4, Strategy 5)
- ◆ Prepare a comprehensive child status poster, updated every year and prominently displayed in all institutions/ public places

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of 5+ age children enrolled and retained in age-appropriate classes, even among vulnerable groups
- ☞ Net Enrolment Ratio (NER) in pre- school/elementary, high school and higher secondary schools
- ☞ Dropout rate at pre- school/elementary, high school and higher secondary school
- ☞ Number of PECs convened with participation of all schools in the locality

## Strategy 2

### Formation of Drop - Out Elimination Committee to monitor school retention (Guidance note 2.19)

### Suggested activities to operationalise the strategy

- ◆ Form PTA/MPTA/SMC and function as per protocol (Guidance note 2.20)
- ◆ Form a Drop - Out Elimination Committee as a sub committee of Education Standing Committee to monitor school retention of students
- ◆ Convene meeting of the leaders of children's forum like Balasabha, AG clubs, representatives of LSG level children's Development Committee and school based clubs to actively engage with Education Standing Committee to reduce school absenteeism and drop out
- ◆ Collect ward level reports on absenteeism and drop out for follow up action (Guidance note 2.21)

### Indicators to assess the effectiveness of strategy

- ☞ Number of schools where general bodies of PTA conducted
- ☞ Percentage of schools where LSG members participated in meeting

- ☞ Number of drop out children brought back to school
- ☞ Number of meetings between children's forums and standing committees

### Strategy 3

Community and parental motivation to reduce school absenteeism in underdeveloped pockets like SC, ST, coastal areas etc.

#### Suggested activities to operationalise the strategy

- ◆ Promote parent friendly attitude in the tribal hostels through strengthening of parental participation in tribal schools and pre-metric hostels activities
- ◆ Prepare seasonal calendar of probable period to reduce prolonged absenteeism among children
- ◆ Include local and tribal art forms and sports forms in competitions for children
- ◆ Provide and monitor timely disbursements of stipend and scholarships for all eligible groups
- ◆ Support employability training for placement support
- ◆ Facilitate remedial coaching to enhance scholastic ability in addition to tuition
- ◆ Form Adolescent clubs in hostels to promote right to participation
- ◆ Entrust mentors/ ST promoters for motivation and guidance

#### Indicators to assess the effectiveness of strategy

- ☞ Number of schools where general bodies of PTA conducted
- ☞ Percentage of schools where LSG members participated in meeting
- ☞ Percentage of attendance of parents in the meetings of tribal hostels
- ☞ Number of hostels where adolescent clubs are formed
- ☞ Percentage of under privileged children in remote areas having more than 85% of school attendance
- ☞ Percentage of children provided with timely disbursement of stipends
- ☞ Number of hostels having functional hostel advisory committee

## Strategy 4 Improving the regular attendance of all children in schools

### Suggested activities to operationalise the strategy

- ◆ Assess the foundational competencies of all students of class 1-4 in schools and organise special classes/camps for all students to master foundational competencies (Guidance note 2.22)
- ◆ Ensure minimum 85% attendance to all students
- ◆ Monitor gender equality and girl friendliness in all school settings
- ◆ Create networking among concerned class teacher/Panchayat Member/Student mentor/PTA representative etc.
- ◆ Inspect that no school practices corporal punishment (Guidance note 3.14 ) and provide teachers' trainings on positive disciplining
- ◆ Provide special package to children of poor families, inclusive of breakfast, after school coaching, sponsorship, etc
- ◆ Improve the mode of instruction, counselling and access to other supports, for slow learners and vulnerable to drop out
- ◆ Improve the communication and relationship between parents and schools

### Indicators to assess the effectiveness of strategy

- ☞ Age appropriate attendance among sex and social groups
- ☞ Gender parity index in lower primary and secondary school (Number of girls students in proportion to boys)
- ☞ Number of trainings to reduce corporal punishment

## Strategy 5 Inclusion of all children with disability in regular schools

### Suggested activities to operationalise the strategy

- ◆ CWSN friendly approach in class rooms
- ◆ Facilitate skill development of teachers for inclusive education and management

- ◆ Create a comprehensive data base of children with disability at LSG level (Guidance note 2.23)
- ◆ Categorise children based on the type and level of disability
- ◆ Encourage admission in appropriate schools accessible to disabled children
- ◆ Timely disbursement of scholarships and stipends including transportation to disabled students
- ◆ Ensure availability of adaptive devices in the 1st quarter of academic year

### Indicators to assess the effectiveness of strategy

- ☞ Number and percentage of children with disability in regular schools
- ☞ Number of eligible children provided with scholarship, stipend, pension or sponsorship

## Strategy 6

### Special education to children who are not able to attend regular school

### Suggested activities to operationalise the strategy

- ◆ Promote appropriate referral services
- ◆ Ensure integrated therapy services with the help of Block/Jilla Panchayat to disabled children
- ◆ Enroll children in appropriate special schools in case general education is not possible
- ◆ Promote home based training and education for bed ridden children by SSA resource teachers (Guidance note 2.24)

### Indicators to assess the effectiveness of strategy

- ☞ Number of disabled children in regular schools
- ☞ Number of children studying in special schools
- ☞ Percentage of bed ridden children receiving home based training by resource teachers



## Strategy 7

### Enabling environment for school education to children of migrant labourers

#### Suggested activities to operationalise the strategy

- ◆ Create a comprehensive data base of children of migrant labourers living in each ward
- ◆ Convene advocacy meetings with the school authorities, contractors and parents of such children
- ◆ Enroll these children in classes appropriate to their age
- ◆ Identify and engage multilingual teachers in the schools
- ◆ Organise adult education programmes to migrant children below age 18 at regular interval
- ◆ Organise special remedial education services to migrant labourers

#### Indicators to assess the effectiveness of strategy

- ☞ Percentage of children of other states registered in Panchayats
- ☞ Percentage of migrant children under 5 enrolled in the AWCs, 6 to 14 in schools and 14 to 18 in teens clubs provide life skill education
- ☞ Number of campaigns conducted to get these children into mainstream society
- ☞ Number of children denied admission in classes based on age

## DOMAIN 5

### NUTRITIONAL STATUS AND FITNESS OF CHILDREN



#### GOAL

To improve the nutritional status of children

#### OBJECTIVE

- To eliminate child malnutrition

#### Strategy 1

Maternal and child care programmes to improve nutritional status as per National Guidelines (Guidance note 2.25)

#### Suggested activities to operationalise the strategy

- ◆ Promotion of baby friendly hospital initiative in all health institutions under the LSG area (Guidance note 2.26 )
- ◆ Complete immunisation schedule for all children before 2 years
- ◆ Provide weighing balance & height measuring stand to all AWCs and schools
- ◆ Health screening and referral linkage with health services for remedial and preventive measures
- ◆ Assured medical check-up at least once in a year
- ◆ Provide micro nutrient supply – IFA
- ◆ Conduct health promotion services – Health education
- ◆ Maintain cumulative health records and health cards
- ◆ Provide shelf for medicines, health cards, records and WIFS
- ◆ Ensure services of health coordinator or JPHN at school

#### Indicators to assess the effectiveness of strategy

- ☞ Number of institutions following Baby Friendly Hospitals
- ☞ Number of visits by health coordinator or JPHN at schools
- ☞ Records on annual medical check-ups among children

## Strategy 2

### Improved infant (0-1 year) nutritional status (Guidance note 2.27)

#### Suggested activities to operationalise the strategy

- ◆ Strengthen integrated management of new born and childhood illness (IMNCI)
- ◆ Promote adequate and appropriate feeding of infants as per IYCF protocol (Guidance note 2.28)
- ◆ Frequent visits and reviews of every child growth record by supervisor, particularly SAM children
- ◆ Early detection (by RBSK scheme) and appropriate management of micro nutrient deficiency
- ◆ Provide counselling on community based management of SAM children (Refer Operational Manual, Survival, Domain 5, Strategy 5)

#### Indicators to assess the effectiveness of strategy

- ☞ Percentage of infants fed on colostrum (first milk) and on EBF for first 6 months
- ☞ Number of children detailed under RBSK and follow up action
- ☞ Number of SAM children and intervention to reduce SAM

## Strategy 3

### Improved young child nutritional status (6 months -5 years) (Guidance note 2.29)

#### Suggested activities to operationalise the strategy

- ◆ Undertake campaigns on key messages of IYCF ( Infant and Young Child Feeding)
- ◆ Awareness generation on promoting sports & activities
- ◆ Regularly identify underweight & overweight children – (efforts for avoiding junk foods)
- ◆ Ensure elimination of all sorts of intestinal infestations through medication, hygiene and sanitation



**Strategy 4**

Adolescent nutrition programme with special emphasis on girls through AG clubs (Refer Operational Manual, Participation, Domain 2, Strategy 1)

**Suggested activity to operationalise the strategy**

- ◆ Conduct Adolescent Nutrition and Health Education Programme in all schools

**Indicator to assess the effectiveness of strategy**

- ☞ Number of campaigns conducted at schools on Nutrition and Health Education

**Strategy 5**

Ensure the physical fitness of all children in LSG (5-18yrs)

**Suggested activities to operationalise the strategy**

- ◆ Engage each child in the family in daily exercise activity
- ◆ Sensitise every child in the school for sports and similar activities
- ◆ Improve and maintain playgrounds in schools with coaches
- ◆ Improve and maintain parks and public spaces preferably with gymnastic facility

**Indicators to assess the effectiveness of strategy**

- ☞ Number of schools with physical education teachers
- ☞ Number of children participating in any one of sports activity
- ☞ Number of playgrounds, parks and public spaces with gym facilities

CHILD  
PROTECTION

**R**ight to protection is an entitlement of children to be safe guarded against all sorts of abuse, violence and dangers in any situation in the family, schools, establishments, community and public space. As children in Kerala are exposed to various threats in life, it is the duty of the LSG to protect children and adolescence from exploitation, abuse, moral and material abandonment. According to UNCRC they should be protected from hazards, harassments, torture, deprivations, insecurity and safety negligence. The best interest of child is to be ensured in every decision making process and drafting of legal safe guards.



Strategising the following domains of child protection will help the LSG to address the right to protection of all children under their local government.

### Domains

1. Safeguarding the rights of children as per Law
2. Prevention of child abuse in all settings (UNCRC Article 18,24,34,35,36,37,38,39)
3. Safe and Protective School Zones (UNCRC Article 28,33,38)
4. Safe adolescent phase (UNCRC Article 12,13,14,15)
5. Prevention of child marriages (UNCRC Article 34)
6. Supportive and caring family environment (UNCRC Article 6,19,27,28)
7. Disability reduction and disable friendliness (UNCRC Article 23,29,31,32)

## DOMAIN 1

### SAFEGUARDING THE RIGHTS OF CHILDREN AS PER LAW



#### GOAL

To provide legal entitlements to all children as per the Law of the land

#### OBJECTIVES

- To ensure that all children are protected by citizenship rights and delivery of services
- To provide special provisions to children in conflict with Law
- To meet the requirements of children in need of care and protection
- To promote adherence to Laws and Acts promoting child protection

#### Strategy 1

100% of birth registration and certification

For suggested activities to operationalise this strategy refer Operational Manual, Survival, Domain 2, Strategy 7

#### Strategy 2

Delivery of services by institutions meant for children

For suggested activities to operationalise this strategy refer Operational Manual, Protection, Domain 6, Strategy 2 & 3

#### Strategy 3

Special attention to children in Conflict with Law

Suggested activities to operationalise the strategy

- ◆ Collect data about children in conflict with law in the LSG area who are convicted under JJ Act (by JJ Board)
- ◆ Involve District Probation Officer and collect details of children under children's home/special homes belonging to the LSG area

- ◆ Conduct home study or case study in respect of each child and identify rehabilitation plan with the assistance of ICDS team
- ◆ Ensure the continued education of the affected children
- ◆ Ensure higher education opportunities for children living in JJ institution

### Indicators to assess the effectiveness of strategy

- ☞ Number of children made eligible for assistance of higher education
- ☞ Number of children living in JJ institution in the LSG

## Strategy 4

### Special attention to children in need of care and protection

### Suggested activities to operationalise the strategy

- ◆ Conduct vulnerability mapping in your LSG area
- ◆ Identify the orphan children and apply for the 'Snehapoorvam' financial assistance
- ◆ Seek possibility of getting sponsorship or adoption under ICPS scheme
- ◆ Institutional care if there are no other option
- ◆ Strengthening Ashraya services in the case of destitute families
- ◆ Give priority to the families of identified vulnerable children under local development plan (Housing, toilets, disability assistance, social security etc)
- ◆ Ensure victims rehabilitating scheme assistance by violence (Guidance note 3.1)
- ◆ Ensure education assistance to children of prisoners (Guidance note 3.2)

### Indicators to assess the effectiveness of strategy

- ☞ Number of vulnerable of children identified in the LSG are
- ☞ Number of children sanctioned with Snehapoorvam assistance

**Strategy 5****Special attention to reduce child labour (Guidance note 3.3)**

For suggested activities to operationalise this strategy refer Operational Manual, Protection, Domain 2, Strategy 4.

**Strategy 6****Critical attention to children affected by sexual abuse****Suggested activities to operationalise the strategy**

- ◆ To ensure provisions of POCSO Act
- ◆ Review abuse in buses, train and other public transport
- ◆ Punish eve-teasing
- ◆ Display “ Good-Touch,Bad-Touch” boards in schools and public places
- ◆ Support child friendly and girl friendly police stations
- ◆ Preventive, protective and rehabilitative actives by Jagratha Samithi



## DOMAIN 2

### PREVENTION OF CHILD ABUSE IN ALL SETTINGS



#### GOAL

To ensure zero abuse against children

#### OBJECTIVE

To ensure that no child faces physical, emotional and sexual abuse

#### Strategy 1

Generation and analysis of data on vulnerable children

#### Suggested activities to operationalise the strategy

- ◆ Collect category wise details of vulnerable children: age wise, sex etc.
- ◆ Vulnerability mapping of children- SC, ST children, school dropout, orphan children, children with step parents, children with special needs, alcoholic parents etc. in order to have effective linkage of services (Guidance note 3.4)

#### Indicators to assess the effectiveness of strategy

- ☞ Availability of data sheet on vulnerable children
- ☞ Number of children under institutional care
- ☞ Number of children in need of foster or alternative family care

#### Strategy 2

IEC and public awareness on child protection rights (Guidance note 3.5, refer Operational manual, Participation, Domain 3 & 4)

#### Suggested activities to operationalise the strategy

- ◆ Conduct awareness generation campaigns on child rights to elected members, officials and general public
- ◆ Develop IEC Materials on child rights protection specific to each locality

- ◆ Discussion of child rights issues with the parents in the PTA meetings in school
- ◆ Display of child rights protocol in all institutions in the locality
- ◆ Display of service charter for children in Local Governments and other institutions
- ◆ Display of information on child protection like child helpline number and services of CWC, Juvenile Justice Boards etc.
- ◆ Organise LSG interface session with concerned authorities like NGOs, SCPCR, CWC, JJB, Juvenile police unit etc.
- ◆ Sensitise children in NCC, NSS, SPC, Jagratha Samithi etc. on campaigns about child protection issues and mechanisms

### Indicators to assess the effectiveness of strategy

- ☞ Number of IEC materials made available
- ☞ Number of institutions displaying service charter for children
- ☞ Number of awareness generation activities conducted on child protection rights

## Strategy 3

## Strengthening Jagratha Samiti

### Suggested activities to operationalise the strategy

- ◆ Strengthening Jagratha Samiti as per guideline (Guidance note: 3.6)
- ◆ Provide office space for the functioning of Jagratha Samiti
- ◆ Conduct legal aid clinics, follow up activities in association with KELSA
- ◆ Put up complaint boxes
- ◆ Conduct crime mapping and vulnerability mapping
- ◆ Create a conducive environment for the abused victim to get reintegrated with the family and community
- ◆ Ensure redressal forum for tracing missing child and children in distress, in association with child line, missing child tracking system and PCPC

### Indicators to assess the effectiveness of strategy

- ☞ Number of Jagrata Samiti meetings held at Ward and LSG level
- ☞ Number of child protection issues reported and solved by Jagrata Samiti

## Strategy 4

## Elimination of Child Labour

### Suggested activities to operationalise the strategy

- ◆ Trace incidence of child labour and out of school children and report to concerned authorities
- ◆ Exhibit IEC on Child Labour Prohibition and Rehabilitation Act and helpline number to detect and report child labour
- ◆ Monitor child labour among the migrant population by Education Standing Committee
- ◆ Support special schools and teachers for rehabilitating working children in migrant pockets
- ◆ Interact with the identified working children to improve the situations which drive children to work
- ◆ Conduct meetings with all stakeholders to find suitable solutions to eliminate child labour
- ◆ Bring back the working children from work place and enroll them in schools

### Indicators to assess the effectiveness of strategy

- ☞ Number of children rescued from child labour among migrant population
- ☞ Number of children rescued from child labour among local population
- ☞ Number of out of school children enrolled in schools





## Strategy 5

## Formation of local Govt. level or Panchayat Child Protection Committees (PCPC)

### Suggested activities to operationalise the strategy

- ◆ Form and activate PCPC as per ICPS- GO MS No. 68/12 /SJD dated 9/11/12 (Guidance note 3.7)
- ◆ Conduct orientation programmes for the PCPC members in order to have role clarity about discussion of child rights issues, proper reporting and follow up actions

### Indicators to assess the effectiveness of strategy

- ☞ Number of PCPC meetings held
- ☞ Number of child protection issues discussed, reported and resolved by PCPCs
- ☞ Presence of children's representatives in PCPC meetings
- ☞ Availability of legal services for children in conflict with Law

## DOMAIN 3

### SAFE AND PROTECTIVE SCHOOL ZONES



#### GOAL

To achieve safe and fear free school environment for all children

#### OBJECTIVES

- To provide safe and fear free environment for children at schools and surroundings
- To protect the children from all forms of abuse/violence (emotional, physical, sexual and neglect) in school/ premises

#### Strategy 1

Road safety norms in all school zones (Refer, Operational Manual, Development, Domain 3)

#### Suggested activities to operationalise the strategy

- ◆ Create awareness among students and teachers on road safety norms
- ◆ Disallow parking of outside buses/vehicles in school areas
- ◆ Roads near and around the schools are child friendly with zebra crossing etc
- ◆ Encourage volunteers for traffic control for safe road crossing during school opening and closing hours
- ◆ Follow general road safety norms as per standards (Guidance note 3.8)
- ◆ Maintain vehicle and vans as per standards – Promote use of reverse tones and horns and engage conductor assistance to assist young children in the vans/buses
- ◆ Purchase of own vehicles by schools/PTAs etc
- ◆ Ensure safe journey to and from schools for students coming by walk, cycling, water ways etc.

- ◆ Provide safe commuting with ease to and from school for “ differently abled” children

### Indicators to assess the effectiveness of strategy

- ☞ Number of places where sign boards are displayed and zebra crossing provided in school zone area
- ☞ Number of schools having own vehicles compliant with norms of MVD
- ☞ Number of students met with accidents and injuries en -route to and back from school
- ☞ Number of awareness programme conducted on road safety norms to student

## Strategy 2

### Substance Free School Zone (Zero Zone)

Zero Zones is the 100 meter Zone which is declared free from all types of abusive substance. Local Governments and other authorities in charge should formally declare that all the schools within 100 meter distance are free from abusive substance. Zero Zone Declaration:( Guidance note 3.9)

### Suggested activities to operationalise the strategy

- ◆ Comply to the guideline on tobacco free schools
- ◆ Create awareness on school zone legislations to shop keepers, teachers, students and PTAs
- ◆ Take stock of the status of safe school zone by the sub-committee of the PTA/MPTA
- ◆ Include representatives of shop keepers association in the school protection committees
- ◆ Review and monitor issuing of license/permit by LSGs to prevent substance abuse and sale of tobacco & harmful products
- ◆ Convene combined quarterly meeting/discussion of Local government with school authorities, shop keepers, school canteen managers etc.

- ◆ Timely reporting of school zone violation cases with responsible agencies
- ◆ Display of boards declaring the zone as safe school zone
- ◆ Restrict entry of strangers into school premises by erecting school gate appointing watchman/watch woman
- ◆ Create awareness among students on alcoholism and substance abuse as per SCERT module on prevention of alcoholism and substance abuse (Guidance note 3.10)
- ◆ Ensure formation of anti- drug clubs of Excise Department in schools and link it with " Clean campus Safe campus campaign" by Police department ( Guidance Note: 3.11)

### Indicators to assess the effectiveness of strategy

- ☞ Number of safe school zone violation reported and action taken by LSGs
- ☞ Number of joint meetings held with shop keepers

## Strategy 3

### Mapping of Crimes in all school premises and LSG area

### Suggested activities to operationalise the strategy

- ◆ Conduct crime mapping within school, school premises, public spaces, bus stands etc. Map the timing and nature of crime(physical, sexual, emotional) (Guidance note 3.12)
- ◆ Organise awareness programmes for school children against cyber crimes, cellphone abuse, social media abuse and substance abuse
- ◆ Activate Vigilance on circulation of pornographic literature & other objectionable materials and seizure/confiscation of the same by school protection committee / Jagratha Samithi/ child protection committee
- ◆ Report the crimes promptly to concerned authorities and enforce strict action
- ◆ Monitor the action taken on " risky areas" and " risk hours"
- ◆ Discuss and act upon the findings of the crime mapping by LSGs and disseminate the findings among teachers and parents

### Indicators to assess the effectiveness of strategy

- ☞ Number of schools that have undertaken crime mapping
- ☞ Number of remedial actions taken on issues identified by crime mapping
- ☞ Number of cases reported on sale and sharing of pornographic literatures

### Strategy 4

### Safe and hazard free play grounds (Guidance note 2.16)

### Suggested activities to operationalise the strategy

- ◆ Maintain playground as per standards
- ◆ Ensure availability of special teacher for physical education
- ◆ Prepare a proper maintenance plan for timely modification of play grounds
- ◆ Ensure protective environment for children including safe play items
- ◆ Ensure first aid box and presence of physical education teacher during sports events

### Indicators to assess the effectiveness of strategy

- ☞ Number of schools having safe playground with safe play material

### Strategy 5

### Formation of School Vigilance Committee / Protection Committee in all schools

### Suggested activities to operationalise the strategy

- ◆ Formation of school vigilance/protection committee to protect the children from any form of abuse in the school/school premises (Guidance note 3.13)
- ◆ Conduct meeting of SVC/SPC at least once a month and ensure its functioning as per standards (Guidance note 3.13)

- ◆ Provide complaint /suggestion box in every school – place the boxes in places that children can use without inhibitions
- ◆ Introduce and strictly follow positive measures recommended by the SVC/SPC

### Indicators to assess the effectiveness of strategy

- ☞ Schools with School Vigilance Committee
- ☞ Number of meetings held by the Vigilance Committee
- ☞ Number of issues/complaints taken up or resolved by the committee
- ☞ Number of children reported to have been bullied at school or out side
- ☞ Number of cases reported of physical violence or aggression

## Strategy 6

### Prevention of Corporal Punishment (Guidance note 3.14)

### Suggested activities to operationalise the strategy

- ◆ Ensure all teachers and parents are trained on child rights
- ◆ Conduct coaching on positive disciplining and behavior modification techniques for teachers
- ◆ Organise sessions on life skill education and behavior modification for students
- ◆ Activate Teacher - Mentor system in school and conduct house visits
- ◆ Promote student participation in school based clubs and encourage discussion on punishment and discipline
- ◆ Conduct remedial coaching for scholastically backward students
- ◆ Insist on remedial action taken on incidence of corporal punishments
- ◆ Ensure that teachers respect and value differences among children (with respect to color, religion, culture, physical conditions, dress style etc..)
- ◆ Provide child friendly and trained student counselors in all schools



### Indicators to assess the effectiveness of strategy

- ☞ Number of incidence of corporal punishments reported
- ☞ Number of schools conducting targeted interventions for academically backward children and children in conflict with Law
- ☞ Number of cases reported practicing discriminating children on grounds of language, religion etc.

## DOMAIN 4

# SAFE ADOLESCENT PHASE



### GOAL

To ensure safe environment for all adolescent boys and girls

### OBJECTIVES

- To ensure safe adolescent phase
- To provide all adolescents with the opportunity for development of their full potential

## Strategy 1

## Strengthening School Health Programmes

Suggested activities to operationalise the strategy (Refer Operational Manual, Development, Domain 3, Strategy 5)

- ◆ Implementation of school health programme as per protocol (Guidance note 2.20 and 3.15)
- ◆ Create awareness on the importance on physical exercise and bad effects of junk food
- ◆ Organise awareness generation sessions /campaign for adolescents on high risk sexual behavior, substance abuse, cyber-crime
- ◆ Organise special programme on POCSO Act 2012(Guidance note 3.16)
- ◆ Implementation of ARSH programme effectively
- ◆ Promote attention to mental health and emotional intelligence as part of school health

Indicators to assess the effectiveness of strategy

- 👉 Number of ARSH activities implemented
- 👉 Number of cases reported on not getting school health services
- 👉 Number of complaints about school health services



## Strategy 2

## Life Skill Education (Guidance note 3.17)

## Suggested activities to operationalise the strategy

- ◆ Conduct physical fitness programme to girls/ boys– martial arts training, cycling, yoga, swimming
- ◆ Promote speaking skills and questioning skills among children
- ◆ Organise programmes against alcoholism /drug abuse, cyber-crime to adolescent boys / girls
- ◆ Strengthen adolescent clubs for boys and girls
- ◆ Take special efforts to enroll 'single children' and single parent' children in adolescent clubs
- ◆ Organise special programmes for Mothers of adolescents
- ◆ Organise life skill education programmes for the “ adolescent migrants”
- ◆ Organise sessions on family life education (physiology, anatomy and age related functional changes)
- ◆ Include moral education in and out of school

## Indicators to assess the effectiveness of strategy

- ☞ Number of life skill education programmes conducted by the LSG
- ☞ Number of adolescent children attending physical fitness programmes (like martial arts training, cycling, yoga, swimming etc), organised by LSG or other agencies

## Strategy 3

## Adolescent mental health programme (including suicide prevention) (Guidance note 3.18)

## Suggested activities to operationalise the strategy

- ◆ Generate data on adolescent population of the locality for discussing need based interventions

- ◆ Conduct psycho social counseling for 9th class and above children
- ◆ Organise special mental health programmes and emotional quotient building programmes
- ◆ Ensure participation of teacher counselors under AHEP
- ◆ Identify at-risk children(children with history of mental illness, broken family, history of attempting suicide, history of abuse)and initiate early interventions
- ◆ Promote networking and information sharing on mental health care services under AHEP and ARSH
- ◆ Facilitate fear free reporting of abuse or violence by the child to the teacher counselor, school counselor, school health nurse, anganwadi worker or Child line (1098)

### Indicators to assess the effectiveness of strategy

- ☞ Number of emotional quotient building events for all children, and to identified 'at risk'children
- ☞ Number of mental health camps organised for children and teachers
- ☞ Number of children reported as users of alcohol, smoking and drugs



## DOMAIN 5

# PREVENTION OF CHILD MARRIAGES



### GOAL

To ensure zero child marriage in the LSG area

### OBJECTIVES

- To ensure that no girl is married before 18 years and no boy is married before 21 years
- To provide every opportunity for optimum development of children

### Strategy 1

Attendance of all children up to 18 years in school (Refer Operational manual, Development, Domain 4, Strategy 1, 2, 6, 7)

### Suggested activities to operationalise the strategy

- ◆ Encourage a minimum of 85% annual attendance by each student in school
- ◆ Discourage seasonal migration and related school absenteeism
- ◆ Expand coverage of sponsorship programme for financial needy students including children of BPL families, SC/ST and children of coastal areas
- ◆ Make a list of children living in homes/hostels for poor and children living in distress and facilitate their school attendance
- ◆ Conduct life skill education programmes in schools where prevalence of drop outs are high
- ◆ Track the students who are absent from schools - by means of telephone calls, SMS and house visits by class teacher / school counselor (Guidance note 2.21)
- ◆ Organise special/remedial coaching for scholastically backward students

- ◆ Conduct drop out reduction activities(Refer Operational manual, Development, Domain 4, Strategy 1,2,3,4,5)

### Indicators to assess the effectiveness of strategy

- ☞ Disaggregated dropout rate for standard 8, 9 & 10
- ☞ Number of tracking calls/house visits made by school authorities per month

## Strategy 2

## Awareness generation against child marriage

### Suggested activities to operationalise the strategy

- ◆ Develop specific IEC materials and sensitisation programmes to inform parents and young people about the negative implications of child marriage (eg: cultural programmes, posters etc)
- ◆ Conduct legal awareness sessions in partnership with KELSA and NGO/CBO
- ◆ Create awareness against the magico-religious /superstitious practices related to child marriage
- ◆ Negotiate with parents of the bride and the groom to postpone marriage till the girl and the boy reach the legal age of marriage
- ◆ Facilitate intensive discussion in Gramasabha /Ward sabha about vulnerable families for child marriage
- ◆ Generate awareness about the legal prohibition of attending child marriage ceremony to the public
- ◆ Organise meetings with religious leaders /marriage registration boadies to prevent solemnization of child marriage
- ◆ Strengthen and promote child participatory forums like student parliament, student council, AG clubs, School parliaments (Guidance note 3.19), Balasabha etc.
- ◆ Encourage school parliament/Balasabha/children's club etc. to present skits/role plays on child marriage



- ♦ Introduce financial or other incentives among school age girls to postpone their marriage (Guidance note 3.20)
- ♦ Encourage reporting of pre- legal age marriage (Guidance note 3.21)

#### Indicators to assess the effectiveness of strategy

- ☞ Number of awareness generation programmes on child marriages conducted in the LSG area
- ☞ Special IEC Materials developed on child marriage and campaigns conducted
- ☞ Number of child marriages reported

## DOMAIN 6

# SUPPORTIVE AND CARING FAMILY ENVIRONMENT



### GOAL

To promote supportive and caring family environment for all children in the Local Government area (“Every child has a right to family”)

### OBJECTIVES

- To enable every child to live in his/her family and that no child lives in the streets or abandoned
- To standardise the quality of care in homes for children

### Strategy 1

### Promote de-institutionalisation

#### Suggested activities to operationalise the strategy

- ♦ Support poor families to take care of their children by providing support under sponsorship and foster care programmes, instead of sending them to homes/orphanages
- ♦ Monitor the cases of children seeking Transfer Certificate from local schools to join institutions for care
- ♦ Ensure coverage of student sponsorship, scholarship schemes (eg. by Social Security Mission) (Guidance note 3.22)
- ♦ Establish functional linkages with agencies doing services for children

#### Indicators to assess the effectiveness of strategy

- ☞ Number of children living under institutional care
- ☞ Number of children receiving scholarships, stipend and sponsorship
- ☞ Number of children under sponsorship and foster care

## Strategy 2

## Develop healthy family environment

### Suggested activities to operationalise the strategy

- ◆ Make families' alcohol free' and 'substance free'
- ◆ Ensure enough physical space for children to live at home. Give priority to single room houses for building additional bed rooms as part of house renovation /extension programmes of LSGs
- ◆ Conduct counseling and premarital courses to reduce divorce and marital break down
- ◆ Ensure all households are smoke free and electrified
- ◆ Ensure that houses are warm enough in cold weather regions
- ◆ Organise suicide prevention counseling sessions
- ◆ Sensitise parents to spend quality time in the family
- ◆ Review children and media for projecting positive family values

### Indicators to assess the effectiveness of strategy

- ☞ Number of adolescents undergone pre-marital course
- ☞ Percentage of households which are not electrified
- ☞ Percentage of smoke free house holds
- ☞ Percentage of alcohol free and substance free families

## Strategy 3

## Standardisation of child care institutions (Guidance note 3.23)

### Suggested activities to operationalise the strategy

- ◆ Ensure legal registration of child care institutions within six months as per protocol
- ◆ Provide needed assistance to institutions for registration
- ◆ Create enabling environment for monitoring by LSG

- ◆ Train to all children on child rights including POCSO and JJ Act
- ◆ Conduct combined meeting of LSG and children's institutions (Anganwadi, orphanages etc)

### Indicators to assess the effectiveness of strategy

- ☞ Number of child care institutions with legal registration
- ☞ Number of monitoring visits to child care institutions undertaken by elected members of LSG



## DOMAIN 7

# DISABILITY REDUCTION AND DISABLED FRIENDLINESS



### GOAL

To reduce avoidable causes of disability and creation of disabled friendly environment

### OBJECTIVES

- To create a disabled friendly environment in the LSG area
- To reduce incidence of children born with disability
- To build confidence among disabled children

### Strategy 1

### Ensure services for differentially abled children

#### Suggested activities to operationalise the strategies

- ◆ Conduct disability (early) detection activities (Guidance note 3.24)
- ◆ Facilitate accessing medical board certification
- ◆ Generate status study/data on the children with disability
- ◆ Start Buds/special schools as per need
- ◆ Promote capacity building of disabled children
- ◆ Ensure comprehensive incentive coverage – pension, scholarships, stipends, aids and appliances (Guidance note 3.25)
- ◆ Organise Special Gramasabha for disabled persons (Guidane note 3.26)
- ◆ Ensure IED (SSA/DIET) programmes for inclusive education including teacher education
- ◆ Organise special health package- special clinics at PHC every week
- ◆ Establish contact with organisations providing services for the disabled and connect them with disabled children and their families

- ◆ Promote involvement of the staff of Block Rehabilitation Centre in community based rehabilitation programme
- ◆ Review and maintain disabled friendly infrastructure in AWC, Schools, public places, roads and parks
- ◆ Initiate special services for autistic children like autism park

### Indicators to assess the effectiveness of strategy

- ☞ Number of children with disability awaiting Medical Board Certification
- ☞ Number of children not covered with comprehensive incentive schemes
- ☞ Number of Special Gramasabha for disabled persons conducted in the past two years
- ☞ Percentage of increase in the budget allocation and utilisation for the modification of infrastructure (ramps, walkways, vehicles, travelling aid, seating etc.)

## Strategy 2

### Preventive actions to reduce incidents leading to disabilities

### Suggested activities to operationalise the strategy

- ◆ Organise campaigns on negative impact of child marriage
- ◆ Generate awareness on BMI and age appropriate growth milestones
- ◆ Create awareness on risks of late pregnancies and marriage of blood relation and on Rubella vaccination and intake of folic acid (Refer Operational manual, Survival, Domain 3, Strategy 5)
- ◆ Map accident zones and display boards/warning signs at accident zones
- ◆ Ensure availability of ambulance services

- ◆ Strict enforcement of traffic rules with the help of authorities
- ◆ Prevent usage of pesticide and chemicals like Endosulphan
- ◆ Ensure protection of children from stray dogs, snakes etc.

### Indicators to assess the effectiveness of strategy

- ☞ Number of accident zones identified
- ☞ Number of accident prone board displayed through mapping

### Strategy 3

### Convergence of support services for effective disability prevention

### Suggested activities to operationalise the strategies

- ◆ Establish contact with organisations providing services for the disabled like District Early Intervention Centre (DEIC) (Guidance note: 3.27)
- ◆ Facilitate linkage of these organisations with disabled children and their families

### Indicators to assess the effectiveness of strategy

- ☞ Number of families with disabled children receiving support from concerned organisations
- ☞ Number of cases referred to DEIC



## CHAPTER 4

# CHILD PARTICIPATION



**R**ight to Participation is an entitlement that the children have in any decisions made for and on behalf of them, affecting them in family, schools, community, governance or in any other settings. According to UNCRC children ought to have their own freedom to decide upon choosing friendship, sports, games, arts, recreation, education, social work, and gaining knowledge or skills by doing practice. It is the responsibility of the LSG to evolve children in decision making processes that are relevant in their lives, and to discuss decisions taken on behalf of them in all institutions that directly or indirectly impact upon their childhood and Adolescence.



Strategising the following domains under participation will help the LSG to realise the right to participation of children, particularly the older children

### Domains

1. Balasabha (CRC Article. 13,14,15)
2. Adolescent Club(CRC Article.12,29,31,32)
3. Participation of all students in school based forums/clubs(CRC Article.29, 31)
4. Children's participation in planning process (CRC Article. 4, 13, 17, 42.)
5. Child friendly public space (CRC Article.29)

## DOMAIN 1

# BALASABHA



### GOAL

To activate Balasabha in every ward

### OBJECTIVES

- To create participatory structures for children at grass root level
- To create a sense of association among children

## Strategy 1

## Formation of Balasabha in all wards

### Suggested activities to operationalise the strategy

- ♦ Formation of Balasabha in all neighborhood groups under each ward as per the guidelines issued by Kudumbasree (Guidance note 4.1)
- ♦ Collect the ward level details of existing Balasabha from CDS
- ♦ Find out the number of ADS that have not constituted Balasabha
- ♦ Ensure that all children in the age group of 6 to 15 are enrolled in the Balasabha of respective ward
- ♦ Constitute Bala panchayat at LSG level with the facilitation of LSG Committee and CDS
- ♦ Conduct meeting of Kudumbasree Assessment Committee under the leadership of panchayat President to evaluate progress of Balasabha activities
- ♦ Formulate local plan to support Balasabha activities as per plan guidelines (GO (MS) No.362/ 13 LSGD dated 16/11/13 appendix item No.5.)

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of wards having active Balasabha
- ☞ Percentage of children enrolled and participating in Balasabha
- ☞ Number of children not enrolled in Balasabha belonging to Kudumbasree

## Strategy 2

### Activation of the functions of Balasabha

#### Suggested activities to operationalise the strategy

- ◆ Holding of Balapanchayath in the model of Balaparliament to functionalise Balapanchayath appropriately (Guidance note 4.2)
- ◆ Special LSG level meeting to discuss about Balasabha along with Balapanchayath and CDS members
- ◆ Conduct Balasabha /Balasamithy and Balapanchayath meeting every month in the respective area under NHG/ADS/CDS
- ◆ Undertake periodic micro-planning and macro planning of Balasabha activities (weekly, monthly and annually)

#### Indicators to assess the effectiveness of strategy

- ☞ Number of Balasabha meetings held
- ☞ Number of programmes held on behalf of children
- ☞ Number of members deputed for Balaparliament

## Strategy 3

### Periodic review of Balasabha activities

#### Suggested activities to operationalise the strategy

- ◆ Conduct quarterly evaluation of Balasabha activities at ward level
- ◆ Conduct LSG level evaluation of Balasabha and Balapanchayath activities by Kudumbasree evaluation Committee under President of LSG

- ◆ Evaluation of thrift/saving operations of Balasabha
- ◆ Assess of the observation of various commemorative days viz; Human rights day, environmental day, children's day etc.
- ◆ Assess level of participation of Balasabha members in Special Gramasabha, Bala panchayat and other clubs meant for children
- ◆ Involve the AWW (ex officio member of ADS) in review meetings

### Indicators to assess the effectiveness of strategy

- ☞ Number of review meetings held

## Strategy 4

## Gender Sensitisation Training to boys and girls

### Suggested activities to operationalise the strategy

- ◆ Organise gender training to Balasabha members
- ◆ Conduct special programmes to ensure girls' enrollment in Balasabha
- ◆ Conduct discussions/debates on the evils of child marriage and other relevant issues
- ◆ Prepare Action Plan for promotion of gender equity

### Indicators to assess the effectiveness of strategy

- ☞ Number of special programmes conducted in Balasabha in gender friendly practices
- ☞ Number of proposals submitted for gender equity achievement



## DOMAIN 2

# ADOLESCENT CLUBS



### GOAL

Functional and active Adolescent clubs at all AWCs and Government run hostels

### OBJECTIVES

- To provide all children with full opportunity for participation
- To ensure adequate nutrition for all adolescent girls
- To form and activate adolescent girls clubs, boys clubs and teens clubs

### Strategy 1

Formation, strengthening and monitoring of AG clubs (Guidance note 4.3)

#### Suggested activities to operationalise the strategy

- ◆ Identify Adolescent Girls including those staying in flats and hostels in the Anganwadi area and form AG clubs
- ◆ Elect the office bearers viz; leader and two supportive leaders for the proper functioning
- ◆ Organise leadership training for the office bearers of AG clubs at LSG level
- ◆ Ensure nutrition supplements, growth monitoring, IFA supplementation to all members
- ◆ Conduct nutrition and health education classes, extend vocational skill training, creative activities such as readers club, magazines, creative arts, nutrition demonstrations
- ◆ Monitor with the help of minutes and activity register of AG club kept by AWCs (Guidance note: 4.4)
- ◆ Conduct life skill education programmes ( Guidance note 3.17)



- ◆ Initiate and maintain all registers with the assistance of AG leader in all AWCs
- ◆ Review of activities with centre wise monthly and annual physical and financial report (as furnished by AWW to CDPO )
- ◆ Promote gender self- awareness and violence mapping (Guidance note 4.5)

### Indicators to assess the effectiveness of strategy

- ☞ Percentage/Number of AWCs having active AG Clubs
- ☞ Percentage /Number of AGs enrolled in AG clubs
- ☞ Percentage /Number of AGs clubs in pre-metric hostels
- ☞ Percentage /Number of AGs clubs conducting life skill education

## Strategy 2

### Formation of boys clubs and teen clubs (Guidance note 4.6)

#### Suggested activities to operationalise the strategies

- ◆ Collect the list of adolescent boys of the LSG area through Anganwadis (family survey)
- ◆ Identify the boys not included under any participatory forums (clubs)including Balasabha and school based clubs
- ◆ Discuss the issues of teenage boys who are not members of any participatory forums and encourage them to be a member in any one of the clubs
- ◆ Organise clubs for Adolescent boys in every ward attached to Gramakendra or selected Anganwadis – if suitable , organise teen clubs including girls and boys
- ◆ Organise meeting with heads of Government (pre-metric hostels)and non-Government institutions for the formation of teen clubs
- ◆ Organise leadership training for the office bearers of teen clubs
- ◆ Motivate the club members to be active in athletics, sports, arts and cultural activities and enable them to make use of available public space including play grounds and parks

- ◆ Organise monthly life skill education programmes including counseling and health check ups
- ◆ Ensure membership and active participation of every student in school based clubs (Guidance note 4.7)

### Indicators to assess the effectiveness of strategy

- ☞ Number of children not enrolled in any sports or cultural associations
- ☞ Number of teen clubs formed at LSG level
- ☞ Percentage of teen club leaders attending the leadership training



## DOMAIN 3

### PARTICIPATION OF ALL STUDENTS IN SCHOOL BASED FORUMS/CLUBS



#### GOAL

To promote active membership and participation of every student in school based forums /clubs

#### OBJECTIVES

- To encourage every student to get enrolled at least in one club based on their interest
- To provide opportunities to the students to develop and exhibit their abilities/ talents
- To provide equal opportunities for meaningful participation of both boys and girls in school based clubs

#### Strategy 1

Stock-take of status of the present functioning of clubs in schools

#### Suggested activities to operationalise the strategy

- ◆ Collect the details of existing clubs in schools in LSG area
- ◆ Give open invitation/option for every student for fresh enrollment by giving detailed brochure/notice on each club
- ◆ Prepare status report on enrolment and activities of different clubs formed under different schools
- ◆ Ensure gender balance in leadership (for eg. if there are 6 clubs, the main office bearer of minimum three clubs shall be girls)
- ◆ Assign one nodal child friendly teacher as guide for each club at school
- ◆ Encourage public private partnership for club activities

#### Indicators to assess the effectiveness of strategy

- ☞ Schools wise list of functioning clubs

- ☞ Number of joint meetings conducted
- ☞ Percentage of girl students enrolled in various clubs

## Strategy 2

## Activation of the functioning of clubs

### Suggested activities to operationalise the strategy

- ◆ Conduct joint meeting of headmasters, teachers-in-charge and student leaders for planning yearly activities under the leadership of President and chairperson of Health and Education Standing Committee
- ◆ Finalise the calendar of activities after consultation with the general body (Guidance note 4.8)
- ◆ Conduct orientation programmes to the teacher in charge
- ◆ Conduct leadership training for the student leaders
- ◆ Organise campaigns/awareness programmes on child rights, environmental issues etc
- ◆ Observe commemorative days (Guidance note 4.9)
- ◆ Organise debates and discussion on live issues on behalf of each club on commemorative day celebration. Include the suggestions of the students in the local level planning under each development sector
- ◆ Give responsibility to each club to prepare model projects or implement innovative projects (for example the agriculture club can undertake green initiatives) (Guidance note : 4.10)
- ◆ Assign implementation responsibility to each club, based on the model projects prepared by each club (For example responsibility of children's library is taken by literary/cultural club)
- ◆ Gender training to all club members (Guidance note 4.11)
- ◆ Promote CSR activities in line with interests of club activities

### Indicators to assess the effectiveness of strategy

- ☞ Number of leadership training conducted for the members
- ☞ Number of awareness programmes conducted on child rights

- ☞ Percentage of students who have attended campaigns/awareness programmes under each club
- ☞ Number of projects entrusted to students by LSGs for implementation
- ☞ Number of students who have attended gender training

### Strategy 3

### Review and Evaluation of club activities

#### Suggested activities to operationalise the strategies

- ◆ Conduct quarterly evaluation of activities at school level as well as at LSG level
- ◆ Report and refer child protection issues by clubs to appropriate bodies like child protection committee at LSG level, Jagrata Samiti, child welfare committee, SCPCR etc.
- ◆ Undertake appraisal on the follow up activities in connection to the observation of various commemorative days viz; Human rights day, environmental day, children's day, health week – nutrition day etc
- ◆ Provide guidance on improving the functioning of clubs-Facilitate visits by resource persons

#### Indicators to assess the effectiveness of strategy

- ☞ Report on club activities , prepared by children
- ☞ Number of clubs that have reported child protection issues and action taken



## DOMAIN 4

# CHILDREN'S PARTICIPATION IN PLANNING PROCESS



### GOALS

- To include children's views in Local Self Government's plan
- To promote preparation of Child Development Plan

### OBJECTIVES

- To introduce children to the democratic decision making process of LSGs
- To ensure the right to participation of children in decision making process in local governance
- To promote LSGs to prepare Child Development Plan with the participation of children

### Strategy 1

Conduct of Children's Gramasabha at ward and LSG level (Guidance note 4.12)

#### Suggested activities to operationalise the strategy

- ◆ Organise minimum of two children's Gramasabha at ward level and minimum of one LSG level children's Development Committee every year ensuring maximum participation of children(both boys and girls)
- ◆ Entrust Welfare Standing Committee chairperson to convene Gramasabha for children before the plan formulation and general Gramasabha
- ◆ Convene an organising committee involving one each representative from AG clubs, Balapanchayats, Teens clubs, school based clubs of the LSG area
- ◆ Conduct training on local planning and Gramasabha for the organising committee
- ◆ Ensure that children take the lead in organising the Gramasabha
- ◆ Reporting of Gramasabha decisions in respective bodies like AG club / Balasabha, Teens club/ school club etc.,

- ◆ Select a Social Audit Team and discuss the previous report
- ◆ Prepare a list out issues faced by the children for presentation in Plan Gramasabha

### Indicators to assess the effectiveness of strategy

- ☞ Number of Gramasabha for children conducted annually
- ☞ Number of organising committee members participated in training on the planning and social audit
- ☞ Percentage of children attending Gramasabha in each ward
- ☞ Number of children who communicated/expressed their views and opinions in Gramasabha

## Strategy 2

### Discussion of proposals of Children's Gramasabha in Plan Gramasabha

### Suggested activities to operationalise the strategy

- ◆ Representative of LSG level Children's Development Committee to make a brief presentation of the proposals of the Children Gramasabha (Guidance note 4.13)
- ◆ Each sectoral sub group to discuss on the special issues and development priorities for children in each sector and include them in Plan Proposal based on the proposals of the children Gramasabha and status study
- ◆ Make an assessment of the quality of services for children rendered by LSGs
- ◆ Conduct review of performance of child-centric institutions including AWC
- ◆ Gramasabha sub-group on women and children to prepare a consolidated report on the proposals of children's Gramasabha to be included in Plan

### Indicators to assess the effectiveness of strategy

- ☞ Number of Issues faced by the children for presentation in Plan Gramasabha

- ☞ Number of Gramasabhas in each ward that have discussed the issues, needs and suggestions of children
- ☞ Number of children participated in the Childrens Gramasabha

### Strategy 3

### Inclusion of children's views in Annual Plan of the LSG and preparation of Child Development Plan

#### Suggested activities to operationalise the strategy

- ◆ Invite representatives of LSG level Children's Development Committee to participate in Development Seminar and present the consolidated report of Children's Gramasabha
- ◆ Support the LSG level Children's Development Committee to prepare and submit a note to the chapter on women and child development in the Plan document (Guidance note 4.14)
- ◆ Ensure that annual plan document of LSG contains the report on children's Gramasabha and their suggestions
- ◆ Prepare a clear and comprehensive Child Development Plan along with children

#### Indicators to assess the effectiveness of strategy

- ☞ Level of Participation of children in drafting the chapter on women and child development
- ☞ Child Development Plan with budget allocation
- ☞ Number of Projects for children as per Plan

### Strategy 4

### Participation/membership of children in Working Groups of the LSG

#### Suggested activities to operationalise the strategy

- ◆ Nominate at least one representative of children in each Working Group (Guidance note 4.15)
- ◆ Every Working Group to discuss the developmental needs of children
- ◆ Whet the Annual Child Development Plan under the leadership of women and child development working group



### Indicators to assess the effectiveness of strategy

- ☞ Number of working groups having child members
- ☞ Child Budgeting in place based on Annual Child Development Plan

## Strategy 5

### Child participation in plan implementation

#### Suggested activities to operationalise the strategy

- ◆ Promote school-based clubs, AG clubs, teen clubs for boys, Balapanchayat etc to assume responsibility in managing and implementing Gramasabha, special Gramasabha, library, parks, projects related to children etc
- ◆ Review the responsibility and roles of school based clubs in implementing model projects
- ◆ Children prepare a child status analysis report to be presented in the development seminar (Guidance note 4.16)
- ◆ Discuss the comprehensive child development status and prepare chart /poster, for display at all institutions and public places (Guidance note 4.17)

#### Indicators to assess the effectiveness of strategy

- ☞ Number of children's clubs that participate in plan implementation on behalf of LSG
- ☞ Tabular and pictorial display of data on children in the LSG

## Strategy 6

### Social Audit by children (Guidance note 4.18)

#### Suggested activities to operationalise the strategies

- ◆ Encourage Children's Gramasabha / Wardsabha to form a social audit team

- ◆ Conduct training on social audit to this sub group with the help of NGO/ CSO/ Resource persons
- ◆ Ensure children conduct social audit as per protocol
- ◆ Support preparation of social audit report and discuss in Children's Grama Saba and LSG meetings

#### Indicators to assess the effectiveness of strategy

- ☞ Number of Social Audit Report prepared and submitted
- ☞ Number of children participating in social audit
- ☞ Action taken based on Social Audit Report

## DOMAIN 5

### CHILD FRIENDLY PUBLIC SPACE



#### GOAL

To promote adequate child friendly public space for children

#### OBJECTIVES

- To provide protective and friendly public space for children
- To standardise the public spaces available for children
- To design public spaces "barrier free" for differently abled

#### Strategy 1

Availability of play grounds in all Anganwadi centres and public schools in the LSG area

#### Suggested activities to operationalise the strategy

- ◆ Make the LSG functionaries aware of the need of standardisation of play grounds, library, and recreation centres meant for children
- ◆ Ensure availability of required land for play grounds in schools as per norms
- ◆ Ensure the availability of at least one play ground for every two ward
- ◆ Allocate necessary plan fund for the purchase, construction and maintenance of playground, play equipment and other necessary items
- ◆ Provide funds for maintenance of playgrounds and needed play materials
- ◆ Regularly inspect the use of playgrounds and punish misuse
- ◆ Promote PPP with funds for play activities

#### Indicators to assess the effectiveness of strategy

- ☞ Number of wards having public play grounds

- ☞ Percentage of maintenance fund allocated for upgrading playgrounds in AWCs, Schools and public places

## Strategy 2

### Play and recreational activities in residential areas, flats

#### Suggested activities to operationalise the strategy

- ◆ Ensure recreational space for children in residential flats etc. as per standards (Guidance note 4.19)
- ◆ Make barrier free public space for children with disabilities (Guidance note 4.20)

#### Indicators to assess the effectiveness of strategy

- ☞ Number of associations or groups of flats having specific space for children's play and programmes
- ☞ Number of flats having accident preventive barricades at open end of corridors of their building

## Strategy 3

### Provisioning children's parks, library etc

#### Suggested activities to operationalise the strategy

- ◆ Provide and maintain at least one children's park in every LSG area
- ◆ Ensure the availability of at least one children's library in every panchayat /municipality
- ◆ Open up children's corner in all existing public parks and libraries in LSG area
- ◆ Allocate maintenance fund as well as additional fund to modernise the existing parks and library
- ◆ Ensure safety in green areas and parks so as to make them accessible for girls also
- ◆ Ensure that libraries are user friendly (time, place, and environment) especially convenient for women, girls and differently abled

- ◆ Make all public places including play grounds and parks, inclusive so as to enable the disabled to come together and play/ recreate

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of standard protocols confirmed with regard to play ground, library and parks
- ☞ Number of library, park having children's corner
- ☞ Number of playgrounds and parks that are inclusive and barrier free
- ☞ Number of children across all communities and classes accessing the public play grounds and parks

## Strategy 4

### Promotion of sports and games by effective conduct of Keralolsavam

### Suggested activities to operationalise the strategy

- ◆ Form a children's committee for the effective conduct of Gramolsavam
- ◆ Promote active participation of children in sports and games organise as part of Keralolsavam
- ◆ Ensure that equal opportunities are created to boys and girls to participate in Keralolsavam

### Indicators to assess the effectiveness of strategy

- ☞ Percentage of children participating in Keralolsavam
- ☞ Monitor proportion of boys versus girls participating in Keralolsavam

## Strategy 5

### Promotion of literary skills of children by organising commemorative day celebrations (Guidance note 4.9)

### Suggested activities to operationalise the strategy

- ◆ Ensure that all functional forums like school club, AG club, children's Gramasabha and Balasabha organise commemorative day celebrations like children's day etc.

- ◆ Promote competitions of literary works by giving opportunities to children during commemorative day celebrations
- ◆ Prepare and support children to take part in school/ college level and various societal level literary competitions

### Indicators to assess the effectiveness of strategy

- ☞ Number of commemorative days celebrated
- ☞ Percentage of children participating in celebration of commemorative days

## Strategy 6

### Make public places safe for children (Guidance note 4.21)

### Suggested activities to operationalise the strategy

- ◆ Ensure clean and safe environment at all public space including play grounds
- ◆ Identify and remove hazardous and risky play materials and play zones
- ◆ Conduct timely evaluation of the standards of playgrounds and play equipment's at various levels
- ◆ Ensure equipments and environments are designed child friendly while setting protocols for playgrounds and play equipment. (Refer Operational Manual, Development, Domain 3, Strategy 1)
- ◆ Report periodically on maintenance, repair and renewal of play materials to avoid injuries
- ◆ Ensure vigilant security in playgrounds and parks
- ◆ Ensure if play equipments are fit for disabled children in playing area
- ◆ Ensure play grounds are cleaned daily by cleaning workers of LSG
- ◆ Do not permit to use play grounds for other activities
- ◆ Organise cleaning (NSS, CLUBS) on behalf of children for ensuring the proper use of playgrounds

### Indicators to assess the effectiveness of strategy

- ☞ Number of children with complaints about public places

- ☞ Number of girls and boys participating in active games in public play grounds

## Strategy 7

## Physical fitness of all children in the LSG

### Suggested activities to operationalise the strategy

- ◆ Sensitise the community regarding proper dietary and feeding practices using locally available nutritious items
- ◆ Engage each child in the family on any suitable day to day exercise activity
- ◆ Sensitise each and every child in the school about sports and similar activities
- ◆ Improve and maintain playgrounds in schools with coaches/trainers
- ◆ Improve and maintain parks and public spaces preferably with gym facility

### Indicators to assess the effectiveness of strategy

- ☞ Number of schools with service of physical education teachers
- ☞ Number of children participating in any sports activity
- ☞ Number of play grounds, parks and public spaces with usable and used gym facility



## APPENDIX

### Child Friendly Local Governance Assessment Matrix

Child friendly local governance is a strategy to be implemented by LSGs to progressively guarantee entitlement of rights to every child within the area of an LSG. Although CFLG is generally an abstract and subjective term, it can be made objective through instituting certain measurements and observation criteria. For this objective assessment, a tool has been drafted and this matrix can help LSG, to assess the current status and level of achievements in attaining child friendly status at any given period of time.

Any local self-government desiring to have Child Friendly Local Governance should know the status they have attained stage by stage in it. So it is essential to have a matrix for self-assessment or for external assessment. One of the prime conditions for CFLG is that the LSG has to

- Undertake observable activities {Strengthening structures for child protection, establish systems for child participation, mount IEC campaigns, strengthening community management system, modify or newly construct child friendly and disabled friendly facilities and structures}
- Display the quality of services in their child friendly intervention and results {Ex. display of citizen charter, service charter, standardised infrastructure as well as service delivery and innovative practices engaging children's participation}
- Show Results {Ex. through progress reports, monitoring reports, comparative reports and explanation}

Any LSG attempting to implement CFLG as a strategy would primarily agree to have:

- a vision document for children specifying short term, midterm and long term goals



- a comprehensive local development plan for children (CCDP) and a local investment plan for children, prepared in consultation with children
- a compiled 'child profile' and 'child status report' at the local level to generate evidence based interventions-adequately displayed for public awareness
- a child-budget analysis and social audits by children.

The assessment matrix is classified according to the area of child rights that is

- Survival
- Development
- Protection
- Participation of children

The level of child friendly status shall be classified into three stages

1. Met the Essential stage criteria
2. Reached the Desirable stage criteria
3. Marched to Excellent stage criteria

It should be kept in mind that the higher stage of CFLG cannot be attained without meeting the essential or basic stage criteria. Therefore some of the assessment criteria at the essential stage should be sustained without fail while undergoing assessment for a higher stage.

The tool will be applicable when the local government has understood and agreed to comply with certain minimum standards of child friendliness. However, the tool also allows flexibility for each LSG to expand the assessment criteria depending on the type of activities they would undertake.

Finally the tool would encourage LSGs to display child friendliness through progressing from "essential" to "desirable" and then to "excellent" status.

## CFLG Assessment Matrix

Child Rights	Essential stage criteria	Desirable stage criteria	Excellent stage criteria
Survival	1. Registration process of Marriage, Birth and Deaths are in place	Registration and issuance of certificates of births and deaths to 100% children	100 % of births, deaths and marriages recorded by LSG and reflected in their status report
	2. Messages about sex selective abortion discussed and disseminated	All health Institutions with Ultra Sound Scanning service are registered under PCPNDT Act	Zero sex selective abortions in LSG area.
	3. Early registration of pregnancies is ensured in AWC or health sub centres	All pregnant women are registered early and have access to mandatory check-ups to identify/address high risk pregnancy	All pregnant women (including hard-to-reach areas) get full financial benefits under JSSY/JSSK- registered early, given 5 antenatal and 3 postnatal check-ups, delivering in institutions and getting free referral transport.
	4. Action plans for MCH care developed and implemented at sub centre/PHC levels	Convergence established with private service providers and PHC to streamline coverage of services	All families are empowered by the PHC about the care of new born and to recognize danger signs of survival and seeking referral for specialised care
	5. Fixed day, Fixed place immunization sessions regularly held with all vaccine components	Pockets of resistance/poor coverage areas identified and drop out beneficiaries mobilized for health services	100% immunization coverage of under five children

	6. Sensitisation and training under RBSK components on four D's – Defects at birth, Delays of milestones and disabilities, common Diseases and Deficiencies	Early identification of all needy children under RBSK	100% eligible children under RBSK coverage
	7. Safe drinking water, washing facilities, hygienic toilets and waste disposal available in more than 80% AWCs, schools, health facilities and public offices	All market places, bus stand and mass congregation places identified and provided hygienic public toilets and drinking water facilities.	All institutions and public spaces are monitored for access and availability of safe drinking water, health hygiene and sanitation standards and for compliance of Food Safety norms.
	8. Regular chlorination of public and private drinking water sources/water supply tanks	Regular collection of samples and testing of water quality, review of reports on quality analysis of drinking water and remedial measures instituted	More than 90% households and public institutions have access to safe drinking water as per National standards.
	9. Annual maintenance plan for health institutions is prepared and activities initiated	All project activities for maintenance of health institutions is completed	All health institutions are declared women and child friendly
	10. Malnutrition among under five children is identified and LSG level list is prepared for ensuring follow up services	SAM cases are referred for effective community management by ensuring services like supplementary nutrition, EBF etc	No death due to malnutrition in LSG area as per regular reporting and community based child death audit

Development	1. Disaggregated data of all children in the LSG is available and displayed	Disaggregated data base on children used for planning with adequate budgeting with special focus on vulnerable children	Comprehensive Child Development Plan for children with adequate budget allocation utilization and observable results
	2. Regular growth monitoring of all under five children conducted through AW centres and other pre schools	Identified underweight, Moderate and Severe Acute Malnutrition children are provided supplementary nutrition. Community Growth charts prepared and used especially in hard to reach areas	ICDS Supervisors review AWC data, assess profile of beneficiary children and provide feedback to AWW and LSG for convergent action by Health, Tribal and Social Justice departments
	3. Supplementary nutrition provided for a minimum 240 days through AW centers and Vitamin-A supplementation administered six monthly	Above 90% babies in LSG area are exclusively breast fed for first six months and complimentary feeding initiated after six months.	All Moderate and Severe Acute Malnutrition are covered with institution and community level services which is managed by LSG
	4. Awareness created among parents and care givers at home on the importance of psycho-social stimulation of young child during the first three years for best brain growth and development	Training on Early Child Care and Development conducted for all care givers at Day care centres, Creches, Balwadis, Play schools and Nursery schools in LSG area	All care givers at Day care centres, Creches, Balwadis, Play schools and Nursery schools in LSG area have approved qualification or formal training

	<p>5. AWLMC formed and functioning in all centers</p> <p>AWLMC monitors standards, timely functioning of AWC, including standard cooking practices with good kitchen hygiene, SNP distribution, growth monitoring, Vit.A distribution, Nutrition Programme for Adolescent Girls and conducting mothers meeting</p>	All AWLMCs monitor the Adolescent Girls clubs.	The AWC is a Model Anganwadi because of the initiative and support of its AWLMC.
	6. Ensure own building with minimum standards to 60% AWC	Ensure own building with minimum standards to 80% AWC and at least two of them are model Anganwadis.	Ensure own building with minimum standards to 100% AWC and at least five of them are model Anganwadis.
	7. Proportionate number of toilets with minimum standards available in all schools.	All schools have girl friendly toilets and napkin disposal system.	100% schools are child friendly, girl friendly and disabled friendly
	8. All children of 5-14 years are enrolled in regular or special schools with zero absenteeism/drop out	All children of 5-14 years have transition to SSLC and Plus two	There is joyful participation and age appropriate learning attainment in all schools

	9. Barrier free environment ensured in all government and private schools, Anganwadis and LSG offices	All schools have safe and hazard free play ground used by boys, girls and disabled.	Inclusion of all children with disability (above 40%) in regular or special schools and special aids for all disabled to promote appropriate learning
	10. Details of school- age children (4-18) of migrant labourers is collected and made available	Services eligible to pregnant women, lactating mothers, 0-3 children and AGs among migrant labourers is ensured	Enrolment of children of migrant labourers of 3-5 age group in AWCs or in other pre-schools and that of 6 to 14 age group children in appropriate classes.
Protection	1. Formation of mandatory Child Protection Committee-CPC-, Jagrathasamithi, school vigilance committee and their effective functioning in the LSG	LSG reviews functionality and effectiveness of CP Committees	Innovative and replicable models for Child Protection exists.
	2. All institutions and public places relevant for children have a plan and protocol in place for facilitating protective environment for children	Public awareness created through IEC activities on Child Protection and mechanism for lodging complaints established	Timely, effective redressal of issues taking place through convergence with existing mechanisms like child line, Child Welfare Committee, Police etc.

	3. Awareness campaign –IEC on child rights undertaken	All teachers and parents trained on child rights and prevention of corporal punishment	Zero reporting of corporal punishments in schools. All schools(government & private) display “Corporal punishment free” boards and “school zone” sign boards erected on roads near the school
	4. LSGs have undertaken awareness generation activities on Child Protection issues like alcoholism, substance abuse, child abuse, cybercrime etc in schools	Zero reporting of substance abuse, sale of banned substance and sharing of pornographic literatures in school premises	All schools, both private and government are declared as “zero zone”
	5. School health programme including life skill education, physical fitness and mental health programme undertaken in LSG area	Services of trained Counselors are available for children in all schools	Services of trained Counselors are available for out of school children including those who are already married and below 18 years
	6. Brought back drop outs to school through Saksharatha Prerak and facilitate schooling through NIOS ( National institute of Open School ) wherever relevant	Community and parental motivation undertaken to reduce school absenteeism in vulnerable pockets (SC, ST and coastal areas) and during seasonal work	Zero school drop-out up to Plus 2

	7. Early detection of disabilities through annual screening.  Availability of database of children with disability in LSG area	All children of 5-18 years with disability received medical board certificate	Disabled friendly infrastructure in Anganwadi, schools, public place, roads and parks. 100% eligible disabled children are given services as per plan guidelines
	8. Compliance on legal age of marriage	IEC and advocacy meeting conducted with religious and community leaders as well as influencers to prevent child marriage	Zero Under age marriage
	9. All child care institution in the area of LSG are recognised under Juvenile Justice Act	LSG committee conducts joint reviews of all child care institutions and discuss follow up action	An action plan for de-institutionalizing child care and promotion of family/community based care of all children
	10. Mapping of vulnerable children conducted	Action plan prepared for delivery of all relevant services to vulnerable children	Effective functioning of complaints and redressal mechanism to ensure protection for all children.
Participation	1. All LSG committee members are oriented to solicit child participation for planning exercises	Special consultations with children are conducted regularly by the LSG	All standing committees under the LSG routinely promote child participation for planning and monitoring
	2. Every ward has an active Balasabha formed and functional	Balapanchayats are convened as per protocol every year and Panchayat incorporates ideas from Balpanchayat in its implementation plan	Balapanchayat represents children from all socio-economic sections



	3. Children's Grama Sabhas are organised at ward level as per protocol	LSG conducts Children Grama Sabha as per protocol every year and 70% of children participate	Local Government level Development Committee for Children is made functional
	4. 100% of AWCs in LSG have Adolescent Girls Clubs formed and made functional	Enrolment of 100% adolescent girls in Adolescent Girls Clubs including in vulnerable pockets	100% of AWCs in LSG have Adolescent Boys Clubs formed and made functional.
	5. All leaders of children's forum given orientation on nature of crimes against children and how to conduct a crime mapping	50% of Teen/AG clubs have organized crime mapping and the reports are submitted to Grama Sabha	LSG annual plan reflect activities with fund outlay based on crime mapping and report submitted to Grama Sabha by Teen/AG /AB clubs
	6. At least one children's park and one children's library is set up in every Panchayat and Children's corner is arranged in the existing parks and libraries	Standard protocols are followed with regard to play grounds, library and parks to improve accessibility and child friendliness in order to promote child participation.	Playground and library (Children's corner) is made "disabled and child friendly".
	7. Children's proposals are collected and discussed in general gramasabha, working groups, standing committees and LSG committees.	Adequate fund is earmarked for projects suggested by children	At least one project for children is entrusted for implementation by children
	8. Two each child members are included in each working group	A child member is included in the monitoring committee to monitor projects for children	Children undertake social audit of programmes taken up by children

	9. 5 to 10 children's club in proportion to the number of students is formed in each school	Every child is enrolled in any one school-based club	Each club takes up annual action plan under the guidance of a teacher and progress reviewed
	10. Annual maintenance plan for all the public space in the LSG area is prepared	LSG undertakes projects for maintaining the children's public space or construct new ones	Responsibility of maintaining and managing the public space for children is entrusted with a committee with child participation

## Glossary

ADS	Area Development Society
AEFI	Adverse Events Following Immunisation
AEO	Assistant Education Officer
AG CLUB	Adolescent Girls Club
AHEP	Adolescent Health Education Programme
AIC	Anti- Intoxicant Club
AIDS	Acquired Immune Deficiency Syndrome
ALMSC	Anganwadi Level Monitoring and Supporting Committee
ARSH	Adolescent Reproductive and Sexual Health
ART	Acute Respiratory Infection
ASHA	Accredited Social Health Activist
AWC	Anganawadi Centres
AWW	Anganwadi Workers
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
BMO	Block Medical Officer
BPL	Below Poverty Line
BRC	Block Resource Centre

CARA	Central Adoption Resource Authority
CBO	Community Based Organisation
CBSE	Central Board of Secondary Education
CCDP	Comprehensive Child Development Plan
CCT	Conditional Cash Transfer
CDPO	Child Development Project Officer
CDS	Community Development Society
CFLG	Child Friendly Local Governance
CGS	Children's Grama Sabha
CHC	Community Health Center
CHIS	Comprehensive Health Insurance Scheme
CICI	Children In Conflict with Law
CIF	Child Line India Federation
CINOCAP	Children In Need Of Care And Protection
CNA	Certified Nursing Assistant
CNAS	Community Need Assessment Survey
COTPA	Cigarette and Other Tobacco Product Act
CPSU	Central Project Support Unit
CRC	Convention on the Rights of the Child
CRC	Child Resource Centre
CSR	Corporate Social Responsibility
CSSM	Child with Survival and Safe Motherhood

CWC	Child Welfare Committee
CWRDM	Center for Water Resources Department And Management
CWSN	Children With Special Need
DCPU	District Child Protection Unit
DDE	Deputy Director Of Education
DEIC	District Early Intervention Centre
DIC	District Inspection Committee
DIET	District Institute For Education and Training
DISE	District Information System for Education
DLHS	District Level Health Service
DMO	District Medical Officer
D&O	Dangerous and Offence Act
DORD	Daudnagar Organization for Rural Development
DPHN	District Public Health Nurse
EBF	Exclusive Breast Feeding
EC	Early Child
ECCE	Early Child Hood Care and Development
ECD	Early Child Care and Stimulation for Development
ERP	Equivalency Key Resource Person

FBCDR	Faculty Based Child Death Review
FNO	Faculty Nodal Officer
GO	Govt. Order
HDI	Human Development Index
HI	Health Inspector
HMC	Hospital Management Committee
HMIS	Health Management Information System
HS	Health Supervisor
ICCONS	Institute for Communicative and Cognitive Neuro Sciences
ICDS	Integrated Child Development Service
ICPS	Integrated Child Protection Schemes
IDSP	Integrated Disease Surveillance Programme
IEC	Information ,Education and Communication
IEDC	Integrated Education for Disabled Children
IFA	Iron and Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood
IUCD	Intrauterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JHI	Junior Health Inspector

JJ ACT	Juvenile Justice Act
JJB	Juvenile Justice Board
JPHN	Junior Public Health Nurse
JSSK	Janani Sisu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KEAR	Kerala Education Act and Rules
KELSA	Kerala State Legal Service Authority
KILA	Kerala Institute of Local Administration
KSLMA	Kerala State Literacy Mission Authority
KSSM	Kerala Social Security Mission
KSY	Kishori Shakthi Yojana
KWA	Kerala Water Authority
LHI	Lady Health Inspector
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LSG	Local Self Government
LSGD	Local Self Government Department
LSGI	Local Self Government Institution
MCHO	Mother and Child Health Service Officer

MCPC	Mother Child Protection Card
MDG	Millennium Development Goals
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MIS	Management Information System
MLA	Member of Legislative Assembly
MMR	Maternal Mortality Rate
MOH	Medical Officer Health
MP	Member of Parliament
MPTA	Mother Parent Teachers Association
MTP	Medical Termination of Pregnancy
MVD	Motor Vehicle Department
NCC	National Cadet Corps
NCPCR	National Commission For Protection of Child Right
NER	Net Enrolment Ratio
NFHS	National Family Health Survey
NGO	Non-Governmental Organisation
NHE	National Health Education
NHG	Neighborhood Group
NHM	National Health Mission



NIMHANS	National Institute of Mental Health and Neuro Sciences
NIOS	National Institute of Open Schooling
NIPCCD	National Institute for Public Cooperation and Child Development
NIPI	Norway India Partnership Initiative
NMS	Nutritional Management Service
NPAG	National Programme for Adolescent Girls
NRC	National Research Council
NSDP	National Skill Development Programme
NSS	National Service Scheme
OPD	Out Patient Department
ORS	Oral Rehydration Solution
OT	Operation Theater
PCPC	Panchayat Child Protection Committee
PCPNDT	Pre Consumption And Prenatal Diagnostic Act
PHC	Primary Health Center
PLCPC	Panchayat Level Child Protection Committee
PMGY	Prime Ministers Gramodaya Yojna
POCSO	Protection Of Children From Sexual Offences
PPP	Public Private Partnership

PRI	Panchayat Raj Institution
PTA	Parent Teachers Association
PWD Act	Person With Disability Act
RBSK	Rashtriya Bal Swasthya Karyakram
RCH	Reproductive Child Right
RCT	Rehabilitation Council of India
RGSEAG	Rajeev Gandhi Scheme for Adolescent Girls
RMSA	Rashtriya Madhyamik Siksha Abhiyan
RTO	Regional Transport Officer
SABALA	Rajeev Gandhi Scheme for Empowerment of Adolescent Girls
SAM	Severe Acute Malnutrition
SAKSHAM	A scheme for Empowerment of Adolescent boys
SAT	Social Audit Team
SC	Scheduled Caste
SCP	Special Component Plan
SCPC	State Child Protection Committee
SCPCR	State Commissions for Protection of Child Rights
SCPS	State Child Protection Society
SEN	Special Education Need

SFCAC	Sponsorship Foster Care Approval Committee
SHN	School Health Nurse
SJPU	Special Juvenile Police Unit
SNP	Supplementary Nutrition Programme
SPSU	State Project Support Unit
SSA	Sarva Siksha Abhiyan
ST	Scheduled Tribes
TB	Tuberculosis
THRS	Take Home Ration Strategy
TSE	Total Sanitation Campaign
TSP	Tribal Sub Plan
TT	Tetanus Toxoid
UIP	Universal Immunization Programme
UNCRC	United Nation Convention on the Rights of the Child
UNDP	United Nation Development Programme
UNICEF	United Nations Children's Fund
VHND	Village Health Nutrition Day
VHNSC	Ward Health Nutrition And Sanitation Committee
VLBW	Very Low Birth weight

VVM	Vaccine Vial Monitor
WCD	Women and Child Development
WIFS	Weakly Iron – Folic Acid Supplementation

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