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GUIDANCE NOTE

CHILD FRIENDLY LOCAL GOVERNANCE

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

A guidance Note to ensure good governance through realisation of all rights for all children by the Local Governments of Kerala

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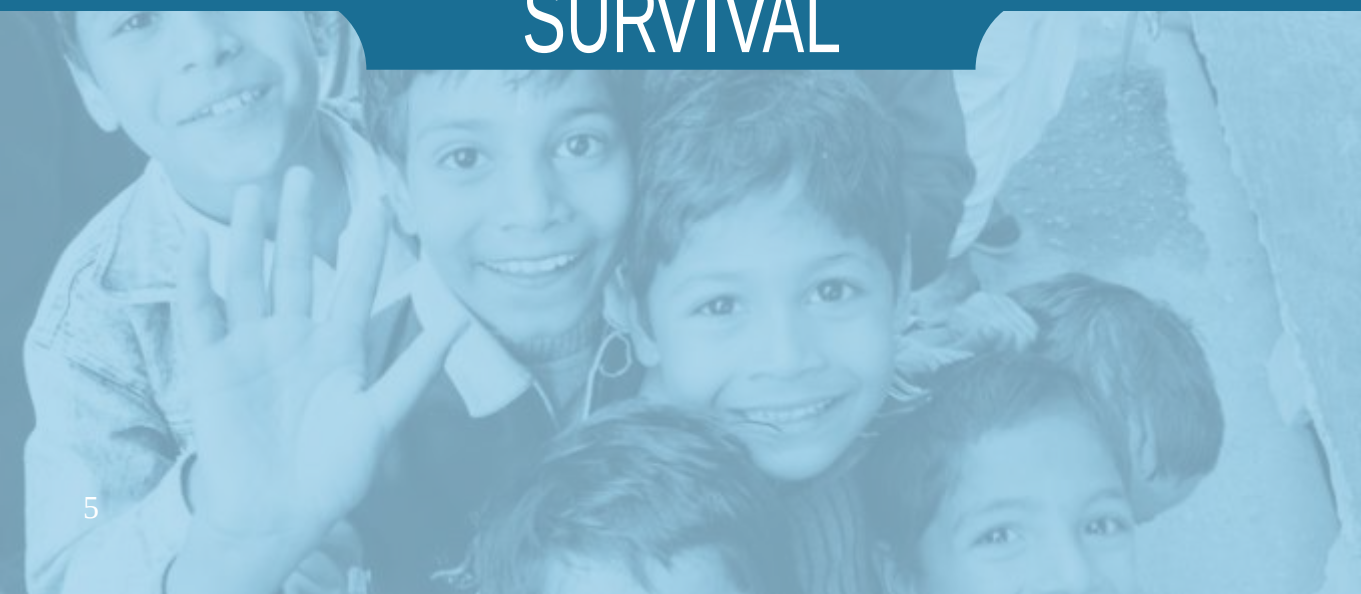
CHAPTER 1

CHILD SURVIVAL



DOMAIN
1

DECLINING CHILD SEX RATIO

GUIDANCE NOTE 1.1. Pre-Conception and Pre-Natal Diagnostic Test (PCPNDT)

Child Sex Ratio is defined as the number of females per thousand males in the age group of 0–6 years. The drop in child sex ratio has largely been attributed to sex selective abortions in some parts of the country. In order to regulate it the Govt.of India enacted Pre-Conception and Pre-Natal Diagnostic Test (PCPNDT) Act 2003 which prohibits sex selection and regulates prenatal diagnostic techniques and prevention of their misuse.

Prenatal child sex determination and female child infanticide has plagued India for long. According to the latest census figures(2011), female infanticide, foeticide and every other form of female infant genocide seems to be still prevalent. The national female-male sex ratio has dipped to an all-time low of 933/1000. In some states, the situation is dire.

The Government of India introduced THE PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MISUSE) ACT, 1994 to curb this practice. As per this act:

1. No Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic unless registered under this Act, shall conduct or associate with, or help in, conducting activities relating to pre-natal diagnostic techniques;

2. No Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic shall employ or cause to be employed any person who does not possess the

prescribed qualifications

3. No medical geneticist, gynaecologist, paediatrician, registered medical practitioner or any other person shall conduct or cause to be conducted or aid in conducting by himself or through any other person, any pre-natal diagnostic techniques at a place other than a place registered under this Act

4. Any ultra sound scanning machine installed has to be registered by the hospital and a periodic report has to be sent to the district level authorities. The sex of the unborn baby should not be revealed to the parents and relatives.

To ensure that registered clinics/labs follow this act, the act further required every Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic to maintain a register showing, in serial order, the names and addresses of the women given genetic counselling, subjected to pre-natal diagnostic procedures or pre-natal diagnostic tests, the names of their husbands or fathers and the date on which they first reported for such counselling, procedure or test. Further every Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic is also required to prominently display on its premises a notice in English and in the local language or languages for the information of the public, to effect that disclosure of the sex of the foetus is prohibited under law. Further the act requires every ultra sound centre to submit a monthly report to the local municipal corporation. If any confidential reports are received indicating sex selective abortions being done prompt penal action has to be initiated through district authorities of health.

Specific Role of LSGs

- Ensure that all institutions under their jurisdiction are registered and following the rules
- Awareness generation campaigns to prevention of female foeticide
- Promote the value of girl child and prevention of all sorts of discrimination against girl child
- Propagate girl friendly schemes
- Organise LSG level meeting of hospital authorities , doctors and staff to ensure cooperation

GUIDANCE NOTE 1.2.

Schemes for Children

a) Scholarship for single girl child

In a major initiative for ensuring girl's education in the country, the Government of India has decided that every single girl child will be eligible for free education from standard 5th to 12th. Similarly if the only two children in a family are girls both of them will be entitled to a concession in fees to the extent of 50%.Fee for this purpose will include tuition fees and other fees, but excluding money charged if any for transport and food. Scholarship will be awarded for undergraduate courses for those girls who have completed class10 under the CBSE board.

Scholarship amount:		
For class 6 to 10	–	Waver of tuition fee
For class 11 to 12	–	Waver of tuition fee
For under graduate course	–	Rs.550 per month

Students can apply for the scholarship through online (CBSE website www.cbse.nic.in/Scholarship/Webpages/Guidelines%20and%20AF.html)

b) RBSK (Rashtriya Bal Swasthya Karyakram)

Expanding focus from child survival to a more comprehensive approach of improving child development and quality of life is the guiding principle for the launch of this new initiative called the Rashtriya Bal Swasthya Karyakram which has child screening and Early Intervention Services as its main component.

The objective of the child health screening is to detect medical conditions at an early stage, thus enabling early intervention and management, ultimately leading to reduction in mortality, morbidity and lifelong disability. This initiative aims to reach the 0-18 age group across the country for 4 Ds – Defects at birth, Diseases, Deficiencies and Development Delays including Disabilities. All treatments for the 30 conditions listed are given free of cost. There is no ceiling kept for the amount

that can be spent for the treatment expenses.

Children diagnosed with illnesses shall receive follow up including surgeries at tertiary level, free of cost under NHM. Child Health Screening and Early Intervention Services also aims at reducing the extent of disability at improving the quality of life and enabling all persons to achieve their full potential. The key feature of the services is the continuum of care extending over different phases of the life of a child over the first 18 years.

Screening of the new-born, both at public health facilities and at home is an important component of the strategy. Regular health screening of pre-school children upto 6 years of age using Anganwadis as a platform is another essential component. Moreover, children from 6 to 18 years of age studying in Government and Government aided schools would also receive regular health check-ups. All those children who may be diagnosed for any of the listed 30 illnesses would receive follow-up, referral support and treatment including surgical interventions at tertiary level free of cost under this programme.

For details go to:

http://www.unicef.org/india/7._Rastriya_Bal_Swaasthya_karyakaram.pdfNHM.gov.in/media menu/presentations.html

c) Thalolam is meant for children under eighteen years of age scourged with Kidney and Cardiovascular diseases, Cerebral Palsy, Orthopaedic Deformities, Neurological Developmental and Congenital Disabilities, Autism, Sickle cell Anaemia, Endosulfan Affliction etc., Kerala Social Security Mission has formulated Thalolam scheme meant to soothe the painful lives of those young ones like the lullaby of a loving mother. These young unfortunate victims of dangerous diseases are eligible for an initial assistance of Rs. 50000 and more, if need be. Free medical treatment under Thalolam is available in 18 Government hospitals including Government Medical College hospitals. About 1500 beneficiaries are given help every year.

For details go to: www.kerala.gov.in/docs/publication/2013/kc/june_13/10.pdf

d) Karunya Benevolent Fund provides financial assistance to under-

privileged people suffering from acute ailments like Cancer, Haemophilia, Kidney and Heart diseases and for Palliative Care. The amount for the health scheme is raised through sale of lottery tickets.

The income generated through the sale of Karunya Lottery is exclusively devoted for the above purpose. Special fund of Rs.10 lakhs would be allotted to all district collectors for disbursement during emergency situations.

The government has given accreditation to 32 private speciality hospitals for treatment of poor patients using grants from the Karunya Benevolent Fund. Two non-speciality government or private hospitals in each taluk would be accredited for providing dialysis to kidney patients.

For details refer: www.keralacm.gov.in/index.php/.../1164-karunya-benevolent-fund

e) Rashtriya Swasthya Bhima Yojana

RSBY has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health calamities that involve hospitalisation. Beneficiaries under RSBY are entitled to hospitalisation coverage up to Rs.30,000/- for most of the diseases that require hospitalisation. Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding. By paying only a maximum sum up to Rs.750/- per family per year, the Government is able to provide access to quality health care to the below poverty line population. A beneficiary of RSBY gets cashless benefit in any of the empanelled hospitals. He/ she only needs to carry his/ her smart card and provide verification through his/ her finger print.

For more details refer: http://www.rsby.gov.in/about_rsby.aspx

f) Niramaya Scheme

A Health Insurance Scheme for the welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. In order to enable and empower persons with disability to live as independently and as fully as possible, health services and their access to persons with disabilities assume a very significant role. Presently health insurance products are not easily available for persons with disabilities.

Objectives

- To provide affordable health insurance to persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities
- To encourage health services seeking behaviour among persons with disability
- To improve the general health condition & quality of life of persons with disability

Scheme and its coverage

- The scheme envisages comprehensive coverage and will have a single premium across age band
- Provide same coverage irrespective of the type of disability covered under the National Trust Act
- Insurance cover up to Rs.1.0 lakh
- All persons with disabilities will be eligible and included and there will be no ' selection', no exclusion of pre-existing condition
- Services ranging from regular medical check-up to hospitalisation, therapy to corrective surgery, transportation
- Covers conditions requiring repetitive medical intervention as an in-patient
- Pre & Post hospitalisation expenses, subject to limits

- No pre-insurance medical tests
- Reimbursement of claims in case of OPD services and treatment through non-empanelled hospitals. Treatment can be taken from any hospital from anywhere.

Enrolment of Beneficiaries

Any eligible person can apply for the scheme in the prescribed format and submit it to the nearest organisation registered with the National Trust or to any other agencies specially entrusted in this regard by the National Trust. On successful enrolment and approval, health card will be issued to each beneficiary. There will be a nominal processing fee as determined from time to time which shall be payable to the National Trust.

For details:

visit:www.thenationaltrust.gov.in/index.php?option=com_content&view

Specific Role of LSGs

- LSG must be familiar with schemes available for children and pregnant women of their area
- LSG members should take review of the facilitation undertaken by its departmental staff for those eligible beneficiaries
- Ensure that the services promised by the scheme are made available at all levels of public health care centres available in the LSG area
- Monitoring the awareness generation campaigns are in order and reaching the masses

DOMAIN 2

ENSURE QUALITY SERVICE TO PREGNANT AND LACTATING WOMEN

GUIDANCE NOTE 1.3. Registration of all pregnancies in the LSG

For ensuring 100% registration of pregnant women, activities shall be based on sub-centre as well as PHC level /CHC/Taluk hospital

1. Sub-centre level action plan

   - Preparation of a map of sub-centre
   - Community Need Assessment Survey (CNA) and completion of family survey register (EC) with details on age of marriage, age of first child birth, number of children, spacing between births and delivery at public/private institution/education status of women/employed or unemployed
   - Consultation with elected members and other community functionaries to validate information and synchronise data
   - Incorporation of data on pregnant women from Anganwadis as well as PHC/sub-centre level registers
   - Recording of incidence among inter-state immigrant families, street children, in the respective registers of JPHN and Anganwadi worker and those having ANC from abroad and expected to deliver in their home town
   - Regular updating of marriages taking place in the area

2. PHC level consolidation of sub-centre action plan

- Review of data and action plan by Hospital Management Committee of PHC/CHC/Taluk/District

Specific Role of LSGs

- Ensure that all the eligible registered pregnant women receive all entitlements
- Review availability of human resources, infrastructure and logistics for conducting deliveries at CHC/Taluk/District hospital level
- To identify any gaps in public health system for non-utilisation of services
- Ensure that the field staffs are conducting field visits, the registers and data's are updated by field staff

GUIDANCE NOTE 1.4. Mandatory antenatal check up

A minimum of 5 ANC visits need to be ensured:

- 1st visit: Within 12 weeks
- 2nd and 3rd visit: between 14 and 26 weeks
- 4th visit: between 28 and 34 weeks
- 5th visit: between 36 weeks and term

Associated services like general examination such as height, weight, B.P., anaemia, abdominal examination(in first trimester) and iron & folic acid supplementation from 12 weeks, injection tetanus toxoid etc. are also ensured during such check-up.

Provisions are ensured for laboratory investigations like urine test for pregnancy confirmation, haemoglobin estimation, urine for albumin and sugar, blood sugar, HBsAg, VDRL and HIV.

Maternal nutrition programme as per National Guidelines Standards

- 500 calories of energy and 15 to 20 gms of protein as supplementary nutrition
- SNP for 300 days a year
- IFA tablets of 100mg for throughout the pregnancy period
- Standard weight gain of 10 to 12kg.from conception to delivery
- Maintaining MCP card
- Pre-natal and Post-natal counselling for EBF

Specific Role of LSGs

- Ensure home visits of field workers to see antenatal cases
- Reasons for non-utilisation of antenatal check-ups by pregnant women, if noted
- Ensure that all basic investigations are provided at PHC level and specialised investigations at nearest taluk/district hospitals
- Provision for specialised investigations to detect anomalies if field surveys shows high incidence of congenital deformities in the LSG area
- Ensure every pregnant woman delivers in the hospital

GUIDANCE NOTE 1.5. High Risk Pregnancies

Pregnancy and delivery are natural physiological process for a woman in the reproductive age group. It is expected to be uneventful or normal by and large. But all pregnant women are at an inherent risk of developing a complication at any time during pregnancy, during delivery or after delivery. There are some conditions, the presence of which makes the pregnant women exposed to a higher risk of complications and threat to life of mother and baby. These pre-conceived risk factors are known as at risk pregnancy. The following conditions make for at risk pregnancies.

- Weight less than 38 kg at first trimester
- Short stature – less than 140 cm
- Age less than 18 years or more than 35 years
- History of complications in the previous delivery
- History of non-communicable disease – Diabetes, Hypertension, Heart Disease
- History of Infection, Tuberculosis, Malaria
- Problems in present pregnancy
- Anaemia
- Twins
- Malpresentations
- Prolonged pregnancy
- History of previous cases is an instrumental delivery
- Elderly grandmultiparas

Specific Role of LSGs

- To ensure that field workers identify incidence of any risk factors in a particular area
- Provide additional facilities at the health care centres to tackle high risk cases
- Arrange emergency transport in case of referral.

GUIDANCE NOTE 1.6.

Maternity Entitlements

Janani Sisu Suraksha Karyakram (JSSK)

JSSK is a safe motherhood programme to reduce maternal and neonatal mortality by promoting institutional delivery. The scheme aims at elimination of out of pocket expenses incurred by the pregnant women and sick new born while accessing services at Government health facilities.

The entitlements include free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever required. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home after 48 hours of stay. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. This scheme entitles for a cash assistance of Rs.1600/- for normal delivery, Rs.3300 for caesarean section.

Vehicles with provision for advanced life support, trained staff and equipment are made available with the ambulance to manage emergencies during transit through various schemes like 108,104, Angels, ACTS etc.

Specific Role of LSGs

- Ensure coverage of all designated services to the beneficiaries without delay
- Ensure that all antenatal mothers are provided with necessary information of the services provided to them through JSSK
- Should ensure that benefits reach to all marginalised families, migrant labourers, people in the coastal area and tribal colonies

- Weight below 70 per cent of the expected weight
- Children with PEM,diarrhoea
- Baby of working mother/ single parent

Young Mothers Clubs

Young Mothers Club is a club for lactating mothers up to 2 years

Steps

1. AWC shall collect the ward-wise list of lactating mothers and ICDS supervisor should make consolidation
2. Convene initial meeting of all the lactating mothers and form the club and elect office bearers
3. The LSG level meeting should be convened at least once in every three months at the office of the LSG
4. The members could be issued health cards
5. The club can monitor adherence to EBF, immunisation, nutrition status of mother and child
6. There shall be discussion/sessions by the Medical Officer on early childhood care, parenting, social skills, milestones, food habits for the mother etc.

The club should ensure comprehensive coverage of all eligible services for lactating mothers.

Specific Role of LSGs

- Monitor the field level activities of the health workers including Anganwadi, ASHA workers in fulfilling the entrusted jobs related to health education and providing supplementary nutrition for both mother and child
- Ensure that the field level activities are timely and adequate and equally distributed throughout the LSG
- To make sure that the family members are counselled to handle emergencies of pregnant women and new-born baby

GUIDANCE NOTE 1.7.

Key messages for new born survival

- Promote and maintain good physical and mental health of the mother
- Regular and systematic antenatal check- up to detect high risk cases
- Proper care, diet, exercise, rest and avoidance of unnecessary travel
- Preparation for delivery, breast feeding and subsequent care of child
- Caution on the need for safety and accident free movements
- Know about the expected date of delivery and transportation arrangements
- Nutritional care during pregnancy - have mother child card and utilise Supplementary Nutrition Programme
- Good intranatal care including resuscitation of those who need it
- Keep the baby warm, handle the baby hygienically and feed colostrum at the earliest, stick to exclusive breast feeding. For LBW babies give frequent and practice assisted feeding
- Recognise signs of early sepsis in new born-i.e.: feeble cry, poor sucking, lack of muscle tone, too cold or too hot to touch and excessive blue or yellow color of skin
- Seek referral for specialist's care in case of above signs

At risk infants

The high risk infants contribute largely to the mortality. The basic criteria to identify them are

- Birth weight less than 2.5 kg
- Twins
- Birth order 5 and more
- Baby on artificial feeding

GUIDANCE NOTE 1.8. Quality assurances in service delivery

Quality control is achieved mainly by three processes

1. Display of a Citizens Charter - openly declaring the right of services of clients and the realisation of that right by the health staff
2. Service with a smile- ensure correct attitude and behaviour of health staff while delivering services
3. Grievance redressal mechanism setting up of complaints box, periodical confidential inquiry into grievances and peer group reviews for corrective action

Quality assurance is done mainly by two monitoring mechanisms:

Internal monitoring

a. Departmental actions, reporting and internal audit

b. Review under Hospital Management Committee / LSG

External monitoring

a. District monitoring under NHM

b. Performance evaluation – independent outside agency

c. Quality assessment scheme - Lab, X-ray services etc.

d. Social Audit

GUIDANCE NOTE 1.9. Civil birth registration

Standards

- All births should be registered in LSGs
- Electronic registration is to be started for immediate distribution of birth certificates

- Undertake periodical correction of back log as per government guidelines
- Children of unwed mothers and in unrecognised welfare institutions shall not be neglected while providing services including issuance of birth certificates

DOMAIN 3

IMMUNISATION, VITAMIN A SUPPLEMENTATION AND DEWORMING

GUIDANCE NOTE 1.10.

Universal Immunisation Programme administration schedule

Immunisation against vaccine preventable diseases is fundamental strategy to reduce infant and child mortality and reduce childhood diseases and deformities. Immunisation is the most important intervention needed for ensuring survival rights of child.

Routine immunisation service delivery is to be planned in such a way that no child is left out and the immunisation doses are received timely, fully with quality including potency of vaccine.

Universal Immunisation Programme (UIP)

UIP is a vaccination programme launched by the Government of India in 1985. It became a part of Child Survival and Safe Motherhood Programme in 1992 and is currently one of the key areas under National Health Mission (NHM) since 2005. The programme consists of vaccination for seven diseases-Tuberculosis, Diphtheria, Pertussis (whoopingcough),Tetanus, Poliomyelitis, Measles and Hepatitis B and many newer immunisations are also in the anvil like Rubella, Haemophilic influenza-B, Rotavirus etc. Hepatitis B was added to the UIP in 2007. Thus, UIP has 7 vaccine preventable diseases in the programme

To whom	When	Vaccine	No.of doses	Why
Women	Pregnancy	TT	2 (one in early pregnancy and other 6-8 weeks after.	To protect both mother and new born from Tetanus.
Infants	At birth	BCG, Polio	1 0 dose (oral)	Protection from TB Polio
	6 weeks	DPT	1st dose	Protection from Diphtheria, Whooping cough and Tetanus.
		OPV	1st dose	Protection from Poliomyelitis
		Hepatitis B	1 dose	Protection from Hepatitis
	10 weeks	DPT	2nd dose	Protection from Diphtheria, Whooping cough and Tetanus.
		OPV	2nd dose	Protection from Poliomyelitis
		Hepatitis B	2 dose	Protection from Hepatitis
	14 weeks	DPT	3rd dose	Protection from Diphtheria, Whooping cough and Tetanus.
		OPV	3rd dose	Protection from Poliomyelitis
		Hepatitis B	3 dose	Protection from Hepatitis

	9 months to 12 months	Measles Vitamin A	1 1st dose	Protection from Measles To control blindness
Children	16 months to 24 months	DPT & OPV Vitamin A	1st booster dose 2nd dose	Protection from Diphtheria, Whooping cough and tetanus Protection from Poliomyelitis
Children	2-5 years	Vitamin A	Every 6 months.	
Children	5-6 yeas	DT	2nd booster	
Adolescent girls	10 years	TT	3rd booster	Protection from Tetanus
Adolescent girls	16 years	TT	4th booster	Protection from Tetanus
Adolescent girls	10-16 years	Rubella WIFS	1 Weekly	Protection from German measles Prevention of Anaemia

Monitoring of coverage

1. Update data on immunisation including Government and private sector interventions
2. Tracking drop outs including children of migrant labourers
3. Undertake home visit on priority basis to drop out children
4. Removal of obstacles for immunisation in remote areas – access, time and convenience
5. Close watch on lack of acceptance of immunisation due to

discourteousness of staff, false rumours and fear of side reactions

6. Social mobilisation of community in favour of immunisation

Specific Role of LSGs

- Ensure the effectiveness of vaccine by verifying cold chain maintenance and relevant registers
- Tracking the drop outs and undertaking house visits to motivate them to set immunised
- Motivate people to utilise immunisation by being part of immunisation campaigns

GUIDANCE NOTE 1.11.

Micro- planning for immunisation

The immunisation programme needs to be well – planned to reach every child individually. The success of the immunisation programme depends on how well immunisation sessions are planned and organised. Planning usually should be bottom up, beginning at village and sub-centre following a community survey. At the sub centre level, the health worker prepares a session plan/ duty roster in consultation with community representatives such as the elected representatives, ICDS supervisor, ASHA etc. At higher levels such as PHC and Block prepares other plans such as the supervisor plans and the vaccine delivery plans. At the district level, planning involves compiling block-wise plans and working out budget, funds and sending request to the state. The state level provides policy, strategy, framework of action, operating procedures as well as funds and other resources. The steps involved in preparing a micro plan should ensure that all the primary objectives are met. In this respect while the initial planning can be done at a higher level to ensure no missed areas, the detailed planning of whom, where and when

should always be undertaken at the Health sub centre level. Following this, any areas needing special plans such as mobile teams should also be taken up. Thereafter, the planning at the vaccine storage and management site, usually the most peripheral ILR point or PHC takes place.

Fixed facility: This refers to the regular delivery of vaccinations in a health facility on specified days of a week and hours of the day, such as, the immunisation clinics in District, Sub-divisional and referral hospitals and even larger community and Primary Health centres. Vaccines are stored in ILRs in these fixed facilities and are easily available when needed.

Outreach: Outreach is the delivery of services to people who stay far away from the health facility and vaccines need to be delivered to their villages and areas for the immunisation sessions. Outreach sites have no arrangement for overnight storing of vaccines and hence trips to the outreach sites for the immunisation sessions completed within a day. In India the outreach sites are sub centres, Anganwadi centres, urban and village session sites etc.

Mobile strategy: To reach remote or hard-to-reach areas, vaccination teams with adequate logistics need to be formed with the arrangement of the appropriate modes of transport (ranging from boats, tractors, four wheel drives, porters, carts, horses, donkeys etc.). These remote areas may not be accessible in all months of a year and a good planning has to be made to reach them during the accessible months. These mobile teams would then move to these areas, as planned, to vaccinate the backlog of eligible beneficiaries. To complete the vaccination schedule at least four such visits should be planned in the course of a year.

The following objectives would help in making a good immunisation micro plan

1. Ensure that no areas are left out of immunisation
2. Ensure equity and uniformity in work load distribution while planning, optimise available resources
3. Prepare comprehensive session plans through participatory process including the details of who, how, what, where and when aspects

Specific Role of LSGs

- Ensure that the immunisation facility is obtained for all and the whole population is covered
- People in difficult locations are also covered (pockets of migrant population, SC/ST and coastal areas)
- The planning of immunisation locations in various parts of the LSG are informed beforehand to the population
- LSG may take leadership in mobilising private sector health institutions also to deliver immunisation services as per standard protocol
- Monitor the cancelled immunisation sessions and identify the reasons for it.Monitor the follow up actions taken by JPHN/ASHA for drop out children, shortage of any vaccine components at immunisation site etc
- Ensure that teachers collaborate with JPHN to provide TT and Rubella vaccine for adolescent girls
- Do alert any out- break of communicable diseases in their area especially vaccine preventable diseases and promptly bring it to the attention of concerned doctors

GUIDANCE NOTE 1.12.

Effective maintenance of cold chain

Maintenance of cold chain in the outreach sessions is very important to keep the vaccine potent. Vaccine must be brought to the session site only in vaccine carriers with frozen ice packs. Each child must get immunisation with pre sterilised auto-disabled syringe which must not be re-used.

1. Collection, storage and transportation under refrigeration between 2^{0} to 8^{0} C
2. At immunisation session keep vaccines on top of ice pack
3. Strict compliance of expiry date
4. Monitoring of VVM (Vaccine Vial Monitor) for colour change

DOMAIN 4

SAFE DRINKING WATER SANITATION AND HYGIENE

GUIDANCE NOTE 1.13. Water rating

- Water quality analysis system should be introduced
- Ensure that providing drinking water as per standards
- Make suitable water treatments to avoid contamination
- Issue water score cards
- Do not issue licence to burial ground /slaughter house near any drinking water source
- Strict compliance of the norm that all latrines should have septic tanks
- Strict compliance of building rules
- Strict compliance on D&O licence rules
- Strict compliance to usage of chemical pesticides in farm lands and farm land hygiene

GUIDANCE NOTE 1.14. Sanitation

- Construct Latrines with septic tank
- Ensure sufficient water near the toilets

- Safe disposal of human excreta including excreta of young children
- Disposal of solid waste
- Disposal of liquid waste
- Public sanitation
- Personal hygiene
- Safe management of drinking water
- Domestic hygiene
- Institutional hygiene

Specific Role of LSGs

- Ensure hygienic standards at eating places, hotels, slaughter houses, burial grounds
- Ensure norms on minimum distance of toilets/septic tanks from water source
- Maintain water quality standards and frequent water sample testing
- Make available girl friendly toilets in schools
- Awareness generation activities for safe drinking water and waste disposal
- Provide toilets in the public places
- Ensure that open water sources are well protected from encroachment
- Collection of periodic samples and monitoring of quality standards and taking punitive action against defaulters

DOMAIN 5

NEO-NATAL, INFANT AND UNDER 5 MORTALITY

GUIDANCE NOTE 1.15. Four D's

The health screening will be conducted to detect 4Ds: defects, deficiencies, diseases, development delays including disabilities, and arrangements will be made to provide free management of these children at District Early Interventions Centre's or identified tertiary level institution. Total of 30 diseases are covered under RBSK. The deficiencies and diseases are managed at PHC, CHC level. The birth defects and developmental delays are confirmed and managed at District Early Intervention Centres or designated tertiary care centres.

GUIDANCE NOTE 1.16. Child Death Audit

PROMPT REPORTING AND REVIEW OF CHILD DEATHS (0-59 MONTHS) CAN PROVIDE INSIGHT INTO:

- Analysis would guide the programme managers at all levels to recognise the key gap are as for service delivery and initiate corrective measures
- Data on causes of neonatal and child deaths are also useful for health planners, administrators and medical professionals to evaluate trends in causes of mortality overtime and thus assess the impact of the on-going health programmes and to make a decision on allocation of resources for different strategies to prevent and manage neonatal and childhood illnesses

KEY STEPS IN CHILD DEATH REVIEW:

- All deaths among children in the age group 0-59 months will be reviewed and reported irrespective of the place it takes place: at home, in health institution or in transit
- The review processes will remain the same for all children; however the details to be investigated will vary in neonates (0-28 days) and children (29 days-59 months)
- Child Death Review will be undertaken at two levels: Community level & Facility level

COMMUNITY BASED CHILD DEATH REVIEW:

Step 1: Notification of child death

- Done by ASHA/AWW/ANM/Link worker/LSGmember.The Block Medical Officer should be informed of the death within 24 hours
- Block Medical Officer (BMO) will maintain line-listing of all deaths in his/ her area

Step 2: Investigation of death

1. First Brief Investigation:
    - Will be conducted for all child deaths by the ANM of the area
    - District Nodal Officer(MOH) is the person designated by the State as the overall 'in charge' for the planning and implementation of the Child Death Review process in the district
    - The investigating team should comprise of at least 2 persons: one from medical (PHC Medical Officer, Public Health Nurse, LHV, Staff Nurse or Nursing Tutor) and other from non-medical background (Block Supervisor, ASHA Facilitator, NGO facilitator or any other person)
2. District Nodal Officer will forward the compiled report from all the health facilities of the district to the State Nodal Officer every month in Format Two.

3. The deaths reported from district/states through the Child Death Review must also be reported in the HMIS, starting right from the Sub-centre level.

4. The State Nodal Officer will compile reports from all districts for onward transmission to the national programme managers every two months.

Step 3: Feed back for improved planning and institution of corrective measures same as facility based child death review

FACILITY-BASED CHILD DEATH REVIEW

Step1: Notification of child deaths

For all deaths occurring in the hospital, Medical Officer/Specialist on duty at the time of death should fill in the Notification Card and should send to the office of the Facility Nodal Officer(FNO) within 24 hours of death. The office of the FNO (MS/ Principal/ SMO in charge) should inform the child death to the District Nodal Officer (MOH) within 48 hours of the occurrence of death.

Step2: Investigation

The Facility Based Child Death Review (FBCDR) form should be filled up for each child death by the Duty Medical Officer with details of the medical cause of death and add any other information that she/he has regarding the social factors and delays associated with the death.

Step3: Data Flow & Analysis

The office of the FNO will prepare a line list of all child deaths (0-59months) that have taken place at the hospital and get data entered using pre-coded Facility Based Child Death Review format during the month. Information will also be electronically transmitted to the District Nodal Officer for information and compilation in the Format Three. These reports will also be compiled and analyzed at the district level and key findings and recommendations included in the report to

be presented to District Child Death Review Committee, from now on wards. FBMDR committee will also functional as FBCDR committee with additional members from Pediatrics speciality.

GUIDANCE NOTE 1.17. PHC- Standards

Infrastructure

The PHC should have a building of its own. The surroundings should be clean. It should be centrally located in an easily accessible area. They should have all weather road access, adequate water supply, electricity connection and telephone communication. PHC should be away from garbage collection, cattle shed, water logging area etc. PHC shall have proper boundary wall and gate.

Area:

The plinth area would vary from 375 to 450 sq. meters depending on whether an OT facility is opted for.

Signage:

The building should have a prominent board displaying the name of the Centre in the local language at the gate and on the building. PHC should have pictorial, bilingual directional and layout signage of all the departments and public utilities (toilets, drinking water).

Citizen charter including patient rights and responsibilities shall be displayed at OPD and entrance in local language.

Entrance with Barrier free access

Barrier free access environment for easy access to non-ambulant (wheel-chair, stretcher), semi-ambulant, visually disabled and elderly persons as per guidelines of GOI.

Ramp as per specification, hand-railing,proper lighting, etc. must be provided in all health facilities and retro-fitted in older ones which lack the same. The doorway leading to the entrance should also have a ramp, facilitating easy access for old and

physically challenged patients. Adequate number of wheel chairs, stretchers etc. should also be provided.

Fire-fighting equipment–fire extinguishers, sand buckets etc should be made available and maintained to be readily available when needed. Staff should be trained in using fire-fighting equipment.

All PHCs should have Disaster Management Plan in line with the District Disaster Management Plan. All health staff should be trained and well conversant with disaster prevention and management aspects. Surprise mock drills should be conducted at regular intervals.

Waiting Area

- This should have adequate space and seating arrangements for waiting clients/patients asper patient load
- The walls should carry posters imparting health education
- Booklets/leaflets in local language may be provided in the waiting area for the same purpose
- Toilets with adequate water supply separate for males and females should be available. Waiting area should have adequate number of fans, coolers, benches or chairs
- Safe drinking water should be available in the patient's waiting area

There should be proper notice displaying departments of the centre, available services, and names of the doctors, users' fee details and list of members of the Hospital Management Committee.

A locked complaint/ suggestion box should be provided and it should be ensured that the complaints/suggestions are looked into at regular intervals and addressed.

The surroundings should be kept clean with no water- logging and vector breeding places in and around the centre.

Outpatient Department

- The outpatient rooms should have separate areas for consultation and

examination

- The area for examination should have sufficient privacy
- OPD Rooms shall have provision for ample natural light and air. Windows shall open
- Directly to the external air or into an open verandah
- Adequate measures should be taken for crowd management; eg. one volunteer to call patients one by one, token system
- One room for Immunisation/ Family planning/ Counseling

Ward (5.5 m x 3.5 m each)

a. There should be 4-6 beds in a Primary Health Centre. Separate wards/areas should be earmarked for males and females with the necessary furniture

b. There should be facilities for drinking water and separate clean toilets for men and women

c. The ward should be easily accessible from the OPD so as to obviate the need for a separate nursing staff in the ward and OPD during OPD hours

d. Nursing station should be located in such a way that health staff can be easily accessible to labour room after regular clinic timings

e. Proper written handover shall be given to in coming staff by the outgoing staff

f. Dirty utility room for dirty linen and used items

g. Cooking should not be allowed in side the wards for admitted patients

h. Cleaning of the wards, furniture etc. should be carried out at regular intervals and at such times so as not to interfere with the work during peak hours and also during times of meals .Cleaning of the wards, labour room and toilets should be regularly monitored

i. One of the hospital staff shall be trained in autoclaving and PHC shall have standard operative procedure for autoclaving

j. Operation Theatre (OT), if available, shall have power backup (generator/ Invertor/ UPS). OT should have restricted entry. Separate foot wear should be used inside OT

In the case of PHCs having institutional deliveries, the labour room shall be set up as per standards.

General store

Separate area for storage of sterile and common linen and other materials/drugs/consumable etc. should be provided with adequate storage space.

- The area should be well-lit and ventilated and rodent/pest free
- Sufficient number of racks shall be provided
- Drugs shall be stored properly and systematically in cool (away from direct sunlight), safe and dry environment.
- In flammable and hazardous material shall be secured and stored separately
- Near expiry drugs shall be segregated and stored separately

Dispensing cum store area: 3 m x 3 m

Waste disposal pit	–	As per GOI/Central Pollution Control Board (CPCB) guidelines.
Cold Chain room	–	Size: 3mx4m
Logistics room	–	Size: 3mx4m
Generator room	–	Size: 3mx4m
Office room	–	3.5 m x 3.0 m

Dirty utility room for dirty linen and used items

Residential Accommodation

Essential:

Decent accommodation with all the amenities like 24-hrs water supply, electricity etc should be available for Medical Officer, nursing staff, pharmacist, laboratory technician and other staff.

If the accommodation cannot be provided due to any reason, then the staff may be paid house rent allowance, but in that case they should be staying in near vicinity of PHC so that they are available 24 ×7, incase of need.

Boundary wall/Fencing:

Boundary wall/fencing with gate should be provided for safety and security.

Environment friendly features:

The PHC should be, as far as possible, environment-friendly and energy-efficient. Rain-water harvesting, solar energy use and use of energy-efficient bulbs/ equipment should be encouraged.

Other amenities

Essential:

Adequate water supply and water storage facility (over head tank) with pipe water should be made available.

Computer:

Computer with Internet connection should be provided for maintaining Management Information System (MIS).

Lecture Hall/Auditorium:

For training purposes, a lecture hall or a small auditorium for 30 people should be available with public address system and training equipments.

Under NHM, PHCs are being operationalised for providing 24x7 services in various

phases by placing at least three staff nurses in these facilities. If the case load is there, operationalisation of 24x7 PHC may be undertaken in a phase-wise manner according to availability of manpower.

Services:

1. Maternal & Child Health

Essential Promotion of institutional deliveries, skilled attendance at home deliveries when called for, appropriate and timely referral of high risk cases which are beyond her capacity of management.

Intra-natal Care

Childbirth is a normal physiological process but complications may arise. The need for effective intranatal care is indispensable even if the delivery is going to be a normal one. The emphasis is on cleanliness. The aims of good intranatal care are:

1. Thorough asepsis
2. Delivery with minimum injury to mother and infant
3. Readiness to deal with complications
4. Care of baby at delivery, resuscitation, care of cord, care of eyes

- Counselling on exclusive breast-feeding for 6 months and appropriate and adequate complementary feeding from 6 months of age while continuing breastfeeding. (As per National Guidelines on Infant and Young Child Feeding, 2006, by Ministry of WCD, Government of India)
- Assess the growth and development of the infants and under 5 children and make timely referral
- Immunisation Services: Full Immunisation of all infants and children against vaccine preventable diseases as per guidelines of Government of India. Vitamin A prophylaxis to the children as per National guidelines
- Prevention and control of childhood diseases like malnutrition, infections, ARI, Diarrhoea, Fever, Anaemia etc. including IMNCI strategy. Name based

tracking of all infants and children to ensure full immunisation coverage

- Identification and follow up, referral and reporting of Adverse Events Following Immunisation (AEFI)
- Family Planning and Contraception
- Essential Education, Motivation and counselling to adopt appropriate family planning methods
- Provision of contraceptives such as condoms, oral pills, emergency contraceptives, Intra uterine
- Contraceptive Devices (IUCD) insertions (wherever the ANM is trained in IUCD insertion)
- Follow up services to the eligible couples adopting any family planning methods (terminal/ spacing)

2. Safe Abortion Services (MTP)

- Counselling and appropriate referral for safe abortion services (MTP) for those in need
- Follow up for any complication after abortion/MTP and appropriate referral if needed

3. Essential Curative Services

Provide treatment for minor ailments including fever, diarrhoea, ARI, worm infestation and First Aid including first aid to animal bite cases (wound care, tourniquet (in snake bite) assessment and referral)

Appropriate and prompt referral

4. Adolescent Health Care

a. Education, counselling and referral

b. Prevention and treatment of Anaemia

c. Counselling on harmful effects of tobacco and its cessation

5. School Health Services

a. Screening, treatment of minor ailments, immunisation, de-worming, prevention and management of Vitamin A and nutritional deficiency anaemia and referral services through fixed day visit of school by existing ANM/MPW

b. Staff of sub-centre shall provide assistance to school health services as a member of team

6. Control of Local Endemic Diseases

a. Assisting in detection, control and reporting of local endemic diseases such as malaria, Kala Azar, Japanese encephalitis, Filariasis, Dengue etc.

b. Assistance in control of epidemic outbreaks as per programme guidelines. Disease Surveillance, Integrated Disease Surveillance Project (IDSP)

c. Surveillance about any abnormal increase in cases of diarrhoea/dysentery, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness and early reporting to concerned PHC as per IDSP guidelines. Immediate reporting of any cluster/outbreak based on syndrome surveillance

d. High level of alertness for any unusual health event, reporting and appropriate action. Weekly submission of report to PHC in Form as per IDSP guidelines

7. Water and Sanitation

a. Disinfection of drinking water sources

b. Promotion of sanitation including use of toilets and appropriate garbage disposal

8. House-to-House Surveys

These surveys would be done once annually, preferably in April. Some of the diseases would require special surveys. Surveys would be done with support and participation of ASHAs, Anganwadi Workers, community volunteers, panchayat members and Village Health Sanitation and Nutrition Committee members. The Male Health Worker would take the lead and be accountable for the organisation of these surveys and the subsequent preparation of lists and referrals.

- Assess and list eligible couples and their unmet needs for contraception
- Identify persons with skin lesions or other symptoms suspicious of leprosy and refer: essential in high leprosy prevalence blocks
- Identify persons with blindness list and refer
- Identify persons with hearing impairment/deafness, list and refer
- Annual mass drug administration in filaria endemic areas
- Identify persons with disabilities, list and refer and call for counselling where needed
- Identify and list senior citizens who need special care and support
- Identify persons with mental health problems and epilepsy; list and refer
- In high end emicity areas-survey for fever suspicious of Kala - Azar, for epidemic management of malaria, for detection of fluorosis affected cases etc

9. Record of Vital Events

Essential recording and reporting of vital events including births and deaths, particularly of mothers and infants are to be made available with the health authorities.

GUIDANCE NOTE 1.18. Standards of Health Sub Centre

In the public sector, a Sub-Health Centre (Sub-centre) is the most peripheral and first point of contact between the primary health care system and the community.

In rural areas, the objective was to establish one sub-centre for a population of 5000 people in the plains and for 3000 in tribal and hilly areas.

Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. As sub-centres are the first contact point with the community, the success of any nation wide programme would depend largely on the well-functioning of a sub-centre. They are to provide following services on acceptable standards.

Physical Infrastructure

A sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be hired on rental in a central location with easy access to population. The State should also explore options of getting funds for space from other health programmes and funding sources.

Location of the Centre

For all new upcoming sub-centres, it is to be located within the village for providing easy access to the people and safety of the ANM.

As far as possible no person has to travel more than 3 km to reach the sub-centre. The sub-centre village must have some communication network (road communication/public transport/ post office /telephone). Sub-centre building should be away from garbage dumps, cattle shed, water logging area etc. While finalising the location of the Sub-centre by the health department, the concerned LSG should also be consulted.

Building and Lay out

Boundary wall/fencing: boundary wall/fencing with gate should be provided for safety and security. In the typical layout of the Sub-centre, the residential facility for ANM is included. Residential facility for Health Worker (Male), if need is felt, may be provided by expanding the Sub-centre building to the first floor. The entrance to the Sub-Centre should be well lit and easy to locate. It should have provision for easy access for disabled and elderly. Provision of ramp with railing is to be made for

using wheel chair/stretcher trolley, wherever feasible.The minimum covered area of a Sub-centre along with residential quarter for ANM will vary depending on land availability, type of Sub-centre and resources. Separate entrance for the Sub-centre and for the ANM quarter is preferred.

Services

1. Adolescent girls
    - IFA tab distribution(WIFS)
    - ARSH or RMCH+, Health interventions for adolescent girls
    - IEC for adolescent nutrition health education and counselling
    - Hygiene class for adolescent on personal hygiene and menstrual hygiene

2. Pregnant women and new born babies
    - Ensure mandatory check-ups
    - Referral or support service for at risk pregnant women
    - Registration under JSSY/JSSK for financial assistance
    - Antenatal visits and giving instructions on neonatal baby care

3. New born baby health care
    - Ensure complete immunisations
    - 4D control activities prescribed under RBSK
    - Special care instructions for preterm babies and referral if required
    - Awareness education on the need of early childhood care and stimulation for development

4. Reproductive age group (eligible couples)
    - Information and communication on primary family planning measures

- Encourage spacing after birth of child
- Encourage – family planning /birth control
- MTP and abortion support care
- Control of sexually transmitted disease

Antenatal, Intra natal & Post natal care services

- Registration of pregnant women
- House visits and ensuring check up
- Referral service for pregnant women to PHC or higher level
- Distribution of IFA tablets and ensuring consumption
- Completion and updating MCP card with weight charting
- IEC or passing on appropriated prenatal/antenatal care messages to pregnant women through house visits
- Ensuring financial assistance and transportation assistance for eligible persons
- Follow up "At risk pregnancy"
- Encouragement for exclusive breast feeding for 6 months and education on importance of breast feeding

General services

- Assist in conducting delivery at emergency situations
- Support service for adoption of family planning methods
- Ensure 100% immunisation and distribution of prophylactic drugs
- Provide information on scientific methods of termination of pregnancy
- Effective participation in school health programme
- Effective participation in communicable disease control programme and village health committees

- Conduct family health survey and completion of concerned register
- Keeping records on vital events including marriage, birth and death
- RMNCH+A programmes and conducting NHE

Specific Role of LSGs

- Timely visit to PHC and sub-centre by the Health Standing Committee to identify the gaps in the infrastructure, human resources and logistics and provision for the same.
- Review of activities and infrastructure gaps of PHC and sub-centre in LSG committee meetings
- Allocation of maintenance fund for upgrading facilities
- Energising the Hospital Management Committee and allocating tasks to its members for overall supervision
- Policy interventions with the Govt. for filling up of the vacant staff position

GUIDANCE NOTE 1.19.

Child Friendly PHC

In order to make the PHC Child Friendly, the following facilities could be ensured.

- Well maintained and motor able road network to reach PHC
- Clean, eco-friendly, attractive surroundings
- Standard sanitation and scientific waste disposal system
- All health staff are trained in child rights

- Child friendly infrastructure like drinking water ,toilets, special room for medical examination of pregnant women and children and barrier free infrastructure and child friendly attractive wall paintings
- Special room/seating arrangements for lactating mothers (feeding corner)
- Special OP clinics for pregnant women and children at least once in 15 days
- Painless immunisation
- Display of Charter of services on immunisation, pregnancy serive,4D,WIFS and IEC materials specific to child rights survival
- 100% coverage of all amiable services like JSY to pregnant women and RBSK for children
- Early detection clinics for differentially abled children
- Coverage of school health programmes in all schools of the LSG area.
- Residential quarters for the Doctors and health staff to ensure 24 hours professional health care to pregnant women and children

A Child Friendly Primary Health Centre at Edvanakkad in Vypeen Island near Kochi

Which child is not afraid of an injection? Visit to a doctor wearing white coat always raises anxiety among children and it is equally stressful to parents.

This is what was reversed in Edvanakkad PHC by Dr.Shajia Malik and her team especially Mr. Jerry Benedict with equally committed and supportive Gram Panchayat team whose President is Smt. Anandavally Chellappan.

In a situation where children were reluctant to come to take vaccination, they thought of an idea of painless injection and stress free time for children while

waiting for their turn of immunisation doses.

In February 2014, they decorated PHC with attractive wall paintings, signage and cartoons, provided toys, games and play materials like swing, rocking horse and basketball court on the carpeted floor of children's room which made children happy & excited. There is another attraction of a model of huge mosquitoe which they associate with Dengue fever. A place of orchestrated crying and sobbing before became a merry making corner of kids now. Mothers complain that children are reluctant to leave this children's room of the PHC half an hour after their immunisation shot and mothers have to pull them out.

Older children too found their PHC very friendly. With the support of the LSG, the PHC staff celebrated important health days like World Health day, pulse polio day, global diabetic's day, world TB day, anti-drug addiction day etc in schools. They also conducted rally, people's chain and tableau against dengue fever, TB, jaundice, malaria and other communicable diseases.

Fishermen and Farmers who are majority in this LSG suffered a lot during the Tsunami, but what they got as relief fund package was a newly constructed excellent PHC building in 2010. Not only the building, but the attitude and quality of service rendered by the Medical officer with her supporting staff wore a different style.

They with the support of LSG initiated these changes and made the PHC both People and child friendly. No wonder each day around 160 patients visited the PHC for treatment and children too were happy to come to their PHC.

CHAPTER 2

CHILD DEVELOPMENT

DOMAIN 1

EARLY CHILD CARE AND STIMULATION FOR DEVELOPMENT

GUIDANCE NOTE 2.1

Key messages for promoting parental care during gestation and infancy

- Create awareness on the need for rest, nutritious food and mandatory care for pregnant women
- Promote institutional delivery at appropriate centres with facilities
- Promote Exclusive Breast Feeding
- Advise mothers to sing lullaby or simple songs with tunes while feeding or rocking the baby to sleep
- Speak to the baby while feeding even when baby cannot respond by words, look into the eyes of the baby while breast feeding
- Tickle and play with baby, clap hands, tap feet while giving oil massage, exercising limbs, giving bath and dressing up
- Allow elder siblings or family members to interact with the baby-talking, singing or to touch or move limbs
- Promote hanging of colourful nontoxic toys of different shapes and size, rotating, swinging with chime or percussion
- At crawling stage allow colourful safe materials, metal objects (spoons, katoris, metal and plastic bangles, soft toys, balls etc.) to handle and to play with

- Encourage parents and care givers at home to show and talk about pets, domestic animals, poultry, vegetables, flowers, birds and butterflies
- 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
- Caution parents and care givers at home not to leave the baby alone

DOMAIN 2

UNIVERSAL EARLY CHILDHOOD CARE AND EDUCATION (PRE-SCHOOL, ECCE) 3-5 YEARS

GUIDANCE NOTE 2.2 — Standardise norms and standards of Anganwadis

Anganwadi is an early childhood care and education centre that was launched in 1975. Anganwadi is the basic unit for implementing various services for young children in delivery of nutritional support, care and pre-school education.Most of the Anganwadis currently suffer from several constraints in following areas:

- Buildings
- Play Area
- Water and Sanitation
- Trained Qualified Staff
- Community Ownership /Participation
- Understanding in issues relating to Nutrition, Child development and Adolescent girls

Objectives relating Anganwadi standards

- Provide basic infrastructure facilities to achieve and maintain an acceptable standard of quality care for young children
- To make the services more responsive to the needs and expectations of the community.

Anganwadi standards: mandatory requirements

- Location and area
- Infrastructural facilities
- Class room facilities
- Kitchen and storage
- Wash area and toilets (child friendly)
- Drinking water
- Environment and play area-safety measures-(Attractive and ecological)

1. Location: To be located in safe place and easily accessible to maximum number of beneficiaries.
   a. Land : Minimum of 3 cents of land
   b. Safe compound wall with gate or safe hedge or fencing
   c. Approach :Independent and safe approach road / way to AWC

2. Building: Total area 63m2 or 650 sq. ft. (Length 6mtr, breadth 10.5 mtr.) Total 63m2= 550 sq.)
   - Minimum three rooms : one class room with (6x6x3m2) dimension
   - Kitchen and store room (6x3)m2
   - Child friendly toilets 2 (2x3)m2
   - Veranda (6x1.5)m2
   - Ramp
   - Design of building as per topography ensuring ventilation and light
   - Wall must be plastered and painted
   - Leak proof and strong roofing
   - Must have sufficient number of strong doors and windows for cross

ventilation and adequate lighting

- Veranda with grill - door
- Hand wash space attached to the toilet wall
- Sink and wash basin
- High floor hearth
- Built in rack for food storage
- Clean and hazard free premises
- Waste disposal facilities
- Water supply with storage facility
- Electric supply
- Shelf for arranging teaching and play materials, records
- Accident free and safe electrical fittings
- Complaint box, notice boards

3. Kitchen – Cooking Arrangements
   - Stove/ Smokeless Choola/LPG
   - Cooking vessels
   - Facilities for cleaning cooking vessels including Wash Basin
   - Buckets & mugs
   - Facilities for storing food items

4. Class Room
   - Baby chair, mats for sleeping, chair and table for Anganwadi workers & Helpers, shelf to keep records, wall shelf for keeping toys, writing board or writing wall, baby friendly paintings on the walls
   - Weighing balance

- Height measuring board

5. Play Equipment
   - Indoor play materials (non-toxic, non-plastic)
   - Outdoor play materials

6. Teaching & Learning Materials
   - Cognitive development set – Puzzles
   - Language development set – Alphabets
   - Numerical development set – Abacus
   - Sensory motor development – Beads
   - Charts, diagrams, trainings and facility for special needs of children
   - IT based cassettes, Computer, Adaptation to unified curriculum
   - Story books, rhyme books, picture books
   - Self-prepared theme book, ECCE activity material

7. Cleaning
   - Waste bin
   - Brooms / Mops
   - Toilet brush
   - Buckets & mugs
   - Towel
   - Soaps /Detergents/Handwash

8. Drinking Water
   - Potable boiled water
   - A cup with handle

- Chlorinated water (if source is from well)

9. Health & Nutrition
   - Medicine kit
   - First Aid Box
   - IEC materials/Charts

10. Essential Records
    - Family survey register
    - Growth monitoring chart
    - Immunisation register
    - Attendance register
    - Anganwadi area map
    - Other records directed by ICDS

Standards for Model Anganwadi

The model anganwadi should have all the above prescribed standards along with the following additional features.

Land: More than 5 cents

Building:

- Double the ordinary space, Upstairs suggested
- Can function as Gramakendra
- Can function as multi utility center for adolescent girls and Mothers Club as well as for senior citizens (3G Anganawadi)
- Special provision for ECS
- ·Resource centre for the community

Anganwadi Standardisation : Pullur Peria Grama Panchayat

Pullur Peria Grama Panchayat, Kasargod district has a total of 31 Anganwadis spread through 17 wards of the Panchayat. The major speciality of the Grama Panchayat is that all 31 Anganwadis have own land and function in own buildings. Pullur Peria is the first Panchayat in Kerala State to achieve this status. The Panchayat mapped the location of land owned by revenue department, Government of Kerala within the Panchayat area and requested the Government to donate the same for building anganwadis. Individuals also donated land for this purpose. The Grama Panchayat Committee took a resolution to have own building for all Anganwadis in 2005. The maximum number of Anganwadis were constructed during 2010 -15. The efforts reached to the target under new initiative of the Grama Panchayat during 2013-15 named “Child Friendly Pullur Peria Grama Panchayat”.

The fund needed for this initiative was mobilised from MLALAD, share from Grama Panchayat, Block Panchayat, KLGSDP, fund from Social Justice Department, Tribal Development Department, Endosulfan Relief fund (NABARD) and public contribution. An average of 10 lakhs rupees was spent for constructing each Anganwadi. The Anganwadi has all facilities like electricity connection, drinking water, toilets, class rooms, veranda, rest room, kitchen, store room etc., All the Anganwadi in this Panchayat have toys, furniture, library etc., A model Anganwadi was constructed in the Ambalathara Ward (Ward number: 3) with the support of the local MLA. The Anganwadis have adequate space so as to carry out various functions like pre-school, services for pregnant women, lactating mothers, adolescent children and elders. All the Anganwadis have qualified teachers and helpers.

Being an endosulfan –affected area, as a part of endosulfan relief package, State Government gave 50 cents of land and the Panchayat is constructing a BUDs school with an estimate of 1.43 crores. There are facilities for educating differently able children, hostel facilities, rehabilitation center, disability research etc. The BUDs school will start functioning from 2016 onwards.

GUIDANCE NOTE 2.3

Universal Pre-school education(ECCE)

- Childhood is the preface to the book of life. It is the strength of childhood that lends support to an individual till the end of his/her life. Character, behaviour and habits are also formed in the early ages. So, pre-school education aims at the identification, encouragement and cultivation of the abilities of children and enabling them to acquire new abilities. Along with acquisition of knowledge, pre-school education tries to develop personality, values, morality, behaviours, civic and social consciousness
- The constitution proclaims free and universal education to all. Right to Education Act envisages equal responsibility to LSGs along with central and state governments. As per Kerala Education Act and Rules the LSGs are given responsibilities for the management of educational institutions
- The part IV, appendix 45 of the Indian constitution directs the State Government to ensure pre-school education and care to all children below the age of six. National Education (Curriculum) Policy 2005 (3.10.1) emphasise the relevance of pre-school education and care. This is considered to be one of mandatory function of LSGs.

100 % Pre-school enrolment

Article 45 in Part IV (as revised) of the Directive Principles of State Policy state that the State shall endeavour to provide early childhood care and education for all children until they complete 6 years of age. The National Curriculum Framework 2005(3.10.1) reiterates the importance of universal ECCE. The ECCE curriculum should be age appropriate, all round, play based, integrated, experiential, flexible and contextual.

Broad objectives of ECCE are:

- Holistic development of the child to enable him/her to realise his/her maximum potential

- Preparation for schooling and providing support services for women and girls

The standards of the ECCE curriculum are:

- Play as the basis of learning
- Art as the basis of education
- Recognition of the special features of children's thinking
- Primacy of experience rather than expertise
- Experience of familiarity and challenge in everyday routines
- Mix of formal and informal interaction
- Blend of the textual (basic literacy and numeracy) and the cultural
- Use of local materials, arts, and knowledge
- Developmentally appropriate practice, flexibility, and plurality
- Training to ensure health, well-being and healthy habits

Non- formal pre - school education

Early childhood care and education is an integrated and holistic approach, with the right perspective leading to their survival, growth, development and protection through child centered family focused and community based intervention. Best preschool education activities are thus based on local and cultural practices using locally available materials which enhance physical and motor development, cognitive and language development, psycho social development including creativity and aesthetic appreciation. Play way is the apt approach for child can treat enjoyable and entertaining learning experience. This method is informally programmed without text books and is known as non-formal pre-school education.

Basic standards

- Play way method for PSE (Pre- School Education) activities

- Theme approach
- Basic Minimum teaching : Children are not expected to be taught Reading, Writing and Arithmetic(3Rs) at Anganwadi level. However the child shall proceed on learning 3Rs conceptually in their own pace and capacity. The teaching should be limited only to supportive Joyful learning
- Familiar environment based activities

Theme approach is a goal oriented planning of learning activities enabling complete experience to the child based on the theme within the child's range of experience and understanding.

Ensure universal pre-school enrolment

- Anganwadi Annual Family Survey: In the months of April-May, AWWs conduct a comprehensive family survey to collect details of population required for family survey register and additional information as required by department and LSG. The ICDS supervisor shall consolidate the data and submit the annual report to the welfare standing committee as well as ICDS project office. All vital information such as death and birth, Immigration and migration of family shall be figured. The ward member being the chairperson of the Anganwadi Level Monitoring and Support Committee (ALMSC) can monitor this activity. Annual survey should provide data base of children and pre-school enrolment status
- Listing Pre-School enrolment: The list of 3 to 5 children with their pre-school enrolment is to be prepared ward wise
- Identify: Non pre-school enrolled children with their psycho social status, Children With Special Needs(CWSN), migrant, Tribal and find out appropriate AWC for their admission
- Enrolment drive: The Welfare Standing Committee with other committees and ALMSC shall conduct house to house or settlement level campaign and ensure that all eligible are enrolled in AWC or any other pre-school

Specific Roles of LSGs

- Proper management of AWC, balawadies and schools that are under the control of LSGs
- Provide infrastructural facilities to AWC and schools as per standards. Construction of class rooms, compound wall, toilets, play grounds, setting up of libraries, providing computers, furniture etc.
- LSGs can also formulate projects with the support of other agencies to improve the standard of education, support school noon meal programme effectively
- Campaign for 100% enrolment, zero drop outs and school absenteeism

GUIDANCE NOTE 2.4

Enrolling the children of migrant labourers in Anganwadi

The inflow of migrant labourers from other parts of India has been very high over the past few years. A survey commissioned by Labour Department in the year 2013 estimated the number of domestic migrant labour in Kerala at 25 lakh and the annual arrival rate of migrants is 2.35 lakh. Mostly migrants bring their children and this call for specialised services, which have to be made available for them. The LSGs can do the following in this connection.

How to identify children of migrant labourers

Anganwadi worker during the monthly updating of population data identifies migrant or temporary inhabitants of the Anganwadi Centre area and collects the details of the children of migrant groups.

The various steps involved in enrolling children of migrant labourers in Anganwadi Centre are as below:

- House visit of the Anganwadi worker
- House visit of the JPHN
- Inviting mothers for Mothers meeting

- Determines the nutritional status of the children and identifies Pregnant Women
- Lactating Mothers & Adolescent Girls in the group
- Enlisting the eligible beneficiary in the AWC registers and mobilising them to accept the services of AWCs

What role ALMSC can play in enrolling children of migrant labourers?

- Monitor the services of Anganwadi centre, registers of SNP and other services to the beneficiaries
- Mobilize the migrant community to accept the services by making them aware of the services rendered, if necessary, through translators
- Welfare Standing Committee members can pay house visits and identify eligible beneficiaries who are left out and provide them necessary guidance
- Organise meetings and awareness programmes
- Mobilize community participation to improve the programme

What special interventions LSG can do?

- Co-ordinate the function and functionaries of LSGs, Health, ICDS and Education working group to improve the living conditions of such group
- Ensure hygiene and sanitation facilities to the group
- Organise health check-ups and awareness campaigns
- Ensure the quality of psycho – social services provided by the concerned departments
- Ensure the coverage of immunisation among the target group
- Can allot maintenance fund for upgrading the facilities of AWC

Who will review and monitor this activity?

- ALMSC

- Welfare Standing Committee of LSG
- LSG level Monitoring Committee (ICDS)

Enrolling children of migrant labourers in AWC: Case study of Karumanda Koundannur Anganawadi Centre in Eruthempathy Grama Panchayat (ICDS Chittur)

Anganwadi workerof Karumanda Koundannur Anganwadi Centre found that there are ICDS beneficiaries among the migrant population who have settled and are the workers of a near by bed manufacturing company. She collected the population details along with the data of 0-6 children, AG, PW & LM in the group and reported to the ICDS supervisor and supervisor reported the matter to ICDS project, Chittur.

The matter was discussed with the Grama Panchayat, where in a joint visit of Medical Officer and other health functionaries was paid followed by several other joint visits to the residential areas. Immunisation campaign was organised by the PHC. The beneficiary children of 6 months to 3 year children, PW & LM were given SNP from Anganwadi Centre and gradually the children in the age group of 3-6 were sent to the Anganwadi Centre. Initially their hygiene practices were very poor but changes were observed within a month. Effective co-ordination between health & ICDS turned this into a successful initiative.

The migrant children can be enrolled, educated and mainstreamed if linked with the SSA (Sarva Shiksha Abhiyan). Government is providing free text books and uniform besides providing mid-day meals.

- The Kerala State Literacy Mission Authority (KSLMA) is planning for a mass literacy programme to help all the migrant workers learn Malayalam and lessons in mathematics. This mass literacy programme has also a cultural component in-built into it, envisioned to sensitize the migrant workers about Kerala culture. The LSGs can help motivate migrant children (above 6 yrs.) and adolescents to use this facility offered by the Government

- Kerala Migrant Workers (Conditions of Service and Compulsory Registration) Social Security Act 2012
- Database on migrant labourers using the software developed by Keltron

Inter State Migrant Workers Welfare Scheme, 2010

In this scheme, initiated by the Labour Department of Kerala Government, there is a provision for assistance of Rs.3, 000 per annum for the education of the children of migrant labourers who are studying beyond Class X in Kerala. LSGs can help deserving migrants to avail this by liaising with the Labour Department.

GUIDANCE NOTE 2.5 — Essential Standards for quality pre-school education

- Availability of trained and qualified teacher
- Un interrupted pre-school service
- Ensure following theme book and lesson plan
- Case History or Background details of children
- Daily time table
- Learning space and environment
- Learning materials and play materials
- Growth monitoring and health monitoring(Immunisation)
- Nutrition Supplementary Food

Anganwadi staff recruitment

Standards

Criteria for AW selection is given in (GO (Ms)366/2007 SWD dtd. 24.07.2007)

1. Personnel should be selected from the locality
2. In the case of tribes personnel should belong to the nearby hamlets

3. Persons with pre- primary training should be given priority
4. Talents and experience in child care activities to be given due importance
5. Appointment should be effected from select list

GUIDANCE NOTE 2.6 Strengthen AG Clubs

Expands the activities of A G clubs

- Start AG club in pre-metric hostel & orphanages
- Responsibility for initiating AG club could be assigned to concerned institutions

(Also refer Guidance note participation 4.3)

GUIDANCE NOTE 2.7 Strengthening AW Level Monitoring and Support Committee (ALMSC)

Anganwadi Welfare Committee renamed asALMSC is meant for community based monitoring (CBM) for the effective functioning of Anganwadi. The committee is headed by the ward member as the chairperson and AWW as Convenor. The committee is to be constituted as per the GO (RT) No.216/2013 SJD dtd 15/5/2013 and membership is to be revised according to the status annually.

Roles and responsibilities of Committee (GO(RT).No.271/2013/SJD dtd 14/6/2013)

- The committee shall monitor and review regularity the functioning of AWC
- The committee has to see the status of supply of supplementary nutrition and method of delivery
- Ensure enrolment of all children of 3-6 age group in pre-school education

- Availability of essential items- medicine kit, weighing scale, growth chart, MCP card etc.
- Review the functioning of AG clubs and NPAG and make necessary support arrangements
- Ensure conduct of Mothers meeting and awareness programmes
- Review of AWC progress report and remedy the gaps
- Ensure community support in pooling the community resource, conducting annual survey and 100% enrolment of pre-school children
- Participation of Anganwadi functionaries in Health and Sanitation Committee and Jagrathasamity
- Preparation of minutes and reports and forwarding them to higher level committee.
- Look into grievance / complaints and settle them locally as for as possible
- Mobilise public resources for infrastructure development of AWC

Meeting protocols

- The committee shall meet at least once in a month
- The meeting and visits by members shall be conducted without disturbing the day to day activities of AWC

Role of ICDS supervisor

- Ensure that ALMSCs are conducted every month in all AWCs under their jurisdiction.
- Collect copies of the minutes of committee covering all aspects mentioned in the succeeding sectoral meeting (or abstracts)
- Compilation of the suggestions, grievances and supportive measures reported from every AWC in a tabular form and presenting to LSG and CDPO

GUIDANCE NOTE 2.8

Pre-school education for Children with Special needs

As per PWD (Persons with Disabilities) Act1995 free and compulsory education including ECS (Early Childhood Stimulation) is to be provided to all children with disabilities.The inclusive standards claim that children with disabilities are streamlined to follow a curriculum that is almost in line with general curriculum provided with certain adaptations. Child's progress on the path of development across definite stage is marked by certain indicators called developmental milestones. If a child fails to reach a 'milestone' or perform a task expected for the age it is known as developmental delay.

Standards of adaptation needed at AWC for CWSN

- Equip selected AWCs in every ward to receive young children who are affected with mental retardation ,visually impaired, hearing impaired for ECCE
- Equip the AW workers with short term special training to handle these children
- Ensure medical intervention and therapy for such children through PHCor other agencies
- Ensure availability of adaptive furniture, equipment's, learning materials appropriately
- Sensitisation of parents of the child and parents of other children attending the centre about special education needs. Ensure regular involvement and participation of ALMSC to support such children
- Each and every child should be assessed of developmental level at birth.Each and every child shall be assessed again for detection of developmental delay between 14 -24 month
- Trivandrum Developmental Screening Chart or UNICEF chart shall be used as checklist
- Early childhood stimulation is a conscious effort to promote development among children below 3 years

- The children with developmental delays related to sensory impairment.(Hearing and visual) intellectual impairment (MR) and developmental disorders (Autism) loco motor disability are treated as children with special needs (CWSN)
- LSG shall locate one of Anganwadi centre in the ward or an area as AWC for CWSN
- Special adaptive furniture and teaching and learning materials for disabled shall be provided
- Anganwadi worker should be given short term training in ECS and special ECCE training
- The children with intellectual, hearing and vision impairments and neuromuscular and attention deficit disorders can be integrated into a group and one cannot easily differentiate them from the rest at Anganwadi. Thus an Anganwadi should be made an inclusive centre for children with disabilities

DOMAIN 3

HEALTHY AND CHILD FRIENDLY SCHOOL

GUIDANCE NOTE 2.9 — Standards for school buildings

As per KER chapter III the school shall have minimum facilities as follows.

1. Room facilities : Office room, teacher's room, proportionate number of class rooms, appliance room, library, computer room and noon meal room
2. Dimensions of class room. 6x6x3.7 mtr shall be the average dimension of a class room
3. Separation walls. In case of large halls being used as class room's, the separation walls shall be a minimum of 2.4 metres
4. Urinals must be separate for boys, girls and staff with proportionate numbers
5. Playground with minimum standards
6. Waste disposal
7. Drinking water facility
8. Compound wall with gate
9. Safe journey to school and safety at school

Latrines and Toilets

- One latrine for boys and two for girls to be ensured

- Ensure proportionate number of toilets with minimum standards (One latrine exclusively for boys and two latrines exclusively for girls)
- Standards of school toilets
- Urinals @6 for 100 boys and 12 for 100 girls
- Running water with soaps in toilets and latrines

GUIDANCE NOTE 2.10 Barrier free environment: Standards

- Ensure inclusive building constructions (public works) for enabling disabled and infirmed
- Ramp with hand rail to enter into veranda and in the approach to school
- Entry route to school should be levelled smoothly and devoid of any hazards and obstructions
- Signage to enable blind to read direction
- Wide door without threshold
- Spotted flooring
- Disabled friendly toilet with hand grip
- CP (Cerebral palsy) chair for spastic child
- Wheel chair for disabled

GUIDANCE NOTE 2.11 Girl friendly toilets: Standards

- Minimum two bathrooms type toilets with built in napkin disposal facilities
- Assured privacy with closable doors
- Hangers for putting clothes
- Stand for keeping soap dish

- Hand washing facilities
- Adapted toilet for disabled
- Latrine type toilet with wide open door without steps
- Hand grip near closet
- Enabling access for wheel chair
- Hand washing facilities
- Roofed passage
- A roofed passage from school to toilet
- Elevated flooring with dotted tiles
- One side hand railing for disabled children

GUIDANCE NOTE 2.12 Reduce weight of school bags

Heavy school bags cause health problems in children. However reduction of weight of school bags has not been considered favourably. The major health problems are indicated below:

- When the child bears heavy weighted bag on the back there is a tendency for forward leaning
- May cause numbness in arm
- Spastic experience at neck, shoulder and spine on long term bag weight

To mitigate the sufferings of children the Kerala Human Rights Commission has given instructions (during 2015) to reduce weight of school bags for which the following recommendations are suggested:

- Text books must be segregated term wise
- Combine all study material relating to a term into a single text book – essential portion of books alone are to be carried to the school

- Use A4 size paper instead of note books and keep the filed paper at home
- The 200 page note books to be standardised as 100 page note book

Standards of school bags regulation laid by education department of Kerala

- Weight of the school bags should not exceed 10% of the body weight of the child
- No school bags for preschool children
- To reduce the weight of school bags necessary directions should be given by the school
- Locker facility shall be provided for keeping student's books safely
- Fine up to 3 lakhs or cancellation of recognition of schools violating the norms

Specific Role of LSG

- Ensure availability of safe drinking water for students at schools to avoid bringing water bottles
- Encourage the use of cloth bags instead of rexin bags
- Encourage the use 80-100 page books instead of 200-500
- Provide students book locker facilities at schools under their control
- Encourage use of school cards instead of school diary

GUIDANCE NOTE 2.13 Hazard free play ground standard

- A playground measuring not less than 110x70 mtr

- Ground fairly levelled and clear of stumps, thorns, glass pieces and vegetation
- Devoid of ditches, boulders and other obstructions

GUIDANCE NOTE 2.14 Effective school meal programme

Standards for noon meal kitchen

- Sufficiently large kitchen with storage for food items and utensils
- Separate space for keeping firewood / LPG
- Work area for cleaning utensils, food materials
- Wash area and waste disposal system
- High floor hearth (Minimum 30 cm height) and washable floor
- Smokeless choola or LPG cooking system
- Closed against pest and dust proof room to store edible articles and ingredients, utensils
- Exhaust system
- Trained cook
- Hygienic hand wash facility for students
- Observation of food safety rules

School Meal programme of Government Fisheries School, Nattika

Nattika is a coastal area and majority of the students of Government Fisheries School, hail from financially poor fishing families. Students are found anaemic and were lacking nutritious food at home. The school authorities with the support of Nattika Grama Panchayat and PTA decided to organise a healthy noon meal programme. Contributions came from Grama Panchayat, Teachers, PTA, School Management Committee and the general public.

Major features of the noon meal programme:

- The school has a spacious dining hall, built with Tsunami rehabilitation fund of Rs.4 lakhs
- The students and teachers have their lunch together
- Each day different types of dishes are included in school meal
- Egg and banana is given to students once a week. Twice a week students are given milk. There is special curry every day with dal.
- PTA members provide 'payasam' (sweet) once a month

GUIDANCE NOTE 2.15

Waste Disposal at School

Standards for Bio gas plant

- Bio gas plant proportion is to be prepared in to the quantum of noon meal
- Linkage of bio gas with kitchen for cooking
- Arrangement for maintenance during vacation time
- Soakage pit for collection of waste water

Standard for Zero waste in schools

- Separate bin for collection of different types of waste- bio degradable, plastic and recyclable
- Degradable bio waste for using bio gas plant
- Timely disposal of broken branches of trees, bushes
- Incineration or dumping of waste leaves for composting nutrition garden, planting of trees and other greeneries shall be initiated
- And the bio waste, slurry and waste water can be used for organic cultivation

Standard for school green initiative

- Toxic free and pesticide free school
- Apply energy efficiency formulae - Reduces, Reuse and Recycle
- Green healthy space with gardens and plants
- Teach, learn and engage children in environment education – celebration of environment and afforestation day

GUIDANCE NOTE 2.16 School Health Programme

The School Health Programme is a joint venture of the Department of Health Services and Education,run with the support of National Rural Health Mission. The programme is scaled up to all Govt. and Govt. aided schools in the year 2013- 14. The Vision of the programme is to develop healthy and informed adult human capital by promoting physical and mental health through childhood and adolescence.

The main objectives of the programme are timely identification of incipient diseases, disorders and disabilities and provide appropriate treatment intervention and proper and regular follow up. Another important objective is to become the anchor of primary and preventive health through various health education activities.

SHP is initiated in all schools having a student strength above 1000 where SHN visits/ reports at least twice a week. In schools with strength above 2500, an SHN is made available on all school days. In schools with less strength, screening is completed as the first step and rest of the activities are done as per need based on a micro plan.

Major components:

I. Curative services

First level

(a) The School Health Nurses attend to minor ailments and give proper advice and treatment as required

(b) Preliminary medical screening of all the students at least once a year with the help of a check list in the health record

(c) This is followed by timely referral of students in need to the appropriate health facilities

Second level

Consultation by Doctors at PHC/CHC

Third level

Speciality Medical camps are conducted block wise once a year. Specialities such as Dermatology, Dental, Ophthalmology and Gynaecology and Psychology were included. Proper follow up of cases is done by the SHN. Further referral is also done in the camp as per need

II. Preventive services

Health awareness programmes that are appealing to the student population should be developed.

- Health education classes by SHN, Medical Officers and Supervisory Staff
- Exhibitions, seminars, debates, puppet shows and competitions can be

conducted

- Vaccination services

III. Counselling

The SHNs identifies various emotional and behavioural problems in students and refer them to appropriate authorities. If there is more number of such children, they are referred/ linked with mental health programmes or suggested to initiate mental health programmes.

IV. Documentation: Cumulative Records

The details of medical screening done by the SHN, Medical Officer and Specialist Doctors shall be recorded in the comprehensive record designed to record relevant personal details and medical history of the student from 1st standard to 12th standard.

Basic requirement to initiate school health programme

1. Identification of stakeholders (responsible centre of health department or medical colleges and other private partners)

2. Formulating job responsibilities for the stakeholders
    - For the HM, PTA President, Nodal teachers, Teachers
    - School Health Nurse, Peer group educators from among students

3. Formation of a School Health committee at school and at LSG level
    - Regular Monitoring and evaluation
    - Prompt reporting

4. Appropriate training for the stake holders
    - Dept. of Health (MOs, SHNs, Supervisory staff) Education (all teachers, PTA members) LSG members

5. Appointment of dedicated staff/ existing staff from Govt. Health system

6. Procurement of equipment

    - Items including: BP apparatus, stethoscope Snellen's chart, thermometer height and weight measuring scale first aid equipment, etc.

7. Provision for issuing medicines to be provided free of cost

8. Printing of sufficient number of health records, registers, modules

Specific Role of LSG

1. Convene meeting of stakeholders

2. Convene a joint meeting of representatives from all schools

3. Appoint a Medical Officer as the convenor of the programme

4. Identify monitoring committee

5. Health and Education standing committee should monitor the activities and should report in every LSG Committee meeting

6. Identify the lacunae in each school in the LSG and fill the gaps as below:

    - Make available space for setting up a health corner in the school
    - Adequate toilet facility, girl friendly toilet
    - Play ground in school
    - Undertake programmes to bring change in attitude of the teachers towards the programme
    - Promote menstrual hygiene: provide vending machine as well as disposal facility
    - Monitoring, evaluation as well as appreciating best performing schools

Role of schools

- Provide infrastructure facility for setting up health corner
- Room/Private space
- Chairs, tables, bench, almirah
- Temporary facility for the conduct of medical camps, exhibitions, seminars etc.
- Assign 2 nodal teachers (female & male) who are genuinely interested in facilitating activities
- Provide necessary arrangement for health activities

A march from ordinary to extra ordinary – Child friendly initiatives by Kodaly Lower Primary School

Kodaly Lower Primary school of Mattathur Grama Panchayat in Thrissur district was just like any other Government school building in 2007, but today stands unique.

As we reach the gate, we notice the compound wall with overhanging creepers and flowering trees and the beautiful school surroundings almost like a children's amusement park. Infrastructure-wise, from a less equipped school during 2007 and only 264 students enrolled, almost under threat of losing further divisions, it started getting a new life with the hard work of Panchayat member and a head master. Over the years, the school has evolved as a beautiful, clean, healthy, green school which is attracting a lot of visitors and has received several awards. With a 100% passing result over the years, this rural school attracts three times higher applicants for enrolment even from nearest semi-urban areas.

What is special in this school?

- An active school management committee is formed comprising of school teachers, Panchayat members, local leaders and PTA members to plan and implement total development of the school.

- All students actively engage in vegetable cultivation. The school has a fish pond, Ayurveda medicinal garden, nakshatrvanam(star garden), kid's park, reading corner etc.
- Students are served with nutritious food as part of school mid-day meal programme. Mothers manage it on rotation basis.
- The school has active clubs like Suraksha club, agriculture club, environment club, science club and mathematics club guided by teachers. Every student is enrolled in any one of these clubs.
- Students are taken to study and pleasure trips along with their mothers
- The school has smart class rooms with facilities like smart board, LCD projector
- The school has a functional PTA. The school has an exclusive teacher appointed by PTA for spoken English sessions.
- Special remedial education sessions are arranged for scholastically backward students.
- The school has hygienic toilets separate for girls and boys

Public contribution, Panchayat fund, PTA contribution, MLA/MP fund, SSA fund, award fund etc. are the major sources of fund used for the development of the school.

No wonder, after a visit to Kodaly LP School any child will say “I want to study only in this school.” No parent will dare to disagree.

GUIDANCE NOTE 2.17 Education for all children up to 18 years

Essential steps to ensure education for all 5 + children

- Collect data base of children - with educational status in the age group
- Collect socio cultural, socio geographic, psycho social information of children who are out of school
- Collection of details of children with disabilities with classification and school enrolment
- Formation of LSG level education committee for monitoring and motivation
- Complete ward wise census of school age children and prepare village education register
- Compile school-wise enrolment details
- Collect details of drop outs and their present activity and family status
- Collect details of out of school children and their classification- tribal, migrant, disabled etc.
- Ensure easy accessibility of schools for providing elementary education

GUIDANCE NOTE 2.18 LSG level education committee

Constitution		
1	President of LSG	Chair person
2	Education Standing Committee Chairperson	Vice chair person
3	Senior most HM of Govt. school	Convenor

4	Members	One PTA president
		All HM in the LSG
		Representative of BRC and AEO
		Police Officer of the locality
		One teacher Co-ordinator of PTA
		School Help Desk Convenor
		One school leader
		Convenor of education working group
		Convenor of Working Group on Women & Children
		Representative of bus owners
		Representative of RTO

GUIDANCE NOTE 2.19

Drop out Elimination Committee

LSG shall form a subcommittee under Education Standing Committee namely Drop Out Elimination Committee. This shall be on the pattern of the committee formed in some of the tribal locations of Kerala. This committee can have student representatives as well. This committee shall consist of

1. Chairperson of Education Standing Committee- Chairman
2. Chairperson Welfare Standing Committee – Vice chairman
3. Convenor of Panchayat Education Committee – Convenor
4. Member, Education Advisory Committee, Tribal Development Dept.– Member

5. SDEO/TEO Tribal Promoters/teachers as members

6. Representative of Local Government level Development Committee for Children : Member

Standards for functioning

- The subcommittee shall be convened along with PTA education committee
- Consolidated report on school absenteeism and drop out will be prepared
- Chalk out intervention strategy to bring the child back to school
- Undertake family intervention strategy to motivate the parents of absentee children through comprehensive support through social security measures
- Propose remedial actions needed in the area to the LSG committee
- Look into the data of 14-18 age group children and if all children from normal schooling have not attained matriculation to provide them with NIOS and bring back to school
- Look into the status of children belonging to migrant labourers and provide them with education

School drop out prevention programme by Noolpuzha Grama Panchayat

Noolpuzha Grama Panchayat, Waynad District has more than half of its area covered under dense forest. Total population in the Grama Panchayat is 30125 (2011 census) and about 1/3rd of its population is scheduled tribes. The Grama Panchayat has 2731 ST families in 148 tribal settlements. One of the developmental challenges faced by the children of this Panchayat has been drop out of children from schools, mostly tribal children. To take remedial measures, the Panchayat formed a 24 member education committee. Based on the feedback of the PEC, the Panchayat Committee had a detailed discussion on the issue.

Poverty in the family, economic backwardness, un favourable home environment,

lack of school uniform, lack of interest of parents, long distance from school, isolation in school/teasing from classmates, unfavorable attitude of teachers, lack of hostel facilities etc. have been identified as major reasons for school drop out in the area. Noolpuzha Grama Panchayat approached the problem in a comprehensive and integrated manner as detailed below:

1. Gothrasaradhi: To reduce travelling expenses transport facility for students residing in the interior forest was provided
2. Breakfast: Due to unfavorable home environment, most of the children do not get proper breakfast at home and they attend school with empty stomach and not able to concentrate in studies. Now the students from tribal hamlets are given breakfast at school on all school days. The support of Wayanad District Panchayat is also sought for this.
3. Lunch: Provision of lunch has been ensured on all working days as part of mid-day meal programme. The mid-day menu was standardised with public participation.
4. Uniform: Two sets of uniform was given to all children studying in 1st to 7th Standard
5. Newspaper: To develop knowledge, language and communication skill, newspapers are distributed in homes
6. Karate, volleyball coaching for girl children is introduced in schools so as to foster physical and mental health of the girls
7. Football, swimming, hockey coaching is given for students for promoting extra-curricular activities
8. Computer education is given to students to inform them with the options of information technology.
9. Literacy programme : In order to motivate the parents to send their children to schools, literacy classes are given for those parents and adults who have not undergone formal education
10. Kitchen construction : To ensure hygienic atmosphere, school kitchen is constructed and modernised
11. Construction of common dining hall: In order to improve the physical

environment of school as well as to standardise the school meal programme, new dining hall is built. This helps the students to have lunch together in a common place.

12. School toilet complex : To inculcate hygiene habits, school toilet complex is built
13. PSC coaching: For facing competitive exams, the children are given coaching.

Other than above mentioned projects, the Grama Panchayat has also implemented some other projects with a view to reduce school dropout like: setting up library, smart class rooms, drinking water facilities, organising awareness programmes against alcoholism etc. The total number of beneficiary children during 2015-16 is 2302. Within in a period of two years, there has been reduction in school dropout notably. This notable initiative of the Grama Panchayat has helped to build strong confidence among the children, parents, and teachers as well as the general public. There is a strong conviction among the Grama Panchayat that school dropout reduction programme will help to ensure survival, development, protection and participation rights of children as well in long rung.

GUIDANCE NOTE 2.20 Parent Teacher Association

PTA has been formed under government directions to ensure total involvement of parents and to ensure public participation in functioning of schools and which acts as a support group. PTA has to be functional in all schools coming under Kerala Education Act and Rules. All parents of students constitute the general body of PTA.

Constitution of PTA

- A parent elected by PTA general body shall be the President
- The headmaster/ principal shall be the secretary cum treasurer
- Three parents' representatives are to be elected to general body as members

- Two teaching staff selected as members
- Number of members shall be increased to the ratio of students

Functions

- Meeting should be held once in a month
- Providing support for co-curricular activities
- Organise discussion forum on problems and issues relating to students and teachers
- Organise review discussions on school meal programme, school health programme and school mental health programme
- Take steps to activate MPTA and CPTA for active involvement of parents
- Support for parental education programme and school vigilance committee
- Discussion on child centric teaching practices including avoidance of corporal punishments
- Provide support for celebration of commemorative days(national days, youth festival, annual days and sports festivals)

Awareness programmes for Parents

Awareness programmes can be organised for Parents on behalf of PTA. The programme can be organised either class wise or school wise based on the number of parents at least once a year. The suggested sessions are given below:

- Successful parenting
- Inter Personal Skills in the family
- Role of parents in academic achievement of children
- Behaviour Management/Anger Management
- Substance abuse
- Resilience

GUIDANCE NOTE 2.21

An example for tracking school absenteeism (Kottayam District Panchayat)

Gurukulam Project of Kottayam District Panchayat

Kottayam District Panchayat started a new project namely "Gurukulam" (House of Guru, where students lived to have education in ancient India) aimed at providing psycho social counselling to all adolescent school children with the convergence of service under social justice department, education department and NGO support. The project is implemented in the education district of Kottayam. Gurukulam project identifies and solves emotional problems of adolescent children through Counselling.They have set up District level counselling centres and Educational district level counselling centres. Through this students can have online interaction with higher level counsellors. School absenteeism is identified as one of the major symptoms of adolescent problems. In the long run the absentees may develop deviant behaviour and may even become school dropouts. To eliminate school absenteeism, attendance tracking is done through online system. SMS and email services are used to notify parents about the absentees daily. It helps parents and teachers to know about absenteeism at an early stage and ensure the safety of the children. Regular absentees identified through tracking shall be provided with guidance and counselling services.

GUIDANCE NOTE 2.22

Foundational competency

Minimum Levels of Learning can be stated as expected learning out comes defined as observable terminal behaviours. One may also go for a taxonomic analysis of learning objectives such as knowledge, comprehension, application, analysis, synthesis, evaluation and accordingly indicate the expected learning out comes.

Two basic considerations kept in view while formulating the MLLs are:

(i) The cognitive capabilities of the children at different classes or grades corresponding to different stage of development

(ii) The empirical reality in terms of the enabling environmental conditions that characterise the primary education programmes

Laying down minimum levels of learning should help to resolve some of these problems by identifying the irrelevant and excessive learning load in the existing curriculum. The MLL exercise should, therefore, be viewed as part of a larger curriculum reform endeavour attempting to move towards greater relevance and functionality in primary education.

The implications of this exercise are:

- Lightening the curriculum of its textual load and also the burden of memorising unnecessary and irrelevant facts;
- Leaving room for the teacher to relate text book information and objective reality into a meaningful process of understanding and application;
- Ensuring the acquisition of basic competencies and skills to such a level where they are sustainable, and would not easily allow for relapse into illiteracy;
- Permitting mastery of learning not only by the brighter students in the class but also by almost all children including the first generation learners.

Some basic features of MLL Achievability

- Communicability
- Evaluability
- Learning Continuum
- Comparable Learning in NFE
- Cognitive and non-Cognitive areas of learning

Minimum Levels of Learning in Language

At the primary level, language occupies a pivotal place in the curriculum. The basic skills acquired through language learning facilitate learning of concepts in other

areas. Moreover, in the shaping of the personality of the child and in all his/her effective transactions in the day-to-day life situations the nine basic language skills, namely, listening, speaking, reading, writing, comprehension of ideas (through listening and reading), functional grammar, self- learning, language use and vocabulary control play significant roles.

Objectives of language learning

At the primary stage, the main objectives of language learning are to: -

- Be able to listen with understanding
- Be able to speak effectively in both informal and formal transactions
- Be able to read with comprehension and enjoy reading various kinds of instructional materials
- Be able to write neatly, with logical sequence and creativity
- Be able to comprehend ideas through listening and reading
- Be able to use grammar functionally in various contexts

Gradation of competencies for different classes

The minimum levels of learning have been stated interms of competencies that every child should be able to develop in the school or in the NFE centre. The competencies have been listed year-wise. However, the competencies of Class I are to be carried forward through Classes II to V. Competencies listed under each class are the starting points for building these competencies. These should be carried throughout till the end of primary schooling.

Inter-linkages between Competencies

The first four competencies (Listening, Speaking, Reading and Writing) relate to the four language skills that are well known. These competencies are basic and have to be established in any effective language-learning context. Although these competencies have been listed separately for convenience of specification of levels, the competencies are naturally interlinked. This inter-linkage between

four basic competencies is reflected in Competency 5, which attempts to specify levels of comprehension of ideas in language through listening and reading. It should be noted that just as listening and reading are inter linked so are reading and writing, and listening and speaking. For effective transactions of these competencies the teacher will have to provide interesting and dynamic linkages between the various competencies.

Teaching-Learning Strategies

A variety of interesting activities in the form of narration of events, peer group discussions, story-telling, drama, dialogue, question-answer, quiz competition, riddles, word-play, debates during school functions and songs are to be organized for making language learning a joyful activity. Self-learning skills and functional use of language are also to be developed by encouraging the study of interesting children's books, picture dictionary and peer group activities.

Concepts of Quality in teaching Pre-school children

- 3-6 year olds have some common characteristics and individual differences age wise
- Pre –primary should focus on – Development of the whole child
- The domains of development should focus on physical and motor, language, social, cognitive, emotional, creative and aesthetic areas
- A child needs healthy growth and development of body and mind
- Children learn from their environment every time

GUIDANCE NOTE 2.23 Major steps to ensure data base of children with disability at LSG level

Major steps to ensure data base of children with disability at LSG level

- Orgnanise medical board for issuing disability certificates
- Create disability register

- Collect and collate existing disability data(e.g. Disability Census by Social Security Mission etc.)
- Hold special LSG level gramasabha for disabled persons at least twice a year
- Prepare summary of issues faced by disabled children in poster form
- Prepare action plan for ensuring 100% services to disabled children

IED

Integrated Education for Disabled children (IEDC) is aimed at providing educational opportunities to learners with disability in regular school and to facilitate their achievement and retention. It is a part of SSA. The scheme provides incentives and intervention for education of children with disabilities

Standards

- All children with visual or hearing impairments, locomotors disabilities and mentally challenged shall be admitted to normal schools
- Adaptive devices, special incentives and barrier free environment shall be provided to accommodate these children in normal schools
- Academic resource supported by appointment of resource teachers and vocational training is to be provided
- Administration of checklist for identification of children with special needs to be administered as a matrix for ascertaining specific learning disabilities (Position paper 3.3 National Focus Group on education of children with special needs., Refer CRC Website

  www.ncert.nic.in/new_ncert/ncert/.../focus_group/special_ed_final1.pdf)
- Start special schools for visually impaired and hearing impaired under Govt.or aided schools
- Start special school for mentally retarded for those who cannot attend regular schools
- Initiate integrated curriculum and syllabus adaptive for CWSN

- Create inclusive environment, adaptable to all children irrespective of their ability or disability
- All door, furniture, electrical equipment, toilets, lab etc. shall be usable to persons impaired of limbs, sight and hearing
- Visual signage and sensory signage shall be available at all utility points
- Follow inclusive teaching practices using visual, auditory, kinaesthetic and tactile
- Refer draft of inclusive education scheme, MHRD 2003 in CRC Website: www.crckila.org

BUDS School

Govt.of Kerala granted permission to open and manage special schools for mentally challenged under LSG, meeting the expenses out of the plan fund or other funds.It is expected that at least one LSG in a block shall have a BUDS school. Kudumbasree Mission shall provide necessary guideline for BUDS.

Standards

- Beneficiary: Minimum number of students 25 (mentally challenged)
- Physical infrastructure:- Minimum area of land: 15 cents
- Area of building 40 sq.ft /beneficiary i.e. a minimum of 1000sq.ft.

Space requirements

- Separate rooms for class, office, counselling and therapy, recreation, kitchen and store
- Work shed for vocational training
- Minimum of 4 toilets(two for girls and two for boys)
- Compound wall with gate
- Wash area with hand wash facility

- Play area and play equipment

Public Engineering

- Water supply –Approx. 1000 litters maintaining local standards
- Drainage and sanitation system for waste water
- Bio degradable waste disposal system
- School vehicle and Transport management

Service Mix

- Special education , physiotherapy , yoga and other therapies
- Open school and equivalency
- Pre- vocational training, vocational training and placement
- Noon meal – supplementary nutrition
- Health intervention and adaptive devices
- Scholarships

Management

- BUDS development management committee
- LSG level and dist. level reviews

Human Resource

- Special teachers and trainers with RCI approved qualification
- Ayah with qualification up to 10th class
- Qualified therapist on part time basis or from district pool

(Refer.GO MS No.148 / 2009 LSGD dtd 29/7/2009 and plan guidelines)

GUIDANCE NOTE 2.24

Ensure education to children unable to attend regular school (NIOS)

National Institute of Open Schooling (NIOS) is the Board of Education for Distance Education under the Union Govt. of India. It was established by the Ministry Human Resource Development in 1989 to provide education inexpensively to remote areas. The NIOS is a National Board that administers examination for Secondary and Senior Secondary Examinations of Open schools similar to CBSE.

Open schooling is one of the major programme of Central Ministry of Human Resource Development enabling any person in India to obtain matriculation (Xth level) and senior secondary (12th level) qualification or certification through informal settings. The student can have option to select any of the five combinations of subjects for the examination.

Application for enrolment is to be made online through the Regional centres of NIOS for admission and examination. Regional Centre, NIOS,National Institute of Open Schooling,6th floor,Kerala State Housing Board building, Panampilly Nagar, Ernakulam-682036 is headquarters of Kerala region. There are two sessions for furnishing applications, during the month of January and June every Year. Children above the age of 14 only are eligible for NIOS. For more details, contact Phone: 0484 4035540/ 2310032Fax: 0484 2310033,Email id:rckochi@nios.ac.in, rdkochi@nios.ac.in, Website: rckochi.nios.ac.in

Equivalency Programme

In order to achieve the goal of education for all, equivalency certificated examinations are conducted for those who are illiterate or could not learn or continue in regular schools. This examination is conducted by the Kerala State Literacy Mission Authority of Kerala which is part of Department of Education. The examinations are conducted based on very simple text books on different subjects prepared by KSLMA for 4th, 7th, 10th& 12thStandards. The“literacy prerak” at LSG level are facilitating this programme. The KSLMA has made the following supportive arrangements.

The preparation of Textbooks for Standard IV, VII,and XthStandard

- Preparation of Handbooks for IV and VII
- State-level training of Equivalency Key Resource Persons (ERPs)
- Established training centres in all the 14 districts

Special Advantage

- Children undergoing non formal education at Elementary and High school Level
- Children with Mental Challenges undergoing special Education.
- Children dropped out due to Academic skill deficit and slow learners and migrant population.

Standards

- Registration at District Centres or with Saksharatha Prerak before August
- Purchase of text books
- Attending training centres or engaging special tuition
- Apply and attend examination in time

GUIDANCE NOTE 2.25 Nutritional status and fitness of children

Under nutrition is a condition resulting from inadequate intake of food or essential nutrient(s) adversely affecting physical growth and resulting in deterioration of health. The Nutrition Policy aims at abolishing all kinds of under-nutrition within a given time limit and ensuring optimal growth of every child born here after. The local government has an important role in bringing about a policy declaration and changes in scenario through all available schemes and facilitation of coordination and monitoring the same.

Objectives

- To ensure adequate nutrition of all children of all ages(0-18) and mothers
- To reduce prevalence of anaemia among young children (0-6), adolescence (10-18), pregnant and lactating women
- To ensure reduction of low birth weight, stunting and wasting of under five children
- To prevent the development of obesity in children

Strategies

- Health screening and referral linkage with health services for remedial and preventive measures
- Assured medical check-up at least once in a year
- Complete immunisation schedule
- Micro nutrient supply – IFA
- Health promotion services – health education
- Maintenance of cumulative health records and health card
- Weighing balance and height measuring stand
- Shelf for medicines, health cards, records and WIFS
- Ensuring service of health coordinator or JPHN at school

GUIDANCE NOTE 2.26

Baby Friendly Hospital Initiative

WHO-UNICEF sponsored `Baby Friendly Hospital Initiative' (BFHI), is a global programme promoting, protecting and supporting breastfeeding practices.

Baby Friendly Hospital Initiative was launched in 1991.The BFHI programme in Kerala, launched in March 1993 was a hospital based programme aiming at training all health staff so that all mothers are guided and supported for exclusive

breast feeding for six months and continue breastfeeding up to and beyond second year. For certification the hospital has to follow the mandatory ten steps given below.

The Ten Steps of the WHO/UNICEF Baby-Friendly Hospital Initiative

- Have a written breastfeeding policy that is routinely communicated to all health care staff
- Train all health care staff in skills necessary to implement this policy
- Inform all pregnant women about the benefits and management of breastfeeding
- Help mothers initiate breastfeeding within one half-hour of birth
- Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants
- Give new born infants no food or drink other than breast milk, unless medically indicated
- Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day
- Encourage breast feeding on demand
- Give no artificial nipples or pacifiers (soothers) to breastfeeding infants
- Foster the establishment of breast feeding support groups and refer mothers to them on discharge from the hospital or clinic

Benefits of BFHI

- Immediate postpartum breastfeeding helps Mother/Child bonding
- Breast milk alone is the perfect food for Baby's first 6-months containing Nutrients, Antibodies, Hormones, Antioxidants, other factors
- Stimulates immune system – response to diseases & vaccination
- Protects from diarrhoea and acute respiratory infections

- Provides health and emotional benefits for mother
- Delays ovulation and return to fertility
- Decreases risk of breast and ovarian cancer

How health facilities can support Exclusive Breastfeeding? They can:

- Facilitate unrestricted breastfeeding 8-12 times per 24 hours
- Ensure breastfeeding "culture" is sustained
- Refuse to accept, market, distribute or promote breast milk substitutes, bottles and artificial nipples
- Empower (educate) women to breastfeed their children exclusively for six months and to continue breastfeeding with complementary food, well into the second year and beyond

Celebrate World Breastfeeding Week (Aug 1- 7) every year with the help of UNICEF and other agencies

GUIDANCE NOTE 2.27 Improve infant (0-1 year) nutritional status

Infant nutritional status improvement : Standards

- Exclusive breast feeding practice
- NRC or therapeutic nutrition for VLBW babies
- Growth monitoring

GUIDANCE NOTE 2.28 Infant and Young Child Feeding as per IYCF protocol

The studies reveal that malnutrition has been responsible directly or indirectly for

55% of all deaths among children under 5.Appropriate feeding practices during first year of life is the most crucial one .In order to achieve healthy start for life and development certain scientific practices for feeding young child has been established and following it shall provide healthy life for infants and young.

Standards

- Initiation of breast feeding immediately after birth
- Exclusive breast feeding for the first six months – Infant receives only breast milk and nothing else, no other milk, food or even water
- Appropriate and adequate complementary feeding - from six months of age while continuing breast feeding
- Continued breast feeding up to the age of 2 years or beyond

Desirable

- IEC campaign on nutritional superiority of breast milk.
- Counselling for breast feeding for breast milk
- Balanced food for child should contain protein food, energy food and fat in appropriate percentage.(60:30:10)
- Utilising available nutritional and health assistance under ICDS and RC

GUIDANCE NOTE 2.29 — Improve young child nutritional status (6 months -5 years)

Improve Young Child Nutritional Status Standards

- Early initiation of breast feeding
- Exclusive breast feeding
- Counselling for breast feeding during pregnancy
- Complementary feeding

- Weaning food
- Modified family food
- Protective food –nutrient rich
- Energy dense infant food
- Safety of complementary food
- THRS for young child

Growth monitoring

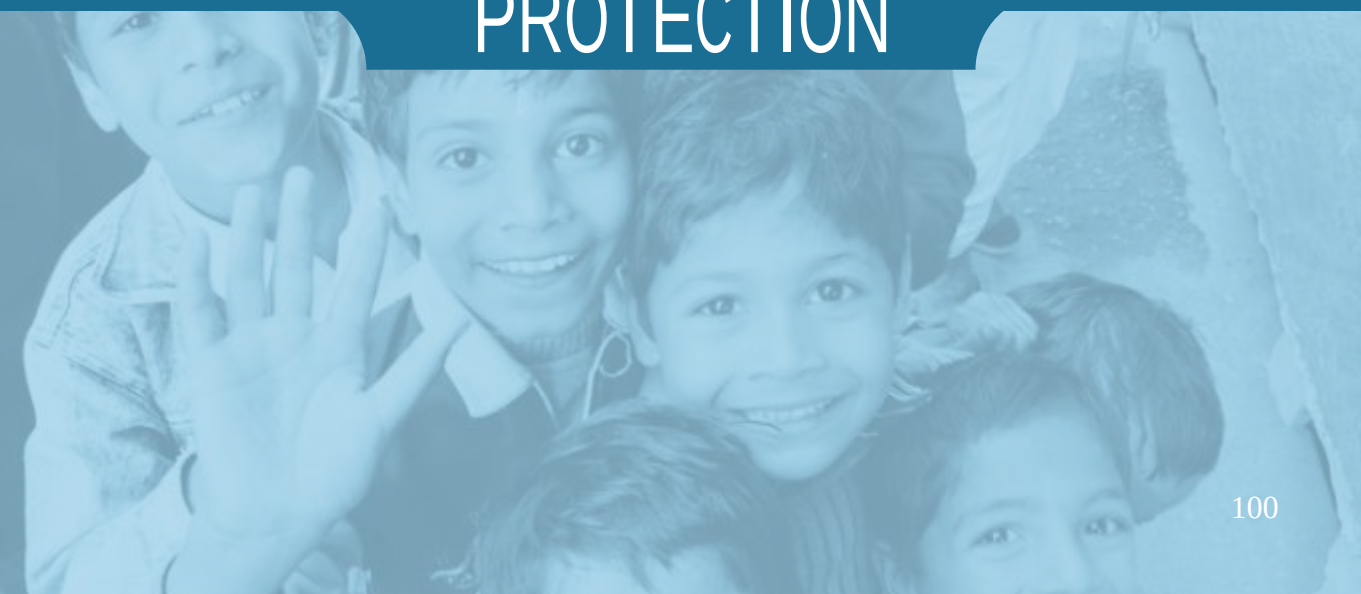
Every AWC should maintain growth chart of all children in their area under the age of 3 and 3-5 years

Standards

- Determine correct age of child
- Determine correct weight of child
- Plot weight accurately on the growth chart
- Interpret the growth curve and recognise growth failure if any
- Discuss child's growth with mother and follow up
- Ensure giving right food to the child

CHAPTER 3

CHILD PROTECTION



GUIDANCE NOTE 3.1

Victim Rehabilitation Scheme

In this scheme, compensation shall be given to victims for treatment, housing, and destruction of crops, education, income generating activities and rape cases. Dependents (sons/ daughters/ parents/ minor sisters/brothers) of expired victims are beneficiaries of this Scheme. Maximum amount of compensation shall be Rs. 10,000/-. However, in deserving cases, committee formed for this purpose headed by the District Collector will decide the amount to be granted. Those eligible for compensation shall submit the application to the District Probation Officer concerned with medical certificate, income certificate and copy of crime (FIR) report.

Compensation shall be provided to victims for the following:

Treatment: Treatment charges include entire treatment charges i.e., medicine, equipments, hospital charges etc.

Housing: Compensation shall be decided on the basis of the certificate issued by the Tahsildar after assessing the damage caused to the building

Destruction of Crops: Compensation shall be decided on the basis of the certificate issued by the Agriculture Officer

Income Generating Activities: Assistance shall be provided through linkage with financial institutions

Rape Cases: In rape cases minor, adult and married woman shall be also given treatment. In this case, children and adults shall be treated as one group.

Eligibility criteria

1) Applicant shall be a native resident of Kerala and has to produce income certificate from the village officer

2) Treatment shall be in central/state government run hospital. However, in deserving cases treatment in private hospitals in rural areas where the facilities of government hospitals are not available shall also be included in the scheme

3) Compensation shall be on the basis of the medical certificate issued

4) No compensation shall be given for road/motor accidents

5) If the surviving victims are children, the amount of compensation will be deposited in a bank till they reach 18 years of age

GUIDANCE NOTE 3.2 Assistance to Children of Prisoners

The family members of prisoners lodged in jails suffer a lot; they are ostracized from the society. Due to lack of money and social stigma, their children are denied of education at an early age itself. This will have huge consequences for the society. Therefore, government has initiated special schemes aimed at bringing these children into mainstream of the society. A monthly benefit of Rs. 500 per month is eligible to a student of 10th standard to a maximum of Rs. 6000/- per year and an amount of Rs. 1000 per month for plus two and above studies limited to Rs.12,000/- per year. Applications are accepted by the District Social Justice Officers, through the jail superintendents.

Eligibility Criteria

1) Children of women and other prisoners imprisoned for 2 years or more

2) BPL family

GUIDANCE NOTE 3.3 Child Labour

Child labour refers to the exploitation of the labour of children who are either too young to work, or are of working age but work under conditions that subject them to risk. Child labour is a cause and consequence of poverty and education and training is crucial to break this cycle. Child labour is a concrete manifestation of violations of a range of rights of children and is recognised as a serious and enormously complex social problem in India. Working children are denied of their right to survival and development, education, leisure and play, and adequate standard of living, opportunity for developing personality, talents, mental and physical abilities, and protection from abuse and neglect. Not with standing the increase in the enrolment of children in elementary schools and increase in literacy rates since 1980s, child labour continues to be a significant phenomenon in India when children aged 5-14 are forced to work for their survival. In the context of Right To Education Act, child labour is a negation of fundamental right.

It is in this context that the child Labour Prohibition and Regulation Act was formulated in 1986. This places the limit as 14 on the child for hazardous work. In 1992, the ILO launched its International Programme on the Elimination of Child Labour (ILO-IPEC) to provide technical cooperation to member States in finding solutions to this problem.

The objective of the Child Labour Prohibition and Regulation Act 1986 are as follows:

- To ban the employment of children who have not completed their 14th year in specified operations and processes
- To lay down a procedure to decide modification to the schedule of banned occupations or processes
- To regulate the conditions of work of children in employment where they are not prohibited from working
- To lay down enhanced penalties for employment of children in violation of

provision of this Act and other Acts which forbid the employment of children

- To obtain uniformity in the definition of child in the related laws

The Legislation defines Child as a person below the age of 14. An establishment includes a shop, commercial establishment, shop, farm, residential, hotel, restaurant, eating house, theatre or other place of public amusement or entertainment. A child Labour Technical Advisory committee is set up under the legislation for addition of occupations and processes in the schedule B. The committee shall consist of Chairman and such other members.

Part III of the Act deals with the Regulation of child labour. It says that no child shall be required or permitted to work in any establishment in excess of such number of hours as may be prescribed by the Act for such establishment or class of establishments,

The period of work shall not exceed three hours and if it exceeds three hours but not more than 6 hours there shall be an hour as break. It further states that no child shall be made to work between 7pm and 8 am. They shall not be allowed to work overtime and they shall not be permitted to work in any establishment on the same day the child has worked in another establishment.

Every occupier in relation to the establishment has to check a written notice containing the following particulars; namely the name and situation of the establishment, the name of the actual management of the institution, the address to which the communications reacting to the establishments to be sent and the nature of occupation or process in the establishment.

The employer and the occupier shall maintain a record of children employed or permitted to work in any establishment, this record register shall be available for inspection by an inspector at all times when the work is being carried out in any establishment. The register is supposed to have the following mandatory information:

- The name and date of birth if any child is employed or permitted to work

- Hours and period of work the child is engaged and the permitted intervals of rest
- The nature of work
- Such other particulars as may be prescribed

The Act penalises any person who employs a child in contravention of section 3 with imprisonment for a term not less than three months but which may extend one year or fine of not less than 10,000/-

For the purpose of ensuring compliance, inspectors are appointed. Complaint against non-observance of statutory requirements of maintaining registers and displaying the relevant information can be done by anyone and the trial cannot be by a person below the judicial first class magistrate or a metropolitan magistrate.

DOMAIN 2

PREVENTION OF CHILD ABUSE

GUIDANCE NOTE 3.4

Data base on Vulnerable and Orphan Children

The Integrated Child Protection Scheme (ICPS) and the Juvenile Justice Act defines vulnerability among children in two categories: children in need of care and protection (CINOCAP) and children in conflict with law. (CICL)

A tentative list of CINOCAP is given below:

Category	Possible service linkage
Orphan children	• Provide quality institutional care • Link with sponsorship/adoption/ Scholarship • Membership in children's participatory forums
Children with step parents/Child who resides with a parent who is unfit to take care of him/her /Child who resides with a person who threatens to harm him/her	• Membership in children's participatory forums • Psycho-social support/foster care/ Quality institutional care
Children living alone/street children	Scholarship/Sponsorship/Adoption Hostel facilities /Foster care/Quality institutional care

Children of prisoners	• Psycho-social support/Economic support under probation • Membership in children's participatory forums
Children of drug/alcohol addicts /Afflicted to drug abuse	• Membership in children's participatory forums • Psycho-social support • De-addiction services for the family members
Differentially "abled" children	• Special school/BUDS/BRC • Scholarships/ Aids and appliances
Children of migrant laborers	• Membership in children's participatory forums • Psycho-social support • Life-skill education /Educational Support
Underweight children	• AWC services • Linkage with Nutrition Rehabilitation Centre
School drop out	• School re- enrolment/remedial coaching • Sponsorship programmes /NIOS
Runaway Child / Missing Child (lost and found)	• Report the case to Police/Child line/Missing child track /Restoration to family
Children in conflict with law (involved in any criminal offences punishable under law)	• Report to CWC, JJB • Provide Psycho-social support • Link with Observation Home/ Children's home
Children affected and infected with HIV/AIDS	• Provide psycho-social support • Health and educational programmes • Membership in participatory forums • Scholarships/ Aids and appliances

Collection of Data

1) The ICDS supervisor has to collect AWC- wise list of children of 0-18 age group with situational profile including vulnerabilities

Steps of Action

A. Child line number (1098) should be displayed in all the classrooms of the school and at important public places

B. Special Action Programme be prepared for such children for linking them to services like enrolment, AWC feeding, AG club membership, Balasabha activities, children's library etc

C. Vulnerable children should be motivated to be an active member of children's participatory forums. Households having such children should be considered for the services of LSG like housing, sanitation, ashraya, BUDS and other scholarships

Online System to track the Missing Child

National Crime Records Bureau says that a child goes missing every eight minutes and 40% of the total missing children are never found. In Kerala alone, over 700 children went missing in 2013.

The website 'track the missing child' of MWCD developed with the National Informatics Centre (NIC) will help facilitate the recovery of missing children who run away or are missing due to various reasons. The system relies on a database of such vulnerable children and anyone can inform about a missing child, sighting of such a child or send an alert of a missing child through the portal

http :// www.trackthemissingchild.gov.in

If a child went missing or sighted, this online system can be made use of, besides lodging complaints in police stations and informing the CWC, Child line etc.

GUIDANCE NOTE 3.5 IEC and public awareness

Ensuring child friendly governance shall become a matter of public responsibility.

For this LSGs should design and publicise IEC programmes. A tentative frame is given below:

- Display of child rights protocol in LSG and all public institutions and public places under LSGs
- Display of core targets selected as part of CFLG
- Training on child rights to core stakeholders like ERs and officials of LSGs, teachers, PTA members, school bus drivers
- Training on child rights to AG Clubs, Balasabha, school children
- Include a session on child rights in at least one Gramasabha every year
- Observation of children's day with messages related to key child right issues of the locality

Sample IEC materials for display in public places

IEC and public awareness programmes should be led by Welfare Standing Committee. A Convenor shall be selected among the school teacher for this. Detailed reporting shall be done in LSG committee meeting by the chairperson of Welfare Standing Committee.

GUIDANCE NOTE 3.6 Jagratha Samiti

Jagratha Samiti is a platform for ensuring the protection of the rights women and children under the local self-governments. These Samitis are to be constituted and implemented at the Panchayat, Municipality and Corporation levels.

I. Aims and Objectives

1. To protect the rights of women and children
2. Accept any complaint lodged by women and children; solve the compliant by every mediation or by external aid
3. Coordinate or refer to other legal and other government systems if redressal, if a specific complaint is not possible by Jagratha Samithi.
4. Coordinate with government agencies, departments at the local level to protect the rights of children
5. Give recommendation, suggestion to local governments in women empowerment and protection programmes

For Operational procedures: Refer revised guideline in CRC website (www.crckila.org)

GUIDANCE NOTE 3.7 Local Government level Child Protection Committees (PLCPC)

ICPS is a programme sponsored by Government of India for child protection. It is being implemented across the country since 2009-10.

The objectives of the scheme are to improve the wellbeing of children in difficult circumstances, as well as reduction of vulnerabilities to situation and actions that leads to abuse, neglect, exploitation, abandonment and separation of children from parents.

ICPS provides preventive, statutory care and rehabilitation services to children who

are in need of care and protection and children in conflict with law as defined under the Juvenile Justice (Care and Protection of Children) Act, 2000 and its Amendment Act, 2006 and any other vulnerable child. It provides financial support to State Governments/UT Administrations for running services for children either themselves or through suitable NGOs. These services include

- Homes of various types for children
- Emergency outreach services through Childline
- Open shelters for children in need of care and protection in Urban and Semi Urban Areas
- Family Based Non-Institutional Care through Sponsorship, Foster Care and Adoption.

In the states, ICPS is being implemented by the State Child Protection Committees (SCPC/SCPS) and societies and at the district level by District Child Protection Societies (DCPS), among other institutions.

The structure of ICPS

Government of India Level

- Ministry of Women & Child Development (WCD)
- Central Adoption Resource Authority (CARA)
- Central Project Support Unit (CPSU)
- National Institute for Public Cooperation and Child Development (NIPCCD)

State Government Level

- State Child Protection Society (SCPS)
- State Adoption & Resource Agency (SARA)
- State Project Support Unit (SPSU)
- State Adoption Recommendation Committee (SARC)

District Level

- District Child Protection Unit (DCPU)
- Child Welfare Committee (CWC)
- Juvenile Justice Board (JJB)
- Special Juvenile Police Unit (SJPU)
- Sponsorship Foster Care Approval Committee (SFCAC)
- District Inspection Committee (DIC)

Sub-District Level

- Block Level Child Protection Committee
- Village Level Child Protection Committee

Village Level Child Protection Committee

Every village shall have a Child Protection Committee under the Chairpersonship of the Panchayat President to recommend and monitor the implementation of child protection services at the village level. The committee shall include

- Two child representatives
- A member of the DCPU
- Anganwadi workers
- School teachers
- Auxiliary nurse midwives
- Respected village members
- Civil society representatives

Village Child Protection Committees shall identify vulnerable families or children for sponsorship support.

Functions

- Vulnerability mapping of children in the village
- Provide need based support to orphan and vulnerable children
- Formation of adolescent clubs
- Provide time to time support to children living alone, living with immediate or extended family members.
- Sensitise community, LSG etc. on child protection issues, ICPS, schemes related with ICPS etc.

Creating a protective environment for Adolescent Girls in Pulamanthol Grama Panchayat

With a view to create a protective environment for adolescent girls, Pulamanthol Grama Panchayat, Malappuram district decided to promote mental health among adolescent girls through Adolescent Girls Clubs. Accordingly Pulamanthol Grama Panchayat takes up various programmes to increase self-confidence and self-esteem of adolescent girls. One of the major programmes is giving Karate (self-defense) training to adolescent girls. The Grama Panchayat developed a project and included this project in annual plan. The Grama Panchayat invited quotation (expression of interest) from specialised agencies and selected the agency namely IDK, centre in Pulamanthol. There are 34 AG clubs in the Grama Panchayat and have 2654 adolescent girls as members. The selected girls from each club are given Karate training in Panchayat hall every Sunday. Taekwondo training is also provided for all girl students in all schools once a week. Now the participation of the girls in AG club has increased and the self-confidence and self-esteem among adolescent girls has also increased.

DOMAIN 3

SAFE SCHOOL ZONE

GUIDANCE NOTE 3.8

Road safety norms (Safe Route to School)

One child is killed in road accidents in every three minutes in India. This paints an alarming picture of road safety in India. In such a situation, it is important to create safe and convenient opportunities for children to travel in vehicles, bicycle and walk to and from schools. United Nations is observing the decade 2011-2020 as the Decade of Action for Road Safety. The Third UN Global Road Safety Week in 2015(4-10 May) was "on children and road safety".

Display boards /sign boards indicating the school zone as below:

- Vehicle speed limit (30 km) during 8.30 -10.00 am and 3 to 5 pm as per G.O.(P) no.20/2014/Tran dated 28th February 2014
- Zebra Crossing signs for protected passage of students

Before the new school academic year RTO has to ensure the following safety norms:

- Vehicle Inspection by Motor Vehicle dept., traffic police etc to certify the fitness of school buses- licensing and re-licensing (as per norms)
- Standing orders on safety regarding school bus, any other vehicles on school duty

- Remove attention distracting notices and advertisements near school premises as per circular no. C2/12074/T.C/2009 dated 08.07.2009 by the Transport Commissioner, Govt. of Kerala
- Condemn the vehicles in service of transporting students, if beyond 15 years as per circular no. C2/12074/T.C/2009 dated 08.07.2009 by the Transport Commissioner, Govt. of Kerala
- Without fitness certificate, no transport vehicle can be hired. (Circular No. 29/2003)
- Protocol for the school vehicles to be followed as per Rule 221 of Kerala Motor Vehicle Rules and Circular No.G3/534/TC/03 dated 15/09/2003 by Transport Commissioner
- Training and issue of identity card for school bus drivers and other drivers carrying schools students by the motor vehicle department as per circular no. C 1 /901/T.C/2009 dated 30.05.2011 by the Transport Commissioner, Govt. of Kerala

Ensuring the conditions for the grant of permit of educational institutions buses as stipulated in G.O. (P) No.25/2012/Tran. Dated 10th May 2012

- If the vehicle used for the transportation of school children is a hired vehicle, a board showing the words “on school duty” is written in blue letter on white background to be exhibited at the top of the front and rear ends of the vehicle
- The vehicle has a first aid box as provided under rule 151 of the Kerala Motor Vehicles Rules 1989
- A qualified attendant in the vehicle to attend the children
- The driver of the vehicle has at least 10 year experience in driving and has at least 5 years' experience in driving heavy vehicles

The driver who has been convicted even once for the offences of over speeding, drunken driving or dangerous driving under sections 279, 337, 338 and 304 A of the IPC 1860 (central Act 45 of 1860) must not be employed as specified in G.O. (P) No.19/13 /Tran. Dated 21 March 2013

Other safety provisions

- Display of road safety norms in school buses
- Display of 1098 in school buses
- Orientation for bus drivers on POCSO. This could be done in association with RTO
- Promotion of traffic volunteers/wardens for safe road crossing of students
- Request bus stops in front of the school
- Bus shelter/waiting rooms in the bus stops
- No parking for outside buses in the school premises
- Purchase of own vehicles by schools/PTAs etc

LSG should facilitate and convene a meeting of all school authorities under them and inform them to follow the protocol. The safety norm is to be displayed in the notice boards of PRIs and schools and be discussed in school staff meetings as well as in PTA meetings. The Health and Education Standing Committee chairperson should prepare a detailed report regarding the compliance of norms and present it in the LSG committee meetings.

GUIDANCE NOTE 3.9

Zero zone (safe zone) declaration

Kerala accounts for the highest consumption of alcohol in India and this has hit international headlines in the past several years. The growing incidence of alcohol consumption among children in the state is quite alarming. Though the legal age for consumption of liquor has been raised from 18 to 21 in July 2011, several children start tasting it from a very young age along with their addicted parents. According to a survey conducted by Kerala Sasthra Sahitya Parishad, the average Kerala child starts drinking alcohol at an age of 12.5 .

Under these circumstances, Kerala Government has launched 'clean campus-safe campus' campaign in all the schools in the state in June 2014 to root out the usage

of drugs among children and adolescents.

Acts/Laws related with the consumption/sale of drugs/substances

As per the Extraordinary Gazette of India by Ministry of Health and Family Welfare (Part II- Sec. 3(1) dated 1st September, 2004, shops within 100 meters of school zone should not sell any harmful substance like Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, supply and Distribution Act, (COPTA) 2003, No. 34 of 2003)

Who will inspect?

1 . School Protection Committee

In order to implement COPTA and the rules made there after, Govt. of Kerala as per Go (Rt) 1479/12 home dept. dtd 17.5.12 has constituted a School Protection Committee with the following members.

1.	Head of the Institution	:	Chairman
2.	PTA President	:	Member
3.	MPTA President	:	Member
4.	Teacher Co-ordinator (PTA)	:	Member
5.	Station House Officer of the Area	:	Member
6.	School Leader	:	Member

Functions of the Committee

1. The committee shall meet at least once a month
2. The Committee shall observe that the
   a) Advertisement of tobacco products at all venues are prohibited
   b) Tobacco products are not sold to person below the age of 18 years in

places within 100 meters radius from the outer boundary of an institution of education

c) Such products carry appropriate pictorial warnings about the effects of tobacco usage. The school Principal/Manager shall display and exhibit a board at a conspicuous place outside the premises, prominently stating that sale of cigarettes and other Tobacco Products in an area within a radius of one/four hundred yards of the school are strictly prohibited and that it is an offence

3. In case of violation, Committee should take action within 15 days from the date of receipt of the information regarding the violation

4. District level monitoring committee chaired by the District Collector will supervise the functioning of this committee at district level

5. Non- compliance leads to punishments including the cancellation of shop license and a fine of Rs.200. The quantum of punishment may rise up to 5 years in imprisonment or with fine of Rs. 10000/- according to the degree and extent of the crime

II. Kerala Abkari Act, Section 15B

No person licensed to sell liquor and no person in the employee of such licensed person or acting with the express or implied permission of such licensed person on his behalf shall sell or deliver any liquor to any person under the age of eighteen years. The offender, on conviction, be punishable with fine which may extent to Rs. 5000/- or with imprisonment for a term which may extend to two years or both.

III. Kerala Police Act, 2011, Sub-section (i) of Section 118

Any person who gives or sells to those who are below eighteen years any intoxicating substance or to children any articles or substances which are harmful for their physical and mental health or procure the same near school premises for that purpose be punishable with imprisonment for a term which may extend to three years or with fine not exceeding Rs. 10,000/- or with both.

IV. Juvenile Justice (Care and Protection of Children) Act, 2000, Section 25

Whoever gives, or causes to be given, to any juvenile or the child any intoxicating liquor in a public place or any narcotic drug or psychotropic substance except upon the order of duly qualified medical practitioner or in case of sickness shall be punishable with imprisonment for a term which may extend to three years and shall be liable to fine.

V. The Circular issued by the DGP of Kerala (Circular No. 29/2012 dated 01/10/2012) directs all the DCPs to instruct their field officers to keep watch of the outlets of the Beverages Corporations, Licensed Bar, Toddy Shops etc., and to take action as per the above laws (2, 3 and 4) for successfully thwarting the sale of liquor to children below 18 years of age. They are also directed to make use of the services of Janamaithry Police and Student Police Cadets in creating awareness in this regard.

Role of LSGs

a) For effective implementation of COPTA

As per COTPA section 4, Panchayat president / secretary is authorised to implement the act and collect the fine. As per Kerala Municipalities act 1994 section 492(10) the secretary or designated officer have the authority to inspect any place of business to ensure whether the license conditions are observed. As per section 532(1), if trade is done violating the license conditions notice has to be issued to stop trade. As per section 532(2), Municipal Secretary has the power to seize the commodities and to conduct public auction or impose fine. As per section 532(1), Secretary has power to close and seal the trade which is unlicensed.

LSGs are supposed to give license/permits to shops. They need to ensure this while renewing license. They should review and monitor practices of shops so as to prevent substance abuse and the sale of tobacco & harmful products.

LSGs should facilitate reporting of school zone violations with responsible authorities. Health and Education Standing Committee shall make adequate monitoring and shall report in every LSG Committee meeting.

LSG should convene a joint meeting of all shop keepers within the radius of all schools coming under it along with the representatives of schools and the Health and Education Standing Committee chairperson and request their co-operation.

b) To curb the usage of Alcohol

b.1.) Madumukthi- 'Empowering Communities against Alcohol & Substance Abuse ' which was implemented in 140 LSG of all the 14 districts of Kerala, is an effective de addiction project which involves Panchayati Raj Institutions. This is being organized by the Health Department and Kudumbasree Mission in collaboration with the Social Justice, Police, Excise, Local Self-Government Departments and Adic-India (NGO). Children identified through the AWCs from wards can be linked to this programme.

Thanalkoottu, a programme initiated by Malappuram District Panchayat aims at protecting children from social problems including alcohol and drug abuse. Road Shows to generate awareness on drug abuse and alcoholism, People's Raids with the help of Excise and Police Departments to prevent the sale of alcohol and drugs etc. are some of the activities undertaken by the project. http://www.thanalkoot.com/

With regard to the sale of Cigarettes and other Tobacco Products around educational institutions, the following shall be complied:

1. Display boards: The Principal/Manager of the school shall display and exhibit a board at a conspicuous place outside the premises, prominently stating that sale of cigarettes and other Tobacco Products in an area within a radius of one hundred yards of the school is strictly prohibited and that it is an offence

2. Measurement of distance: Distance of one hundred yards shall be measured radially starting from the outer limit of boundary wall, fence or as the case by of the school

GUIDANCE NOTE 3.10 SCERT Module on prevention of alcoholism and substance abuse

The State Council Educational Research and Training (SCERT), Kerala has published a handbook titled 'Athijeevanam- the Survival' for the teachers to equip them to deal with the menace of drug abuse and alcoholism. This handbook was launched on the occasion of the state wide de-addiction awareness programme in schools conceived by SCERT in association with the Departments of Education and Excise.

Link: http://www.scert.kerala.gov.in/images/2013/HAND_BOOK_FOR_TEACHERS/Athijeevanam_English.pdf

The handbook consists of seven chapters. They are;

1) The role of teachers in de-addiction- This chapter deals with the role that teachers have in identifying the usage of drugs among children, educating children about the ill effects of such drugs, retrieving them from its usage, engaging the student community in anti-intoxicant activities etc.

2) The historic and cultural aspects of intoxicant abuse –The origin and spread of drugs are dealt in this chapter. Religious views on usage of drugs including alcohol are also portrayed in this section.

3) Various intoxicants – This section is comprised of the information on harms and impacts of various types of intoxicants including alcohol, drugs and tobacco.

4) Reasons for intoxicant abuse – There are many reasons why young children resort to intoxicants. Physical, psychological and social factors responsible for drug abuse are discussed in this chapter.

5) Harmful effects of intoxicant abuse - Intoxicants can be bad for children in lot of ways. Even occasional or experimental use of intoxicants can be dangerous. This chapter looks at the adverse health effects, mental and social effects of drug usage.

6) Addiction as a disease – Addiction is a chronic disease and quitting need professional help than the strong will or good intentions. Phases of

addiction, de addiction etc. is discussed in this section of the handbook.

7) Students' role in de-addiction activities. Students' role in educating their peers to wean off the drug usage and the different activities that they can do is dealt elaborately in this chapter.

SCERT conducts training programmes to the teachers on the topic. The District Institutes of Education and Training (DIET) conduct the grass root level training. Participants are usually identified by the DIETs.

The Government of Kerala has issued an order promoting the activities of anti-intoxicant clubs and giving guidance to them in their attempts for conducting awareness programmes against alcoholism and the use of other intoxicants-vide G.O.(MS) No.115/2011/Tax dated 29.08.2011.

GUIDANCE NOTE 3.11 Anti- Drug Clubs

The Government of Kerala has issued an order (G.O. (MS) No.115/2011/Tax dated 29.08.2011) endorsing the activities of anti-intoxicant clubs.

The excise range inspector of the area will be the person responsible for forming the anti intoxicant club (AIC) in the schools. Principal, PTA president, Excise Range Inspector and the LSG Member shall be the patrons of AIC. Any teacher who is recommended by the Principal and who has keen interest in such an issue shall be the convenor of the club. The club President, Secretary and Joint Secretary shall be elected from the members of the club. AIC shall hold a regular meeting once a month and review its activities. The report of the same shall be submitted to the Range Inspector. The Range Inspector, in consultation with the Principal, shall hold the first meeting of the AIC. Efforts shall be taken to ensure the participation of all students and parents in this meeting.

The objectives of anti-intoxicant clubs as cited in the G.O. are the following;

1. To take part in the awareness activities / programmes against tobacco products, alcohol and other intoxicants
2. To keep the intoxicating drugs off from the school campus with the

cooperation of LSGs

3. To unmask the availability of alcohol, intoxicating drugs and tobacco products near the school with the help of LSGs

4. To find out the students, if any, who are prone to use of alcohol and persuade them to keep away from this vulnerable habit

5. To find out the addicts of intoxicants and alcohol and to arrange activities to redeem them through sufficient awareness programmes. To give guidance to the ones in need of treatment

GUIDANCE NOTE 3.12

Crime Mapping

Crime mapping is an exercise meant to map and identify the nature and volume of crimes caused against children of the locality. Mapping of the high risk locations and time (space and time) and the category of crimes and the category of children subjected to crimes will be mapped.

Crime Mapping by Mararikulam South Grama Panchayat

Mararikulam South Grama Panchayat, Alapuzha District, did crime mapping to identify crimes against women and girls. The violence against women and girl children were categorised as physical, sexual and emotional abuse including bad comments, bad gestures, domestic violence, and rape. Different meetings of women SHGs, AG clubs were conducted in order to map the types of crime, location of the crime and time of crime in different locations of the Panchayat. The target group was female residents in the age group of 12-50. The mapping was done in a group of 10-15 persons. Personal details were collected through a survey by using a questionnaire as the tool. For conducting survey, a trained women faculty team with 70 members was formed at Panchayat level. A core team under the leadership of ICDS supervisor was formed to analyze the entire activities and draw lessons. The results were discussed in Panchayat Committee, police officials, Jagratha Samiti, School vigilance committee, children's

forums like Balasabha, AG clubs etc. Public awareness, Police vigilance etc. was followed and the change was monitored after 6 months.

Action taken

- The Jagratha Samithi was activated to respond to the crime. Women resource centre was formed in every ward. Complaint boxes were placed in every women resource centre
- Boards and posters were placed with slogans against the crimes in the crime noticed- locations
- Self-defense and confidence building initiatives like aerobic practices for girls were organised
- Seminars and workshops regarding the protection and rights of women and children were organised. Awareness programmes for school children against cyber-crimes and alcoholism undertaken
- Vigilance by the police officers around the crime noticed- locations made the crime rate to come down
- Monitoring of pornographic literature & other objectionable literature and seizure/confiscation of the same were done

Results

It was found that crime rate has considerably been reduced and public participation in combatting crimes has increased. The public space of the locality was made more accessible and safe for women.

GUIDANCE NOTE 3.13 School Vigilance/Protection Committee

School Vigilance/Protection committee should monitor the following:

- Safe school zone
- Safe route to school

- Food safety standards
- Complaint Box (to be located at a suitable place)
- Training/Awareness to school teachers
- Rest rooms in schools
- School parliament
- Student policing initiatives
- Health clubs (School health programme)
- Vigilance/protective structures like – gate keeping, vigilance on strangers counselling, camera (if necessary) etc
- Boundary wall/ compost pit/ soak pit
- First aid box
- Filtered water
- Neat and clean school environment

The committee should undertake the following:

- Receive complaints and do make follow up
- Report the abuse cases including sexual abuse with the respective authorities
- Link the children in conflict with law with mental health programmes

LSG should convene a joint meeting of all school level vigilance committees represented by headmaster and concerned teacher in charge. The meeting will review the setting up of items as mentioned above. The joint meeting could be convened at least once in three months' time under the leadership of Health and Education Standing Committee chairperson. He/she will report the same to the LSG committee. The LSG should designate an Officer or a teacher in charge as Convenor to minute the details and arrange the follow up. The meeting could be conducted in the LSG office or in any schools on rotation basis. LSGs should motivate formation of school level vigilance committees in all aided and private schools as well.

GUIDANCE NOTE 3.14 Prevention of Corporal Punishment

Corporal or physical punishment means any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (“smacking”, “slapping”, “spanking”) children, with the hand or with an implement (The Committee on the Rights of the Child in the General Comment No. 8)

Corporal punishment is not only physical abuse; it is verbal, emotional and mental abuse. It brings down the self-esteem of the children and makes them lose their trust in teachers and parents. As a result of extreme corporal punishment, children usually resort on nuisance behavior and indulge in consumption of alcohol and drugs. It makes them more revengeful and aggressive.

The Right of Children to Free and Compulsory Education (RTE) Act, 2009 prohibits 'physical punishment' and 'mental harassment' under Section 17(1) and makes it a punishable offence under Section 17(2).

The Guidelines for Eliminating Corporal Punishment in Schools by National Commission for Protection of Child Rights (NCPCR) is given below;

a. Arriving at a consensus with children about expected behavior and consequences

b. Framing rules and guidelines in consensus with children

c. Focusing on every child's positives and appreciating good behavior

d. Using different strategies to encourage and promote positive behaviors

e. Never compare one child's performance with another

f. Setting limits and developing clarity on boundaries

g. Providing children an opportunity to explain before any other response

h. Giving a warning or chance before any response

i. Actively listening, remaining calm and ensuring the safety of other children while handling troublesome or offensive behavior

j. Addressing perceived 'severe or problematic behavior' through consultation with parents, child and counsellor/psychiatrist

k. Discussing (with children) and adopting timed-out strategy as the last resort with children

Delhi High Court Order

The High Court bench of acting Chief Justice BD Ahmed and Justice Vibhu Bakhru had instructed schools to form an agenda to tackle the problems related to corporal punishment with immediate effect. The court has directed the schools to form committees to address students' and parents' complaints related with corporal punishment.

Specific Role of LSGs

1. The issue of corporal punishment shall be a topic of discussion in the meeting of the Standing Committee on Education
2. Organise rallies and meetings against corporal punishment on National Children's Day and such days of importance
3. Jagratha Samithis, PTAs, AWCs etc. shall be encouraged to report the incidence of corporal punishment
4. On receiving a complaint, the issue must be taken up with the Village Education Committee or the Education Department. The perpetrator of the crime should be punished under the RTE Act or the JJ Act

GUIDANCE NOTE 3.15 School Health Programmes

(Refer guidance note 2.16 in Chapter 2, Child Development)

GUIDANCE NOTE 3.16 POCSO (Protection of Children from Sexual Offences Act), 2012

The Protection of Children from Sexual Offences Act, 2012 (POCSO Act) proposes the following sexual offences against children.

S. No.	OFFENCE	PUNISHMENT
1.	Penetrative Sexual Assault	Not less than 7 years which may extend to imprisonment for life and fine
2.	Aggravated penetrative sexual assault	Not less than 10 years which may extend to imprisonment for life and fine
3.	Sexual Assault	Not less than 3 years which may extend to 5 years and fine
4.	Aggravated sexual assault	Not less than 5 years which may extend to 7 years and fine

5.	Sexual Harassment of the child	3 years and fine
6.	Use of child for pornographic purposes	5 years and fine and in the event of subsequent conviction, 7 years and fine

The attempt to commit these offences is also punishable under the Act. All the above mentioned offences are gender neutral with regard to the perpetrator as well as the victim.

According to the Act, the State Government has to designate the Sessions Court in each district as a Special Court to try offences under the Act. If, however, a Children's Court under the Commissions for Protection of Child Rights Act, 2005 or Special Court for a similar purpose has been notified in a district, then that court will try offences under this Act.

The process depicted under the Act and POCSO Rules, 2012 for recording of complaints and trial of sexual offences against children is explained below:

A. Medical Examination of the Child

Medical Examination must be conducted by a registered medical practitioner in a government hospital or a hospital run by a local authority within 24 hours from the time of receiving information about the commission of offence. If the victim is a girl child, the examination must be conducted by a lady doctor. The medical examination must be conducted in the presence of the parent or any other person in whom the child reposes trust or confidence.

B. Reporting of Cases

Any person (including the child) who has an apprehension that an offence under the POCSO Act is likely to be committed or has knowledge that an offence has been committed has a mandatory obligation to report the matter. Failure to report is punishable with imprisonment of up to six months or fine or both. This penalty is, however, not applicable to a child.

A case must be reported to the Special Juvenile Police Unit (SJPU) or the local police. A FIR must be registered and its copy must be handed over to the informant free of charge. If a case is reported by a child, it must be recorded in simple language so that the child understands what is being recorded.

C. Ensuring Care and Protection of the Child

The police or the SJPU must take the following steps within 24 hours of the report of the case:

Upon recording the case, if the police or SJPU is satisfied that the child is in need of care and protection, it must record its reasons in writing and immediately admit the child into a shelter home or to the nearest hospital. The police must produce the child before the CWC if the child is found to be in need of care and protection or has no parental support.

If the medical examination was not conducted prior to reporting the case, it must be done. If the child is in need of urgent medical care and protection, she or he must be taken to the nearest hospital. Such care should be administered in the presence of the parent/guardian/other person in whom the child has trust and confidence.

The police or the SJPU must report the matter to the CWC and the Special Court and also indicate the steps taken to extend care and protection to the child. If a Special Court has not been designated the matter must then be reported to the Sessions Court.

D. Role of the CWC

Upon receiving a report from the police or the SJPU, the CWC must determine within three days as to whether a child should be taken out of the custody of his family or shared household and placed in a children's home or shelter home. The child and his parent/guardian/other person whom the child trusts and with whom the child has been living must be informed that such a process is underway.

CWC can provide a support person to assist the child during the investigation and trial of the case with the consent of the child or the child's parent/guardian/other person in whom the child has trust or confidence. The support person could be a

person or an organisation working in the field of child rights or child protection, or an official of a children's home or shelter home having custody of the child, or a person employed by the DCPU.

E. Key Information that must be provided to the Child

The police or the SJPU must inform the child and his or her parent, guardian, support person, or other person whom the child trusts about the availability of support services including counselling, case developments, (including the arrest of the accused, applications filed, and court proceedings) availability of public and private emergency and crisis services, procedural steps involved in a criminal prosecution, availability of victims' compensation benefits, rendering of a verdict after trial, sentence imposed on an offender etc.

F. Recording Statement of the Child

Recording of statement by the police

A child's statement must be recorded at his or her residence or a place where he or she usually resides or at a place of his or her choice. Under no circumstances can a child be detained in the police station in the night. The police officer must also try and ensure that the statement is recorded by audio-visual means. The identity of the child must also be protected from the media unless the Special Court, in the interest of the child, directs otherwise.

Recording of Statement by the Magistrate

A Magistrate recording the statement of a child must record it in the exact language spoken by the child. The statement must be recorded in the presence of parents or any other person in whom the child trusts or has confidence.

G. Trial before the Special Court

All trials before the Special Court must be conducted in camera and in the presence of the parents of the child or any other person the child trusts.

The evidence of the child must be recorded within 30 days of the Special Court

having taken cognizance of the offence. If it is delayed, reasons will have to be recorded by the Special Court explaining the delay. At the time of recording evidence, the Special Court will have to ensure that the child is not exposed to the accused and also that the accused is in a position to hear the statement of the child and communicate with his advocate.

Assistance of a qualified translator or interpreter or special educator can be sought while dealing with a child with mental or physical disability.

Responsibilities of the Special Court

The Special Court will ensure that trial is completed, as far as possible, within one year from the date of taking cognizance of the offence.

The Special Court can also order interim compensation to meet the immediate needs of the child for relief and rehabilitation at any stage after registration of the FIR.

H. Role of Commissions for Protection of Child Rights

National Commission for Protection of Child Rights and the State Commissions for Protection of Child Rights have been vested with the responsibilities of:

a) Monitoring the implementation of the provisions of the POCSO Act 2012, as per the prescribed Rules.

b) Conduct inquiries into matters relating to an offence under the Act

c) Reporting the activities undertaken under the POCSO Act 2012, in its Annual Report

Cyber Safety Awareness Campaign and Stop Cyber Crime Army

The higher education department in Kerala has launched a cyber-safety awareness campaign as part of which a "Stop Cyber Crime Army" will be formed in all schools in the state. The campaign is supported by ORC People India Foundation, the official educational partner of Kerala Education Department, and Avanzo Cyber Security Solutions Pvt Ltd. One lakh students were covered under the campaign.

The "Stop Cyber Crime Army", comprises of volunteers of the National Service Scheme (NSS). These volunteers will be provided special training to conduct cyber-safety awareness classes in banks, clubs, libraries and resident associations in their areas.

GUIDANCE NOTE 3.17 Life skill education programme

Life skill education programs should focus on the adolescent children of the locality. The programme should cover the WHO recommended ten topics in addition to emerging child development issues of the locality. The one day programme shall be at LSG level every year. Data (List) on adolescents- both school going and out of schools should be collected by the ICDS supervisor.

LSG can hold joint programme for the following target groups at LSG level:

- AG Clubs members
- AB club members
- Balasabha members
- Children's Library clubs
- Adolescent children among migrant laborers

Topics to be covered

The topics could be based on WHO standards. A tentative scheme is suggested below:

The life skill education shall centre on the ten core life skills as laid down by WHO:

1. Self-awareness
2. Empathy
3. Critical thinking

4. Creative thinking
5. Decision making
6. Problem Solving
7. Effective communication
8. Interpersonal relationship
9. Coping with stress
10. Coping with emotion

The school based clubs can have Life skill education programmes every year. The programme for the migrant Adolescent children could be organized in association with the contractors. The names need to be registered in advance and attendance enforced. Resource persons need to be identified for engaging the sessions. ICDS supervisor shall be made the coordinator for this programme. The Welfare Standing Committee Chairperson should make detailed discussion in the LSG committee meeting for a detailed review and follow up.

GUIDANCE NOTE 3.18 Adolescent mental health programme

What?

Adolescents are those children aged between 10-18 years. The adolescent school mental health programme, involves addressing the mental health problems at the school level with the help of trained teachers as the primary counselors.

Why?

Adolescents are facing many development challenges, which the parents, teachers and society are ignorant about. As a result children get punished, sent out of schools, abused both physically and emotionally in family and in schools.

Steps

1. Initial brainstorming workshop by the LSG Committee

A combined meeting of all the Headmasters/Principals of high schools/higher secondary schools can be arranged by the LSG committee. Ideally school mental health programme has to be managed by District Panchayat at rural level and Municipality and Corporation at the urban level. Hence while initiating adolescent mental health programme by a Grama Panchayat, it is desirable to invite the Health and Education Standing Committee Chairperson of the District Panchayat in planning meetings.

2. General Orientation

Students of all the high/higher secondary schools under the LSG are given awareness sessions on adolescent development and challenges. A half day combined orientation to, principals, headmasters, parents teachers association and mother parent teachers association on adolescent development psychology, challenges faced by adolescents and scientific parenting practices twice an academic year in on line with the teacher's training.

3. Identification of primary counsellors

Two each teachers having attitude for counselling and interest are selected from each school (high school and higher secondary schools) as primary counsellors.

4. Training to primary counsellors

Training is given two times in an academic year on the primary concept of adolescent mental health and adolescent counselling.

5. Screening the problems

The behavioral/emotional and learning problems are screened by the primary counsellors based on a set of questionnaire.

6. Primary Intervention

Based on the problems screened, primary intervention is done by the primary

counsellors.

7. Referral

The primary counsellors refer those adolescents who do not have signs of improvement by primary intervention at schools to clinics set apart by the LSG for expert intervention by child and adolescent psychiatrist.

8. Setting up Clinic

Clinic is to be set up either at the LSG area or at a common place of a District or Block. Service of a child and adolescent psychiatrists has to be provided on a voluntary service basis. The clinic can function once a week based on the convenience of the students. Primary counsellors can register the referred students with the clinic and to the officer in charge.

9. Secondary Intervention in the clinic

Adolescents are to be given psycho social interventions. The parents are also to be given family therapy for alcoholism, quarrelsome and domestic violence etc.

10. Referral to tertiary centre

Those adolescents who need detailed evaluation and intervention are referred to a tertiary centre, set apart in the Medical colleges/Specialty hospitals.

11. Website

Initiate a website to post questions to the experts by primary counsellors from each school and the expert can visit the website once or twice a week and post answers to the questions.

12. Review and follow up programmes

Primary counsellors or teacher mentors may undertake follow up visits to the houses of students to interact with family members and to extent family support programmes, if necessary. The Standing Committee can review the school mental health programmes and make detailed presentation on the progress of the programme in the LSG Committee.

UNARV-Adolescent school mental health programme by Thiruvananthapuram District Panchayat

UNARV is designed for 78 high schools and 55 higher secondary schools functioning under Thiruvananthapuram District Panchayat since 2007-08. Initial training was given to two teachers selected from each school. The primary counsellors were asked to refer those adolescents who need special attention to UNARV clinic (adolescent development centre) for expert intervention operated by child and adolescent psychiatrist. To avoid social stigma UNARV clinic was set up in the premises of Thiruvananthapuram District Panchayat office at Pattom. An officer in the District Panchayat is given charge of the clinic. In the UNARV clinic, the service of a child and adolescent psychiatrist is provided on a voluntary basis. It is run on every Tuesday from 2 to 6 pm. The primary counsellors were given instruction to register the referred students to the District Panchayat office through the office phone number or officer in charge. Adolescents are given mainly psycho social interventions.

Those adolescents who needed detailed assessment and intervention were referred to tertiary centre, Behavioral Pediatrics Unit, SAT hospital, Government Medical College, Thiruvananthapuram. In the sixth year a website was started to put questions to the expert by primary counsellor from each school. A separate password and user id was given to each high school and higher secondary school. The expert will visit website once a week and answer the questions.

GUIDANCE NOTE 3.19

School Parliament

Certain live issues concerning children shall be discussed in the model parliament organised at every school in connection with commemorative day celebrations like children's day celebration. This is to make the children aware of some of the child rights issue of the locality. The objectives of school parliament include the following:

- To inculcate democratic values in students
- To understand the process and procedure of parliamentary democracy
- To provide students to participate in the decision making process

School Parliament in Nilambur Municipality

School parliament in Nilambur is organised to ensure child rights. The Parliament in Nilambur Municipality is designed and organized to ensure development, protection and participation.

Members of the School Parliament

Student conveners of various clubs (which is organized after conducting aptitude test and talent scan) in Manavedan school are the Ministers. Eg: Minister for health is the student convener of health club. Prime Minister is elected from the group of Club conveners. Class leader's act as the opposition members and from among them the opposition leader is elected.

Speaker is also elected from among the class leaders and President is the school leader.

Representatives from various schools also participate in the Municipal Students Parliament. The school level parliament is conducted before the Municipal Students Parliament. Normally the Municipal Students Parliament is conducted during children's day (November 14).

The Municipal Chairman, Councilors, Department heads are also present in the Municipal Student Parliament, so that they can take decisions based on the discussion of the Sstudents Parliament members.

Major Activities

All the activities and procedures of Parliament, such as question hour-zero hour, introduction of various bills, discussion etc. figures in the children's parliament as well.

Discussion Themes

General Items: Various issues Faced by students such as travel, drinking water, roads, learning difficulties, student drop out etc. are taken up for discussion.

Special Item: Child Marriage was the special discussion theme during the children's day celebration in 2012 and 2013.

Major Changes

Some of the major changes noticed among the students are as below:

- Students got sensitized on the system of parliamentary democracy
- Participation in the school activities increased
- Increased awareness about Child Rights
- Increased capacity to voice against child rights issues like child marriage
- Increased self confidence
- Developed democratic values

Municipal fund allocation for children increased

GUIDANCE NOTE 3.20

Economic incentives to keep girls active and postpone their marriage

National Conditional Cash Transfer (CCT) Scheme

This scheme is to address discrimination against girls by providing a cash benefit to families on the condition that girls remain unmarried until age 18.

The key objective of CCT is to give financial incentives to poor families with girls based on four major milestones:

(1) Birth registration

(2) Childhood immunisations

(3) School enrolment and

(4) Delaying marriage until age 18.

Conditional Cash Transfers (CCTs) seek to provide short term income and thus to stimulate long-term behavioral changes. Financial incentives are given to poor families subsequent to the accomplishment of certain verifiable conditions. CCTs help provide limited resources to the poor and marginalised sections of the community especially to girls and women. It helps to limit the gender inequalities like sex selection, infanticide, little or no access to education, lack of health care and nutrition, child marriage and teenage pregnancy. CCTs play a special role in controlling the Child Marriages in India. The CCTs also denote a shift in approach – from supply-side to a demand driven approach. Some of the CCTs are given below.

Name of the Scheme	State and Department	Year of Initiation	Objectives	Incentives	Eligibility conditions
Dhana lakshmi Scheme	WCD, GOI	2008	To provide cash transfers to the family of the girl child (preferably to the mother).	Girl child born on or after the cut-off date is entitled to an insurance cover/maturity benefit to the tune of Rs.100, 000 through the LIC.	Registration of birth and complete immunisation should be done. Enrolment to school and retention in school till class 8th. Girl child should remain unmarried till the age of 18 to get the full coverage.
Balika Samithi Yojana	GOI MO WCD, State Governments	(1997, reorganised in 1999)	To create positive family and community attitude towards the girl child at birth and also towards her mother. To improve enrolment and retention rate of girls in schools. To increase the age of marriage of girls. To assist the girls to undertake income generation activities	Post-delivery grant of Rs.500. After modifying of scheme in 1999 the benefits are: Annual scholarship of Rs.300 (Stds I-III), Rs.500 (Stds IV) Rs.600 (Stds V), Rs.700 (Stds VI-VII), Rs.800 (Stds VIII), Rs.1,000 (Stds IX and X)	Family is to be below poverty line. Girl child born on or after 15 August 1997. Only for two girl children per household Girl is to be unmarried and alive for availing all benefits till 18 years

Kasturba Gandhi Balika Vidyalaya Scheme	GOI MO HRD	2004	To reduce dropout and to promote the enrolment of girl child in secondary schools and ensure their retention till they reach 18 years	Provision of residential schools at upper primary level for girls predominantly belonging to SC/ST, OBC and minorities. Rs.3,000 as one time deposit (announced in 2006 budget speech)	All girls belonging to ST/SC who pass Std VIII and girls who pass Std. VIII examination from Kasturba Gandhi Balika Vidyalayas and enrol for Std IX in government-aided or local body schools in the academic year 2008-09 onwards. Girl is to be unmarried up to 18 years for availing Benefits.

GUIDANCE NOTE 3.21 Reporting on Child Marriage: protocol

Child Marriage, according to the law, is a marriage where the woman's age is less than 18 or that of the man is below 21. Mostly, underage women falls prey to Child Marriages due to their pathetic socio economic conditions. Child Marriages cause huge physical, psychological and emotional problems in young women.

Child Marriage in India has huge implications for population control as adolescent brides are likely to have high fertility rates. Child Marriage is low among women who had access to education. Statistics shows an alarming rate of rise in Child Marriages in Kerala.

The Prohibition of Child Marriage Act, 2006

The Prohibition of Child Marriage Act, 2006 was enacted to prohibit the solemnisation of Child Marriages in India. The Act made it unlawful for a male below the age of 21 years and a female below the age of 18 years entering into a marriage.

Under this Act, whoever performs, conducts, or abets any Child Marriage shall be punishable with rigorous imprisonment which may extend to two years and shall be liable to fine which may extend to one lakh rupees. The same punishment is also prescribed to anyone having the charge of the child at the time of the Child Marriage. Such person can be a parent or guardian, including any member of an organization or association of persons who does any acts to promote the marriage or permits it to be solemnised. The Act provides for the appointment of Child Marriage Prohibition Officers.

In Kerala, Child Development Project Officers (CDPOs) of the Social Justice Department are appointed as Child Marriage Prohibition Officers (CMPO).

Duties of the CMPO are given below:

- When a CMPO receives information regarding a child marriage she conducts an enquiry to ascertain whether the person entering the marriage is indeed a child
- If CMPO is satisfied that a child marriage is about to take place, she then moves to the court requesting an injunction order against the persons responsible for conducting such marriage
- If a child marriage has already been solemnised before the CMPO could intervene, she can seek the help of the police in registering a criminal case against the persons responsible for the solemnisation of the Child Marriage
- In case of violation of the Act, the court will summon all parties and conduct necessary enquiries and will pass the injunction order accordingly. Any Child Marriage solemnised in contravention of the injunction order shall be deemed void.

Specific Role of LSGs

1. Create awareness among public and children about the adverse effects of Child Marriage on children and the violation of the rights of the child. Kudumbasree, Jagratha Samithis, AWCs, AG Clubs, AB clubs, Balasabha etc. can be made a platform for discussing this issue
2. Stop the Child Marriages happening in the area citing the act with public support

3. Encourage people to give information about Child Marriages happening in the jurisdiction of the LSG by keeping their identification details secret

4. Cross check information filed during the time of marriage registration. Double check if fake birth certificates are used to make girls appear to be of the legal age of marriage

5. Ensure 100% birth registration and birth certification

The formation and strengthening of children's participatory forums (adolescent clubs -boys and girls, children's Grama Sabha, Balasabha, school-based clubs etc.) has been identified as a best strategy to fight against Child Marriage by LSGs.

Marriage registration in Kerala

Marriage certificate is a document which provides valuable legal evidence of marriage, social security, self-confidence particularly among married women.

Eligibility

Bridegroom must have completed 21 years of age and bride must be 18 years of age.

Instructions

A marriage between any two persons may be solemnised provided the following conditions are satisfied, namely: -

1. Neither party has a spouse living

2. Neither party is an idiot or a lunatic

3. The male must have completed the age of twenty-one years and female the age of eighteen years

4. The persons seeking to marry must not be within the degrees of prohibited relationship

Required Information

1. Name and address of bridegroom and bride
2. Signature of bride and bridegroom
3. Signature of 2 attesting witness present at the time of marriage along with their name and address
4. Photo of bride and bridegroom with signature over such photo

Procedure

1. Application for marriage is filled in prescribed form along with the required documents should be presented to the Registrar of Marriage
2. Registrar will verify the contents of the application and records. He will issue certificate of marriage if he is satisfied that the records produced are in accordance with law
3. Certificate will be entered in the certificate book and shall be signed by both parties to the marriage and two witnesses

Required Documents

1. Memorandum in duplicate in Form No. I along with one passport size photo of husband and wife
2. A copy of the certificate of marriage issued by the religious authority concerned or a declaration from a Gazetted Officer/Member of Parliament/Member of Legislative Assembly/Member of a Local Self Government Institutions in Form No. II
3. Attested copy of S.S.L.C Book/passport/driving license/extract of school admission register or other records issued by Government showing date of birth
4. Address proof of current residing address which should be on Bride or Grooms name

Fees under common marriage rules

A fee for Rs. 100/- has to be paid for registration at the time of registration along with stamp paper worth Rs. 30/- by the parties. Belated registrations of Marriage after 5 years incur a fine of Rs.250.

GUIDANCE NOTE 3.22

Student Sponsorship (Schemes by Social Security Mission)

Government of Kerala has launched SNEHAPOORVAM" scheme as per the G.O (MS) Ho.36/2012/SWD dated 06/06/12 to provide financial assistance to orphans who are living in the family, with their relatives, friends, or with the support of the community under the Social Welfare Department implemented through Social Security Mission. The project aims at bringing these children to the main stream of the society.

Objectives of the scheme

- To identify the orphaned children in the community
- To assess and priorities of children who are in need of assistance
- To provide social protection to highly vulnerable groups of orphans by strengthening traditional family and community systems for protecting and absorbing orphans
- To improve the basic education, social integration and nutrition of the most vulnerable groups of orphans towards the levels of other children in the community
- To encourage the families to live their children within the family set up rather than sending them to orphanages

- To extend a helping hand to these orphans families by way of providing financial assistance to the education of children

Amount of Assistance:

Children below 5 years and class I to V will be provided with Rs.300/pm

For class VI to class X @Rs 500/pm

For class XI and class XII @ Rs 750/pm

In 2004, Government has issued orders to extend the scheme to the beneficiaries who are studying for Degree/Professional courses. The rate of assistance per month is Rs. 1000/-

GUIDANCE NOTE 3.23 Registration of child care institutions (Standardisation of child care institutions)

The following need to be done to ensure Standardisation of child care institutions:

- Compulsory registration of all child care institutions including orphanages as per JJ Act
- Ensuring institutional protocol as per JJ Act/Orphanage Control Board etc.
- Setting up of institutional management committees as per protocol and compliance to meetings, procedures
- Facilitating monitoring visits by Officials of Social Justice Dept.
- Conduct joint meeting of all the child care institutions of the LSG area (Including AWC, orphanages) once in six months under the leadership of Welfare StandingCommittee.
- Conduct detailed discussion on the functioning of child care institutions in every LSG committee meeting

DOMAIN 7

DISABILITY REDUCTION AND DISABLED FRIENDLINESS

GUIDANCE NOTE 3.24 Early detection of Disability

The following steps shall be undertaken under the leadership of Health Standing Committee of the LSG

- Collect data on the children with disability
- Find out development delays in children through ICDS
- Receive application for medical board certification
- Organise disability detection/certification camps by medical board
- Grade the children based on their disability
- Linkage of services available with LSGs, SSA, NHM, Social Security Mission etc.
- Linkage of educational services : Enrolment in AWC, regular schools, BUDS, Special schools, BRC

GUIDANCE NOTE 3.25 Comprehensive coverage of social security provisions (pension, scholarships, stipends, aids and appliances by LSGs) to disabled children

Prepare a format as below:

Name of differentially abled children	Types of services eligible (Pension, scholarship etc)	List of eligible items as per guideline

Possible fund allocation for children with special needs (as part of social security plan- mandatory allocation minimum of 5% plan fund)

I. Assistance to Physically and Mentally Handicapped Persons – Guidelines (362/2014)

Assistance must be given to all disabled persons irrespective of APL/BPL division. The following items may be given, free of cost to help the Physically and Mentally challenged persons

a) For the physically challenged

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

b) For the hearing impaired

Hearing Aids

c) For the Mentally Challenged

1. The devices can be given to Physically Challenged Persons depending on the needs of the mentally challenged
2. Tricycle or wheel chair manufactured according to the needs of the individual

3. Designer furniture that can be used by children

d) For the vision impaired

1. Special mobility aids, white cane

2. Hand held stand, magnifiers with or without light, speech synthesisers, Braille attachments for computers

3. Braille attachments to telephone for the vision impaired and the hearing impaired

4. Devices for Braille writing – shorthand Braille machine, Braille typewriter for the students who have passed Xth standard, talking calculator, raised map, globe etc

5. Special teaching aids

The following assistance can be given to the Physically and Mentally Challenged children at the prescribed rate.

Physically Challenged Students				
Sl. No	Standard/Class	Monthly Scholarship/ Rate of stipend	Annual Stipend	
		Day Scholar	Hostler	Day Scholar
1.	1-4/Nursery Class	300	-	400
2.	5-8	400	-	500
3.	9,10,+2	400	800	600
4.	Under Graduate	750	1250	1000
5.	Post Graduate	1000	1500	1500
6.	Vocational Training	1000	1500	1500

7.	Travelling Allowance for Orthopedically Challenged	Rs.150 or Actual Expense	-	-
8.	Travelling Allowance when using facilities of institutions	Actual Expense	-	-

B) Mentally Challenged Students		
SI No	Item	Scholarship Allowance (Rs)
1.	Scholarship (Monthly)	1000
2.	Dress Allowance (Annual)	800
3.	Annual allowance for learning Aids/Educational devices	1400
4.	Travelling Allowance – Picnics, excursion etc	400
5.	Allowance given to mentally handicapped persons of 21 or above for spending day time in day care centre	Rs. 1000/- per month Local Governments should ensure necessary infrastructure and other devices for the safety of persons belonging to the category
6.	Mentally handicapped persons spending day care centre	allowance-1000, transportation - 400
7.	Other Mentally handicapped persons(Below 18 years)	1000

Comprehensive social security coverage for differentially abled children by Sree Krishnapuram Grama Panchayat

Sree Krishnapuram Grama Panchayat in Palakkad District is noted for its care and support arrangements for differentially abled children. The Grama Panchayat has prepared a disability directory which includes the complete details of Physically and Mentally Challenged persons. The Grama Panchayat has separately collected data on persons with different type of disabilities. The Panchayat is also convening special Grama Sabha for children twice a year. The directory is very helpful to know about the present status of the disabled and the services that they need to be ensured. Out of 324 differentially abled persons, 82 are below 18 years of age. Among them 56 are boys and 26 are girls.

The Panchayat has extended all eligible services due for differentially abled children. Now the Grama Panchayat is planning to design a special project on the line of Asraya project to give a comprehensive community based support for the differentially abled children. The resources of both, Government and non-Governmental agencies are leveraged. The network of community volunteers is created for this purpose.

GUIDANCE NOTE 3.26 — Special Gramasabha for "Differentially Abled Children"

Special Gramasabha could be convened at LSG level for Differentially Abled Children" with the following objectives:

1. To assess the needs of children for charting out the services
2. To provide a forum for public participation

In such special Grama Sabha, efforts should be made to ensure participation of all the "Differentially Abled Children" of 8-18 years of age group of the LSG area. The Grama Sabha should be presided over by the President and convened by Welfare Standing Committee Chair Person. The ICDS Supervisor should co-ordinate the activities. All the elected members of the LSG and elected members Block and District LSG representing the constituency, members of Social Security Working

Group and Anganwadi workers should attend the Gramasabha.

The procedure for special Grama Sabha for Differentially Abled Children can be the same like special Grama Sabha for differentially abled. (Refer details in CRC website:-www.crckila.org)

GUIDANCE NOTE 3.27 District Early Intervention Centre (DEIC)

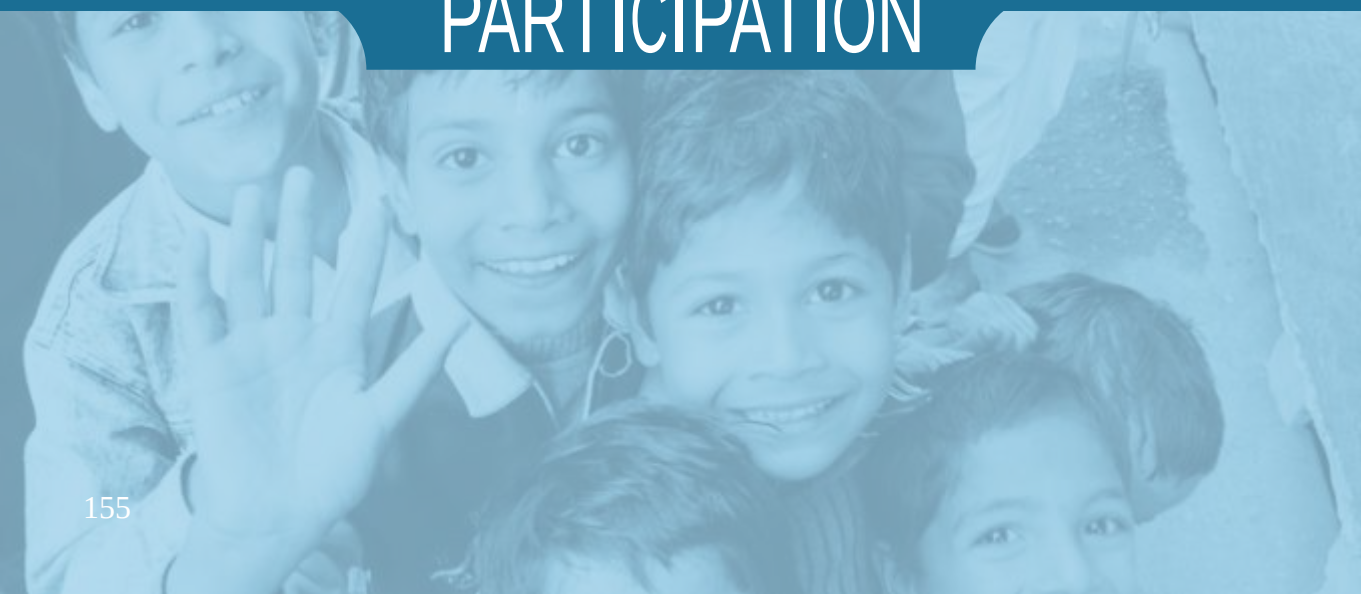
Fourteen District level Early Intervention Centres (DEIC) in Kerala are in operation with an aim to detect and intervene in development delay/disabilities at an early stage. These Centers will provide all kinds of assessments, diagnostic tests and therapies required for the children with development delay/disabilities.

Schemes of Social Justice Department for the aid of the "Differently Abled Children"

- Marriage Assistance to differently abled women and daughters of differently abled parents
- Community based rehabilitation programme for the differently abled
- Distress relief fund for the disabled
- Vocational Training Centres for the Disabled
- Scholarships for disabled students
- Scholarships for Mentally Challenged Student
- Assistance for buying aids and appliances

CHAPTER 4

CHILD PARTICIPATION



DOMAIN
1

BALASABHA

GUIDANCE NOTE 4.1

Formation of Balasabha

Balasabha shall be constituted under the geographic areas of all NHGs functioning under Kudumbasree. If NHG is defunct in any area the residents association in the area shall be substituted for the NHG.

Standards

- Membership: All children in the age group 8 to 15 coming under the area of a NHG. Children above the age of 15 and under 18 shall also participate in activities based on their interest. There shall be no membership fee. There shall be no differentiation between APL and BPL
- Membership strength shall be 10 to 30 and membership register is to be maintained by secretary of Balasabha. All AG Club and AB club members functioning at AW level shall also be enrolled as members
- Election: General body consists of all members in the Balasabha and they shall elect a President, Vice President, Secretary and Joint Secretary as office bearers

Objectives

Protecting entitlements of children under child rights, development of personality and empowerment, awareness about democratic values, training in group

discussion, development of democratic values, activities for physical development and creativity, development of scientific temper and constitutional values, imbibe motivation for educational achievement and knowledge building process.

Activities

Balasabha shall meet once in a week and can conduct activities daily. Each Balasabha unit can prepare activity calendar comprising of the following.

- Conduct play, project work for schools, artistic and cultural activity and rehearsal for competitions, tutorials, class work assistance and such activities can be taken up daily and once in a week
- Environmental studies, crime mapping, problem analysis, observations, science talent study, scholarship study and such activities shall be taken up periodically as and when suggested
- Planning group activity related to environmental problems and health issues effecting children
- Develop group dynamic skills
- Identify issues faced by children and suggest solutions
- Create awareness on democratic values and democratic structures
- Organise campaigns to voice on children's right, environment and health problems affecting children
- Promote saving habits and develop entrepreneurial skills
- Observe commemorative days
- Elect members to Bala Parliament
- Formulate a tentative plan of action to be followed in Balasabha and Balapanchayat every year
- Establish support system for BalaPanchayat and Balasabha through voluntary participation of resource convergence.

Balasamithy

Constitute Balasamithy and empower it. Balasamithy is a federated body of Balasabha in a ward.

Membership : All the office bearers of Balasabha under one ADS shall form general body. A President, Vice president, Secretary and Joint Secretary of Balasamithy are selected as office-bearers from the general body.

GUIDANCE NOTE 4.2 Balapanchayat

Balapanchayat is a body consisting of all the elected representatives of Balasamithy. All the office bearers of Balasamithy shall comprise of Balapanchayat. This will form the general body of Balapanchayat. However the Panchayat shall co-opt the children represented in Balasabha such as students belonging to unaided schools and disabled.

Office bearers : President, Vice president, Secretary and Joint secretary and three members elected from the general body.

Functions:

1. Assist in preparation of children's data base especially in identifying school drop outs, absenteeism, children of migrant labourers
2. Conduct survey on public space available for various activities- sports, culture, literary works in each ward. Prepare need analysis statement and propose demand for child friendly public space
3. Identifying areas of child abuse faced by children in different areas through crime mapping exercise or school level committees and report it to LSG
4. Programme charting for various scientific talents programme, participation in competition, and Balaparliament
5. Identifying the needs of children staying in pre-metric hostels and orphanages. Support to form special Balasabha in such institutions with the help of LSG

6. Social activities for the support of poor, arranging first aid training to Balasabha, organise programme for gender friendly discussions, organising programmes to propagate constitutional values and cultural rights

7. Organise Balapanchayat in the form of Balaparliament annually with the concurrence of Panchayat and CDS as per Kudumbasree guideline

8. Evolving active participation in social auditing

Monitoring

The LSG level Kudumbasree monitoring committee under the chairmanship of Panchayat President shall review the activities of Balasabha and other federated bodies.

DOMAIN 2

ADOLESCENT CLUB

GUIDANCE NOTE 4.3

Formation, Strengthening and Monitoring of AG club

AG club is the club/gathering of adolescent girls of 10 – 18 years age constituted under all ICDS project. The target group is subdivided into 10-14 and 15 – 18 years. It is formed as per Government order No.06/12/10-RGSEAG dtd 27-9 2010 Mo W &CD

Adolescent Girls club is a compulsory service activity of Anganwadi centre implemented under centrally sponsored scheme for adolescent girls known as SABLA. This is a combination of National Programme for Adolescent Girls (NPAG) and Kishori Shakti Yojana (KSY). It is meant for the improvement in nutritional status and upgradation of various skills to enable them for self-development and empowerment.

The objectives of the programme are:

- Enable the adolescent girls for self-development and empowerment
- Improve their nutrition and health status
- Promote awareness about health, hygiene, nutrition, adolescent reproductive and sexual health (ARSH) and family and child care
- Upgrade home-based skills, life skills and integrate with the National Skill Development Programme (NSDP) for vocational skills

- Mainstream out of school adolescent girls into formal/non formal education
- Provide information/guidance about existing public services such as PHC, CHC, Post Office, Bank, Police Station, etc.

Steps in formation of AG club

- Initiate baseline adolescent girls survey in Anganwadi
- Enlisting of all AGs of 10 - 18 age group by AWW
- Enrolment of all girls in the age group of 10 to 18 years in the area
- Formation of adolescent girls club at AWC
- Selection of office bearers : One leader selected by the group (Sakhi) and supported by two assistant leaders (Saheli) for a term of 1 year
- Hold meeting for continuous activities including play at least once in a week probably Saturday afternoon
- Introduction of services as per the package of services
- Nutritional status & need assessment
- Enlisting beneficiary for NPAG. Any adolescent girls with less than 18.5 BMI shall be provided with supplementary nutrition having 600 calories and 18 - 20 gms of protein /day. (Limited to 5 girls). Provision of IFA supplementation to all girl children
- Convergence of activities with Balasabha, Gramasabha and Balapanchayat
- Holding monitoring and supervision committees for evaluating activities of AG club, advice matters relating to the implementation, cause the convergence across the stakeholder departments
- AG member led cultural, social and physical activities shall be held regularly as is convenient
- The official AG club meetings shall be held at least once in a month along with targeted service delivery by stake holder departments

Activity Mapping

The AG club shall prepare an activity plan for a quarter. This includes:

- Date and topic for NHE
- Life skill education
- Family and child care education
- Vocational trainings play activities
- Cultural activities
- Thrift activities
- Participation in Gramasabha and Balapanchayat
- Competition in literary activities
- Social work
- Health check ups

An integrated package of services is to be provided to adolescent girls as below:

- Provision of Nutrition : NPAG supplementary nutrition for selected girls who are under nourished, health check-ups and referral giving tablets for worm disease and anaemia
- Iron and Folic Acid (IFA) supplementation
- Health check-up and Referral services including supply of IFA tablets and deworming
- Nutrition & Health Education (NHE). Guidance on personal hygiene, nutrition, transition, harmful myths, drug -alcohol abuse
- Counselling/ Guidance on family welfare, ARSH, child care practices and home management
- Life Skill Education and accessing public services. Fitness, games and sports, effective communication, awareness on women rights, basic life skills and guidance on accessing public services.

Other sessions in life skill education are :

a) Problem solving

b) Critical thinking

c) Communication skills

d) Self-awareness skills

e) Coping with stress and

f) Leadership

- Vocational training: Employability orientation, skill developments. SHG formation and team building.

Meeting protocol

All girls in the club should meet at least twice a month, with a time schedule. Half an hour interactive session can be organised using training kit by the leader and half an hour could be spent on mixed group activities (group discussions and story sessions). One hour session can be on topics like NHE, life skill, ARSH & child rights.

ICDS Supervisor should collect and compile AG club activities report and submit it to Welfare Standing Committee Chairperson for detailed discussion in the Panchayat Committee with a copy to CDPO every month.

GUIDANCE NOTE 4.4 Monitoring of AG programme

- Monitoring by ALMSC
- Ward level appraisal by ward member
- Panchayat level appraisal by Welfare Standing Committee every three months

GUIDANCE NOTE 4.5 Gender self-learning and violence mapping

Gender self-learning is a process of making women understand gender status as part of women empowerment using the tool developed by Kudumbasree Mission. This can be conducted through participatory self-appraisal at NHG or ward level.

The tool describes the difference between

- Biological sex and gender
- Understand gender roles
- Understand stereo typical and conventional gender roles and its discrimination
- Education, employment and income as a tool for gender equality
- Motivate women to stand for gender equality at household, community and work place

GUIDANCE NOTE 4.6 Formation of Teens club for boys (SAKSHAM)

1. SAKSHAM

SAKSHAM is a scheme for empowerment of adolescent boys centrally sponsored scheme. SAKSHAM means self-reliant individual. Physical, social and physiological needs of adolescent boys are different from girls for round development. The aim of the programme (AB club) is to develop self-relevant, gender sensitive and aware citizen when they grow up. In operationalisation and functioning SAKSHAM instead of Kishori – Kishore Mithra shall be the peer leader and two sub leaders shall be known as Sathi started only in some states as a pilot project. This is to enable the processes of self-development and empowerment of Adolescent Boys; promote among them awareness about health, hygiene, nutrition and adolescent reproductive & sexual health (ARSH). It also aims at the dissemination of appropriate information with regard to the work participation in future, to provide them necessary life skill education, gender sensitisation, facilitate them for sports activities, to provide information/guidance about existing public services and

mainstreaming of out of school boys

Constitution of Teen clubs

- All boys in the age group of 10 to 18 in a ward
- All boy members of Balasabha shall automatically be the members
- One leader and two assistant leaders
- Office- Gramakendra or model AWC or any other public building proposed by the ward member

Programmes and meeting : The members shall conduct activities including play on all days or holidays and conduct official meetings once in a month.

AB club and Balasamithy are working under the joint leadership of Anganwadi worker and ICDS Supervisor. Ward member is the patron of this.

DOMAIN
3

PARTICIPATION OF ALL STUDENTS IN SCHOOL BASED FORUMS/CLUBS

GUIDANCE NOTE 4.7

School clubs

In a school, there are a lot of participatory forums for different cultural social and self-defence activities like science club, social club, literary club, eco club, social defence clubs(NCC, scouts) etc.

Membership:

- A student shall be a member of at least any one of the school clubs according to his/her aptitude and interest
- Office bearers of each club
- One Secretary shall be elected from among the student member. In a mixed school half of the leaders should be girls
- One committee member for ten students
- One mentor teacher

Activities of clubs in general:

- Preparation of calendar of activities for the year
- Training for leaders
- Joint meetings of leaders

- Campaign for total participation in school level programme

GUIDANCE NOTE 4.8 Activities for each club

A suggestive list of activities that could be undertaken by each club is given below:

- Science club : Talent search training, preparation for science exhibition, observe science day, IEC on scientific activity propagation
- Social clubs : Social activities for the support of poor, training on first aid, motivation for participation in outside school forums like Gramasabha and Balasabha, gender friendly discussions
- Literary clubs : Preparation of magazines, motivation for creative literary works, reading club
- Eco club : Leading school green initiatives, earth day observation, nutrition garden, propagation of environmental awareness
- Defence club : Participation in NCC, scouts and guides, propagation of martial arts
- Vigilance club : Observation of campaign against violence and abuse, timely reporting for action, propagation of anti-alcoholic and substance abuse awareness. (Child protection issues), and propagation of child rights and entitlements. (Refer Guidance note Protection 3.9 and 3.10)

Poultry club in Mundathicode Grama Panchayat – An example of school based club

"My Own Chicks"- Poultry Club in schools of Mundathicode Grama Panchayat

An enthusiastic Doctor of Veterinary Dispensary, Mundathicode Grama Panchayat wanted to ignite the young minds with love for birds and animals and nurture a pet culture among them. Came handy the 'Rural Back yard Poultry' scheme of Animal Husbandry Department, Govt. of Kerala. She introduced

poultry clubs in two government UP schools of Puthuruthy and Parlikad under Mundathicode Grama Panchayat, each club having 100 students as members.

The club members were selected based on the student's interest in looking after pets as well as their possession of a proper cage for birds in their home. Each student is given five hens each to look after. Major activities of the Club are:

- Conduct of awareness classes on animal husbandry and pet culture to club members, parents and teachers
- Sharing of experience in looking after chicks with teachers and other club members
- Writing poems about the pets and sharing with members
- Organising camps for immunisation and treatment with medicines to the chicks by the Veterinary Doctor
- Monthly meetings to review progress
- Benefits of joining the club
- Students got interest in animal husbandry and pet culture
- Small earning habits developed among children
- Increased mental happiness through caring the pets
- Few students have started saying “we want to become Veterinary Doctors in future”
- Though they were allowed to sell eggs for profit and make pocket-money, they rather preferred to share an omelette with class-mates during mid-day meal at school.

The total cost of this project per student is Rs.1800 which includes a beneficiary share of cage costing Rs.1200. Cost for 5 chicks at Rs. 90 per chick is 450, cost for feed is Rs.75, Cost for medicine and transport is Rs.75.

The club activities were handled, under the guidance of Veterinary Doctor, who is the implementing officer. This poultry club project has been functioning in a unique way for several years.

GUIDANCE NOTE 4.9 Observation of national days, international days and commemorative days

Debates, competitions, rally, exhibitions etc could be organised specific to each commemorative day. For example, the issues and challenges faced by children shall be highlighted as a theme in children's day celebration.

Children's Day celebration-Children's Day is observed on various ways in many places around the world to honour children. It was first proclaimed by the World Conference for the Well-being of Children in 1925 and then established universally in 1954 to protect an "appropriate" day. In India, Children's Day is celebrated on 14 November, the birth day of the country's first Prime Minister Jawaharlal Nehru. This day reminds each and every one of us to renew our commitment to the welfare of children. The child rights issues specific in each location could be taken for discussion in IEC activities, public campaigns, student parliament etc. Refer Guidance note 3.13 for details of children's day celebration in Nilambur Municipality.

GUIDANCE NOTE 4.10 Model projects for Local Government

For model projects refer CRC Website: www.crckila.org

GUIDANCE NOTE 4.11 Gender friendly practices

The gender disparity or unfriendly attitude towards women in society is a big challenge for gender equality. Therefore “women friendly” or “girl friendly” practices need to be evolved and developed as part of children's participation.

- Child friendly community – nondiscrimination on the basis of gender

- Equal treatment of boys and girls from birth onwards(Unisex dress pattern, Unisex toys etc at early childhood)
- Valuing differences - Boys or girls, disability, complexion
- Respecting dignity – responding to needs
- Understanding physiology, growth, development and body changes
- “Girls first”, Ladies first approach
- Understanding rights and legal provisions
- Gender positive children's literature, curriculum and teaching practices

DOMAIN
4

CHILDREN'S PARTICIPATION IN PLANNING PROCESS

GUIDANCE NOTE 4.12

Children's Gramasabha

Children's Grama sabha is an assembly of all children between the age of ten and eighteen of a ward (Constituency of a LSG or Urban Local Body). Children's Grama sabha aims to initiate a child friendly development perspective in the local government through rectifying the gaps in the planning interventions for children and also make plans to fill the gaps identified.

Purpose

The purpose of Children's Gramasabha will be:

- To provide a common platform for children to come together
- To introduce children to the democratic process and Local Government system
- To discuss developmental activities, needs and problems of children and suggest solution
- To evaluate the activities of institutions working for children
- To act as a dynamic force for following a child centric approach in all the activities of local governments and other departments
- Visit CRC Website for detailed operational manual on Children's Gramasabha www.crckila.org

Points for group discussion during Children's Gramasabha

Right to Survival

- Social discriminations against girl- child, like female feticide, child marriage etc.
- Nutrition standard, drinking water and sanitation facilities provided by family, anganwadi, schools, health institutions and other public places like markets, hotels etc.
- Infrastructure facilities and child friendly services in health institutions
- Services for pregnant women, lactating mothers, young children and Adolescent girls

Right to Development

- Functioning of Anganwadi and Schools
- Infrastructure facilities
- School drop out
- Education avenues for Differentially Abled
- School mid-day meal programme
- Activities of school clubs
- Venues for play, playground, cultural and sports activities

Right to Protection

- Violence against children from family, schools and other institutions
- Child labour
- Substance abuse in schools and surroundings
- Corporal Punishments to children at family, school
- Travel arrangements amenities (safe route to school) - challenges

- Protection avenues for children
- Protection of Differentially Abled-challenges

Right to Participation

- Participation in local government planning process
- Evaluation of functioning of Balasabha, Gramasabha, clubs etc.
- Participation in cultural-entertainment forums

GUIDANCE NOTE 4.13 Discussion of the recommendations of Children's Gramasabha in plan Gramasabha

- Proposals of CGS are to be considered at plan Gramasabha
- Proposals of children's Gramasabha shall be consolidated at LSG level by the convenor of women and child working group
- Categorise different proposals received from children sector wise and submit it to President of LSG
- LSG shall distribute children's proposal on each sector to the convenor and chairman of the concerned working group

GUIDANCE NOTE 4.14 Children's note to Plan document

- Specific title and note on children in plan document
- Children's note on plan documents prepared by children themselves is to be included in the plan document

GUIDANCE NOTE 4.15 Children's participation in Working Groups

In order to ensure the voice and needs of children reflected in all sectors of development in LSG, membership of children in every Working Group is desirable.

While deciding who shall be Working Group members among children, the following standards can be adopted

- Leaders of AG club, AB club, Balasabha, school clubs or Balapanchayat etc.
- Children shall be assigned the Working Group of their aptitude experience and choice
- For example the representative of Agricultural/ Eco club can be members of agricultural working group
- Fifty percent of the children selected as Working Group member should be girls

Gramasabha of Children by Mala Grama Panchayat

Mala Grama Panchayat in Thrissur district had a question, "what are the development priorities of children? And can we hear from them directly?" So they decided to provide them a forum to voice their concerns, suggestions and priorities in the form of a Gramasabha of children. The Welfare Standing Committee Chairperson gave leadership to this initiative. The Gramasabha was convened by the respective ward member twice a year on a Sunday or any other holidays convenient to children for 3 to 4 hours of duration. The children of 10 to18 age group each ward were mobilised at the ward level by Anganwadi workers in association with Balasabha, Adolescent Clubs and other school based clubs.

After an introductory session, participant children were divided into 4 to 5 sub-groups. The matters relating to various rights of children including services for children in Gramapanchayat area, health, sanitation, nutrition, education, school drop outs, abuse, recreation and participatory forums for children were discussed thoroughly. The emerging conclusions and suggestions were presented in the plenary and recommendations were submitted to the Gramapanchayat for necessary follow up actions.

What did these steps of animated discussions and sharing by the children in the special Gramasabha lead to? Karate practice for teenagers, remedial education for adolescent girls and boys belonging to Scheduled Caste community, 'Naipuniya Educational Programme' for the comprehensive development package for teenagers, appointment of special physical education trainer in Lower Primary and Upper Primary schools, distribution of study tables, chairs and cycle for high school students belonging to Scheduled Caste community and scholarship formeritorious SC students are some of the major programmes designed for children by Mala Gramapanchayat.

What next? A Balapanchayat committee (LSG level Children's Grama Sabha) is formed with representatives from 20 ward level children's Grama Sabha. This Balapanchayat committee is held every month

GUIDANCE NOTE 4.16 Child Status Study

Child status study is a framework that looks into children's status from different perspectives. It is also an analysis of the situation of children in some key development sectors like health, education, nutrition, disability care etc. It is the analysis of the rights of children along the life cycle approach. It is a report card on the core development issues based on a set of indicators. An initial list is given below:

- Immunisation coverage
- Exclusive Breast Feeding
- Low Birth Weight Babies
- Anganwadi in own building
- School enrolment
- School drop out
- Toilet coverage
- Water score card (water rating)

- Enrolment in AG Clubs
- Disability pension coverage
- Pre- age marriage
- Infant Mortality
- Birth Registration

The indicators may be fixed based on the non- negotiable elements identified for CFLG. LSGs can give scoring based on the existing situation and fix milestones for a period of three to four years. Progress could be reviewed and monitored every year by the LSG committee. Detailed report is to be presented by Welfare standing Committee.

Status study method: ICDS family survey/PHC data

A survey team could be constituted under the leadership of ICDS supervisor. The result need to be prepared as a report card and displayed at LSG.

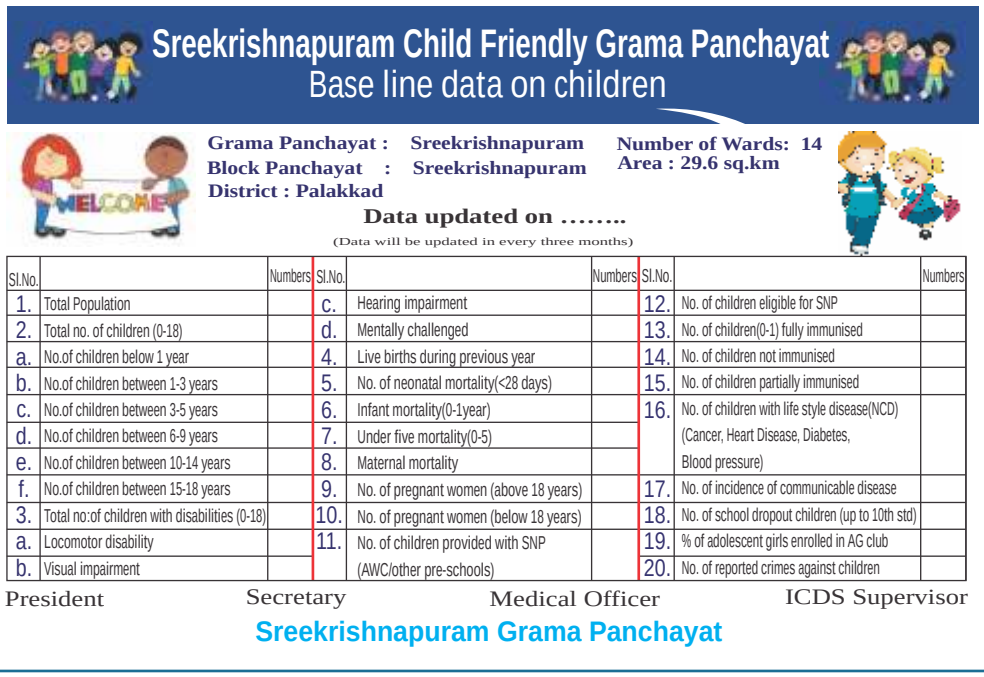
Child Status Study: CRT Bangalore

Child Rights Trust Bangalore, prepared a poster of the status of children in each Gram Panchayat based on the following indicators:

- Child sex ratio
- IMR
- Birth registration
- Below Age marriage
- Under 18 pregnancies
- Children with disabilities
- Pre-school/school enrolment
- School drop out

The poster is displayed in the LSG Office and in prominent places where people gather. The status is discussed in the child rights Gramasabha, conducted in the month of November

GUIDANCE NOTE 4.17 — Comprehensive Child Development poster prepared by Sreekrishnapuram GP



Sreekrishnapuram Child Friendly Grama Panchayat
Base line data on children

Grama Panchayat : Sreekrishnapuram
Block Panchayat : Sreekrishnapuram
District : Palakkad

Number of Wards: 14
Area : 29.6 sq.km

Data updated on ……..
(Data will be updated in every three months)

Sl.No.		Numbers	Sl.No.		Numbers	Sl.No.		Numbers
1.	Total Population		c.	Hearing impairment		12.	No. of children eligible for SNP	
2.	Total no. of children (0-18)		d.	Mentally challenged		13.	No. of children(0-1) fully immunised	
a.	No.of children below 1 year		4.	Live births during previous year		14.	No. of children not immunised	
b.	No.of children between 1-3 years		5.	No. of neonatal mortality(<28 days)		15.	No. of children partially immunised	
c.	No.of children between 3-5 years		6.	Infant mortality(0-1year)		16.	No. of children with life style disease(NCD)	
d.	No.of children between 6-9 years		7.	Under five mortality(0-5)			(Cancer, Heart Disease, Diabetes,	
e.	No.of children between 10-14 years		8.	Maternal mortality			Blood pressure)	
f.	No.of children between 15-18 years		9.	No. of pregnant women (above 18 years)		17.	No. of incidence of communicable disease	
3.	Total no:of children with disabilities (0-18)		10.	No. of pregnant women (below 18 years)		18.	No. of school dropout children (up to 10th std)	
a.	Locomotor disability		11.	No. of children provided with SNP		19.	% of adolescent girls enrolled in AG club	
b.	Visual impairment			(AWC/other pre-schools)		20.	No. of reported crimes against children	

President Secretary Medical Officer ICDS Supervisor

Sreekrishnapuram Grama Panchayat

GUIDANCE NOTE 4.18 — Social Audit by Children

All child centric services under the LSG like health, education, AWCs, social security, disability, noon meal and other programmes shall be exposed to the social audit of children. The quality, accessibility and effectiveness of the service shall be assessed by the children in their point of view.

Objectives

1. To understand the inputs, outputs and effect of services implemented for children
2. To understand the implementation of LSG Projects implemented for welfare and development of children

3 To understand the problems and under utilisation of services

4 To understand the essential services required for children which are absent or insufficient in the LSG

Structure of Social Audit Team

Formation of Social Audit Team (SAT) : Two members from Children's Gramasabha elected at LSG level, one representative each from school, two representatives each from Balapanchayat and AG club not exceeding 10 members shall form the team.

Formation of social audit support group : A team of officials connected with the child centred service shall be formed as a support group who will provide information and training to the team.

Initial activities

- Conduct meeting of the SAT for orientation, planning and scheduling date of audit
- Make them understand that the audit is not a supervision or examination but to understand the activities in a friendly way to provide suggestion for future improvement
- Exposure to different child centric institutions, functionaries, their service delivery and approach

Projects proposed for Social Audit

I. Institutions - AWCs, sub- centres, PH centre, LP schools, BUD's school

ii. LSG project - scholarship for disabled, Balasabha, Nutrition

iii. Participatory bodies – AG club, Balasabha, Balapanchayat, School clubs

iv. Protection – Data base of children, Status of marginalised, children of migrant labourers, child labour and child abuse

Reporting

A brief report on each of the institutions and project reviewed under social audit to be prepared by the group, edited by Social Audit Support Group and presented to the LSG President

CHILD FRIENDLY PUBLIC SPACE

GUIDANCE NOTE 4.19 Standards of Playgrounds in Flats

Recreation is accepted as an essential activity for which land must be allocated in residential flats. Recreation facilities are provided either outdoors within active open space; or indoors such as within recreation buildings or complexes, or in designated areas within composite developments. There is a substantial demand for more passive open space near home to ensure safety of the children. Recreation facilities and open space provided should be of a high quality, in terms of facilities, layout and design, which meet the needs and aspirations of the users. They should also meet environmental standards and contribute to good civic design. Safety is a major consideration in open space design, in respect of location, the facilities provided, as well as the detailed treatment of play equipment. Children's play areas should also be confined for easier supervision by parents. Adequate lighting should be provided in shaded sitting-out areas together with other necessary street furniture.

Recreation ranges from home entertainment such as playing indoor games and watching television to active games and competitive sports. There is a demand for more of the popular facilities such as swimming pools and sports centres, and for a greater variety of recreation activities. Sports centres can cater for a range of core activities including badminton, squash, basketball, table tennis, fitness, dance and gymnastics.

Public toilets shaded planting areas for walking and sitting, adequate lighting, emergency phones, visual-free walking areas, ramps with handrails in preference to steps etc. can be ensured to cater for the special needs of the disabled. While designing recreational facilities for children, both the population standards (based on which the number of facilities required is calculated) and space standards (based on which the land area required for core activities is calculated) should be taken into account.

Rule 53 of The Kerala Panchayath Building rules 2011, specifies that (1) any residential apartment under Group A1 – occupancy having more than 12 dwelling units in a single plot or single building shall be provided with a recreational space of suitable size. Rule 50 of the Kerala Municipal Building rules, specifies that (1) any residential apartment having more than 12 dwelling units in single plot or single building, and shall be provided with a recreational space of suitable size.

The other specifications given in above two rules are given below:

(2) The recreational space as per sub rule (1) shall have not less than 6% of the total floor area of all the units taken together [a minimum 35%] of such recreational space shall be provided outside the building on the ground itself. Remaining recreational space may be provided either inside a building or outside or both. The recreational space if provided outside a building on the ground shall be exclusive of [mandatory open space] parking areas, drive ways and other utility areas. If recreational space is partly provided on any open terrace the recreational space so provided shall not be more than 25% of the open terrace area. Such space shall be enclosed(fenced) all around either by walls or parapet walls made of stable materials to a height of not less than 150 centimeters with grill mesh of size not more than 10 centimeter x 10 centimeter over it up to further height of 150 centimeter. Such recreational space in open terrace shall be provided with safety measures including exits as per these rules.

Note: i. Spaces like swimming pool, recreation hall or health club shall also be considered as recreational space for this purpose

ii. The recreation space may be provided as a single unit or as different units

GUIDANCE NOTE 4.20 Barrier free Public Space.

Standards

- Inclusive physical environment enabling disabled and infirm
- Ramp with hand rail to enter in veranda and approach to school
- Entry route should be devoid of any hazards and obstructions

GUIDANCE NOTE 4.21 Child friendly Public Space

Child friendly public space means any public space such as play grounds, libraries, bus stands etc to be safer and fear free place for children.

Standards for child friendly public space

- All public play grounds used by children are to be fairly levelled and cleared of stumps and vegetation
- Devoid of ditches, boulders and other obstructions
- Ground should be drain free and waste free
- Free of line or cloth hangers overhead
- Clear fencing or protective walls near ponds , rivers, roads
- Children ground to be devoid of gamblers
- To be protected under COTPA 2003. (Cigarette and other Tobacco Product Act)
- Give a public name to every play grounds
- Enter the list of playgrounds, parks etc owned imitative by the LSG in the asset register of LSG for maintance fund
- Development of grounds can be done under Public Private Partnership/CSR
- Toilets, washing area and drinking water shall be made available to all public places meant for children

- Freedom for children in public places shall be ensured with a protective and fear free environment

Major grounds in LSG

Many of the LSG have large play grounds or mini stadium of their own.

Standards

- Should have a managing committee with local community members for up keep, protection and control of the ground with children's representation
- The ground should be brought under the assets of the LSG shall include under non –road maintenance plan
- The sanitation wing under the LSG should also be decided for regular cleaning of the playground
- No waste or unwanted materials shall be dumped in the ground and that should be notified
- Should have protective wall and gate fitted with animal trap
- A public water supply and toilet shall be made available in ground
- In the case of mini stadium, stadium protocol should be followed
- When the ground is allotted for public meetings and fairs, condition should be imposed to dispose all wastes and clear the ground instantly
- Sides of ground shall be planted with proper trees

Ward level Play grounds

- Vacant spaces and traditional play grounds may be converted as play grounds
- If no such grounds are available land should be purchased for creating new play grounds
- All grounds small or big shall confirm to minimum standards

An example of children's public space in Engandiyur Grama Panchayat

"One man's gift to children, a Park in Engandiyur Grama Panchayat"

Echakkan Master, a freedom fighter, a Gandhian and a teacher who loved children, before his death, donated 15 cents of land to grama panchayat Engandiyur in 2012 as a gift strictly to be used only for any developmental cause of children. The grama panchayat made it a park in the gifted land during 2014-15 aiming at mental relaxation, socio-cultural interaction, joy and entertainment of their children.

This park has a children's library too. The Grama Panchayat is thinking of housing a model Anganwadi within this park. Balasabha and Adolescent girls' club meetings are held in this park. Children from nearby schools visit this park. Children residing in the locality regularly make use of its facilities.

A "pakalveedu" (day care centre for elders) also started functioning in the Park which has given confidence and a security feeling for the girls to make use of the park. In addition a gate keeper has been appointed for maintenance of the park and for ensuring security of children. A seven member park management committee is formed comprising of the leaders of Balasabha, ward member, school teachers and local leaders.

The grama panchayat spent Rs. 13, 83,000/- for creating the park. Out of this Rs.5 lakhs was met from the KLGSDP fund and the remaining amount was met from the plan fund of the Gramapanchayat

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 Centere
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 GramodayaYojna
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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