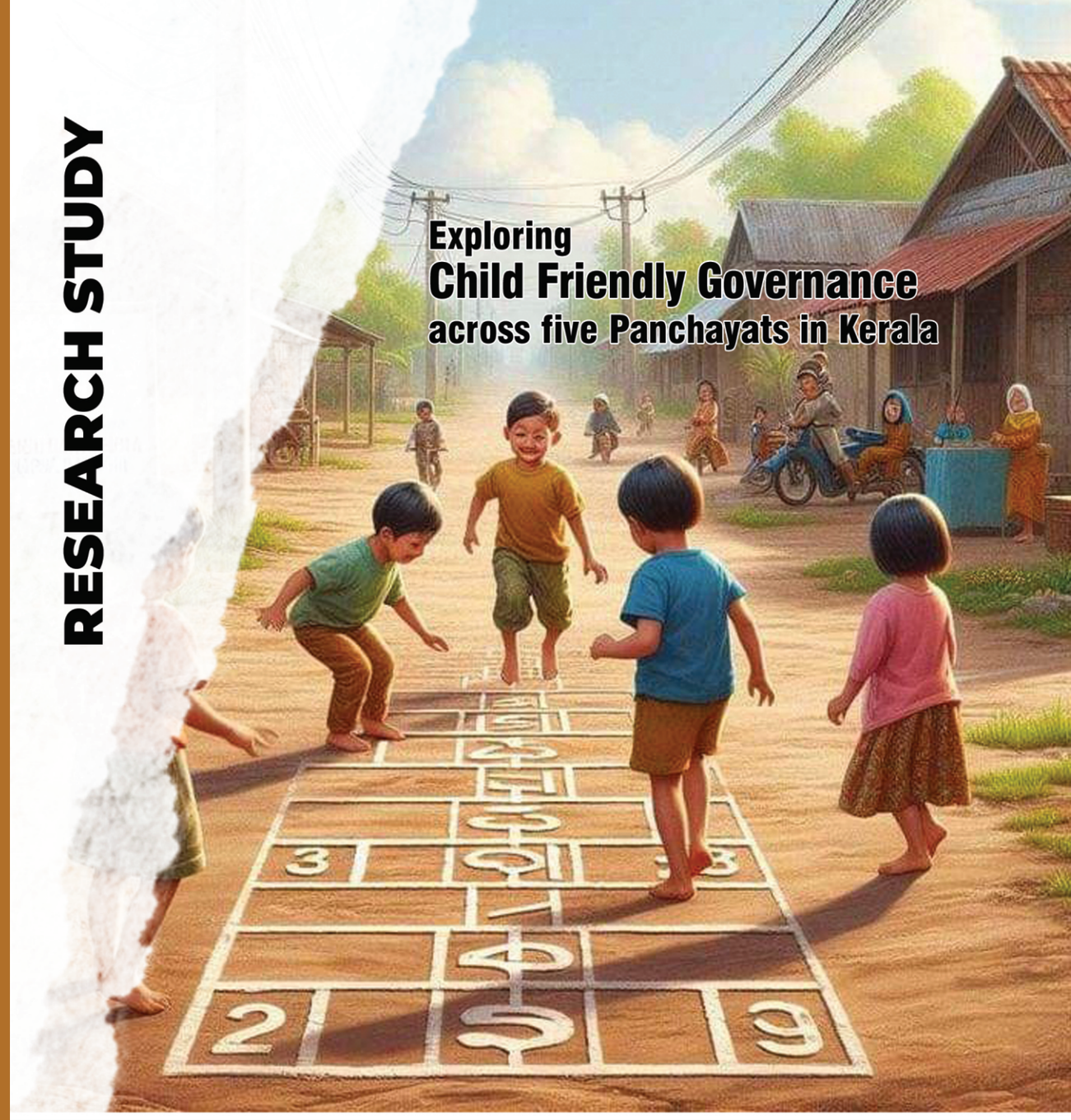
KERALA INSTITUTE OF LOCAL ADMINISTRATION
Mulankunnathukavu P O, Thrissur – 680 581, Kerala, India

RESEARCH STUDY



Exploring Child Friendly Governance across five Panchayats in Kerala

Kerala Institute of Local Administration
Thrissur

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Exploring Child Friendly Governance across Five Panchayats in Kerala

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Preface

In the realms of governance, there exists a fundamental axiom: the welfare of a society is profoundly intertwined with the well-being of its youngest members. As we traverse the landscapes of governance, we are reminded time and again that the true measure of our success lies not merely in policies enacted or laws passed, but in the lives touched, nurtured, and empowered, especially those of our children.

It is within this paradigm that the Kerala Institute of Local Administration (KILA) embarked on a journey of exploration and discovery, traversing the vibrant landscapes of five Panchayats within the verdant state of Kerala. Our mission: to delve deep into the heart of Child-Friendly Governance, to understand its nuances, to celebrate its successes, and to illuminate pathways for its further evolution.

This volume stands as a testament to the collective endeavors of researchers, policymakers, administrators, and most importantly, the children themselves, whose voices resonate within these pages. Through meticulous research, candid responses, and thoughtful analysis, we have sought not only to comprehend the status but also to envision a future where governance is not just child-responsive, but child-centered.

As you journey through the narratives contained herein, may you be inspired by the stories of resilience, innovation, and compassion that epitomize the spirit of Child-Friendly Governance. May you glean insights that challenge conventional wisdom and spark conversations that transcend boundaries. And may you join us in our commitment to crafting a future where every child's rights are not just acknowledged, but upheld with unwavering dedication.

We extend our heartfelt gratitude to all those who contributed to this endeavor, whether through their expertise, their participation, or their unwavering support. It is through our collective efforts that we can pave the way for a brighter, more inclusive future for generations to come.

Dr. Joy Elamon
Director General, KILA

Acknowledgement

The fruition of this endeavor is a testament to the collaborative spirit and unwavering dedication of numerous individuals and organizations who have contributed their time, expertise, and support. We extend our deepest gratitude to each and every one of them, recognizing their invaluable contributions to the realization of this project. First and foremost, we express our sincere appreciation to the children of the five Panchayats in Kerala whose voices, insights, and experiences lie at the heart of this research study. We are immensely grateful to the elected representatives, officials, and staff of the Panchayats, whose cooperation and commitment facilitated the smooth conduct of this study. Our heartfelt thanks go to the research team whose tireless efforts, meticulous attention to detail, and unwavering passion have brought this study to fruition. Your dedication to the cause of children's rights and well-being is truly commendable. We are indebted to the entire KILA team for their guidance, encouragement, and facilitation. We extend our gratitude to the various stakeholders, experts, and practitioners who generously shared their knowledge, insights, and experiences, enriching our understanding of Child-Friendly Governance and inspiring us to strive for excellence. Together, we have embarked on a voyage of discovery, advocacy, and transformation, united by a shared commitment to creating a brighter future for our children. It is with deep appreciation and humility that we acknowledge the collective efforts that have made this endeavor possible.

List of Abbreviation

UNCRC	:	United Nations Convention on the Rights of the Child
CFLG	:	Child Friendly Local Governance
UNICEF	:	United Nations Children's Fund
SDGs	:	Sustainable Development Goals
PRI	:	Panchayati Raj Institutions
LSGI	:	Local Self Government Institutions
CFV	:	Child Friendly Villages
NGO	:	Non-Governmental Organization
GPDP	:	Gram Panchayat Development Plan
MoPR	:	Ministry of Panchayati Raj
ECE	:	Early Childhood Education
CFE	:	Child Friendly Environment
WHO	:	World Health Organization
NFHS	:	National Family Health Survey
ICDS	:	Integrated Child Development Services
RTF	:	Right to Food
DFID	:	Department for International Development (UK) (Now FCDO)
FCDO	:	Foreign, Commonwealth & Development Office

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INTRODUCTION

Children are the embodiment of innocence and curiosity, navigating the world with wide eyes and boundless energy. Their journey from infancy to adolescence is a remarkable tapestry woven with the threads of growth, learning, and exploration. In the early years, children are like sponges, absorbing information from their surroundings. Their brains undergo rapid development, forming the foundation for future cognitive abilities. This period is crucial for language acquisition, socialization, and the development of motor skills. It's a time when caregivers play a pivotal role in providing a nurturing environment that fosters both physical and emotional well-being. As children transition to school age, they embark on a formal educational journey. Schools become not just institutions of learning but also environments where friendships are forged, and personalities begin to take shape. Education, at its core, equips them with the tools to understand the world, express themselves, and solve problems. The importance of a supportive educational system cannot be overstated, as it sets the stage for a child's future success.

Children's social development is equally important. Childhood friendships have a lasting impact on people, influencing how they view collaboration, empathy, and companionship. Children gain emotional intelligence and a sense of belonging as they learn to negotiate the intricacies of relationships. Their emotional health is greatly impacted by the assistance and direction they receive during these crucial years. The concept of play is central to a child's development. Children learn problem-solving techniques, creativity, and motor skills while playing. They also have fun. They use play to make sense of the environment by acting out adult roles and trying out different scenarios. It establishes the foundation for creativity and ingenuity, qualities that are crucial for adulthood. While childhood is often associated with joy and discovery, it is not without challenges. Many children face adversities ranging from socioeconomic disparities to health issues. Ensuring universal access to healthcare, education and a safe environment is imperative to mitigate these challenges. Every child deserves the opportunity to reach their full potential, irrespective of their circumstances. Children are growing up in a world that is very different from that of earlier generations in the digital age. Technology presents problems including screen time issues and exposure to improper content, even if it provides never-before-seen access to information. Parents and other caregivers must delicately strike a balance between the advantages of technology and the requirement for a well-rounded, real-world experience. As children approach adolescence, they undergo a phase of identity formation. This period is marked by a quest for independence and self-discovery. They are beginning to establish their goals, hobbies, and values at this time. They need support from their parents, mentorship, and a caring community to help them

deal with the challenges of puberty. Children are the foundation of our future. Nurturing their physical, emotional, and intellectual well-being is a collective responsibility. Providing them with a supportive environment, quality education, and opportunities for play ensures that they blossom into capable, compassionate individuals. As a society, investing in the well-being of children is an investment in a brighter, more promising future for us all.

UNCRC - Global Perspective of Child Rights

In 1989, the UN General Assembly adopted the UN Convention on the Rights of the Child (UNCRC), making it the world's most thorough treaty dedicated to children. This landmark agreement emphasizes the fundamental right of every child to be treated with respect and dignity. As of today, nearly all countries have ratified the UNCRC. The UNCRC serves as a legal foundation for tackling issues concerning a child's well-being. This includes ensuring their survival, development, protection, and right to participate. The treaty's principles guide nations in forming policies and taking action to improve the lives of children worldwide. The UNCRC outlines these crucial rights in 54 articles, detailing how governments must work together to guarantee their fulfilment for every child.

The four basic rights of every child are as follows.

- Survival
- Development
- Protection
- Participation

Child survival is a fundamental aspect of child rights and is addressed within the broader framework of the UNCRC in several ways.

- **Right to Life (Article 6)** of the UNCRC recognizes the inherent right of every child to life and survival. It obligates governments to ensure that children have the best possible chances of survival and development. This includes measures to reduce child mortality and preventable deaths.
- **Right to Health (Article 24)** addresses the right of the child to the highest attainable standard of health which includes access to healthcare services, clean drinking water, nutritious food, and measures to reduce infant and child mortality.
- **Nutrition and Adequate Standard of Living (Article 27)** recognizes the right of every child to a standard of living. This includes ensuring that children have access to proper nutrition and safe living conditions that support their survival.

- **Protection from Harm**: The UNCRC contains provisions related to protecting children from harm, exploitation, and violence, which are all critical for child survival.
- **Non-Discrimination (Article 2)** emphasizes the principle of non-discrimination, which means that all children have equal rights to survival and development regardless of their race, ethnicity, gender, disability, or any other status.
- **Best Interests of the Child (Article 3)** requires that in all actions concerning children, the best interests of the child should be a primary consideration. This includes decisions and policies related to child survival and health.
- **Child Participation (Article 12)** recognizes the right of children to express their views in all matters affecting them. This includes decisions related to healthcare, nutrition,

Child development is another fundamental aspect of child rights and the UNCRC plays a significant role in its promotion and protection.

- Right to Survival and Development (Article 6) recognizes the inherent right of every child to life and to develop to their fullest potential. This right obligates various governments to ensure the survival and development of children.
- Best Interests of the Child (Article 3) of the UNCRC, places the child's well-being and development at the forefront of all decisions and actions concerning them.
- Health and Healthcare (Article 24) emphasizes the right of the child to the highest attainable standard of health which includes provisions for prenatal and postnatal care, access to clean water, nutritious food, and healthcare services. These factors are essential for physical and cognitive development.
- Education (Article 28 and 29) recognize the right of the child to education that is directed toward the development of the child's personality, talents, mental and physical abilities.
- Play, Recreation, and Cultural Activities (Article 31) underscores the importance of play, recreation, and cultural activities in a child's life. These activities are essential for the cognitive, social, and emotional development of children.
- Non-Discrimination (Article 2) - prohibits discrimination against children based on various grounds, including gender, race, ethnicity, or disability. Ensuring equal opportunities leads to the overall development of every child.

- Protection from Abuse and Neglect (Article 19) obliges states to take measures to protect children from all forms of physical or mental violence, injury, abuse, neglect, or maltreatment, which can hinder their development.
- Child Participation (Article 12) emphasizes the right of children to express their views freely in all matters affecting them, including those related to their development.
- Social Welfare and Standard of Living (Article 27) recognizes the right of every child to a standard of living adequate for their physical, mental, spiritual, moral, and social development.
- Adolescent Development (Article 34) emphasizes the importance of protecting adolescents from sexual exploitation and substance abuse, both of which can have a significant impact on their development.

The UNCRC offers a comprehensive set of rights to achieve the goal of **child protection.**

- Protection from Abuse and Neglect (Article 19) of the UNCRC specifically addresses the right of children to be protected from all forms of physical or mental violence, injury, abuse, or neglect. The states should take measures to protect children from harm within their families, schools, and other institutions.
- Child Participation (Article 12) recognizes children's right to express their views in all matters affecting them. This also translates that children should have a say in decisions related to their protection.
- Child Justice (Articles 37 and 40) - The UNCRC contains provisions that relate to child justice, ensuring that children in conflict with the law are treated in a manner that takes their age and best interests into account.
- Protection of Children in Armed Conflicts (Article 38) - calls for the protection of children during armed conflicts and prohibits the recruitment and use of child soldiers.
- Child Trafficking (Article 35) - addresses the issue of child trafficking and calls on states to take measures to prevent the sale, abduction and trafficking of children.
- Health and Well-being (Articles 24 and 27) highlights the right of children to enjoy the highest attainable standard of health and adequate standards of living. Access to healthcare should also be seen as essential for child protection.
- Education and Information (Articles 17 and 28) emphasize the importance of education and access to information for children. Education should also be seen

as a means of protection as it empowers children with adequate knowledge and skills to protect themselves from any sorts of harm.

- Non-Discrimination (Article 2) - Children are entitled to protection without discrimination of any kind.
- Best Interests of the Child (Article 3) guides child protection efforts, ensuring that decisions are made with the child's well-being as one among the major concerns.

The UNCRC places an obligation on states to create and enforce laws, policies and schemes which ensure the protection of children. It also emphasizes the importance of child participation, non-discrimination, and the best interests of the child in all matters related to child protection.

Child participation is seen as a fundamental right of children and is enshrined in Article 12 of the UNCRC, which is as follows:

"States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" 'For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law."

Some of the key aspects related to child participation are as follows:

- **Freedom of Expression** recognizes a child's right to freely express their views on matters that affect them. This includes their opinions, thoughts, and feelings on various aspects of their lives.
- **Respect for Age and Maturity** - Child participation should take into account the child's age and maturity level. Younger children may require different methods of engagement compared to older children to ensure their meaningful participation.
- **Opportunity to be Heard**- Children should be provided with opportunities to express their views, not only in everyday life but also in formal processes such as judicial and administrative proceedings. This allows children to have a voice in decisions that directly impact them.
- **Due Weight** - The views expressed by children should be given "due weight" in accordance with their age and maturity. This means that decision-makers, whether in the family, community, or the legal system, should consider the child's input seriously and take it into account when making decisions.

Despite the UNCRC's establishment of a global standard for child rights, significant disparities exist in its implementation. While most nations have ratified the convention, showcasing their commitment, the level of action varies considerably. Developing countries often face greater challenges due to limited resources, leading to insufficient allocation for child education, healthcare, and protection services. Cultural disparities also exist in several countries which make matters related to child rights and protection worse. Practices like child labour, marriage etc are viewed differently in certain contexts. With the advancement of technology, new hurdles have emerged, demanding measures for online safety and tackling issues like cyberbullying. Furthermore, environmental threats also necessitate adapting child protection strategies. International organizations like UNICEF play a crucial role in promoting child rights and supporting various governments in accelerating the progress towards child rights. Civil society and NGOs actively advocate, hold governments accountable, and bridge the policy-implementation gap. Moving forward, discussions regarding increased child participation in decision-making and incorporating their perspectives are essential. Addressing the root causes of child rights violations, such as poverty, conflict, and social inequalities, remains critical for achieving lasting improvements. The priorities of all Governments should be for child rights protection and promotion with a shared vision of leaving no child behind. While the UNCRC provides a framework, concerted efforts are needed to bridge the gap and ensure a world where every child flourishes and reaches their full potential.

At present, there are five articles in the constitution of India which have Children as their special focus. These articles are Article **21A, 24, 39 & 45 and 51A (k).**

Article 21A: The Right to Education inserted in constitution via 86th amendment act.

Article 24: No child below the age of 14 years shall be employed to work in any factory or mine or engaged in hazardous employment.

Article 39 (f): The State shall, in particular, direct its policy towards securing—

(f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Article 45: The State shall endeavour to provide, within a period of ten years from the commencement of this Constitution, for free and compulsory education for all children until they complete the age of fourteen years.

Article 51A (k): who is a parent or guardian to provide opportunities for education to his child or, as the case may be, ward between the age of six and fourteen years.

India's growth over the last two decades has contributed phenomenally to global human development. Extreme poverty in India reduced to 21 per cent, infant mortality has more than halved, some 80 per cent of women now deliver in a health facility and two million fewer children are out-of-school. These are significant achievements for a country that is home to nearly a sixth of the world's population. But challenges still remain and India's economic successes have not resulted in improved quality of life for everyone everywhere, especially women and children. High levels of malnutrition (38.4 per cent children are stunted), poor learning outcomes (only 42.5 percent of children in grade three can read a grade one text), vaccine preventable diseases and child labor persist. India is the only large country where more girls die than boys, with the inverse sex ratio at birth being 900 girls born for every 1000 boys. Globally 7 per cent more boys die under the age of 5 compared to girls but in India, 11 per cent more girls die under the age of 5. Children from rural areas, slums and urban poor families, scheduled castes, tribal communities and other disadvantaged populations suffer from multiple deprivations related to poverty, malnutrition, access to quality health services, child marriage, poor school attendance, low learning outcomes, lack of sanitation facilities, hygiene, and access to improved water.

Local government, the system of government that operates at the local level, typically within a specific geographic area, such as a city, town, county, or municipality. It is responsible for governing and providing various public services to the residents of that locality. The structure and responsibilities of local government can vary significantly from one place to another, as it is often determined by the laws and regulations of the country or state in which it exists.A local government is a specific institution created by a constitutional, legislative or executive power to deliver a specified range of functions within a clearly defined, smaller geographic region (Lansdown and Gerison, 2009). Generally, for a local authority to be considered a local government, it must fulfil four requirements: It must be a corporate body, have its own political leadership, perform local public functions, and prepare, approve and implement its own budget (Lansdown and Gerison, 2017).With the intention of fostering local development and improving the welfare of their citizens, local communities manage their own affairs, exercise their own rights, and carry out their own functions under a system known as local governance.

Giving people the direct ability to influence decisions that impact their everyday lives is a basic component of democratic governance. Although local governments, elected representatives, and community stakeholders collaborate to handle local issues and meet the needs of the people, local governance structures and methods differ throughout nations and areas. Local Government is the sphere of government where local authorities are allowed by law to issue acts or decisions to adjust the way of

governance (Hasluck, 2010). This is done basically on the responsibilities of a country that parliament decides to delegate by the laws to local governance. In this definition we find two important elements of local government, that of the existence of directly elected local bodies and local finances, which constitute common denominators of each local government (Aijaz, 2007). Local governance plays a crucial role in achieving the Sustainable Development Goals (SDGs) as it directly impacts the implementation and success of global targets.

The report of the World Commission on Environment and Development define SDG as 'Development that meets the needs of the present without compromising the ability of future generations to meet their own needs'.In the wake of unprecedented global challenges such as climate change, poverty, inequality, and environmental degradation, the international community came together in 2015 to set a transformative agenda for a better and sustainable future. The result was the adoption of the Sustainable Development Goals (SDGs) by 193 United Nations member states. These 17 interconnected goals serve as a universal call to action to end poverty, protect the planet, and ensure prosperity for all by 2030. The 17 SDGs are integrated - they acknowledge that decisions made in one area may have an impact on outcomes in others and that sustainable development must strike a balance between social, economic, and environmental goals. Each goal addresses a specific aspect of global challenges, aiming to create a more sustainable, equitable and prosperous world.

The pillars of sustainable development, also known as the "Four Dimensions of Sustainable Development," are a framework that complements and supports the achievement of the Sustainable Development Goals (SDGs). These pillars provide a broader perspective on the concept of sustainable development, taking into account not only economic factors but also social, environmental, and institutional considerations. Here are the four pillars of sustainable development:

Localization is a critical aspect of achieving the SDGs because it recognizes that sustainable development challenges and solutions vary from place to place, and it empowers local stakeholders to take ownership of the goals. It involves aligning the global goals and targets with the specific needs, priorities, and capacities of individual communities, cities, regions, and local governments.Overall, the localization of SDGs recognizes that sustainable development is not a one-size-fits-all concept. By tailoring the global goals to local circumstances, communities and local governments can address their unique challenges, foster ownership and commitment, and contribute to the broader global effort to achieve the SDGs by 2030.According to the Global Taskforce of Local and Regional Governments training documentation (2017), localizing refers to the process of adapting, implementing and monitoring the SDGs at the local level.The thematic approach to SDGs adopted by the Ministry of Panchayat

Raj, Government of India aims to ensure 'local action' for achieving the 'global plan' by localizing SDGs in rural areas through PRIs (Panchayati Raj Institutions), especially Gram Panchayats by clubbing 17 'Goals' into 9 'Themes'.The 9 broad themes adopted by the Panchayati Raj Institutions for achieving the SDGs 2030 are: Poverty Free and Enhanced Livelihoods Village, Healthy Village, Child Friendly Village, Water Sufficient Village, Clean and Green Village, Self Sufficient Infrastructure in Village, Socially Secured Village, Village with Good Governance and Engendered Development in Village.

Child-friendly local governance is built on the principles of inclusivity, participation, and accountability. It strives to ensure that children's voices are heard and taken into consideration when making decisions that affect them directly or indirectly. This approach aims to create a supportive and nurturing environment for children, promoting their well-being, development, and safety. In this era of urbanization and rapid development, child-friendly local governance is more important than ever. Cities and towns must evolve in ways that are conducive to the healthy growth of children, recognizing their unique needs, challenges, and potential. By fostering child-friendly communities, local governments not only enhance the quality of life for their youngest residents but also contribute to the overall well-being and vitality of the entire community.This concept goes beyond just child-friendly spaces or facilities; it encompasses a holistic approach to governance that considers the physical, social, and cultural aspects of children's lives. It encourages collaboration between government bodies, civil society, and the private sector to ensure that children have access to education, healthcare, recreation, and opportunities for personal development. Through a child-friendly local governance framework, communities can create a brighter future where children are active participants in shaping the world around them, making it a more inclusive and equitable place for all.

Need and Significance of the Study

Child well-being is paramount to a society's progress and future. This study explores Child-Friendly Local Governance across five Panchayats in Kerala, India. CFLG focuses on creating an environment that upholds children's rights and ensures their holistic development.

This study is significant for Understanding CFLG Implementation in Kerala. This study will assess how Panchayats are adhering to these critical child rights. Several Sustainable Development Goals (SDGs) focus on child well-being, such as quality education and good health. This study will explore how CFLG contributes to achieving these goals at the local level. The findings can inform policymakers and Panchayat

leaders on strengthening CFLG frameworks and practices, ultimately improving the lives of children in Kerala.

This research will bridge the knowledge gap on CFLG implementation and its impact on children's well-being in Kerala. The recommendations derived from this study can be a valuable resource for policymakers, Panchayat leaders, and advocates working towards creating a more child-centered society.

Scope of the Study

This study focuses on exploring CFLG across five Panchayats in Kerala. It will examine existing policies and frameworks related to CFLG within the Panchayats, and Delivery mechanisms for child-related services like education, healthcare, and protection. The study analyses the level of child participation in decision-making processes and factors that facilitate or hinder effective CFLG implementation. This study is designed to provide a comprehensive understanding of CFLG within the chosen scope.

Research Questions:

1. Conditions and status regarding the Child Friendly Local Governance
2. Status about the various child related issues especially Health, Education , Nutritional Status, Water and Sanitation, Girl Children, and Child Participation.

General Objectives:

Analyze the Conditions of the Child Friendly Local Governance and the role of LSGIs in Changing their status quo.

Specific Objectives:

1. To assess the nutritional status of the population residing in the panchayat
2. To compare the overall nutritional status of the population residing in the panchayat
3. To analyse the overall health and well being of children
4. To compare the health and wellbeing of children among total population
5. To analyse further areas for improvement in the grama panchayat's educational service delivery.
6. To compare the overall educational service delivery of total population
7. To assess the well-being of girl children in the panchayat with a focus on education, health, and safety.

8. To compare the overall well-being of girl children in the panchayat, specifically focusing on their education, health, and safety, among the total population.
9. To Assess the Child-Friendliness in Water and Sanitation sector of the Gram Panchayats
10. To compare the level of child-friendliness in the water and sanitation sector among the total population of 5 panchayats.
11. To analyse the role of panchayats in ensuring child protection and promotion of social inclusion
12. To compare the overall effectiveness of panchayats in ensuring child protection and promoting social inclusion
13. Evaluate the impact of child participation on panchayat decision-making and outcomes.
14. To compare the impact of child participation on panchayat decision-making and outcomes among the total population of 5 panchayats or overall.

Conceptual Framework:

Child-Friendly Local Governance (CFLG) may be considered as a strategic frame to provide overall guidance to the Government in realizing and mainstreaming the rights of children into the local government system, structure, policies and process. It also seeks to empower children to influence decisions about them by the respective level of Governments, express their opinion on governance and to freely participate in play and social activities. It understands the needs of children in a rights-based frame (KILA, 2016 a). CFLG is a strategic framework that ensures children as the limelight of the development agenda and promotes child rights through good governance from the local level. Protecting the rights of the children and ensuring them to access all necessary entitlements and facilities have always been the duty of the society

After identifying and analysing the problem by the Gram panchayat, there is need for reform in the framework of LSGIs at the regional levels.

Data Collection Procedure

In this study, researchers employed a house-drop off survey method, a variation of the normative survey design. This common approach in educational research involves gathering data on how things typically function within a particular educational setting. To collect the data, household surveys were conducted in the respective Gram Panchayats. Individual data of all the children in the Panchayat and Panchayat level data were collected liasoning with concerned departments and agencies.

Variables of the Study

- Nutritional security
- Child health and Well-being
- Quality Education
- Girl Children
- Water and sanitation
- Child protection, social inclusion
- Participation

Research Methodology:

The study adopts a mixed research methodology combining both qualities and quantitative tools of data collection. Quantitative methods include semi structured key informant interviews, Focus Group Discussion, Desk review and Document Analysis. A Questionnaire survey will be used to collect quantitative data.

Limitations of the Study

This study acknowledges some limitations. The findings may not be generalizable to all Panchayats in Kerala due to the limited geographical scope. Reaching out to children and ensuring their meaningful participation in the research process was not completed to the fullest extent as some data of children were collected through their parents. Despite these limitations, the study aims to provide valuable insights into CFG practices in Kerala and contribute to ongoing efforts to create a child-friendly environment across the state.

Organisation of the the Study

There are four more chapters in this study. Chapter 2 gives a brief review of some related studies. Third chapter explains the sources of data used and details of the methodology applied. Statistical Analysis of the study are presented in chapter four. The last chapter five gives a brief summary, findings and the conclusions derived from the study.

CHAPTER 2

REVIEW OF LITERATURE

Review of Related Literature

A researcher should know his/her area of study thoroughly while doing research. The excellent way for obtaining more knowledge on the topic of study is to go through various theories related to the variables selected for the study. Another way is to go through the past studies on the topic. "A careful review of the research journal, books, dissertations, thesis and other sources of information on the problem to be investigated is one of the important steps in planning any research study" (Koul, 2013).

The review of related literature of the same topic of interest helps the researcher to find the various aspects of the problem. It also gives an insight into the result of the present study he/she is conducting. The more a researcher goes through others' studies the more he/she can explore the problem. The review of related literature can be called as a bridge between the past and the present.

With an aim of exploring the subject area of the study, the researcher went through various researches done in the past. Document analysis and interviews were also conducted for acquiring more information about the life of each community. The reviews of the studies are presented in this chapter under the following headings.

Theoretical Overview of Child Friendly Village:

The 2030 Agenda for Sustainable Development represents the highest aspirations for a bright future for the world's children and is a crucial opportunity to realize the rights of the child worldwide. It provides a clear framework for implementation and aims to improve children's lives through a universal agenda with clear goals and targets. Fulfilling children's rights is a prerequisite for realizing the 2030 Agenda. A child rights-based approach is multi-pronged, multi-level, realizes all civil, cultural, economic, political, and social rights, and recognizes the inherent links between sustainable development and children's rights. States should ensure child participation, involve national human rights institutions, and conduct child rights impact assessments that examine the effects of proposed actions on children and fully respect children's rights.

Considerable progress has been made towards the Sustainable Development Goals since 2015. Children are in better health and stay in education for longer. Conflicts, environmental, financial, health and humanitarian crises place children at risk of multiple rights violations, violence, marginalization, and discrimination. More than

half of children and adolescents do not meet minimum literacy and numeracy standards, and an estimated 250 million children under 5 in low- and middle-income countries may not reach developmental potential. Furthermore, children are more than twice as likely as adults to live in poverty. Without accelerated action, systematic, concrete implementation and lasting solutions at the international, regional, national, and local levels, the SDGs will not be met by 2030 and children will continue to be left behind.

The 2030 Agenda reaffirms States' obligations regarding children's rights by framing implementation in line with obligations to respect, protect and fulfil human rights. The application of human rights standards and principles, including the United Nations Convention on the Rights of the Child and its Optional Protocols, are also a crucial means through which the SDGs can be achieved. A universal, integrated approach is needed to implement the 2030 Agenda in a manner which protects and promotes children's rights, recognizing the relevance of all SDGs to all children, their rights, well- being and development in all countries at all stages of their childhood. The 2030 Agenda is closely aligned with the indivisible, inalienable and universal nature of children's rights. In particular, inequality, poverty and discrimination, which are central to the agenda, are intergenerational and significantly affect the realization of children's rights and children's well-being worldwide.

The child rights and sustainable development agendas are mutually-reinforcing. Children's rights can guide effective delivery, in which all children, including those most marginalized and at greatest risk of being left behind, are reached. A rights-based approach to sustainable development can strengthen human rights implementation at all levels and advance children's rights. Under the Convention on the Rights of the Child, States must respect, protect and fulfil the Convention rights without discrimination. The Convention is the primary legal framework that establishes State obligations regarding the rights of the child, and the Committee on the Rights of the Child assesses State compliance with the Convention and its Optional Protocols. The Convention provides a comprehensive framework of rights that are central to the SDGs, including health, education, housing, adequate standard of living, social security, non- discrimination, protection from violence and exploitation, participation, and the freedoms of expression, assembly and information, among others. Therefore, respecting, protecting and fulfilling children's rights also means achieving universal sustainable development.

In order to ensure that children's rights are fully realized and that children are not left behind in the implementation of the SDGs, a systematic child rights-based approach with the Convention on the Rights of the Child at the center is required. Child rights principles should guide the agenda's implementation, particularly non-

discrimination, the best interests of the child, the right to life, survival and development, and participation. States must adopt a comprehensive approach prioritizing children's rights and integrating them into the formulation, planning, implementation, monitoring, follow-up and review of development frameworks, policies, programmes, and projects.

There are many reasons to put children at the center of the SDG agenda. The child rights and sustainable development agendas are mutually-reinforcing. Childhood has been recognized as an appropriate stage for policy focus, given that governments have committed to realizing children's economic, social, political, and cultural rights to the maximum extent possible under the UN Convention on the Rights of the Child. A good reason for focusing on children in the SDG framework is that supporting progress for children is one promising way to meeting the long-term, multiple ambitions of the SDG agenda. As India embarks on closing the gap on Sustainable Development Goals, the last mile delivery becomes a crucial step in achieving the goals and commitments on SDGs. The principal actor in the last mile delivery would be the Local Governments.

An Overview of Child Friendly Village in the perspective of Kerala:

The Child Friendly Village (CFV) initiative in Kerala is deeply intertwined with the Sustainable Development Goals (SDGs), providing a framework for achieving sustainable development while prioritizing the well-being and rights of children.

Interlinkages with SDGs into Child Friendly Villages:

1. **Goal 1: No Poverty:** CFV initiatives focus on poverty alleviation by enhancing livelihood opportunities for families, ensuring access to essential services, and promoting economic empowerment, thus contributing to breaking the cycle of poverty and achieving sustainable development.
2. **Goal 2: Zero Hunger:** CFV programs address food security and nutrition by implementing initiatives such as nutrition programs, promoting sustainable agriculture practices, and ensuring access to clean water and sanitation, thus supporting efforts to eradicate hunger and malnutrition.
3. **Goal 3: Good Health and Well-being:** CFV prioritizes the health and well-being of children and communities through initiatives such as healthcare services, maternal and child care, immunization programs, and access to clean water and sanitation, aligning with efforts to ensure healthy lives and promote well-being for all.
4. **Goal 4: Quality Education:** CFV initiatives promote access to quality education by improving school infrastructure, providing educational support programs,

and enhancing teacher training, thus contributing to the goal of ensuring inclusive and equitable quality education for all.

5. **Goal 5: Gender Equality:** CFV programs promote gender equality by ensuring equal access to education, healthcare, and opportunities for boys and girls, fostering a culture of respect and empowerment for all genders within the community.

6. **Goal 6: Clean Water and Sanitation:** CFV emphasizes access to clean water and sanitation facilities, promoting hygiene practices and sustainable water management, thus supporting efforts to ensure availability and sustainable management of water and sanitation for all.

7. **Goal 11: Sustainable Cities and Communities:** CFV fosters the development of sustainable rural communities by promoting inclusive and participatory approaches to community development, ensuring access to essential services, and prioritizing environmental sustainability.

8. **Goal 16: Peace, Justice, and Strong Institutions:** CFV initiatives promote child protection mechanisms, community participation, and inclusive governance, contributing to the establishment of peaceful and inclusive societies for sustainable development.

Major Activities under Child Friendly Villages:

1) PUNNAPRA SOUTH GRAMA PANCHAYAT

Situated in the picturesque Alappuzha District of Kerala, Punnapra South Grama Panchayat epitomizes the serene beauty and vibrant community life of the region. Covering an area of 9.153 square kilometres with 17 wards, this dynamic Panchayat in Ambalapuzha Taluk lies just 1 meter above sea level. With a population of 344,426 residents residing in 7,855 families, including 16,003 males, 18,423 females, and 4,884 children, it reflects a diverse and inclusive community. Surrounded by Ambalapuzha North Grama Panchayat to the south, Punnapra North Gram Panchayat the north, Pookaithayar to the east, and the captivating Arabian Sea to the west , the Panchayat's territorial boundaries echo the breadth of its communal cohesion.

Punnapra South Grama Panchayat has undertaken extensive efforts towards its vision, notably completing the Child Friendly Survey and establishing CWPC and CWPC Ward Committees, enhancing community capacity to address children's needs.

Initiatives like forming CAB and CRC further bolster child welfare endeavours, while awareness sessions, household-to-institution sticker campaigns, and child-friendly boards foster parental engagement. In prioritizing maternal and child health, the Panchayat has introduced breastfeeding centers in all institutions and achieved

full Aadhaar enrollment. Strict measures are in place to prevent feticide in hospitals under the panchayat's limits. Awareness campaigns are conducted by the Family Health Centre (FHC) and Integrated Child Development Services (ICDS) to promote this cause.

Under the Pradhan Mantri Matru Vandana Yojana (PMMVY), mothers are provided Rs. 5000 if their second child is a girl, encouraging the birth of girls. Anganwadi workers actively visit eligible beneficiaries to register them for PMMVY and provide necessary assistance. The Body Mass Index (BMI) of all girls within the panchayat is monitored, and nutritional assessments are conducted. Nutritional counseling is provided with the assistance of nutritionists to ensure proper diet and health. Girl-friendly toilets are established in all schools, and menstrual cups are distributed to 4000 girls under the direction of the FHC Medical Officer.

The Beti Bachao Beti Padhao campaign enabling girls to pursue higher education and creating awareness against gender discrimination, dowry, and child marriage is facilitated through the 26 Anganwadis of the panchayat. The panchayat has also organized self-defense training classes, awareness sessions on cyber crimes, apart from yoga lessons for children between the age of 11 and 18. Commitment to universal education is evident through a Library Membership Campaign, Bala Panchayats, and successful implementation of the Menstrual Cup program, alongside provisions for SSLC exam preparation and the "One table, one chair" initiative in government schools. Educational improvements extend to classroom libraries, the VarnaKudaram Scheme, and equipping Anganwadis with basic facilities and cold rooms.

Moreover, initiatives like awareness programs for couples and sensitization sessions for expectant mothers-in-law underscore the Panchayat's dedication to reproductive health and family welfare. Children with disabilities are identified and referred to DIC clinics with the help of RBSK nurses and JPHN. Anganwadis are equipped with calibrated weighing equipment, and children aged 0-3 are weighed monthly, with data recorded on a potion tracker and growth chart.

Data collection of vulnerable children is prioritized, and vulnerability mapping is conducted. A special squad monitors the welfare of vulnerable children at the ward level, providing home visits and counseling. Road safety awareness classes are organized in schools, and school buses adhere to a code of conduct designed by the School Management Committee and Staff Council. Special vehicles and roads adapted for differently-abled children are provided.

Addressing social issues, the Panchayat organizes anti-drug awareness programs, anti-dowry campaigns and agricultural familiarization sessions for children, promoting a secure and enriching community environment.

2) PADIYUR-KALYAD PANCHAYAT

Padiyoor-Kalliad Grama Panchayat is a part of Iritty taluk in Kannur district of Kerala. Padiyoor is located on SH 36 between Iritty and Irikkur towns. It is about 7 km from Iritty and 10 km from Irikkur. Padiyoor town is located near the reservoir of Pazhassi Dam. Padiyoor Town is the center of all Panchayat activities and the Panchayat Headquarters is situated here. As of the 2011 Census, Padiyoor village had a total population of 12,144. It is spread over 25.44 km2 (9.82 sq mi) area with 2,758 families residing in it. Padiyoor has an overall literacy rate of 93.4%.

A Child Advisory Board and a Child Resource Center were formed involving people with expertise in different areas of the region. These groups were trained at KILA as well as Panchayat level. In order to understand the current conditions of the children, a survey was conducted by visiting all the households with children using a prepared questionnaire. Survey analysis was also done using the expert team at KILA.

A Ward-level Child Protection & Welfare Committee was formed in all the wards of the Panchayat and training was given to all the members in two phases.

All the constituent institutions of the panchayat, schools, libraries, youth clubs, Kudumbashree neighborhood groups etc. held discussions about the project and convinced the necessity of community and family involvement in the growth and development of children. Through such activities, it has been decided to bring the concept of child-friendliness to the entire people and implement the projects implemented by all departments and institutions in a child-friendly manner.

Activities

1) **Distribution of toys to Anganwadis:** Padiyur Kalliad Gram Panchayat distributed play equipment and toys to the Anganwadi children as part of the implementation of the Child-Friendly Village Programme, with the aim of providing quality infrastructure to all Anganwadis. Equipment was provided to 25 Anganwadis in the panchayat. Panchayat President B Shamsuddin inaugurated the program held at Puthanparambu Anganwadi. Welfare Affairs Standing Committee Chairman KV Thangamani presided over the program. Supervisor K Shaima welcomed the participants of the program and Anganwadi teacher Chandrika gave a vote of thanks.

2) **Anganwadi Kalolsavam/Festival:** Anganavadi Kalothsavam (Festival) was organized under the leadership of Padiyur Kalliad Gram Panchayat. Gram Panchayat President B Shamsuddin inaugurated the Kalotsavam held at Patiyur Government Higher Secondary School. Children from 25 Anganwadis under the Panchayat participated in the Kalolsavam presided over by Vice President R Mini.

3) **Menstrual hygiene and reproductive health:** An awareness class was organized for all the adolescent children in the Panchayat area to understand the importance of menstrual hygiene and reproductive health for the adolescent children of Padiyur-Kalliad Gram Panchayat. The children were given knowledge about the new methods and the comfortable menstrual days they provide instead of the old methods. Children also shared their experiences that the sanitary pads and the unsanitary practices provided by them made the children suffer psychologically. Cotton pads and menstrual cups were distributed free of cost to teenagers instead of sanitary pads, which cause a lot of health problems and damage to nature.

4) **Importance of nutrition & Anaemia screening:** Anaemia is a major health problem because it can affect many aspects of a person's life, including physical and cognitive performance. This can affect the immune system and make individuals more susceptible to infection. Anaemia screening for all children and awareness classes on the importance of malnutrition were organized for early detection and treatment of anaemia in children.

5) **Anti-drug Awareness Campaign:** Under the leadership of Padiyur Kalyad Gram Panchayat, an anti-drug campaign was organized by including the schools under the panchayat by upholding the anti-drug message. The Anti-Drug Awareness Walk toured all the schools and towns of the Panchayat. Such a program was organized with the aim of creating the necessary awareness among the people to eradicate the menace of drug addiction from society. Educating the people is a big responsibility in the era when the scourge of drug addiction is spreading in such a way that it destroys the society and the new generation. Every citizen needs to come forward to correct those who use drugs, to free them from drugs, to identify and isolate children and society until they are pushed into drugs, and to bring them before the law.

6) **Children's Leadership Camp**: Having enough time and space to play gives children a chance to meet and interact with their friends. It makes them physically active. It gives them the freedom to choose their comfortable means of entertainment. Children are given an opportunity to interact with other children and boost their confidence by developing new skills. It is a gathering of children to showcase their talents through various activities of Balasabha and serve as a platform to showcase newly mastered skills. Under the initiative of Padiyur Kalyad Gram Panchayat, Balasabha organized the children's leadership camp under the name 'Kaliyum Chiriyum'.

7) **Children's Haritha Sabha (Green Society/Club)** : It was conducted with the aim of ensuring a proper cleanliness system in all the institutions which provide

services to children. Panchayat President B Shamsuddin inaugurated the activities of Haritha Sabha. The Panchayat President administered the oath to the children. Panchayat Vice President R Mini presided over the event. The green club leaders of schools in the panchayat presented their school green club activity reports. Health Inspector Rubina answered the children's questions. Exhibition of charts related to waste generation was organized. The exhibition addressed topics such as the harms of plastic, soil conservation and the activities of the Green Corps.

8) **Health awareness programme:** For the comprehensive physical, mental and health development of children, under the leadership of Padiyur Kalyad Gram Panchayat, health programs have been developed for children in various schools. Along with ensuring physical and mental growth, the main objectives also include early detection and intervention regarding learning disabilities and visual disabilities apart from free treatment of common diseases like anaemia and malnutrition among children, hygiene promotion and awareness of good menstrual practices. A continuous working relationship is to be established between the schools and the local family health centers. Health promotion, health screening, distribution of iron and worm pills and vaccination promotion will also be done under their supervision. Teachers and students will be trained in first aid. It also aims to address the following matters including Anaemia, nutrition, emotional well-being, nurturing relationships, preserving values, gender equality, health sanitation, prevention of drug abuse, prevention of lifestyle diseases by promoting exercise, HIV consciousness, reduction of violence and accidents, safe use of the Internet, etc.

3) KADIRUR GRAMA PANCHAYAT

Kadirur, a census town and city suburb of Thalassery within the Thalassery Taluk of Kannur District, Kerala, India, is located approximately 8 km (5.0 mi) from Thalassery Township along the Tellicherry-Mysore road. As of the 2011 Census, it had a population of 31,087, with a balanced gender distribution and an area covering 12.3 km2 (4.7 sq mi). Kadirur boasts a commendable sex ratio of 1232, surpassing the state average, and an impressive literacy rate of 97.7%. The town prioritizes education, with six schools catering to its residents. Additionally, it is committed to community welfare through initiatives like Kudumbasree programs and health camps. Kadirur's 18 wards in the Panchayat system ensure inclusive governance and collective prosperity. Notably, it fosters its youthful population, with around 4,365 children, reflecting its dedication to their holistic development through child-friendly programs and educational interventions, ensuring a bright future for all.

Activities

Currently, the panchayat oversees the successful operation of 30 Anganwadis, 2 Higher Secondary schools, and 21 LP&UP Schools. Notably, each ward hosts a balasabha, led by Kudumbashree, aimed at enhancing educational outcomes across the local schools.

Initiating digital literacy for primary teachers as early as 1997-98 has proven foundational, fostering an environment where children learn alongside their dedicated educators. The "I Can English Programme" has further extended educational opportunities, particularly benefitting adults over 40 who missed out on English learning during their childhood.

In recognition of World Children's Book Day in 2021-22, the Pusthaka Kathir initiative, facilitated by Kudumbashree CDS balasabha, launched a mobile library, distributing 250 books valued at Rs. 37,000. Additionally, under the guidance of renowned sportsman Shri G Ravindran, the "Talent Hunt" program has cultivated a vibrant sports culture, imparting swimming skills to over 2000 children through the aquatic club.

The panchayat's commitment to education is further underscored by initiatives such as specialized coaching for LSS and USS exams, resulting in 24 students receiving scholarships. Moreover, 424 girls have completed self-safety training, including karate, through the "Brave" program, supported by vigilance committees across all 18 wards.

The ongoing "Penkathir" project ensures the safety of children through the installation of complaint boxes in each ward, while efforts are underway to document the histories of local schools and publish them. "Kalimuttam," a magazine showcasing primary school students' creativity, adds to the cultural richness of the panchayat.

Recognizing the educational challenges faced by 6th-grade students, bridge courses are conducted with the aid of innovative teachers, addressing gaps in English language proficiency. Financial support for school renovations, infrastructure upgrades, and educational materials has totaled Rs. 10 lakhs, with additional contributions towards school amenities like toilets and waste bins.

Artistic endeavors are encouraged through the "Art Gallery" scheme, promoting local talent and displaying works by acclaimed artists like Neerav. Plans for a "Moving Art Gallery" in schools are underway, enhancing artistic expression among students.

Health initiatives include regular vaccinations and nutritious food distribution through Anganwadis, supported by an expenditure of Rs. 32,61,000. The establishment of Buds Special School on panchayat-owned land, covering 300 square meters, has

provided essential services like speech therapy and physiotherapy, bolstering the confidence of differently-abled children and their families. Future plans include procuring a school bus to facilitate transportation for these students.

The menstrual cups project was envisioned to alleviate financial burdens and reduce environmental pollution associated with sanitary napkin disposal while ensuring menstrual hygiene among women. Based on the suggestions that arose at the Gram Sabha level, projects were formulated as part of the 2023-2024 annual plan. These were followed by discussions at the Ward/Panchayat level. Recognizing the widespread public concerns regarding menstrual cup usage, numerous awareness sessions and IEC programs were organized with the help of Jagratha Samitis, health workers, ASHA and Anganwadi workers as well as Kudumbashree aiming to dispel myths and provide clear guidance on the use of menstrual cups. Awareness programs including flash mobs were also held by NSS and SPC volunteers. Students were given menstrual cups through their schools. Menstrual cups were distributed to over 2000 people within 3 years.

4) KOTTAYAM GRAMA PANCHAYAT

Kottayam Grama Panchayat, situated within the Kuthuparamba Panchayat Samiti and falling under the purview of the Kannur Zila Parishad, embodies a thriving rural community overseeing one village. With its administrative jurisdiction divided into 14 wards, the Gram Panchayat is represented by 13 elected members dedicated to local governance. Education takes center stage in this region, evident from the presence of 14 schools catering to the educational needs of the populace. The 2011 Census reports a population of 19,176 in Kottayam-Malabar census town, characterized by a balanced gender ratio, with 8,813 males and 10,363 females residing across an area of 8.43 square kilometers (3.25 sq mi), encompassing 3,815 families. Notably, the town boasts a commendable sex ratio of 1176, surpassing the state average, and a significant child population of 5,341 within the age group 0-6 years. Furthermore, Kottayam-Malabar prides itself on its impressive literacy rate of 96.2%, outperforming the state average, with male literacy at 97.7% and female literacy at 95%.

Established Child-Friendly Indoor Park within the Family Health Centre. Reading corner for children was facilitated within the Panchayat office. A moving children’s library was established to promote reading as a habit among children.

Baby-Friendly toilets were built. Karate training for girls and football training for boys were also conducted as part of Bala Sabha Stamina 2023.Menstrual Cup distribution drive was conducted in all wards for women along with awareness campaigns. Breastfeeding corners Friendship clubs and sessions named ‘Survival’, Drug awareness seminars.

On August 8, 2018, the Panchayat organizing committee formation meeting was convened at the EMS Memorial Auditorium. The meeting was attended by representatives of various political parties, volunteers, Anganwadi employees, school teachers, Kudumbashree workers, and health workers. The aim of the meeting was to gather suggestions and comments to make the panchayat child-friendly. The organizing committee was subsequently formed with the Panchayat President as the Chairman.

The information from a comprehensive survey was compiled and published under the name 'Kaliyunjal,' which included an analysis of the children's situation in Kottayam Grama Panchayat and the preparation of a playground. This document serves as a comprehensive development guide on children's development.

To enhance the sports abilities and health of children, football training under the name "Balasabha Stamina" and karate training for girls under the name "Shaurya Kottayam" were conducted. Kottayam Grama Panchayat boasts 19 Anganwadis, 1 Shishu Mandir, 12 LP Schools, 1 UP School, and 1 Higher Secondary School, all of which are well-equipped in terms of infrastructure and education.

A survey, conducted with the help of people's representatives and other appointed personnel, assessed the number of children in the panchayat, their educational institutions, the classification of their families into APL and BPL, and the main challenges they face in education and culture. This survey resulted in a comprehensive report outlining guidelines to address these issues.

Every year, the panchayat undertakes numerous activities to achieve the goal of becoming a child-friendly panchayat. Students from all the schools in Kottayam Grama Panchayat participated in the children's Harita Sabha held at the Kottayam Grama Panchayat Hall. During this event, children provided feedback on the steps taken by the panchayat to improve waste disposal and offered necessary suggestions.

The panchayat also conducts annual activities to improve the physical conditions of the children. Proper allocation of SSK funds has been ensured, and newspapers are distributed in schools. A resource center called "Snehita Calling Bell" has been launched for the benefit of children. Additionally, sanitary napkin destroyers have been installed in schools. Study materials and scholarships are provided to students in the SC region.

5) ANNAMANADA GRAMA PANCHAYAT

Annamanada is a village in a southern corner of Thrissur district in the Indian state of Kerala. It is situated 8 km from Mala and 10 km south of Chalakudy. The locals call Annamanada as "Annanta" and "Annamanta ''. Annamanada is the headquarters

of Annamanada Grama Panchayat, which includes 10-15 villages. Chalakudy River passes the east side of this village.

Implementation and Impact:

CFV initiatives in Kerala are implemented through collaborative efforts involving government agencies, NGOs, local communities, and international organizations. Monitoring and evaluation mechanisms track progress towards achieving SDGs, measuring indicators such as child well-being, education, health, and community development.

The Child Friendly Village initiative in Kerala serves as a model for sustainable development, integrating the principles of child rights, community participation, and environmental sustainability into local development efforts. By aligning with the SDGs, CFV contributes to achieving a more equitable, inclusive, and sustainable future for children and communities in rural areas.

Significance of the SDG theme

- Child friendly Grama Panchayat is getting momentum in India both in concept and practice. This has been particularly triggered by the intensive works by several Indian states including Kerala.
- The principal actor in the last mile delivery of SDG outcome is Gram Panchayats
- GPs need to make informed decisions related to children and to ensure public finance priority for children
- India is committed to realise rights of children as envisaged in UNCRC
- Progress for children is a way to prioritize SDG based outcomes. Therefore a child rights-based approach to SDG agenda is highly relevant
- GPDP guideline, Central Finance Commission grant and MoPR's award for Child friendly Panchayats provide enabling environment for promoting child friendly villages

The GPDP guideline by MoPR proposes inclusion of the following child friendly inputs in GPDP:

- **Child Protection:** GPs should focus on protection of children from violence and exploitation, such as child marriage, child labour, child abuse
- **Education:** GPs should recognize the importance of quality Early Childhood Education (ECE) and learning outcomes of children; transition to higher classes
- **Nutrition and Health:** GPs should assess nutritional status of children (0-18 years), including pregnant women.

- **Ensure 100% immunization, c**onduct social audit of neonatal and maternal deaths
- **Child Budgets:** Mandatory budgetary allocation for child centered priorities; child protection for all including early childhood (0-6 years), childhood (6-10), and adolescence (10-18)
- **Water and Sanitation:** Ensure safe hygiene and good practices for clean drinking water and sanitation in communities and households
- **Natural Disasters:** Prepare plans for the well- being of children during and after potential disasters- heat strokes, floods, earthquake, hailstorm, landslide
- **Localizing Sustainable Development Goals:** Review and monitor progress of parameters such as health, nutrition, education, hygiene, environment, livelihood, gender equality, inclusive society etc.

Studies related to Child Friendly Village

In this chapter some literature reviews relating to the study were given:

Alias Amelia et.al (2023) made a study on "A Tracer Study on Child Participation in Child Councillor Programmes Aimed towards Development of the Child Friendly Cities Initiative''. This study evaluates youth engagement as child counsellors in two programs in a single Malaysian city using Lundy's model of child participation, which emphasizes spaces, voice, audience, and influence. In this study, ten young people who had previously served as child councillors in a Malaysian state took part. The data collected through focus groups was analysed in this study utilizing theme analysis. It was evident from the data that adults—the responsible party still have a limited knowledge of meaningful kid participation. This research adds significantly to the small amount of literature on kids.

Marit Jansson et al. (2022) delve into the multifaceted concept of child-friendly environments (CFE), shedding light on the vital socio-physical qualities crucial for children's well-being. Emphasizing the significance of initiatives like the Child-Friendly Cities program, the authors highlight the need for broader exploration beyond children's participation processes. Their findings underscore the intertwined nature of social context and physical environment, emphasizing the importance of safety, fairness, and access to green spaces. This comprehensive examination serves as a foundation for collaborative efforts involving stakeholders such as planners and designers, essential for realizing CFE and advancing sustainable development goals.

Camarata Stephen et.al (2023) studied on "Adapting the UNICEF/WHO Nurturing Care Framework for speech language pathologists to support Sustainable Development Goal 4 ". This document aims to explain essential concepts and the

significance of parent/caregiver support in the Nurturing Care Framework and the SDGs. It is frequently overlooked how important parent/caregiver support is in fostering Nurturing Care and sustainable education. This article focuses on SDG 4, which is essential for people, communities, and societies to build an educational framework that utilizes and incorporates support from the family and the community. A program of universal developmental facilitators can be implemented within an educational and paediatrician/developmental paediatrician-oriented health care setting, according to the results obtained in China. In order to identify and meet the needs of children with developmental difficulties, the UNICEF/WHO Nurturing Care Framework and Sustainable Development Goal 4 are significant and cutting-edge initiatives that proactively involve paediatricians, speech-language pathologists, allied health professionals, teachers, and community stakeholders. The program's acceptance and effectiveness in China imply that it offers a model that can be modified globally within the framework of national health initiatives.

Eliana Riggio (2002) characterized the "child friendly" city discussed in this study, along with the institutional, financial, legal, and planning frameworks that support them. It describes the history of the idea of "child friendly cities" and how important it is to guarantee that every city complies with the Convention on the Rights of the Child. Examples from Spain, the Occupied Territories of Palestine, Croatia, Ecuador, Brazil, India, Bangladesh, Sweden, Lebanon, Albania, and the Ukraine are used to highlight the ideas and procedures of a child-friendly city.

Garcia and McCafferty (2023) made a study on "Children's Participation in Child Welfare: A Systematic Review of Systematic Reviews". The purpose of this study was to perform a systematic assessment of previous studies on the topic of children and youth involved with child welfare agencies and Article 12 of the UN Convention on the Rights of the Child (UNCRC). The goal of this systematic review was to adhere to the JBI Manual for Evidence Synthesis' recommendations regarding umbrella reviews. Predefined phrases were used to search fourteen databases. Following the writers' independent searches, 674 original hits were found for title and abstract searches. Out of those, fourteen were chosen following debate and included for complete independent reading. A JBI quality checklist consisting of eleven points was used to evaluate each systematic review. To identify the common themes among all systematic reviews, a thematic evaluation was carried out. Three themes came to light: (i) connections play a significant role in deciding whether or not participation is successful; (ii) children's voice is not taken seriously; and (iii) the context of participation is significant. We conclude that, even in the face of UNCRC mandates requiring their involvement in the child protection system, children and young people still have limited opportunities to voice their opinions.

A study on “Collaborative governance in providing facilities of Sungai Bambu Child Friendly Integrated Public Space, North Jakarta City” was conducted by Rahayu and Rahmaningtyas (2019). Finding out how the public and private sectors collaborate to provide Sungai Bambu Integrated Child Friendly Public Space (also known as Ruang Publik Terpadu Ramah Anak, or RPTRA) facilities in North Jakarta City is the goal of this study. Because it may offer an overview and conclusions about collaborative governance modeling in the building of RPTRA, this research is significant. Based on Emerson & Nabatchi’s (2015) Collaborative Governance theory, this study employs a post-positivist methodology. Data was gathered using documentation studies and interviews. The study’s findings suggest that there is a dynamic of responsive cooperation between many components. Public resources and service conditions, regulatory and legal frameworks, socioeconomic and cultural traits, political dynamics and power relations, and the history of conflict are some of the Context System variables that affect the dynamics of collaboration.

“Child Friendly Schools: Challenges and Issues in Creating a Positive and Protective School Environment” was the subject of research by Shinto Thomas et al (2018). This chapter’s goals are to offer a model of child protection through positive schooling and to critically assess school-based child protection initiatives. The goal of positive schooling is to make schools safer and healthier places to learn. Inclusion, character development, least restrictive environments, building well-being among students and instructors, and strength-based education are all prioritized in positive schooling. It seeks to establish a supportive environment where each learner has an equal chance to grow and learn. It places importance on a person’s general well-being and contentment in the classroom. It encourages the use of constructive teaching methods without the use of coercion or punishment. Bullying and abuse would be avoided if schools had a healthy culture that encouraged peer support and collaboration. By emphasizing on strengths rather than weaknesses, facilitators and learners would appreciate and encourage one another, which would ultimately create an inclusive environment that could accommodate everyone. The chapter also emphasizes the necessity of stronger school-based policies, the need for collaboration between teachers, parents, counselors, and school administrators, and the need for qualified professionals like counselors in school settings.

Viviana A. Cordero-Vinueza et al. conducted a comprehensive literature review titled “Making Child-Friendly Cities: A Socio-Spatial Literature Review (2023)” to investigate the concept of child-friendliness in urban planning from 2001 to 2020, utilizing Scopus as a primary database. The study employs systematic literature review techniques and bibliometric tools to analyze existing research and identify gaps in understanding. The findings reveal a multi-dimensional understanding of child-

friendly cities encompassing children's rights, the physical environment, and governance structures. However, the study highlights a notable gap in comprehending the governance mechanisms crucial for translating children's rights into appropriate urban environments. This suggests a need for further research in this area. In conclusion, the paper proposes a research direction aimed at addressing the identified gaps to advance the creation of child-friendly cities. By filling these gaps, the study suggests that policymakers and urban planners can better facilitate environments conducive to the well-being and development of children within urban spaces.

"Designing a Safe and Friendly Environment for Women and Children in Rural Community," Chawa A.F. et al. emphasize the pressing need to address vulnerabilities encountered by women and children in rural settings. They propose a comprehensive strategy focusing on structural and cultural changes to establish positive living environments. The study advocates for the creation of institutional networks and the development of program recommendations, underscoring the importance of stakeholder participation and integration for effective implementation. Through a detailed examination of challenges such as domestic violence and educational disparities, this research significantly contributes to the discourse on enhancing safety for vulnerable populations in rural communities.

The study "Reflection on the Implementation of Children's Participation Rights (Based on Lundy's Participation Model)" by Solin and Ruwaida (2022) explores the practical application of children's participation rights, utilizing Lundy's model. While past research has primarily examined spatial aspects of children's involvement, the study emphasizes voice, influence, and audience as integral components. Through qualitative analysis of the Children's Forum in East Jakarta, it identifies a disconnect between theoretical discourse and real-world implementation. Despite providing spaces for children's participation and voice expression, governmental mechanisms for follow-up and impact assessment are lacking, resulting in limited influence on decision-making processes. This highlights a prevalent perception that children are incapable of meaningful involvement in public affairs. The findings underscore the necessity for comprehensive strategies to ensure genuine participation and empowerment of children in societal decision-making.

Amoah and Asamoah's (2022) study, "Child survival: the role of a mother's education," addresses the critical link between maternal education and child survival in Ghana. Utilizing the Ghana Demographic and Health Survey Dataset from 1988 to 2014, the study employs a negative binomial model to analyze 33,896 observations. Their findings reveal a significant inverse relationship between maternal education and child mortality, with education serving as a key determinant in saving children's lives. The study underscores the importance of women's education, particularly at

the basic level, in promoting child health outcomes. It advocates for integrating health education into academic curricula and leveraging community-level programs to disseminate health knowledge effectively. By recommending a non-donor-funded approach aligned with the Ghana Beyond Aid policy, the study emphasizes the need for sustainable strategies to empower women and improve child survival rates in Ghana.

Bornstein et al.'s study presents a seminal contribution to the understanding of child development in developing countries (2012) through the lens of the Multiple Indicator Cluster Survey (MICS). The MICS serves as a vital instrument for investigating both protective and risk factors influencing child development within these contexts. The introduction meticulously delineates the conceptual framework underpinning the MICS and elucidates its nature, emphasizing its capacity for generating nationally representative and internationally comparable data. Subsequent articles within the Special Section sequentially explore key aspects of child development, namely nutrition, parenting, discipline and violence, and the home environment. These articles address pivotal questions concerning the variability of these developmental indicators across developing and under researched nations and the relationship between national development indices and child well-being within each thematic domain. The literature review underscores the significance of this research in bridging the knowledge gap regarding child development in diverse socio-economic settings. By systematically examining various facets of children's environments and experiences, the study sheds light on the multifaceted determinants of child development in developing countries. Furthermore, the inclusion of policy implications derived from international findings underscores the practical relevance of the research, offering actionable insights for policymakers and practitioners alike. Bornstein et al.'s study not only provides a comprehensive overview of child development in developing countries but also lays the groundwork for informed policy interventions aimed at fostering optimal outcomes for children in these contexts. Its rigorous methodology, coupled with its broad scope and practical implications, positions it as seminal work in the field of global child development research.

In their study "Improving Child Nutrition in India: Assessing the Integrated Child Development Services Program," Lokshin, Das Gupta, Gragnolati, and Ivaschenko (2005) evaluate the efficacy of India's Integrated Child Development Services (ICDS) program. Using data from NFHS surveys, they uncover a regressive distribution of the program across states, with high-need regions receiving disproportionately low coverage and funding. While poorer villages have better access within states, outcomes remain poor. Despite substantial investment, the study finds minimal improvement in child nutrition, indicating a gap between program implementation

and desired results. This research underscores the importance of equitable resource allocation and effective program implementation to address the persistent challenge of child malnutrition in India.

In "Inclusion: Dimensions of Inclusion in Education," Ane Qvortrup and Lars Qvortrup (2017) redefine the concept of inclusion beyond its traditional association solely with students with special needs. They argue that inclusion encompasses all children and advocate for an operational definition grounded in systems theory. The article introduces three dimensions of inclusion: levels, types of social communities, and degrees of inclusion/exclusion. It emphasizes that inclusion is not binary but exists on a spectrum within various social contexts, including classrooms, schoolyards, and interpersonal relationships. By presenting a comprehensive matrix definition, the authors align with contemporary understandings of inclusive education. Qvortrup and Qvortrup's framework offers a nuanced perspective, essential for policymakers, educators, and researchers striving to create truly inclusive learning environments.

"Tackling Child Undernutrition in India: Governance Challenges Need More Attention" by Jaydeep Biswas and Jaya Singh Verma (2009) provides a comprehensive analysis of India's efforts to address undernutrition through the lens of governance. The article effectively utilizes the DFID's governance framework, emphasizing the importance of state capability, accountability, and responsiveness in combating undernutrition. By examining political leadership, the Integrated Child Development Scheme (ICDS), and the Right-to-Food (RTF) campaign, the authors offer valuable insights into the strengths and shortcomings of India's approach. The integration of a legal advocacy component, particularly through the Supreme Court's intervention, underscores the multifaceted strategies required to address such complex challenges. Overall, the article serves as a significant contribution to the literature, shedding light on the governance aspects crucial for effective policy implementation in tackling child undernutrition in India.

"Child Participation in Local Governance" by Meda Couzens (2016) offers a thought-provoking exploration of the complexities surrounding children's involvement in decision-making processes at the local level, within the context of the UN Convention on the Rights of the Child (CRC). Couzens astutely observes that while the CRC has undoubtedly elevated the visibility of child participation and conferred a legal basis for it, this has not necessarily simplified the practice. Instead, the CRC's emphasis on both protection and participation has created a nuanced landscape where the actualization of children's agency faces challenges and contradictions. Couzens adeptly navigates through the intricacies of defining child participation within the framework of governance, addressing the tension between legal entitlements and practical implementation. The article sheds light on the diverse initiatives aimed at

promoting child participation, highlighting the variability in quality and the ensuing debates over the desired outcomes. By focusing on children's participation in local governance, Couzens delves into an area where decisions profoundly impact children's lives. Through this lens, the article invites critical reflection on the evolving nature of child participation and the inherent complexities in balancing protection and empowerment. Overall, Couzens' work serves as a valuable contribution to the literature, prompting further inquiry and dialogue on the challenges and aspirations surrounding meaningful child participation in governance processes.

PDI Status

The "Panchayat Development Index" (PDI) is a methodology used in India to evaluate and track the general development advancement of panchayats, which are rural or village-level local self-government entities. The Panchayat Development Index seeks to assess both the socioeconomic progress made in these areas and the efficiency of local government. The Panchayat Development Index evaluates how well panchayats perform in several development-related areas by taking into account a number of factors and indicators. Infrastructure development, access to healthcare, education, sanitation, possibilities for employment, social inclusion, and financial management are only a few examples of these criteria. The PDI offers a thorough knowledge of the development status and advancements achieved in each panchayat by analysing these variables.

A specific application of the Panchayat Development Index at the state level is the Local Indicator Framework (LIF) for the development of panchayaths in Kerala. Kerala, an Indian state, is renowned for its decentralised administration and focus on neighbourhood-level planning and development. The LIF offers a more specific and localised way to monitoring development progress and is created to fit the specific circumstances and needs of the state. To appropriately evaluate the performance of each panchayat in the area, the LIF for Kerala would probably integrate state-specific metrics and data sources. The aims and strategies of the Kerala state government may also be taken into consideration, allowing development efforts to be coordinated with the unique requirements and difficulties experienced by various panchayats. Overall, the Local Indicator Framework and the Panchayat Development Index are instruments that assist local governments in monitoring, assessing, and planning for sustainable development in their region, with a concentration on the grassroots level. In order to effectively execute development programmes for the benefit of the local communities, these frameworks are necessary for identifying the advantages and disadvantages of local government

CHAPTER 3

METHODOLOGY

Methodology

A systematic approach to solving a problem always gives better results. In the field of research, a problem is solved in a systematic way, which is known as research methodology. Methodology can be said as the outline of the way in which the researcher is going to undertake the study.

A researcher has to adopt the suitable method for studying the problem. It is on the research method the success lies. The researcher has to plan the method in detail, thus producing a valid and reliable result.

This chapter explains in detail the steps followed by the researcher to reach the findings. The methodology is presented under the following headings:

- Method Adopted for the Study
- Variables of the Study
- Sample Selected for the Study
- Procedure of the Study
- Tools Used for the Study
- Statistical Techniques Used for Analyzing the Data

Method Adopted for the Study

The researcher followed a normative survey method for conducting this study, the most common approach to find solutions to the problems in the field of education. House-drop-off survey method was used for collecting the data.

In the present study the following variables have been considered:

- Nutritional security
- Child health and Well-being
- Quality Education
- Girl Children
- Water and sanitation
- Child protection, social inclusion
- Participation

Population of the Study

The total population of the 5 Gram Panchayats is 16,461.

Sample Selected for the Study

For this present paper, we conducted a study utilizing data from children residing in five Gram panchayats of Kerala. With a focus on assessing child-friendly activities, our sample comprises approximately 4000 children from each panchayat. The selected panchayats include Punnapra South, Kadirur, Annamanada, Padiyur, and Kottayam.

Tools Used for the Study

The selection of an appropriate tool is significant in research. The investigator, for the purpose of study, used the following tools:

Planning of the tool:

During the planning stage, the researcher went through many relevant materials on the measurement of Child Friendly Village. A detailed analysis of the components of Child Friendly Village was done during this stage. From this analysis, the researcher identified the main dimensions and prepared a pool of test items based on these. The dimensions of the tool used for testing the Child Friendly Village is explained under the heading 'Preparation of the tool'.

Preparation of the tool

A pool of questions was formulated based on the following dimensions for preparing the Child friendly questionnaire. The dimensions are:

- Nutritional security
  - Children's Dietary Practices
- Child health and Well-being
  - Immunization Information
- Quality Education
  - Level of education
- Girl Children
- Water and sanitation
- Child protection, care & social inclusion
  - Screen Addiction
  - Leisure time activities

❖ Participation

Pilot Testing

The scale prepared with detailed instruction on the mode of answering was administered to a sample of 2000 responses of the Gram Panchayat Padiyur.

Mode of answering

Some of the items were to be written directly. Some of the questions have two responses - Yes or No- of which the respondent has to tick one. Some questions were like a check-list, in which the respondents have to put a tick mark against each item applicable to their family.

Scoring procedure

The test was carried out on a sample of 2000 with 124 questions, and the scoring procedure for the pilot study involved utilizing the binary 0-1 method, where 0 indicated "No" and 1 indicated "Yes," to assess participants' responses.

Item analysis. The suitability of each item for including in the final test was found by employing the item analysis using Edward (1969) method. The response sheet collected from 5 Gram Panchayats

The data of the first 27 percent of the upper group and last 27 percent of the lower group were used for conducting the item analysis. The ratio of t was found for evaluating the responses of higher and lower groups. The value of t is the measure of extent to which a statement differentiates between higher and lower groups. The t value was calculated using the formula,

where, = the mean score of a given item of the higher group

= the mean score of the same item of the lower group

X_H = the score of a given individual for a given statement in the high group

X_L= the score of a given individual for a given statement in the lower group

N = size of the higher or lower group

The selection of the items is done with reference to the obtained t value. Those items with t value greater than or equal to 1.96 were selected for preparing the final tool. The result of item analysis is provided in Table.

Table 1

Item No.	***t* Value**
Item No.01	2.64
Item No.02	3.45
Item No.03	4.10
Item No.04	3.68
Item No.05	4.12
Item No.06	2.85
Item No.07	3.38
Item No.08	6.24
Item No.09	2.18
Item No.10	5.54
Item No.11	3.63
Item No.12	2.85
Item No.13	3.95
Item No.14	5.87
Item No.15	4.87
Item No.16	1.09**
Item No.17	0.98**
Item No.18	7.35
Item No.19	6.78

Item No.	***t* Value**
Item No.20	0.59**
Item No.21	3.56
Item No.22	3.87
Item No.23	1.56**
Item No.24	1.58**
Item No.25	2.97
Item No.26	3.01
Item No.27	3.43
Item No.28	1.17**
Item No.29	5.57
Item No.30	7.01
Item No.31	2.78
Item No.32	2.65
Item No.33	2.79
Item No.34	4.56
Item No.35	4.33
Item No.36	1.66**
Item No.37	5.01
Item No.38	2.81
Item No.39	4.46

Item No.	***t* Value**
Item No.40	1.76**
Item No.41	0.86**
Item No.42	1.26**
Item No.43	6.77
Item No.44	7.52
Item No.45	3.74
Item No.46	4.47
Item No.47	3.12
Item No.48	2.91
Item No.49	2.67
Item No.50	4.52
Item No.51	5.79
Item No.52	5.54
Item No.53	5.38
Item No.54	4.94
Item No.55	7.98
Item No.56	0.96**
Item No.57	6.84
Item No.58	2.97
Item No.	*t* Value

Item No.	***t* Value**
Item No.59	4.18
Item No.60	5.33
Item No.61	6.18
Item No.62	0.70**
Item No.63	4.68
Item No.64	4.89
Item No.65	6.72
Item No.66	8.12
Item No.67	2.98
Item No.68	7.23
Item No.69	5.33
Item No.70	6.18
Item No.71	5.22
Item No.72	5.02
Item No.73	2.97
Item No.	*t* Value
Item No.74	4.18
Item No.75	5.33
Item No.76	6.77
Item No.77	7.52

Item No.	***t* Value**
Item No.78	3.74
Item No.79	4.47
Item No.80	3.12
Item No.81	2.91
Item No.82	2.64
Item No.83	3.45
Item No.84	4.10
Item No.85	3.68
Item No.86	4.12
Item No.87	2.85
Item No.88	3.38
Item No.89	6.24
Item No.90	2.18
Item No.91	5.54
Item No.92	3.63
Item No.93	2.85
Item No.94	3.95
Item No.95	5.87
Item No.96	3.14
Item No.97	2.93

Item No.	***t* Value**
Item No.98	2.66
Item No.99	3.48
Item No.100	4.13
Item No.101	3.62
Item No.102	2.73
Item No.103	5.12
Item No.104	4.79
Item No.105	5.23
Item No.106	3.96
Item No.107	4.49
Item No.108	5.13
Item No.109	2.84
Item No.110	4.76
Item No.111	2.03
Item No.112	1.82
Item No.113	1.99
Item No.114	2.37
Item No.115	3.02
Item No.116	2.51
Item No.117	2.84

Item No.	*t* Value
Item No.118	4.01
Item No.119	3.68
Item No.120	4.12
Item No.121	2.85
Item No.122	3.38
Item No.123	4.02
Item No.124	3.12

Note. ** The rejected items of the draft tool.

Table shows that 12 items have t value less than 1.96 and hence not included in the final tool. The items with t value greater than 1.96 were selected for the final tool.

Preparation of the final Tool:

The final tool was prepared with the selected items which has t value greater than 1.96 after item analysis. It was composed of items. A copy of the final tool is given in Appendix C (Final - English Version) and Appendix D (Final - Malayalam Version).

Validity of the Tool:

If a tool measures what it is intended to measure, then the tool is said to be valid. The validity of the tool gives an efficient result.

While preparing the child friendly village questionnaire the researcher established the face validity. The tool was distributed to some experts in the field of education as well as in psychology. Face validity was established with the positive feedback from the experts.

The content validity of the tool was also established for the present tool. For calculating the content validity the researcher followed the method introduced by Lawshe (1975).

The researcher distributed the tool to a panel of 15 experts from the field of education and psychology. Their responses on the essentiality of each item were collected. The researcher found the Content Validity Ratio (CVR) of each item using the formula,

where ne is the number of expert panelists indicating the test is essential and N is the total number of panelists. The value of CVR ranges from -1 to +1. As per the Table of Minimum values of CVR given by Lawsher, for an expert panel of 15 members the minimum value of CVR for each item to include in the final tool should be 0.49.

Then, the Content Validity Index (CVI) was found by computing the mean CVR, which was found to be 0.76. The value of CVI indicates that the Child friendly village questionnaire prepared by the researcher has a good content validity.

Reliability of the tool

Reliability is the consistency of the instrument in measuring some characteristics when administered again under the same conditions. Reliable tests are stable in whatever they measure and yield comparable scores upon repeated administration. The reliability of child friendly village questionnaires was determined by finding out the Cronbach's Alpha coefficient using SPSS 20 (IBM Corp., 2011).

Documentation

For the study, knowledge about several aspects of child friendly villages was essential. For this reason, the researcher used the information from various government policies, orders, and programmes implemented for the upliftment of child friendly villages. Various information from the MoPR, Census of India Report (2011) and the Economic Review of Kerala State Planning Board (2018) were collected.

Statistical Techniques Used

Univariate analysis served as the primary statistical tool utilized throughout the study, enabling a detailed examination of individual variables and their respective distributions.

Conclusion

After going through different areas, the researcher decided to focus the research on Child friendly villages . After finalizing the problem, the utmost care was taken to frame the method to be adopted. a survey method was adopted for the study. The data were collected from 5 GPs using the tools prepared. The data thus collected were used for further statistical analysis. The next chapter, Results and Discussion, discusses in detail the result obtained after statistical computation.

CHAPTER: 4

ANALYSIS

Statistical Analysis of the Data

1) PUNNAPRA SOUTH GRAM PANCHAYAT

Table 2

Indicators for Monitoring Child-Friendly Local Government Institutions

? Sub-theme 1: Nutritional security

National level indicators	Modified GP Level indicators	Number	Percentage
5.1.4: Rate of crimes against women per 1,00,000 female population	39. Number of crimes against girls(with type of crimes) against total crimes reported in GP during the calendar year	3	
5.2.1: Proportion of crime against women to total crime reported in the country during the calendar year	40. Number of POCSO offences against girl children	1	
5.2.4: Proportion of sexual crime against girl children to total crime against children during the calendar year	41. Total number of sittings conducted under PCWPC during last year	12	
5.2.5. Proportion of trafficking of girl children to total children trafficked during the calendar year (in percentage)	42. Number of awareness programmes conducted on violence against women and girls	60	
5.3.1: Percentage of women aged 20-24 years who were married by exact age 18 years, 2015- 16	43. Special IEC materials developed on child marriage and campaigns conducted		100
5.6.3: Percentage of population aged 15-24 years with comprehensive knowledge of HIV/ AIDS, 2015-16	44. Percentage of population aged 10-18 years with comprehensive knowledge of HIV/ AIDS		100

Ï% **Sub Theme: 5: Water and sanitation**

National level indicators	Modified GP Level indicators	Number	Percentage
6.1.1: Percentage of Population getting safe and adequate drinking water within premises through Pipe Water Supply (PWS)	45. % of HHs having child population	3376	100
	46. % of households with child population having access to safe drinking water against the total number of households with child population		100
6.1.2: Percentage of population using an improved drinking water source (Rural)	47. Number and % of AWCs and schools provided with 24*7 piped water supply in GP area		100
	48. Number and % of AWCs and schools having their own drinking water source		100
	49. Percentage of houses, AWCs, and public places having safe drinking water		
6.2.2: Percentage of Districts achieving Open Defecation Free (ODF) target	50. % of households with child population having access to sanitary toilets against the total number of households with child population		100
	51. Number and % of AWCs and schools having toilet facilities		100
	52. Proportion of schools with separate toilet facilities for girls		100
	53. Proportion of Anganwadi with separate toilet facility for girls		100
	54. Number of toilets at public offices and institutions for disabled children		100
	55. Number and % of children in schools and Anganwadi		100
	56. Number of public places mapped for child-friendly, women-friendly toilets		100

6.3.2: Proportion of water bodies with good ambient water quality	57. No. and % of public offices and institutions for children with water scorecards 58. Percentage of samples tested potable for water quality		100 100
6.3.3: Proportion of wastewater treatment capacity created vis-a-vis total generation	59. No. of public offices and institutions for children with waste treatment facilities 60. Number of houses/flats having own waste management mechanism		100 100

Ï% **Sub-theme: 6: Child protection, social inclusion**

National level indicators	Modified GP Level indicators	Number	Percentage
8.5.5: Total population with disabilities covered under social protection schemes	61. Percentage of children with disabilities enrolled in schools or special schools against the total number of disabled children of school-going age 62. Percentage of children with disabilities getting disability pension against the total number of CWD in the GP 63. Percentage of disabled children getting scholarships against the total number of CWD enrolled in special schools or regular schools	74 36	100 100
8.8.1: Percentage of households receiving social protection benefits under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	64. Number of migrant workers in the GP area 65. Percentage of migrant workers living with children in the GP area against the total number of migrant workers in the GP area	140	2.85

16.2.1: Proportion of crime committed against children during the year, (Per 1,00,000 children)	66. Number of crimes (physical, psychological, or sexual) against children in the GP area in last five years with type of crimes against total number of children 67. Number of POCSO cases reported in the GP area for the last two years 68. Number of awareness classes conducted on crimes against children in the GP area during last five years	3 1 300	
16.7.1: Proportion of seats held by women in national Parliament, State Legislation and Local Self Government	69. Number of Participatory forums for children at GP level 70. Percentage of children enrolled in any child participation forums as against the total number of children	5	9.76
16.9.1: Percentage of births registered	71. Percentage of births registered against the total number of births in the last year		100
16.9.2: Proportion of population covered under Aadhaar	72. Number of children in the age group 5-18 having Aadhar card against the total number of children in the age group		100

Ï% **Sub-theme: 7: Participation**

National level indicators	Modified GP Level indicators	Number	Percentage
Ensure special gram Sabha for children	73. Number of children who participated in the children's special gram Sabha	150	
Ensure child representation in working groups	74. Number of children enrolled in working groups in local government bodies	13	
Participation of children in Bala sabkhas	75. Number and percentage of children participating in Bala Sabhas	498	97.6
Participating venues	76. Number of children not participating in any venues	68	

a) Demographic Overview: Children's Population in the Punnapra South Gram Panchayat

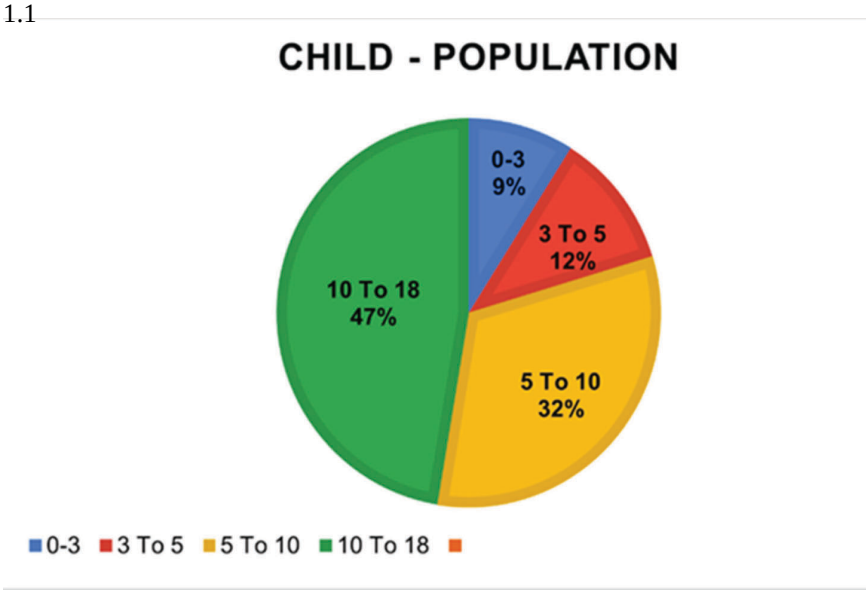
A comprehensive study was conducted, focusing on 3713 children aged 0 to 18 years within the Panchayat, out of the total child population of 4884.

Table 1.1

Age group (in years)	Count	Percentage
0-3 y	331	8.9
3-5 y	423	11.4
5-10 y	1200	32.3
10-18 y	1759	47.4
Total	3713	

The provided table 1.1 offers a comprehensive breakdown of the age distribution among children within the panchayat, revealing its demographic composition. It categorizes children into four age groups: 0-3, 3-5, 5-10, and 10-18 years. The data indicates a total of 3713 children residing in the panchayat, with the largest proportion falling within the 10-18 age bracket, constituting 47.4 percent of the population. Following closely is the 5-10 age group, comprising 32.3 percent. In contrast, the 3-5 and 0-3 age groups exhibit lower percentages, accounting for 11.4 percent and 8.9 percent of the total, respectively.

Figure 1.1



Ï% General Indicators

Table 1.2

Variables	Categories	Count (%)
Gender	Male	1443 (52)
	Female	1337 (48)
Religion	Hindu	1490 (53.6)
	Muslim	715 (25.7)
	Christian	575 (20.7)
Caste	General	407 (14.6)
	OBC	1923 (69.2)
	OEC	337 (12.1)
	SC	104 (3.7)
	ST	9 (0.3)

Table 1.2 presents general indicators concerning children in Punnapra Panchayat, categorized by gender, religion, and caste, with counts and percentages provided. In terms of gender distribution, males constitute 52 Percent of the population, while females account for 48 Percent. Regarding religious affiliation, Hindus form the majority at 53.6 Percent, followed by Muslims at 25.7 Percent and Christians at 20.7 Percent. Caste demographics reveal that the OBC (Other Backward Classes) category comprises the largest share at 69.2 Percent, followed by General at 14.6 Percent, OEC (Other Eligible Communities) at 12.1 Percent, SC (Scheduled Caste) at 3.7 Percent, and ST (Scheduled Tribe) at 0.3 Percent. These statistics provide valuable insights into the demographic composition of children in Punnapra Panchayat, facilitating a better understanding of their socio-cultural background and context

Figure 1.2

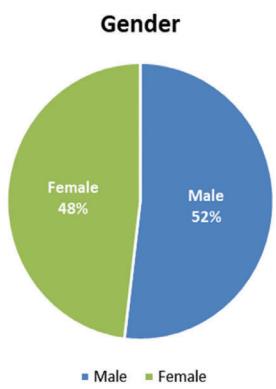


Figure 1.3

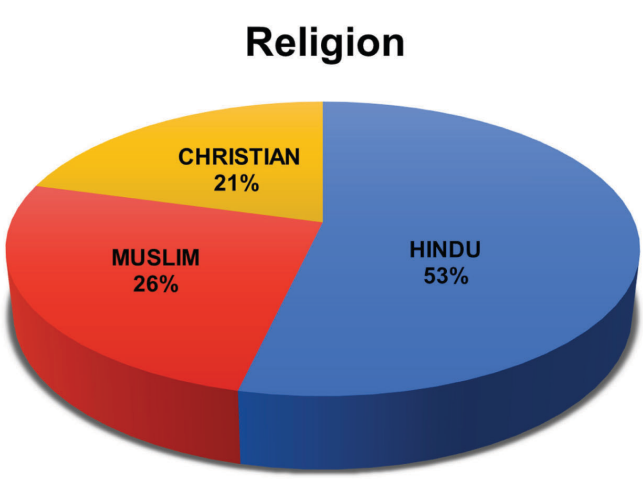
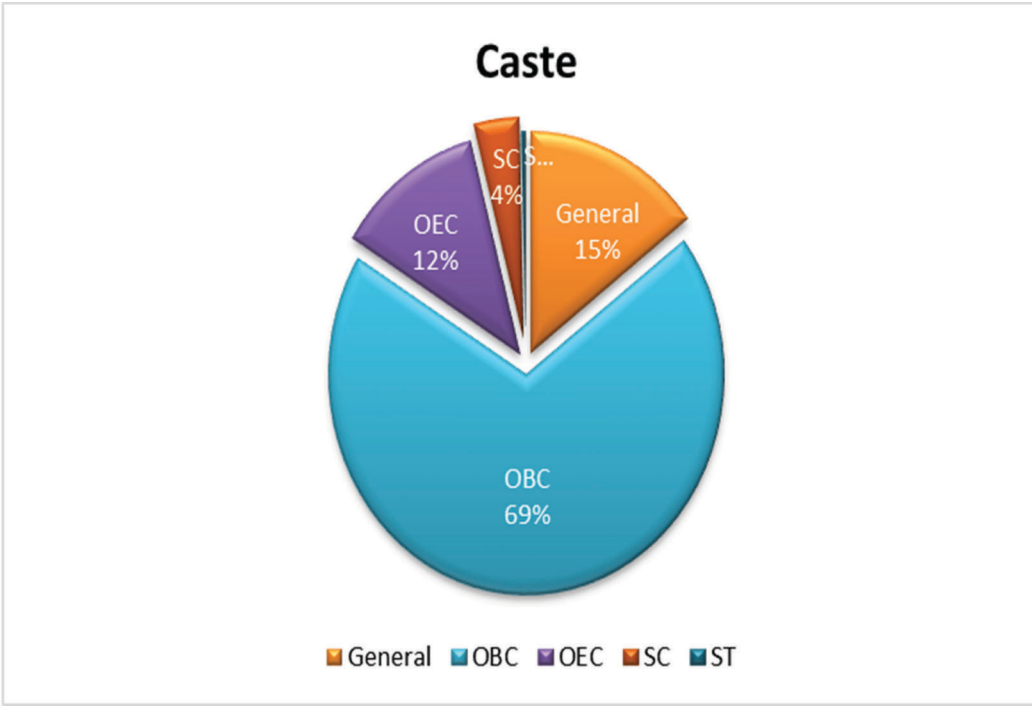


Figure 1.4



b) Nutritional Safety

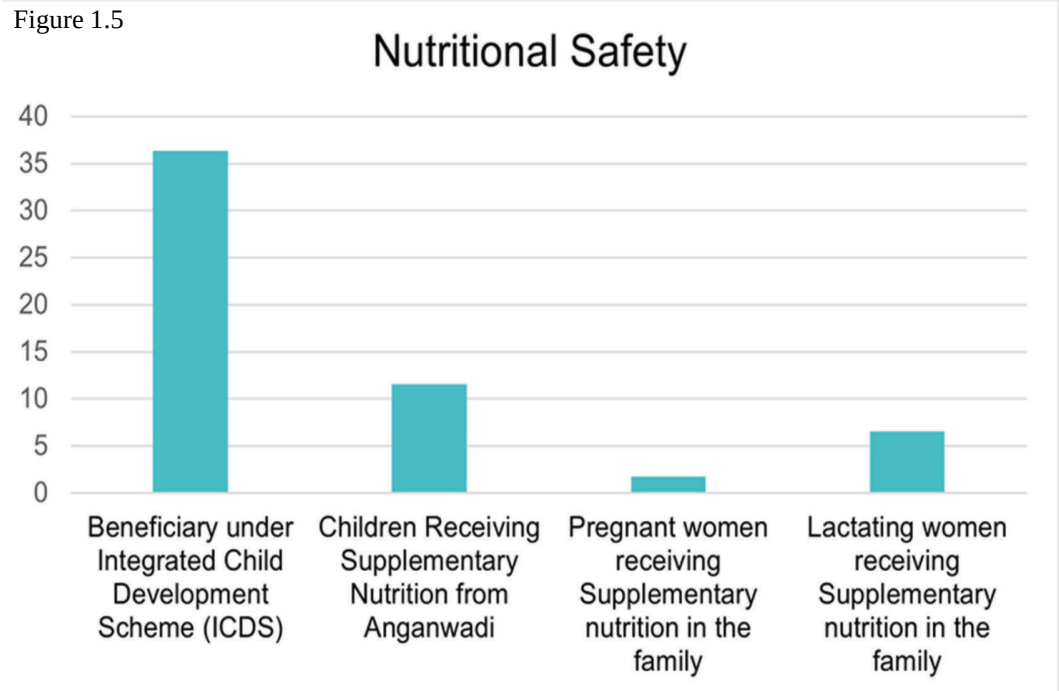
Proper nutrition plays an important role in the development of every child. In fact nutrition can be seen as one among the building blocks which build a healthy foundation for the child. Nutrition improves immunity and keeps the child disease free and healthy. It also improves the cognitive functioning of each and every child and will enable the child to learn, play and grow to achieve their full potential. By being disease free, the economic burden of the family related to medical expenses comes down. This will enable the family to invest more in education or for the future of the child. The overall health of each child contributes to the well being of the panchayat. The panchayat can invest in child nutrition programs to promote the well being of its citizens and thereby empower the present and coming generations to become more healthy, productive and ultimately contributing to the overall development of the society. Thus nutritional security and safety plays an important role in the development of each and every individual.

Table 1.3

Nutritional Safety	**Count**	**%**
Beneficiary under Integrated Child Development Scheme (ICDS)	1011	36.37
Children Receiving Supplementary Nutrition from Anganwadi	428	11.53
Pregnant women receiving Supplementary nutrition in the family	48	1.73
Lactating women receiving Supplementary nutrition in the family	182	6.55
School attendance is practiced after having breakfast	2678	96.33

The table 1.3 provides details on the nutritional safety of children in the panchayat, presenting counts and percentages across different categories. A significant portion, accounting for 36.37 percent, of children benefit from the Integrated Child Development Scheme (ICDS), indicating substantial efforts to address their nutritional needs. Moreover, 11.53 percent of children receive supplementary nutrition from Anganwadi centers, further enhancing their overall well-being. Pregnant women receiving supplemental nutrition within their families constitute a smaller proportion at 1.73 percent, while lactating women receiving similar assistance stand at 6.55 percent. Notably, a considerable percentage, 96.33 percent, of children attend school after having breakfast, highlighting a beneficial practice that could potentially enhance both their health and educational outcomes.

Figure 1.5



Ï% **Children's Dietary Practices**

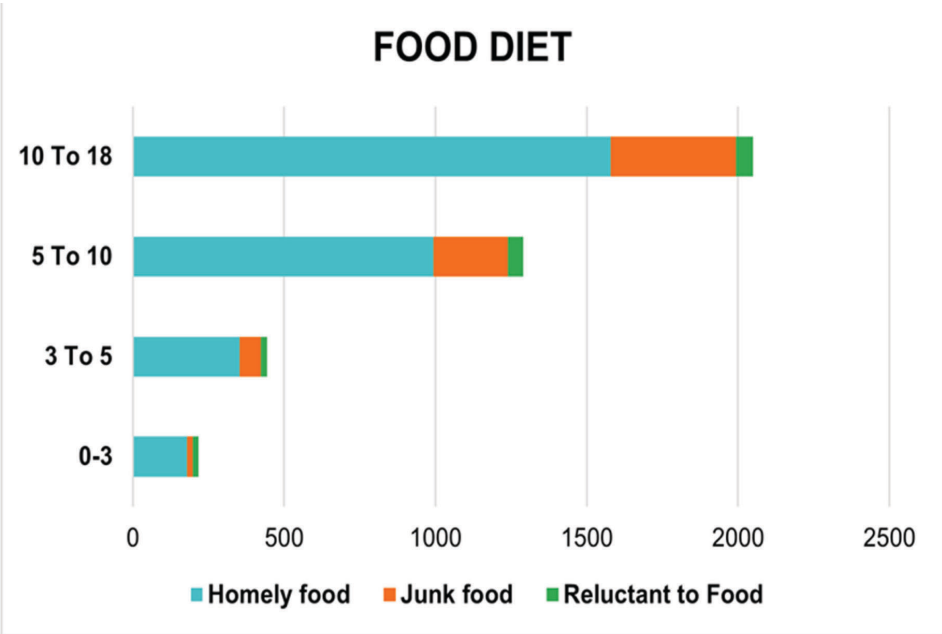
Food choices made by family members have a profound impact on the health and well being of children. A nutritious and balanced diet is essential for the overall development of children as it contains the essential vitamins, minerals, and nutrients that support the development of strong bones, muscles and a healthy immune system that acts as a proper defense mechanism against diseases and lays the groundwork for academic success and achievement. A balanced diet should include seasonal fruits, vegetables, whole grains, etc., which contribute to emotional well being and mental health. Children nowadays usually prefer fast food , packed food materials, and bakery items, which do not contribute much to increasing their nutritional standards. It is often seen that children who consume nutritious foods have high energy levels, which enables them to actively engage in daily routines, play, and social interaction. Good dietary practices improve certain elements of life and soft skills and encourage the child to lead a positive life. As a child, it is the responsibility of the parents to provide adequate dietary practices. The panchayats can play a major role in identifying issues related to poor dietary practices and supporting the family with adequate provisions through various departments and schemes.

Table 1.4

Children's Diet	Children in the age group (%)				Total (%)
	0-3(yr)	3-5(yr)	5-10(yr)	10-18(yr)	
Children who like homely food	178 (53.8)	353 (83.5)	994 (82.8)	1578 (89.7)	3103 (83.5)
Children who like Junk food	20 (6)	69 (16.3)	245 (20.4)	414 (23.5)	748 (20)
Children who are reluctant to food	19 (5.7)	22 (5.2)	51 (4.2)	57 (3.2)	149 (4)

Table 1.4 depicts the food choices of children across various age groups in the panchayat, providing both counts and percentages. A notable majority, accounting for 83.5 percent of children aged 0-3, express a preference for homemade food, while a smaller segment, approximately 6 percent, opt for junk food within the same age range. Similarly, among children aged 3-5, 83.5 percent favour homemade meals, while 16.3 percent lean towards junk food. This pattern persists across older age groups, with a significant proportion favouring homemade food, ranging from 82.8 percent to 89.7 percent. Conversely, a smaller proportion of children across all age groups, ranging from 3.2 percent to 5.7 percent, display hesitancy towards food. Overall, the data underscores a prevalent inclination towards traditional, homemade meals among children in the panchayat, alongside a modest preference for junk food, particularly among older children.

Figure 1.6



c) Child Health and welfare

The health and welfare of the children of every panchayath should always be seen as an essential investment for the future. The importance of the first thousand days of every child is known across the world and all nations are investing in this magic window period to ensure the proper development of children. Proper nutrition, access to health care facilities, a safe environment to thrive etc lays the ground for a child's physical, emotional and intellectual well being. When these indices are available and when children are protected from all sorts of danger, they are more likely to thrive and develop to achieve their full potential. Panchayats have a major role to play in ensuring the health and well being of each child. The robust network of child care systems by the state and central governments coupled with the initiatives of panchayats can definitely promote the health and welfare of its community members. It is to be noted that an investment in health and welfare creates a ripple effect, which impacts not merely the child but the family as well as the entire community. Children who are healthy are less likely to miss school due to illness thereby reducing the economic burden on parents and the strain on the education system. By promoting positive health seeking behaviour, preventive health care measures, early childhood education programs, and access to nutritious food, panchayats can create a nurturing environment where children can flourish.

Table 1.5 offers insights into the state of child health and welfare within the panchayat, presenting both counts and percentages across different measures. A small percentage, 5.79 percent, of families report ongoing health issues among their members, indicating persistent health concerns in the community. Notably, there are no reported instances of children facing difficulties on their way to school or feeling uncomfortable in various settings. Similarly, there are no cases where children have shared their difficulties with others. However, a minor proportion, 1.33 percent, of families acknowledge challenges stemming from their home environment. Encouragingly, a significant majority, 93.4 percent, of children feel at ease expressing and discussing their challenges when they encounter them, reflecting a supportive atmosphere that fosters open communication and effectively addresses children's welfare within the panchayat.

Table 1.5

Child Health and Welfare	Count	%
Are there any health issues currently affecting members of the family	159	5.79
Experiencing difficulties on the way to school has been part of the journey.	0	0
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	0	0
Have you shared the difficulty with anyone?	0	0
Are there any challenges or issues arising from your home environment	37	1.33
Can you comfortably express and discuss your challenges when you encounter them (Yes)	2598	93.4

Ï%Immunization Information

Immunizations are always seen as a shield that protects infants, young and everyone from various life threatening diseases. It is one of the most effective public health interventions that has ever been developed. Vaccines work by introducing a weakened or inactive bacteria or virus into the body which stimulates the immune system to develop antibodies thereby creating a defence mechanism that identifies and wards off the real disease causing agents. Vaccination schedule has been developed by the government and as part of the universal immunisation program, timely vaccines are given to children. The benefits of immunization go beyond the child and its family. When a higher percentage of the panchayath members or of the society are immunized,

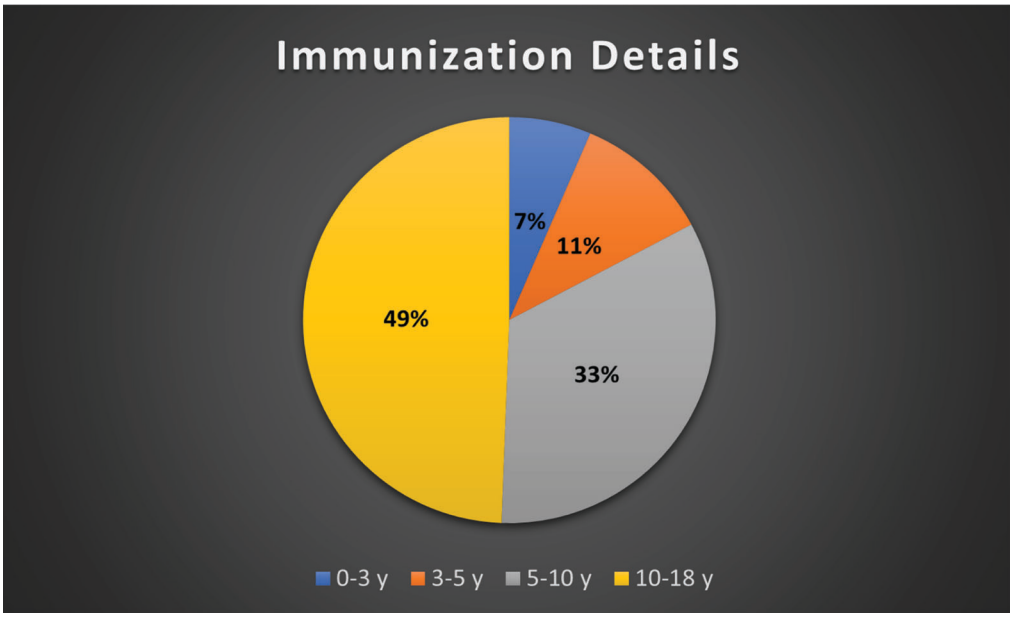
Table 1.6

Children in age group	Count	%
0-3 y	165	49.8
3-5 y	277	65.5
5-10 y	858	71.5
10-18 y	1269	72.1

Table 1.6 depicts the immunization status of children across various age groups in the panchayat, providing both counts and percentages. Roughly half, or 49.8 percent, of children aged 0-3 have received immunization, indicating a significant portion within this age range. This percentage rises notably to about 65.5 percent among

children aged 3-5, suggesting increased immunization uptake as children get older. Similarly, around 71.5 percent of children aged 5-10 have been immunized, with the percentage further increasing to approximately 72.1 percent among those aged 10-18. These figures highlight substantial efforts to ensure immunization coverage across different age groups in the panchayat, contributing significantly to the overall health and well-being of its children.

Figure 1.7



d) Educational Attainment

Education is the foundation that unlocks the world of opportunity for every child. This foundation equips them with the necessary knowledge and skills to understand and survive in the modern world. Children develop the capacity to solve problems, identify what is good and bad, differentiate between right and wrong and communicate effectively. Attaining education increases earning potential in the future and results in the overall well being of the family as well as the society. People with high education levels lead healthier lives and contribute more significantly to the development of the society. Education can break the vicious cycle of poverty and enables the child to reach their full potential. Access to education is more important and has to be ensured by the panchayath. Children from disadvantaged backgrounds often lack access to opportunities. Implementing mechanisms should make sure that no child is left behind from school. Similarly, the quality of education imparted by the system and the progress of every child should be periodically analysed by the panchayats. Investments in quality education will definitely empower the children to achieve their full potential, which will pave the way for a more prosperous and equitable society.

Table 1.7

Level of Education	Count	%
Pre-Primary	364	9.8
Primary	1543	41.6
Secondary	649	17.5
Higher Secondary and Above	360	9.7

Table 1.7 provides insights into the educational attainment of children in the panchayat, categorizing them into different levels of schooling. Notably, 9.8 percent of children are enrolled in pre-primary education, which includes LKG, UKG, and Anganwadi. The majority, accounting for 41.6 percent, attends primary school, covering classes 1 to 7. Around 17.5 percent of children are pursuing secondary education, spanning classes 8 to 10. Furthermore, 9.7 percent of children are enrolled in higher secondary education or above, encompassing classes like Plus One, Plus Two, and beyond. These percentages showcase the educational landscape within the panchayat, emphasizing efforts to provide access to education across various levels and ensuring opportunities for children's educational advancement and future prospects.

Figure 1.8

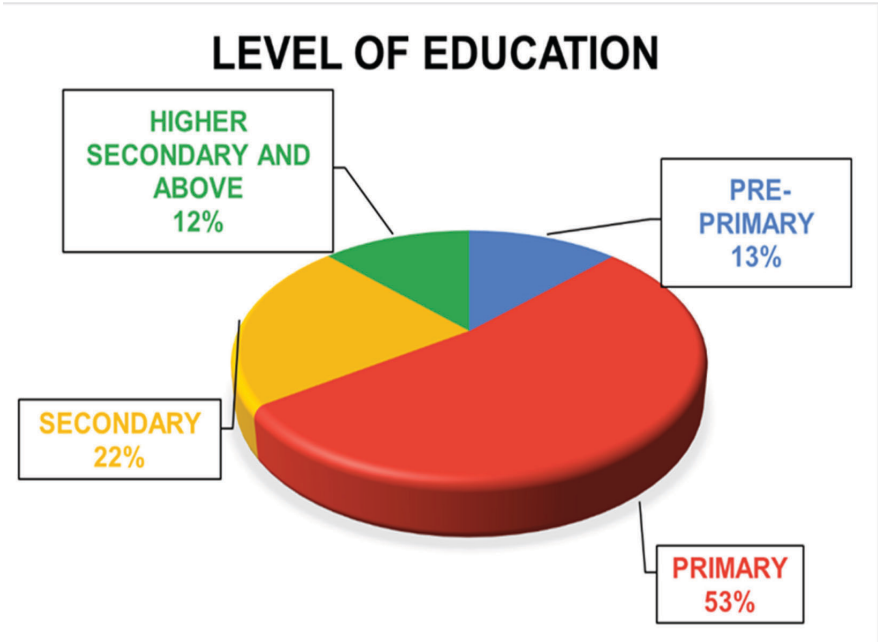


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Table 1.8

Indicators	Count	%
Education has been interrupted	26	0.93
The education continued later	7	0.25
Would you like to pursue further studies	1807	65
The child has a habit of reading	2091	75.2
Children who have a habit of reading newspaper	1791	64.4
Received proper guidance regarding the possibility of higher education	1434	51.6
Children who need guidance of Possibility of higher education	2065	74.3
Belong to a very poor family	30	1.08

e) Girl Child

Investing in the education and empowerment of girls not only enhances the social fabric but also fuels economic growth. Educated girls have been shown to positively impact societies across different nations by delaying marriage, having smaller families, and contributing actively to the workforce. Prioritizing girls' education and health enables them to make informed decisions about their well-being, leading to favorable outcomes for themselves and their families. Nurturing the potential of girl children is pivotal for fostering an equitable and prosperous society, prompting governments to implement various programs and initiatives aimed at their betterment. Additionally, local governing bodies like Panchayats play a crucial role in fostering a supportive environment for girls' development, addressing issues they face, and providing opportunities for education and other activities.

Table 1.9

Indicators	Count	%
Girls	1331	47.9
Girl children in the family who have dropped out education	8	0.6
Have a clear understanding of the physical changes and growth during adolescence	907	68.1
Are there concerns about that?	108	8.1
Underwent education on adolescent health	808	60.7
Education been interrupted	10	0.75
Would you like to continue studying?	6	0.45
Education been interrupted and then resumed	4	0.3
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	0	0
Are there any challenges or issues arising from your home environment	19	1.4
Can you comfortably express and discuss your challenges when you encounter them	1231	92.5
know about POCSO Act	897	67.4
Balasabha Member(female)	640	48.1
Know about Child Protection Committee	917	68.9

The table 1.9 presents a range of indicators related to the welfare of girl children in the panchayat, providing counts and percentages. Girls represent a substantial portion, accounting for 47.9 percent of the child population, indicating their significant presence in the community. A small percentage, approximately 0.6 percent, of girl children in families have dropped out of education, suggesting a relatively low rate of disengagement from schooling. Additionally, a notable percentage, around 68.1 percent, of girls have a clear understanding of physical changes during adolescence, highlighting efforts in education and awareness on this subject. Some concerns about these changes are expressed by approximately 8.1 percent of girls, suggesting areas where support may be necessary. Moreover, about 60.7 percent of girls have received education on adolescent health, demonstrating proactive measures to address their specific needs. A small fraction of girls, approximately 0.75 percent, experienced interruptions in their education, with even fewer, around 0.45 percent, expressing a desire to continue studying despite challenges. Interestingly, no reported instances of discomfort in various settings were noted. Furthermore, about 1.4 percent of girls report challenges or issues arising from their home environment, indicating potential

areas for intervention and support. However, a significant majority, approximately 92.5 percent, of girls feel comfortable expressing and discussing their challenges when they encounter them, reflecting a supportive environment within the community. Additionally, a substantial percentage, approximately 67.4 percent, of girls are knowledgeable about the Protection of Children from Sexual Offences (POCSO) Act, suggesting awareness and education efforts on child protection. Furthermore, 48.1 percent of girls are members of Balasabha, highlighting their active participation in community activities. Lastly, about 68.9 percent of girls are familiar with the Child Protection Committee, underscoring community initiatives to safeguard the welfare of girl children.

f) Water and Sanitation

Ensuring access to clean water and sanitation is crucial for children's health, particularly in rural areas with limited access, where diseases can arise from poor sanitation and contaminated water. Panchayats play a significant role in this responsibility by maintaining infrastructure, mapping water sources, and promoting good cleanliness practices and community engagement to foster a healthier environment for children's development.

The table 1.10 presents data on water and sanitation facilities within households in the panchayat, indicating counts and percentages of households with and without such amenities. It reveals that approximately 87.9 percent of households have a drinking water facility, while 12.1 percent do not. Additionally, regarding washroom or toilet facilities, around 89.8 percent of households possess them, while 10.2 percent do not. These figures underscore the relatively high coverage of drinking water facilities but indicate a notable proportion of households lacking proper sanitation amenities. The disparity between households with drinking water and those with washroom facilities suggests a potential need for improved sanitation infrastructure within the community.

Table 1.10

Indicators	**Count (%)**	
	Yes	No
Is there a drinking water facility in the house?	2761	19
Is there a washroom/toilet facility in the house?	2749	31

g) Child Care and Social Inclusion

During early childhood, pivotal for brain development and future learning, it's crucial to ensure access to facilities and services offering a safe, stimulating environment for learning, play, and social skill development, including for children with special

needs. Panchayats can lead efforts in rural areas by establishing and managing childcare centers like Anganwadis, providing healthcare, nutrition, and early education, while also fostering inclusive practices and attitudes toward children and families across society through capacity development and resource allocation.

The table 1.11 presents a range of indicators concerning child care and social inclusion in the panchayat, depicting counts and percentages. About 4 percent of children have encountered parental separation, with a similar percentage having experienced parental loss, indicating potential disruptions in family dynamics. Additionally, approximately 1.33 percent of children are categorized as differently abled, emphasizing the necessity for community inclusivity. Notably, a substantial 91.5 percent of children's names are listed on ration cards, ensuring access to essential provisions, while nearly all, around 99.7 percent, have their births registered, signifying administrative acknowledgment. Addressing social challenges, a minor 1.9 percent of families report drug addiction, with an even smaller fraction, approximately 0.2 percent, undergoing treatment. Moreover, a negligible percentage, roughly 0.1 percent, have family members incarcerated, potentially impacting family dynamics and child welfare. Additionally, a significant portion, approximately 77.9 percent, have access to a library facility, with about 50.3 percent utilizing it, serving educational and recreational purposes. Lastly, about 67.6 percent are familiar with the Child Protection Committee, while approximately 65.4 percent are knowledgeable about the Protection of Children from Sexual Offenses (POCSO) Act, indicating community efforts in child protection and awareness.

Table 1.11

Indicators	**Count**	**%**
Father and mother living apart	112	4
Experienced the loss of a parent	116	4.1
Children belongs to the differently abled category	37	1.33
Inclusion of Children's Names in Ration Card	2543	91.5
Birth registration of children has been done	2772	99.7
The presence of drug addiction within the family	54	1.9
Undergone treatment to prevent drug addiction	6	0.2
Anyone in the family who is serving a prison sentence	4	0.1
Library facility in the area	2166	77.9
Make use of library	1400	50.3
Know about Child Protection Committee	1879	67.6
know about POCSO Act	1819	65.4

Screen Addiction

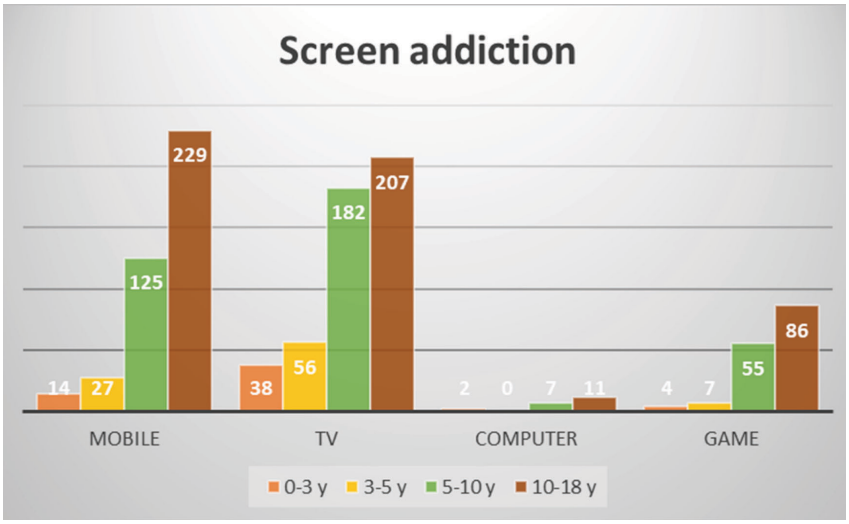
Excessive screen time is indeed a concern when it comes to the wellbeing of children. Nowadays children are constantly into their mobiles, tablets, laptops and television sets and miss out opportunities for physical and social interactions. Screen addiction disrupts their normal life, sleep patterns, thinking levels and can lead to a host of mental issues like depression, increased stress level, anxiety, change in behaviour and attitude etc. Over exposure to internet content, especially to inappropriate ones will also impact their social behaviour. Addressing the menace of screen addiction is a herculean task and requires the concerted effort of all duty bearers. Awareness campaigns can be conducted by the panchayath and concerned departments to educate the parents and children about the negative aspects of excessive screen time. Options should be made available for the children to explore outdoor play activities. Digital literacy should be imparted through schools and addicted children should be identified and provided proper counselling and treatment.

Table 1.12

Indicators	**Children in age group (%)**			
	0-3 y	**3-5 y**	**5-10 y**	**10-18 y**
Mobile	14 (4.2)	27 (6.4)	125 (10.4)	229 (8.2)
TV	38 (11.5)	56 (13)	182 (15.2)	207 (7.4)
Computer	2 (0.6)	0	7 (0.25)	11 (0.4)
Game	4 (1.2)	7 (1.6)	55 (2)	86 (4.9)

The table 1.12 presents data on screen addiction among children in the Panchayat of Punnapra, categorized by their age groups and corresponding percentages. In the age group of 0-3, the majority of children engage in activities with friends (15.7 Percent), followed by playing (48.6 Percent). Among children aged 3-5, a significant percentage of 34.7 Percent spend their free time with friends, and a considerable proportion of 72.3 Percent indulge in playing activities. As children grow older, the trend continues with a decreasing proportion engaging in non-screen activities like farming or household chores, and an increasing number turning to screens. In the age group of 5-10, 47 Percent of children spend their time with friends, and 70.5 Percent play. Likewise, within the 10-18 age bracket, the greatest proportion is observed in engaging in playing activities, accounting for 63.8 Percent, with spending time with friends closely trailing behind at 57.6 Percent. Notably, social media usage also increases with age, with 19.4 Percent of children aged 10-18 being engaged in it. Overall, the data underscores a concerning trend of increasing screen addiction among children in Punnapra Panchayat as they grow older, with a significant shift towards virtual engagement over traditional activities.

Figure 1.9



Leisure Time activities

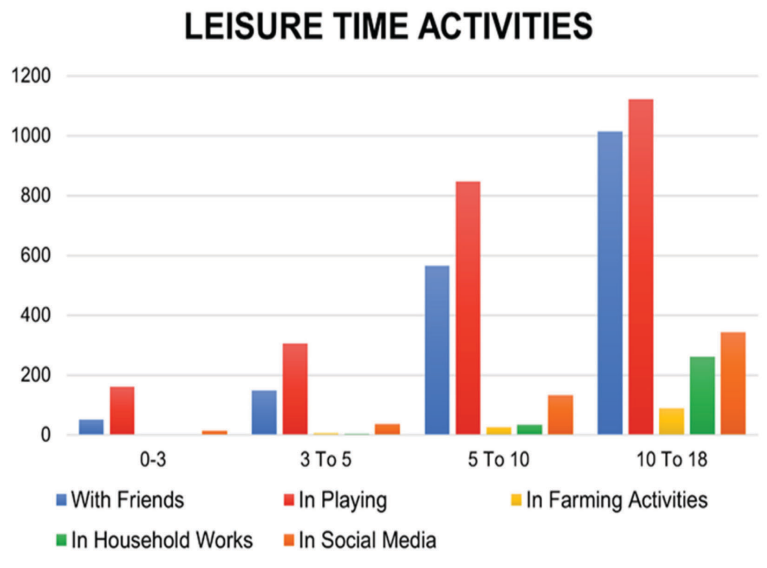
Play and leisure are vital ingredients for the healthy development of every child. Play time allows children to explore their creativity, develop problem-solving skills, and learn to navigate social interactions. Children will be able to explore all the crucial life skills and will build resilience among themselves. Also, physical activity promotes healthy wellbeing and growth, reduces stress levels, and contributes to the overall development of a child. Engaging in hobbies and leisure activities helps children to identify their passion, talents and foster a sense of self confidence. Panchayats have a prime role in ensuring that children have access to facilities for play and leisure be in the schools or in the community. Provisions can be made to provide children with playgrounds, sports materials, training sessions and opportunities for showcasing talents. Traditional play and leisure activities can be documented and shared with the coming generations.

Table 1.13

Leisure Time Activities	**Children in the age group (%)**			
	0-3 y	**3-5 y**	**5-10 y**	**10-18 y**
With friends	52 (15.7)	147 (34.7)	564 (47)	1013 (57.6)
Playing	161 (48.6)	306 (72.3)	846 (70.5)	1123 (63.8)
In Farming Activities	0	5 (1.2)	25 (2.1)	89 (5)
At house work	1 (0.3)	3 (0.71)	35 (2.9)	262 (14.9)
Social media	14 (4.2)	36 (8.5)	132 (11)	342 (19.4)

Table 1.13 provides insights into the leisure activities of children in the Panchayat of Punnapra, categorized by age groups and expressed in percentages. For children aged 0-3, a notable proportion of 15.7 Percent spend their leisure time with friends, while a significant majority of 48.6 Percent engage in playing activities. As the age group progresses to 3-5 years, the percentage of children spending time with friends increases substantially to 34.7 Percent, and playing remains a prevalent activity at 72.3 Percent. Similarly, among children aged 5-10, spending time with friends rises to 47 Percent, whereas playing still maintains a dominant position at 70.5 Percent. In the older age group of 10-18, playing continues to be the most popular leisure activity with 63.8 Percent, closely followed by spending time with friends at 57.6 Percent. The table also reflects a trend of decreasing engagement in traditional activities like farming or housework as children grow older, with a noticeable rise in social media usage, reaching 19.4 Percent among children aged 10-18. This data indicates a shift towards digital and recreational activities, highlighting the evolving leisure preferences among children in Punnapra Panchayat.

Figure 1.10



h) Participation

Maneesh

The table 1.14 provides insights into the participation of children in various indicators within the Punnapra Panchayat, represented by counts and percentages. Notably, a significant majority, accounting for 94.5 Percent, utilize the Anganwadi facility, indicating widespread utilization of this resource within the community. Additionally, 60.2 Percent of children are members of Varnakoodu, suggesting active involvement in community-based organizations. Participation in clubs is also notable, with 50.6

Percent of children belonging to various clubs, indicating engagement in extracurricular activities. Family cohesion is evident, with 92.8 Percent of families sharing matters together at home, fostering a sense of communication and unity within households. Moreover, there is considerable involvement of children in decision-making processes, with 79.2 Percent having their opinions sought and 81 Percent being involved in decisions at home. Furthermore, 50.3 Percent of children are Bala Sabha members, reflecting their engagement in community-level decision-making. However, there remains a portion of children, at 49.3 Percent, who haven't participated in any club, suggesting potential areas for further involvement and engagement within the community. Overall, the data underscores the active participation of children in various aspects of community life in Punnapra Panchayat, indicating a thriving and engaged youth population.

Table 1.14

Indicators	**Count**	**%**
Anganwadi facility used by the children	2627	94.5
Member of Varnnakoodu	1673	60.2
Children belong to any clubs	1406	50.6
Family members share matters together at home	2581	92.8
Is the child's opinion sought in decision-making at home?	2202	79.2
Are they involved in decisions?	2251	81
Bala Sabha member (in total population)	1400	50.3
Children who aren't participated in any club	1372	49.3

Table 1.15

Indicators	**Count**	**%**
Do children show excessive anger?	89	3.2
Are the children's study hours arranged?	2413	86.8
Are parents able to provide support in academic matters?	2706	97.3
Do children like this support?	2680	96.4
Does the child go to tuition?	1371	79.3
Has proven excellence in arts and sports?	1220	42.5
Interested in arts and sports?	1716	61.7
Is there a playground	1961	70.5
Is the playground used?	1770	63.7
Interested in martial arts?	720	25.9
Trained in martial arts?	279	10

The table 1.15 presents general indicators concerning children in Punnapra Panchayat, showcasing counts and percentages for various aspects. A small proportion, 3.2 Percent, of children exhibit signs of excessive anger, suggesting a potential area for attention. The majority, at 86.8 Percent, have their study hours arranged, indicating a structured approach to education within the community. Additionally, a significant percentage, 97.3 Percent, of parents are capable of providing support in academic matters, with 96.4 Percent of children expressing satisfaction with this support. Moreover, a notable percentage, 79.3 Percent, of children attend tuition classes, highlighting a supplementary effort towards educational enrichment. In terms of extracurricular activities, 42.5 Percent of children have demonstrated excellence in arts and sports, while 61.7 Percent express interest in these areas. The presence of a playground is significant, with 70.5 Percent indicating its availability, and 63.7 Percent reporting its use. However, interest and participation in martial arts are relatively lower, with 25.9 Percent expressing interest and only 10 Percent trained in martial arts. Overall, the data reflects a balanced engagement of children in both academic and extracurricular pursuits, with areas for potential improvement in certain activities such as martial arts participation.

2) PADIYUR GRAM PANCHAYAT

Table 3

Indicators for Monitoring Child-Friendly Local Government Institutions

Sub-theme 1: Nutritional security

National level indicators	Modified GP Level indicators	Number	Percentage
1.3.2: Number of Beneficiaries under Integrated Child Development Scheme (ICDS)	1. Number and percentage of children (06-03 y) getting SN from AWC against the eligible beneficiaries	592	94
	2. Number and percentage of PG women getting SN against the eligible beneficiaries	104	96
	3. Number and percentage of lactating women getting SN against the eligible beneficiaries	119	92
	4. Number and percentage of pre-schoolers getting SN from AWC against the eligible beneficiaries in the age group/ Category	347	75
1.3.5: Proportion of the population (out of total eligible population) receiving social protection benefits under Pradhan Mantri Matritva Vandana Yojana	5. The proportion of the population (out of the total eligible population) receiving social protection benefits under PMMVY :		
	2020-21	139	93
	2021-22	102	87
	2022-23	55	37

2.1.1: Percentage of children aged under 5 years who are underweight 2.1.2: Proportion of beneficiaries covered under National Food Security Act 2013	6. Number of children reported underweight in 0-6 age group divided by total number of children in the same age group	12 598	0.87 36.5
2.2.1: Percentage of children under age 5 years who are stunted 2.2.2: Percentage of children under age 5 years who are wasted 2.2.5: Percentage of Children aged 6-59 months who are anaemic (<11.0g/dl)	7. No. and percentage of children under age 5 years who are stunted (severe and moderate) divided by the total number of children in the same group	3	0.23
	8. No. and Percentage of children under age 5 years who are wasted divided by the total number of children in the same group	11	0.84
	9. No. and Percentage of children aged 6-59 months who are anaemic divided by the total number of children in the same group	5	0.38
	10. The number of pregnant women reported as underweight during 2nd trimester divided by the total number of PG women in the same period	3	1.63
	11. Number of PG women reported underweight in the third trimester divided by the total number of PG women in 3rd trimester	4 17	2.17 9.23
	12. Number of pregnant women with iron deficiency (ID)/ against the total number of PG women at that period		
	13. Percentage of Children aged 6-59 months who are anaemic (<11.0g/dl)	5	0.38

	14. Number of children (06-5 y) reported with anaemic (lower of Hb<11.0g) against total no. of children in the age group at that period	5	0.38

Ï% **Sub-theme: 2: Child health and Well-being**

National level indicators	Modified GP Level indicators	Number	Percentage
3.1.2: Percentage of births attended by skilled health personnel 3.1.4: Percentage of women for last birth, who received antenatal care, four times or more	15. Number and % of home deliveries attended by SBA against the total number of home deliveries during the same period	1	0.34
	16. % of at-risk pregnancies against the total number of pregnant women during the same period	7	2.4
	17. Percentage of institutional delivery against the total number of deliveries during the same period	274	99.63
3.2.1: Under-five mortality rate, (per 1,000 live births) 3.2.2: Neonatal mortality rate (per 1,000 live births)	18. No. and percentage of pregnant women with live birth during the last one year, who received four or more ANC against the number of PG women with live birth during the same period	287	98.6
	19. Number and % of under-five deaths for the last five years against the number of children under five for the last five years	4 3965	1.4 92
	20. The proportion of children who have received specific vaccines up to the date with the recommended vaccine schedule.(0-18)	274	91.97
	21. Proportion of under 1 year age children who have actually been given immunization		

	against the total number of under 1 year age children 22. Proportion of partially immunized children below 1 year, who missed any of the vaccines under UIP till one year of age against the total number of under 1 year of age children. 23. No of schools having counselling support services against the total no. of schools in the area	22 1	7.8 11
3.5.3: Percentage of population (men (15-54 years) and women (15-49 years)) who consume alcohol	24. Number of young adults referred to de-addiction Centres	15	19

Ï% Sub Theme: 3 - Quality Education

National level indicators	Modified GP Level indicators	Number	Percentage
4.1.1: Percentage of students in grades 3, 5, 8 and 10 achieving at least a minimum proficiency level in terms of nationally defined learning outcomes to be attained by pupils at the end of each of the above grades 4.1.2: Gross Intake Ratio to the last grade (primary, upper primary and secondary) 4.1.3: Gross Enrolment Ratio in higher secondary education 4.1.6: Proportion of students enrolled in Grade 1 who reaches last grade or primary/upper primary/ secondary levels	25. % of students of the official school age group enrolled in primary, secondary and higher secondary schools against the total number of children 26. Out-of-school ratio (primary, upper primary, elementary, secondary and higher secondary- male-female)in the same age group 27. % of children admitted to higher education after 10th standard against the % of students who have passed 10th standard during the year 28. Number of students in 4th standard who score more than 40 % marks in test against the total number of students in	26000 5 106 316	99.8 0.19 100

	grade 29. Number of students in 7th and 9th standard who score more than 40 % marks in test against the total number of students in the grade (AESR indicator)	186	
4.2.1: Participation rate in organized learning one year before official primary entry 4.2.2: Gross early childhood education enrolment ratio	30. % of children in the age group 4-5 attending preschool education against the total number of children in the age group	604	86
4.5.1: Gender Parity indices for Primary/ Secondary/Higher Secondary/Tertiary education 4.5.2: Enrolment ratio of children with disabilities	31. % of children belonging to vulnerable sections enrolled in schools (SC/ST, disabled, migrants, HIV affected etc.), against the total number of children belonging to the same sections 32. % of female students above 5+ age enrolled at a given level of education against the number of female students at the same level. 33. Enrolment ratio of children with disabilities in primary, secondary and upper secondary levels 34. Percentage enrolment of children under five years of age among migrant labourers	234 894 45 4	90 46.4 97.5
4.a.1 Proportion of schools with access to: (a) electricity (b) computers for learning (c)adapted infrastructure and materials for students with disabilities/ disabled-friendly ramp and toilets (d)basic drinking water (e)single-sex basic sanitation facilities and (f)basic hand washing facilities, (in percentage)	35. Percentage of schools with barrier-free structures 36. Percentage of schools with girl-friendly toilets 37. % Schools having safe drinking water 38. % Schools with napkin vending and disposal facilities.	9 9 9 3	100 100 100 100

7.1.1: Percentage of households electrified	39. Number and percentage of schools electrified against the total number of schools	9	100
	40. Number and percentage of AWCs electrified against the total number of AWCs	25	25
	41. Number and percentage of schools provided with solar energy against the total number of schools	1	11
9.1.1: Proportion of the rural population who live within 2 km of an all-season road	42. Percentage of schools having internet connectivity against total number of schools	9	100
	43. Percentage of school students covered under ICT-enabled schooling against total number of students	9	100
	44. Percentage schools having ICT (smart classrooms and computer lab) against total number of schools	9	100

Ï% **Sub Theme: 4: Girl Children**

National level indicators	Modified GP Level indicators	Number	Percentage
5.2.4: Proportion of sexual crime against girl children to total crime against children during the calendar year	45. Total number of sittings conducted under PCWPC during last year	3	100
5.3.1: Percentage of women aged 20-24 years who were married by exact age 18 years, 2015- 16	46. Number of awareness programmes conducted on violence against women and girls	28	
5.6.3: Percentage of population aged 15-24 years with comprehensive knowledge of HIV/ AIDS, 2015-16	47. Special IEC materials developed on child marriage and campaigns conducted	27	
	48. Percentage of population aged 10-18 years with comprehensive knowledge of HIV/ AIDS		

Ï% **Sub Theme: 5: Water and Sanitation**

National level indicators	Modified GP Level indicators	Number	Percentage
6.1.1: Percentage of Population getting safe and adequate drinking water within premises through Pipe Water Supply (PWS) 6.1.2: Percentage of population using an improved drinking water source (Rural)	49. % of HHs having child population	1637	28.7
	50. % of households with child population having access to safe drinking water against the total number of households with child population	1637	100
	51. Number and % of AWCs and schools provided with 24*7 piped water supply in GP area		
	AWC:	20	80
	52. Number and % of AWCs and schools having their own drinking water source		100
	53. Percentage of houses, AWCs, and public places having safe drinking water		100
6.2.2: Percentage of Districts achieving Open Defecation Free (ODF) target	54. % of households with child population having access to sanitary toilets against the total number of households with child population		100
	55. Number and % of AWCs and schools having toilet facilities	34	100
	56. Proportion of schools with separate toilet facilities for girls	9	100
	57. Number of toilets at public offices and institutions for disabled children	11	
	58. Number of public places mapped for child-friendly, women-friendly toilets	2	

6.3.2: Proportion of water bodies with good ambient water quality	59. No. and % of public offices and institutions for children with water scorecards	9	
6.3.3: Proportion of wastewater treatment capacity created vis-a-vis total generation	60. No. of public offices and institutions for children with waste treatment facilities	34	100
	61. Number of houses/flats having own waste management mechanism		80

Ï% **Sub-theme: 6: Child protection, social inclusion**

National level indicators	Modified GP Level indicators	Number	Percentage
8.5.5: Total population with disabilities covered under social protection schemes	62. Percentage of children with disabilities enrolled in schools or special schools against the total number of disabled children of school-going age	45	95.7
	63. Percentage of children with disabilities getting disability pension against the total number of CWD in the GP	23	48.93
	64. Percentage of disabled children getting scholarships against the total number of CWD enrolled in special schools or regular schools	45	95.7
	65. Number of migrant workers in the GP area	686	
	66. Percentage of migrant workers living with children in the GP area against the total number of migrant workers in the GP area	19	2.76
16.2.1: Proportion of crime committed against children during the year, (Per 1,00,000 children)	67. Number of crimes (physical, psychological, or sexual) against children in the GP area in last five years with type of crimes against total number of children	3 170	

	69. No. of children who are addicted to mobile phones and internet	96	5
16.7.1: Proportion of seats held by women in national Parliament, State Legislation and Local Self Government	70. Number of Participatory forums for children at GP level	15	
16.9.1: Percentage of births registered 16.9.2: Proportion of population covered under Aadhaar	71. Percentage of births registered against the total number of births in the last year 72. Number of children in the age group 5-18 having Aadhar card against the total number of children in the age group		98 97

Ï% **Sub-theme: 7: Participation**

National level indicators	Modified GP Level indicators	Number	Percentage
Ensure special gram Sabha for children	73. Number of children who participated in the children's special gram Sabha	150	
Ensure child representation in working groups	74. Number of children enrolled in working groups in local government bodies	13	
Participation of children in Bala sabkhas	75. Number and percentage of children participating in Bala Sabhas	452	
Participating venues	76. Number of children not participating in any venues 77. Number of children participating in various clubs in schools 78. Number of children who are members of Adolescent clubs in Anganwadis of the Panchayat	265 1088 1266 62	

	79. Total number of children who are members of CWPC/ CAB/ CRC of the Panchayat	759	
	80. Children with membership in Panchayat libraries	40	
	81. Number of participation promoting activities conducted for children in the panchayat last year	8	
	82. Number of activities conducted under the leadership of children at various levels in the Panchayat	2	
	83. Number of Sports and Arts events conducted for children in the panchayat	4	
	84. Number of trainings conducted to promote children's sports and artistic activities		

a) Demographic Overview: Children's Population in the Padiyur Gram Panchayat

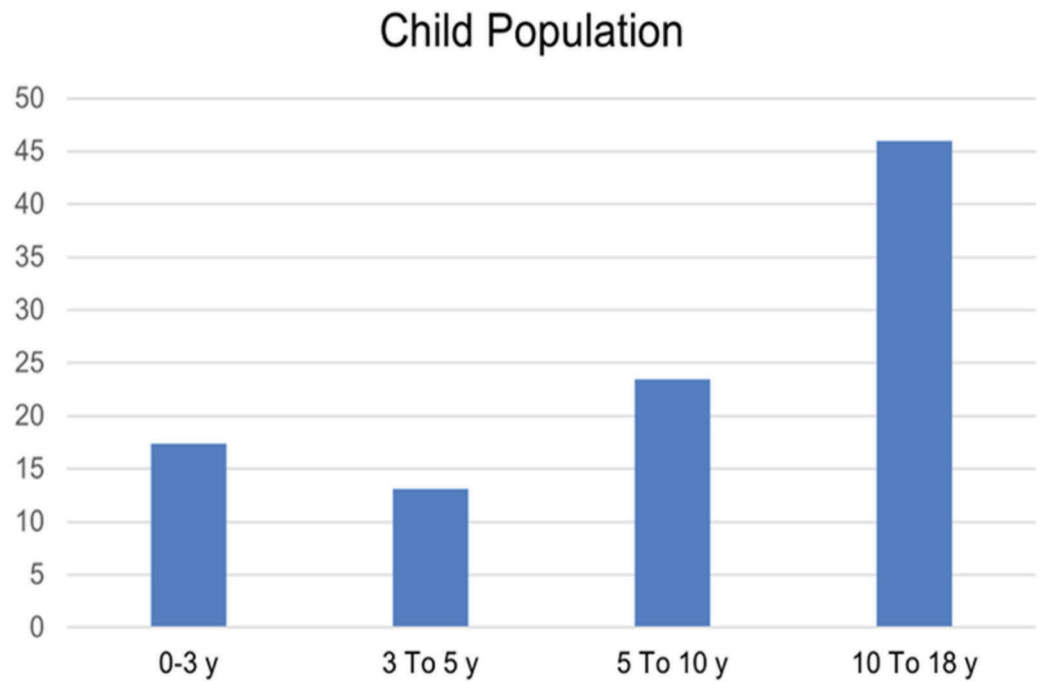
Table 2.1

Age group	Count	Percentage
0-3 y	330	17.4
3-5 y	248	13.1
5-10 y	445	23.5
10-18 y	871	46
Total	: 1894	

The provided table 2.1 delineates the demographic distribution across distinct age groups, presenting both the absolute count and corresponding percentage representation within each cohort. Notably, the age group of 10-18 years emerges as the most populous, boasting a count of 1,858 individuals, which accounts for a substantial 42.57 percent of the total sample. Following closely, the cohort spanning 5-10 years old exhibits a noteworthy count of 1,365 individuals, representing approximately 31.27 percent of the studied population. In parallel, the age brackets of 0-3 years and 3-5 years old manifest counts of 631 and 511 individuals, respectively, signifying proportions of 14.46 percent and 11.71 percent relative to the overall

sample. This comprehensive analysis elucidates a detailed understanding of age distribution dynamics within the sampled population, highlighting a considerable prevalence of older children while providing valuable insights into demographic trends relevant to childhood age segmentation.

Figure 2.1



General Indicators

Table 2.2 provides demographic information on gender, religion, and caste within the surveyed population. In terms of gender distribution, there is nearly equal representation between males and females, with males comprising 50.2 percent and female's 49.6 percent of the population. However, transgender individuals make up a very small percentage, at 0.2 percent. Regarding religion, the majority of the population identifies as Hindu, accounting for 63.9 percent, followed by Muslims at 16.8 percent and Christians at 16.2 percent. In terms of caste, the largest proportion belongs to the Other Backward Classes/Other Economically Backward Classes (OBC/OEC) category, constituting 44.7 percent of the population, followed by the General category at 38.3 percent. The Scheduled Caste/Scheduled Tribe (SC/ST) category represents 15.6 percent of the surveyed population. Overall, the table provides valuable demographic insights into the gender, religious, and caste composition of the surveyed population, highlighting the diversity within the community.

Table 2.2

Variables	Categories	Count (%)
Gender	Male	783(50.2)
	Female	774(49.6)
	Transgender	4(0.2)
Religion	Hindu	997(63.9)
	Muslim	262(16.8)
	Christian	253(16.2)
Caste	General	598(38.3)
	OBC/OEC	697(44.7)
	SC/ST	244(15.6)

Figure 2.2

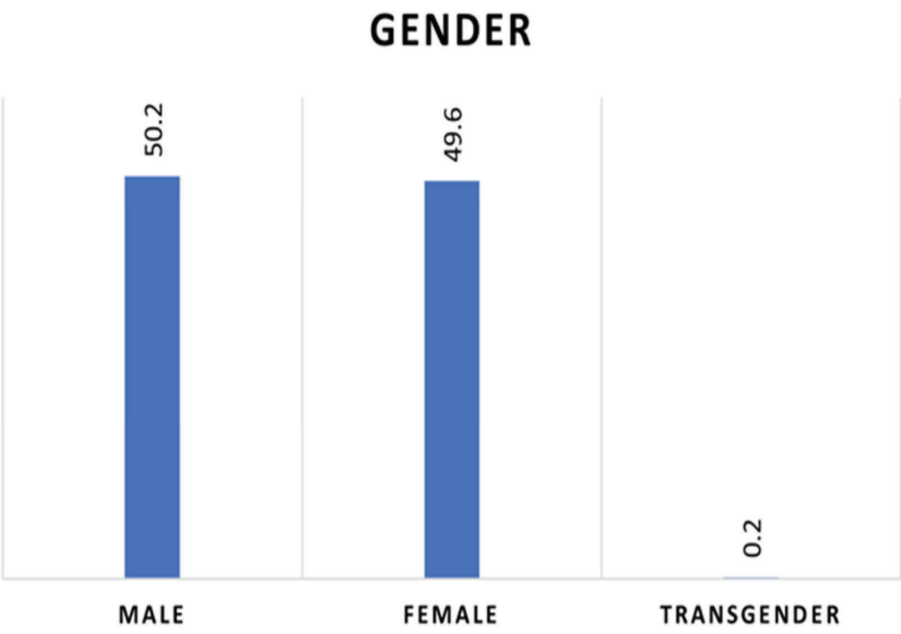


Figure 2.3

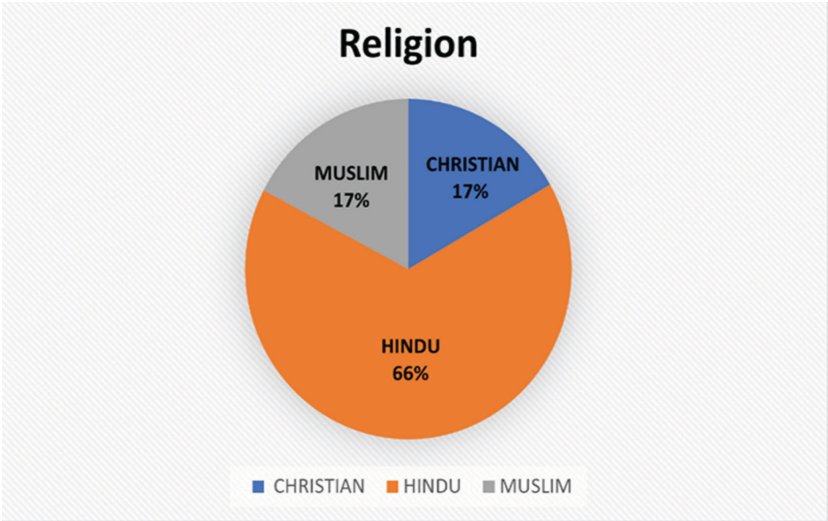
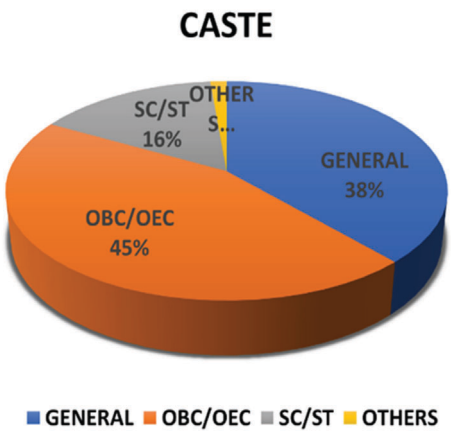


Figure 2.4



b) Nutritional Safety

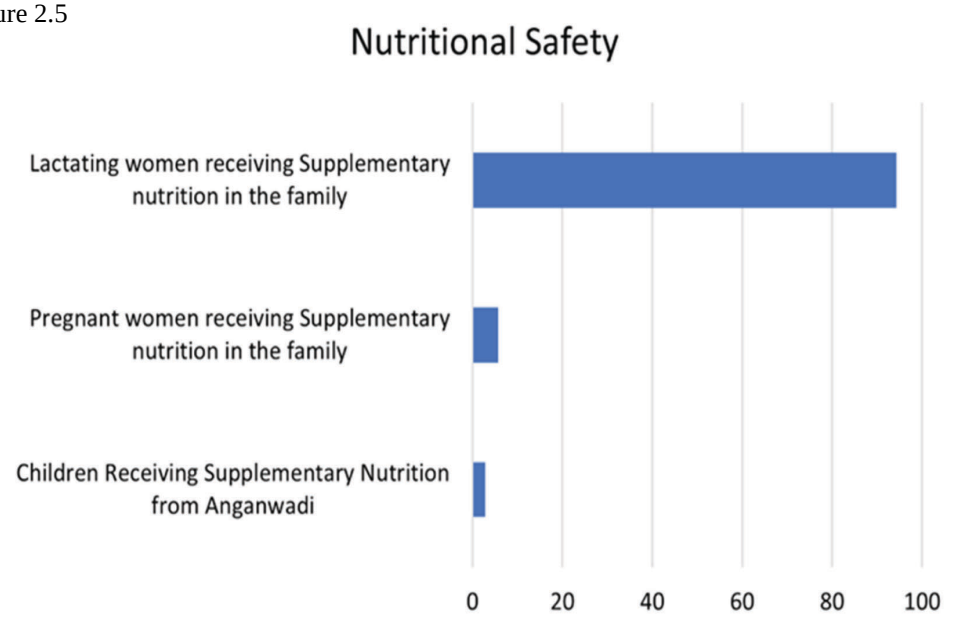
Proper nutrition is crucial for children's development, acting as a cornerstone for their health. It boosts immunity, ensuring they stay well and can fully engage in learning, playing, and growing. This not only reduces the family's medical expenses but also frees up resources for education and future investments. A community's well-being is also tied to the health of its children, making investment in child nutrition programs vital. This approach empowers current and future generations to be healthier, more productive, and better contributors to society, underscoring the significance of nutritional security in individual development.

Table 2.3

Nutritional Safety	Count	%
Beneficiary under Integrated Child Development Scheme (ICDS)	334	21.4
Children Receiving Supplementary Nutrition from Anganwadi	45	2.9
Pregnant women receiving Supplementary nutrition in the family	89	5.7
Lactating women receiving Supplementary nutrition in the family	1472	94.3
School attendance is practiced after having breakfast	949	60.8

Table 2.3 presents an overview of nutritional safety measures among different beneficiary groups. Among those enrolled in the Integrated Child Development Scheme (ICDS), 334 individuals, constituting 21.4 percent of the total, are benefiting from this program. Additionally, 45 children (2.9 percent) are receiving supplementary nutrition from Anganwadi centres. Furthermore, 89 pregnant women (5.7 percent) are receiving supplementary nutrition within their families. The majority of lactating women, with 1472 individuals (94.3 percent), are receiving supplementary nutrition within their families. Moreover, 949 individuals (60.8 percent) are attending school after having breakfast, indicating a positive correlation between school attendance and breakfast consumption. Overall, the table illustrates the distribution and effectiveness of nutritional safety initiatives among various demographic groups, highlighting areas of success and potential areas for improvement.

Figure 2.5



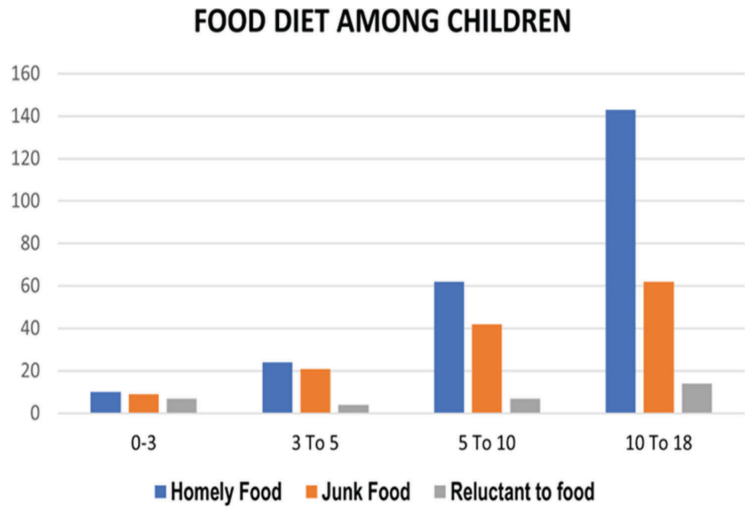
Children’s Diet

The food choices made by families significantly influence children's health and well-being. Providing a nutritious and balanced diet is crucial for children's overall development, fostering strong bones, muscles, and a healthy immune system, essential for academic success. Including seasonal fruits, vegetables, and whole grains supports emotional and mental health. Despite modern preferences for fast food and packaged items, nutritious foods are associated with higher energy levels, promoting active engagement in daily activities and social interaction, ultimately contributing to positive life outcomes. Parents hold the responsibility of ensuring proper dietary practices for their children, while panchayats can play a vital role in identifying and addressing issues related to poor dietary habits, providing support through various initiatives and programs.

Table 2.4

Children’s Diet	Children in the age group (%)				Total (%)
	0-3(yr)	3-5(yr)	5-10(yr)	10-18(yr)	
Children who like homely food	10(3)	24(9.7)	62(13.9)	143(16.4)	239(12.6)
Children who like Junk food	9(2.7)	21(8.5)	42(9.4)	62(7.1)	134(7.1)
Children who are reluctant to food	7(2.1)	4(1.6)	7(1.6)	14(1.6)	32(1.7)

Table 2.4 provides insights into the dietary preferences and behaviours of children across different age groups. It indicates that among children aged 0-3, 3 percent like homely food while 2.7 percent prefer junk food, with 2.1 percent being reluctant to food. In the 3-5 age group, 9.7 percent prefer homely food, 8.5 percent favour junk food and 1.6 percent are reluctant to food. As children grow older, the preference for homely food increases, with 13.9 percent in the 5-10 age group and 16.4 percent in the 10-18 age group. Conversely, the liking for junk food decreases as children age, with 9.4 percent in the 5-10 age group and 7.1 percent in the 10-18 age group. Reluctance to food remains relatively stable across age groups, ranging from 1.6 percent to 2.1 percent. Overall, the table highlights the shifting dietary preferences of children as they grow older, with a trend towards preferring homely food over junk food as they progress through different age brackets.



c) Child Health and Welfare

Investing in the well-being of children in every community, especially during their crucial first thousand days, is essential for their future. This period lays the foundation for their physical, emotional, and intellectual development. Providing proper nutrition, healthcare, and a safe environment sets the stage for children to thrive and reach their full potential. Panchayats play a vital role in ensuring these factors are in place. By collaborating with state and central governments, they can establish effective child care systems that benefit the entire community. Such investments in health and welfare have far-reaching effects, reducing economic strain on families and improving overall community well-being. Through initiatives like promoting health awareness, preventive care, early education, and nutritious diets, panchayats can foster an environment conducive to children's growth and success.

Table 2.5

Child Health and Welfare	**Count**	**%**
Are there any health issues currently affecting members of the family	93	4.9
Experiencing difficulties on the way to school has been part of the journey.	13	0.7
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	2	0.1
Have you shared the difficulty with anyone?	1	0.05
Are there any challenges or issues arising from your home environment	7	0.4
Can you comfortably express and discuss your challenges when you encounter them	1346	71.1

Table 2.5 provides an overview of child health and welfare issues, indicating various challenges and experiences encountered by children. Among surveyed families, 4.9 percent report currently facing health issues affecting family members. Additionally, 0.7 percent of children experience difficulties on their way to school, while 0.1 percent have encountered discomfort in various public settings such as buses, libraries, and schools. Only a minimal percentage, 0.05 percent, have shared these difficulties with anyone. Moreover, 0.4 percent of children report challenges arising from their home environment. However, a significant majority, comprising 71.1 percent, express comfort in discussing their challenges when they encounter them, suggesting a relatively open communication environment regarding issues affecting child welfare. Overall, the table highlights both the prevalence of certain challenges faced by children and the importance of fostering an environment where children feel comfortable expressing and addressing their concerns.

Immunization Information

Immunizations serve as a protective shield against life-threatening diseases for infants, youth, and all individuals, representing one of the most effective public health measures ever developed. By introducing weakened or inactive bacteria or viruses into the body, vaccines prompt the immune system to produce antibodies, creating a defense mechanism against real disease agents. Government-established vaccination schedules ensure timely immunizations as part of the universal immunization program for children. The benefits of immunization extend beyond individual families to the broader community, fostering "herd immunity" that indirectly safeguards those unable to receive vaccines due to medical reasons. High immunization rates within panchayats reduce disease spread, particularly protecting vulnerable community members, highlighting the importance of ensuring all children in panchayats receive immunizations according to recommended schedules.

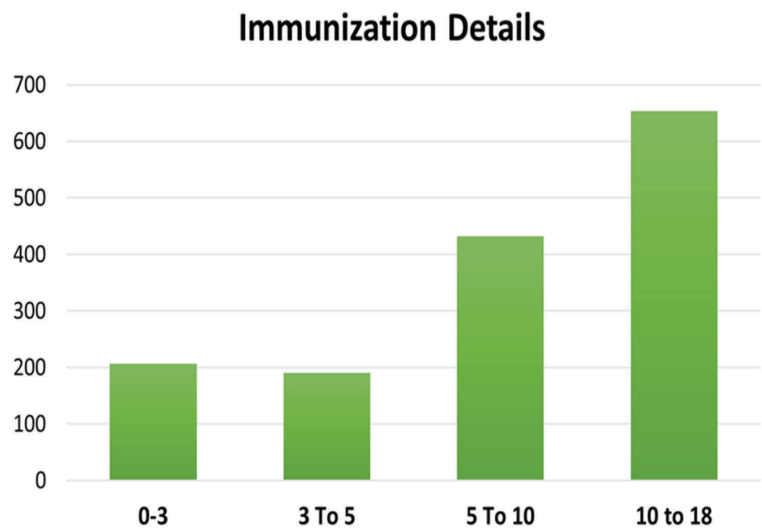
Table 2.6

Children in age group	**Count**	**%**
0-3 y	206	62.4
3-5 y	190	76.6
5-10 y	432	97.1
10-18 y	653	75

Table 2.6 presents data on immunization coverage among children across different age groups. In the age group of 0-3 years, 62.4 percent of children have received immunization. This percentage increases to 76.6 percent among children aged 3-5

years. Among children aged 5-10 years, immunization coverage is notably higher at 97.1 percent, indicating a strong adherence to immunization schedules in this age bracket. However, there seems to be a slight decrease in immunization coverage among children aged 10-18 years, with 75 percent having received immunization. Overall, the table suggests varying levels of immunization coverage across different age groups, with the highest coverage observed among children aged 5-10 years and slightly lower coverage among older children aged 10-18 years.

Figure 2.7



d) Educational Attainment

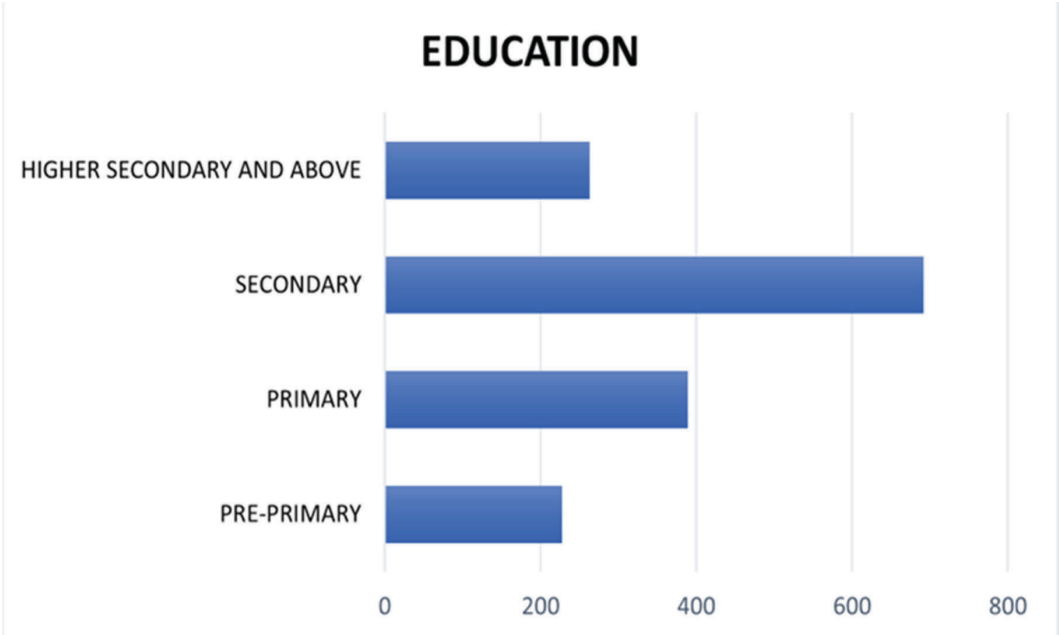
Education is the key to unlocking opportunities for every child. It equips them with vital skills for modern life, such as problem-solving and effective communication. Education increases earning potential, improves overall well-being, and reduces poverty cycles. Panchayats must ensure access to education, especially for disadvantaged children, and monitor education quality and progress. Investing in education empowers children and builds a more prosperous society.

Table 2.7

Level of Education	**Count**	**%**
Pre-Primary	228	12
Primary	389	20.5
Secondary	692	36.5
Higher Secondary and Above	263	13.9

Table 2.7 provides insights into the educational attainment levels among the surveyed population. It indicates that 12 percent of individuals have attained pre-primary education, while 20.5 percent have completed primary education. The majority of individuals, comprising 36.5 percent, have attained education up to the secondary level. Furthermore, 13.9 percent of the population has achieved higher secondary education or above. Overall, the table illustrates the distribution of educational attainment levels, with a significant proportion having completed secondary education, suggesting a considerable emphasis on primary and secondary education within the surveyed population.

Figure 2.8



Indicators related to Education

Table 2.8 presents various indicators related to education within the surveyed population. It indicates that a small percentage, 1.7 percent, have experienced interruptions in their education, while 1.5 percent resumed their education later. Additionally, 3 percent of respondents express a desire to pursue further studies. A significant proportion, constituting 75.5 percent, of children have developed a habit of reading, indicating a positive engagement with literacy. Moreover, 47.8 percent of children have a habit of reading newspapers, suggesting a level of awareness and engagement with current affairs. Furthermore, a notable percentage, 62.8 percent, received proper guidance regarding further study options, indicating support in educational decision-making. However, 1.6 percent of children belong to very poor

families, highlighting potential socioeconomic challenges that could impact educational opportunities. Overall, the table provides a comprehensive overview of various educational indicators, including reading habits, aspirations for further studies, access to guidance, and socioeconomic factors affecting educational attainment.

Table 2.8

Indicators	Count	%
Education has been interrupted	27	1.7
The education continued later	23	1.5
Would you like to pursue further studies	47	3
the child has a habit of reading	1179	75.5
Children who have a habit of reading newspaper	747	47.8
Received proper guidance regarding further study options	980	62.8
Belong to a very poor family	25	1.6

e) Girl Child related Indicators

Investment in girl children strengthens the social fabric as a whole and is not merely empowerment. Educated and empowered girls improve the economic growth and contribute to the progress of each society. This can be observed over the years among various countries. Health and education are two important areas where girl children can progress more. When girls receive quality education, their average age of marriage goes up, they have smaller families, healthier children, become more productive and participate more in the workforce thereby resulting in vibrant societies. Girls who are educated are more equipped to make informed choices about their health and wellbeing which leads to more and more positive outcomes for themselves and their family members. An equitable and a prosperous society can be ensured by nurturing the potential of girl children. It is this idea that is driving the government to invest in more programs and schemes aimed at the betterment of girl children. Panchayats too have a crucial role in promoting girl child development. They can create a supportive environment for addressing issues against girl children , providing opportunities for education, sports and play, allocate resources for supporting girl children etc.

Table 2.9

Table 2.9

Indicators	Count	%
Girls	774	49.6
Girl children in the family who have dropped out halfway	42	5.4
Have a clear understanding of the physical changes and growth during adolescence	110	14.2
Are there concerns about that?	397	51.3
Underwent education on adolescent health	618	79.8
Education been interrupted	9	1.2
Education been interrupted and then resumed	8	1
Would you like to continue studying?	17	2.2
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	1	0.1
Are there any challenges or issues arising from your home environment	6	0.8
Can you comfortably express and discuss your challenges when you encounter them	673	87
Know about POCSO Act	455	58.8
Balasabha Member(female)	0	0
Know about Child Protection Committee	332	42.9

Table 2.9 provides insights into various indicators related to girl children within the surveyed population. Among the total respondents, girls constitute 49.6 percent. Among girl children in families, 5.4 percent have dropped out halfway, indicating a potential concern for female educational continuity. Only 14.2 percent have a clear understanding of physical changes and growth during adolescence, while a significant majority, 51.3 percent, express concerns about these changes. Furthermore, 79.8 percent of girls underwent education on adolescent health, highlighting efforts towards health awareness. A small percentage, 1.2 percent, experienced interruptions in their education, with an even smaller proportion, 1 percent, resuming education after an interruption. Despite this, only 2.2 percent express a desire to continue studying, indicating potential disinterest or other barriers. Additionally, a majority, 87 percent, feel comfortable expressing and discussing their challenges when encountered. However, awareness of legal protection, such as the POCSO Act, is relatively low at 58.8 percent. Lastly, there is minimal representation in Balasabha membership among females, with none reported, and 42.9 percent are aware of Child Protection Committees, indicating room for improvement in participation and awareness of

protective mechanisms. Overall, the table highlights various challenges and opportunities for girl children, emphasizing the importance of addressing educational continuity, health awareness, legal protection, and participation in protective mechanisms.

f) Water and Sanitation

It's critical for children's health to have access to clean water and sanitation. Diseases can result from poor sanitation and tainted water, especially in rural regions with restricted access. Ensuring access to sanitary facilities and clean water is a major responsibility of panchayats. They are able to carry out tasks including maintaining infrastructure and mapping water sources. Panchayats assist in creating a more hygienic environment for children's growth by encouraging good cleanliness and community involvement.

Table 2.10

Indicators	**Count (%)**	
	Yes	No
Is there a drinking water facility in the house?	1510(96.7)	51(3.3)
Is there a washroom/toilet facility in the house?	1398(89.5)	163(10.5)

Table 2.10 provides insights into the availability of water and sanitation facilities within households. The majority of households, comprising 96.7 percent, report having access to drinking water facilities within their homes, indicating relatively widespread access to this essential resource. However, a smaller percentage, 89.5 percent, report having washroom/toilet facilities in their houses. While the majority still have access to sanitation facilities, it is notable that approximately 10.5 percent of households lack this basic amenity, suggesting a gap in sanitation infrastructure. Overall, the table underscores the importance of ensuring access to both clean drinking water and sanitation facilities for improved public health and well-being.

g) Child Care and Social Inclusion

Early childhood is an important period for brain development which lays the foundation for future learning and social interaction. Access to facilities and services which can provide the child with a safe and stimulating environment where they can learn, play, and develop essential social and emotional skills are very important during this phase. Children with special needs also should be given due care and attention. Inclusive child care programs for such children and others coming from disadvantaged sections should be done. Panchayats have the potential to champion child care and social inclusion in rural areas. They can play a vital role in establishing and managing Anganwadis and other childcare centers that provide basic healthcare, nutrition, and

early childhood education. Resources can be allocated to establish and strengthen protection mechanisms and services. The capacity development of functionaries coming into contact with children can also be done. An inclusive approach has to be fostered among all walks of the society. This calls for changing the attitude and practices of each community towards children and families.

Table 2.11

Indicators	Count	%
Father and mother living apart	58	3.7
Experienced the loss of a parent	61	3.9
Children belongs to the differently abled category	28	1.8
Inclusion of Children's Names in Ration Card	1195	76.6
Birth registration of children has been done	1525	97.7
The presence of drug addiction within the family	46	2.9
Undergone treatment to prevent drug addiction	15	1
Anyone in the family who is serving a prison sentence	0	0
Library facility in the area	414	26.5
Make use of library	316	20.2
Know about Child Protection Committee	636	40.7
know about POCSO Act	913	58.5

Table 2.11 offers insights into various aspects related to child care and social inclusion within the surveyed population. A small percentage, 3.7 percent, report the separation of father and mother, indicating potential family disruptions. Additionally, 3.9 percent of children have experienced the loss of a parent, suggesting instances of familial adversity. Only 1.8 percent of children belong to the differently-abled category, indicating a relatively low prevalence within the surveyed population. However, a significant majority, 76.6 percent, have their names included in the ration card, highlighting efforts towards social inclusion and welfare support. Furthermore, a high percentage, 97.7 percent, have undergone birth registration, ensuring their legal recognition and access to services. A small proportion, 2.9 percent, report the presence of drug addiction within the family, with an even smaller percentage, 1 percent, undergoing treatment to prevent drug addiction, indicating efforts towards addressing substance abuse issues. Notably, there are no reported instances of family members serving prison sentences. Regarding community resources, 26.5 percent report the availability of a library facility in the area, with 20.2 percent making use of it, suggesting moderate engagement with educational resources. Additionally, a substantial proportion, 40.7 percent, are aware of Child Protection Committees, and

58.5 percent are familiar with the POCSO Act, indicating a level of awareness regarding child protection mechanisms and legal frameworks. Overall, the table provides a comprehensive overview of various indicators related to child care and social inclusion, highlighting both challenges and efforts towards ensuring the well-being and rights of children within the surveyed community.

Screen Addiction

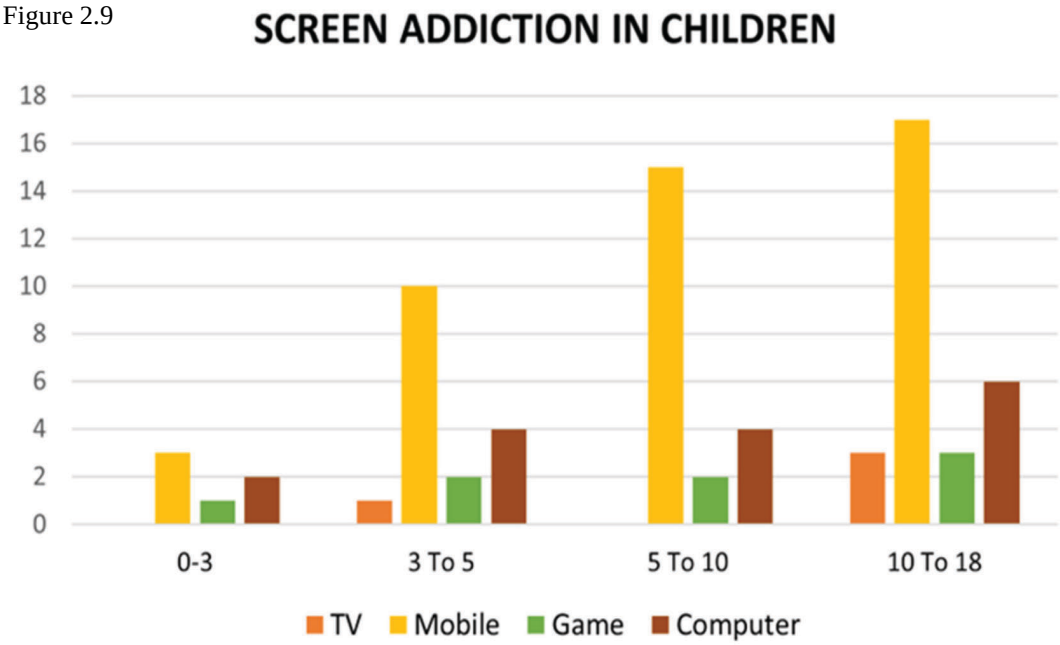
Excessive screen time poses serious risks to children's well-being, affecting their physical, social, and mental health. It disrupts normal routines, sleep patterns, and cognitive development, potentially leading to depression, stress, and behavioral changes. Collaboration between stakeholders is essential to address this issue, including awareness campaigns, promoting outdoor activities, and providing digital literacy education in schools. Identifying and counseling addicted children is also crucial in mitigating the impact of screen addiction.

Table 2.12

Indicators	**Children in age group (%)**			
	0-3 y	**3-5 y**	**5-10 y**	**10-18 y**
Screen addiction in TV	0(0)	1(0.4)	0(0)	3(0.3)
Screen addiction in mobile	3(0.9)	10(4)	15(3.4)	17(2)
Screen addiction in game	1(0.3)	2(0.8)	2(0.4)	3(0.3)
Screen addiction in computer	2(0.6)	4(1.6)	4(0.9)	6(0.7)

Table 2.12 provides insights into the prevalence of screen addiction among children across different age groups. It indicates minimal occurrences of screen addiction across various screen platforms. Among children aged 0-3 years, there are no reported cases of screen addiction to TV, while minimal percentages are reported for other devices such as mobile, game, and computer. As children progress to older age groups, slightly higher percentages of screen addiction are observed, with the highest prevalence seen in the 10-18 age group for mobile and computer usage, at 2 percent and 0.7 percent respectively. However, these percentages remain relatively low across all age groups, suggesting that screen addiction is not prevalent among the surveyed children. Overall, the table highlights the minimal occurrence of screen addiction across different age groups, indicating a potentially healthy balance in screen usage among the surveyed children.

Figure 2.9



Leisure Time activities

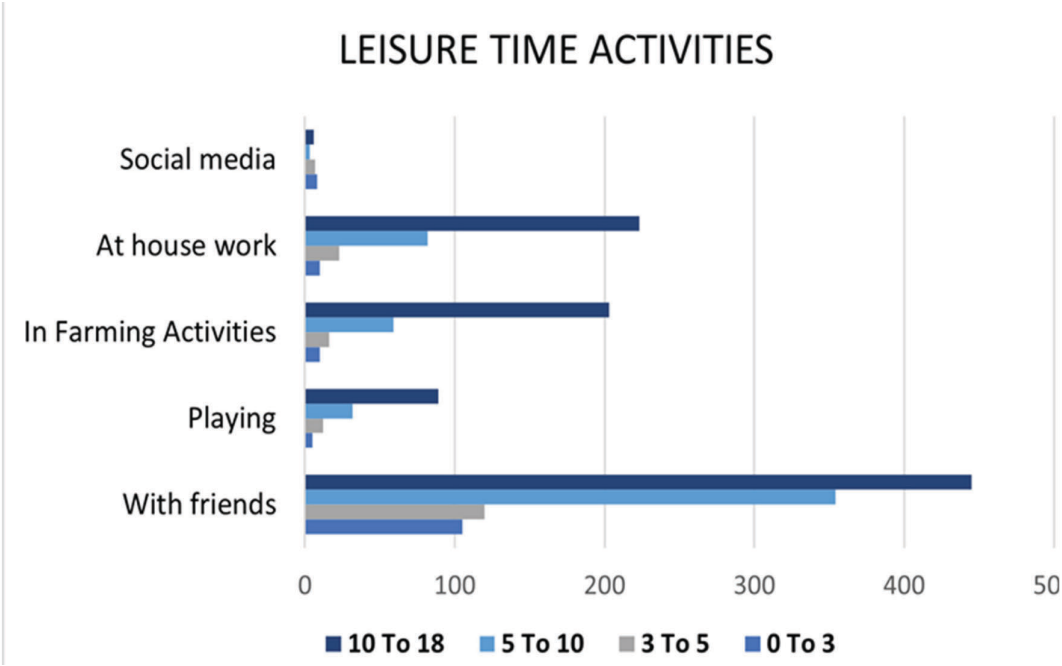
A child's ability to explore creativity, improve problem-solving skills, and manage social interactions is all made possible by play and leisure. Physical activity contributes to general growth in addition to enhancing well-being and lowering stress. Engaging in hobbies and leisure activities helps kids identify their interests and skills, which builds their self-esteem. In both communities and schools, panchayats are essential in guaranteeing children's access to play areas and leisure amenities. Enriching children's experiences can involve providing them with sports equipment, playgrounds, training sessions, and talent shows. For future generations, cultural heritage is also preserved through recording and disseminating traditional play and leisure activities.

Table 2.13

Leisure Time Activities	**Children in the age group (%)**			
	0-3 y	**3-5 y**	**5-10 y**	**10-18 y**
With friends	105(31.8)	120(48.4)	354(79.5)	445(51.1)
Playing	5(1.5)	12(4.8)	32(7.2)	89(10.2)
In Farming Activities	10(3)	16(6.5)	59(13.3)	203(23.3)
At house work	10(3)	23(9.3)	82(18.4)	223(25.6)
Social media	8(2.4)	7(2.8)	3(0.7)	6(0.7)

Table 2.13 provides insights into the leisure activities of children across different age groups. The data reveals varying patterns of engagement in activities during free time. Among children aged 0-3 years, a significant portion, 31.8 percent, spend their leisure time with friends, while only a small percentage engage in playing (1.5 percent) or participate in farming activities (3 percent). As children grow older, there is a notable increase in social interactions with friends, reaching 48.4 percent in the 3-5 age group and peaking at 79.5 percent in the 5-10 age group. Similarly, engagement in playing and household chores also increases with age, indicating a progression towards more active involvement in recreational and productive activities. Notably, participation in farming activities increases steadily with age, with the highest engagement observed in the 10-18 age group (23.3 percent). Conversely, the use of social media remains relatively low across all age groups, suggesting minimal dependence on digital platforms for leisure activities among the surveyed children. Overall, the table highlights the diverse range of leisure time activities undertaken by children across different age groups, with social interactions, play, and productive tasks being prominent features of their free time.

Figure 2.10



h) Participation

Table 2.14 provides insights into various indicators related to children's participation and involvement within their families and communities. Among the surveyed population, 46.8 percent of children utilize Anganwadi facilities, indicating a significant reliance on these centres for early childhood education and nutrition support. However, only a small percentage, 1.2 percent, are members of Varnakoodu, suggesting limited participation in community-based programs. Similarly, the percentage of children belonging to any clubs is low at 4.5 percent, indicating potential gaps in extracurricular engagement. Despite this, a substantial majority, comprising 67.1 percent, report that family members share things together at home, reflecting a sense of familial cohesion and interaction. Moreover, a significant proportion, over 65 percent, indicate that the child's opinion is sought and they are involved in decision-making at home, highlighting a participatory approach within family dynamics. However, there are no reported Bala Sabha members within the surveyed population, indicating potential areas for enhancing child participation in local governance structures. Notably, a high percentage, 95.4 percent, of children have not participated in any club, suggesting a need for expanding opportunities for extracurricular engagement. Overall, the table underscores the importance of fostering familial engagement, promoting child participation in decision-making processes, and expanding avenues for community involvement and club participation to enhance children's holistic development.

Table 2.14

Indicators	Count	%
Anganwadi facility used by the children	731	46.8
Member of Varnakoodu	19	1.2
Children belong to any clubs	71	4.5
Family members share things together at home	1047	67.1
Is the child's opinion sought in decision-making at home?	1033	66.1
Are they involved in decisions?	1029	65.9
Bala Sabha member (in total population)	0	0
Children who aren't participated in any club	1490	95.4

Table 2.15 presents various indicators related to children's behaviour, academic support, interests, and extracurricular activities. A notable percentage, 51 percent, of children exhibit signs of excessive anger, suggesting potential emotional challenges within the surveyed population. Additionally, a significant proportion, 39.6 percent, have their study hours arranged, indicating efforts towards academic structure and discipline. The majority of parents, 79.6 percent, are able to provide support in

academic matters, yet only a small percentage, 9.7 percent, of children express a liking for this support, indicating potential discrepancies in preferences between parents and children. Furthermore, a considerable number of children, 34.3 percent, attend tuition classes, highlighting supplementary educational support. A substantial percentage, 44.3 percent, have proven excellence in arts and sports, indicating talent and achievement in these areas. Moreover, almost all children, 99.9 percent, express interest in arts and sports, suggesting a widespread enthusiasm for these activities. However, access to facilities such as playgrounds is limited, with only 29.9 percent reporting their availability, and even fewer, 21.6 percent, report using them, indicating potential constraints in accessing recreational spaces. Additionally, interest in martial arts is moderate at 11.8 percent, with 16 percent of children trained in this discipline. Overall, the table highlights a range of factors related to children's behaviour, academic support, interests, and participation in extracurricular activities, underscoring both areas of strength and potential areas for improvement within the surveyed population.

Table 2.15

Indicators	**Count**	**%**
Do children show excessive anger?	796	51
Are the children's study hours arranged?	619	39.6
Are parents able to provide support in academic matters?	1242	79.6
Do children like this support?	152	9.7
Does the child go to tuition?	536	34.3
Has proven excellence in arts and sports?	692	44.3
Interested in arts and sports?	1560	99.9
Is there a playground/	467	29.9
Is the playground used?	337	21.6
Interested in martial arts?	184	11.8
Trained in martial arts?	250	16

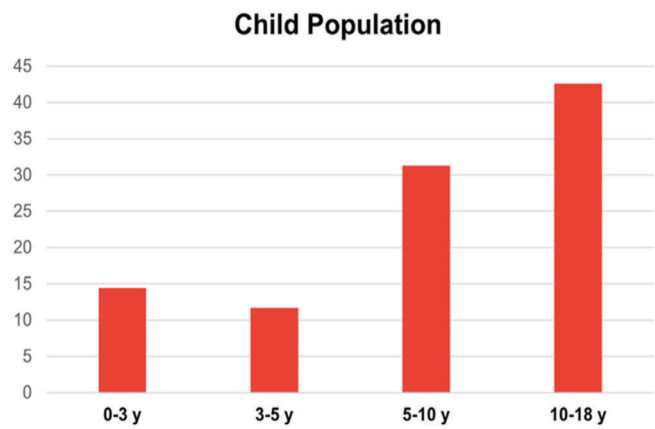
3. KADIRUR GRAM PANCHAYAT

a) Demographic Overview: Children's Population in the Kadirur Gram Panchayat

Age group (in years)	Count	Percentage
0-3 y	631	14.46
3-5 y	511	11.71
5-10 y	1365	31.27
10-18 y	1858	42.57
Total	4365	

The provided table 3.1 delineates the demographic distribution across distinct age groups, presenting both the absolute count and corresponding percentage representation within each cohort. Notably, the age group of 10-18 years emerges as the most populous, boasting a count of 1,858 individuals, which accounts for a substantial 42.57 percent of the total sample. Following closely, the cohort spanning 5-10 years old exhibits a noteworthy count of 1,365 individuals, representing approximately 31.27 percent of the studied population. In parallel, the age brackets of 0-3 years and 3-5 years old manifest counts of 631 and 511 individuals, respectively, signifying proportions of 14.46 percent and 11.71 percent relative to the overall sample. This comprehensive analysis elucidates a detailed understanding of age distribution dynamics within the sampled population, highlighting a considerable prevalence of older children while providing valuable insights into demographic trends relevant to childhood age segmentation.

Figure 1.1



Ï% General Indicators

Table 3.2

Variables	Categories	Count (%)
Gender	Male	1770(50.3)
	Female	1737(49.5)
	Transgender	7(0.19)
Religion	Hindu	1984(56.4)
	Muslim	1498(42.6)
	Christian	24(0.6)
Caste	General	344(9.7)
	OBC/OEC	3122(89)
	SC/ST	48(1.3)

The table 3.2 provides a breakdown of demographic variables including gender, religion, and caste, along with corresponding counts and percentages. In terms of gender distribution, the data shows a nearly equal split between males (50.3 percent) and females (49.5 percent), with a small percentage identifying as transgender (0.19 percent). Regarding religion, the majority of individuals identify as Hindu (56.4 percent), followed by Muslim (42.6 percent) and Christian (0.6 percent). Notably, there is a significant imbalance in caste representation, with the majority identifying as OBC/OEC (Other Backward Class/Other Eligible Communities) comprising 89 per cent of the population, followed by General (9.7 percent), and a smaller percentage identifying as SC/ST (Scheduled Caste/Scheduled Tribe) at 1.3 percent. These findings provide insights into the demographic composition of the population under study, highlighting the diversity and distribution across gender, religion, and caste categories.

Figure 3.2

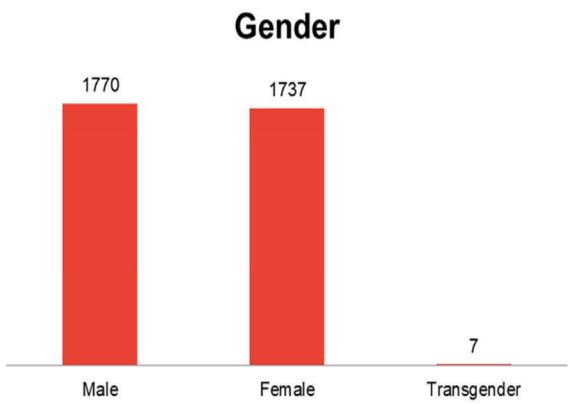


Figure 3.3

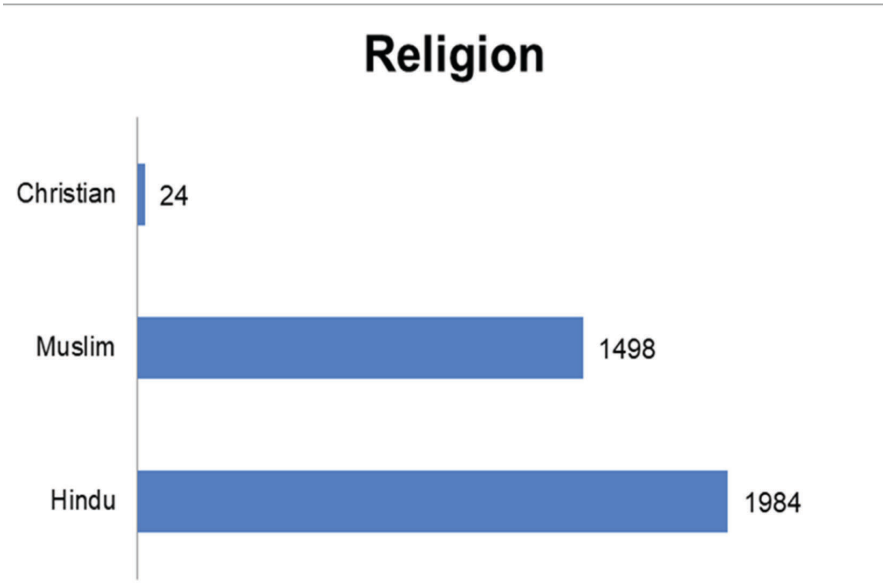
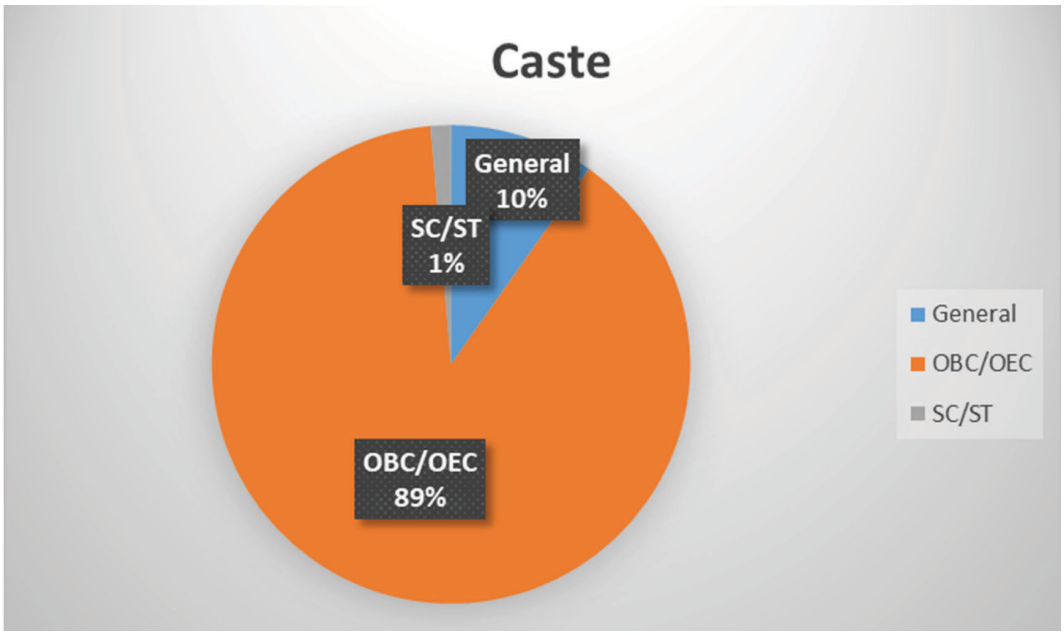


Figure 3.4



Nutritional Safety

A cornerstone for children's health, proper nutrition is essential for their development, bolstering immunity and enabling full participation in learning, play, and growth. This not only decreases family medical costs but also allocates resources for education and future endeavors, emphasizing the importance of investing in child nutrition programs for the well-being of both individuals and communities, ultimately empowering healthier, more productive generations who can positively impact society.

Table 3.3

Nutritional Safety	**Count**	**%**
Beneficiary under Integrated Child Development Scheme (ICDS)	883	25.12
Children Receiving Supplementary Nutrition from Anganawadi	594	13.6
Pregnant women receiving Supplementary nutrition in the family	119	3.3
Lactating women receiving Supplementary nutrition in the family	383	10.8
School attendance is practiced after having breakfast	3194	90.8

Table 3.3 presents a comprehensive overview of nutritional safety measures across various beneficiary groups, highlighting both successes and areas for improvement. Notably, a substantial percentage of beneficiaries under the Integrated Child Development Scheme (ICDS) and those receiving supplementary nutrition from Anganawadi centres indicate a proactive approach towards addressing childhood malnutrition. However, the lower percentages of pregnant and lactating women receiving supplementary nutrition signal potential gaps in maternal healthcare services, emphasizing the need for targeted interventions to support maternal and child health. On a positive note, the high percentage of school attendance practiced after having breakfast underscores the significance of nutrition in facilitating educational outcomes. Overall, while there are commendable efforts evident in providing nutritional support, the findings also shed light on areas that require further attention and enhancement to ensure comprehensive nutritional safety across all beneficiary groups.

Children’s Diet

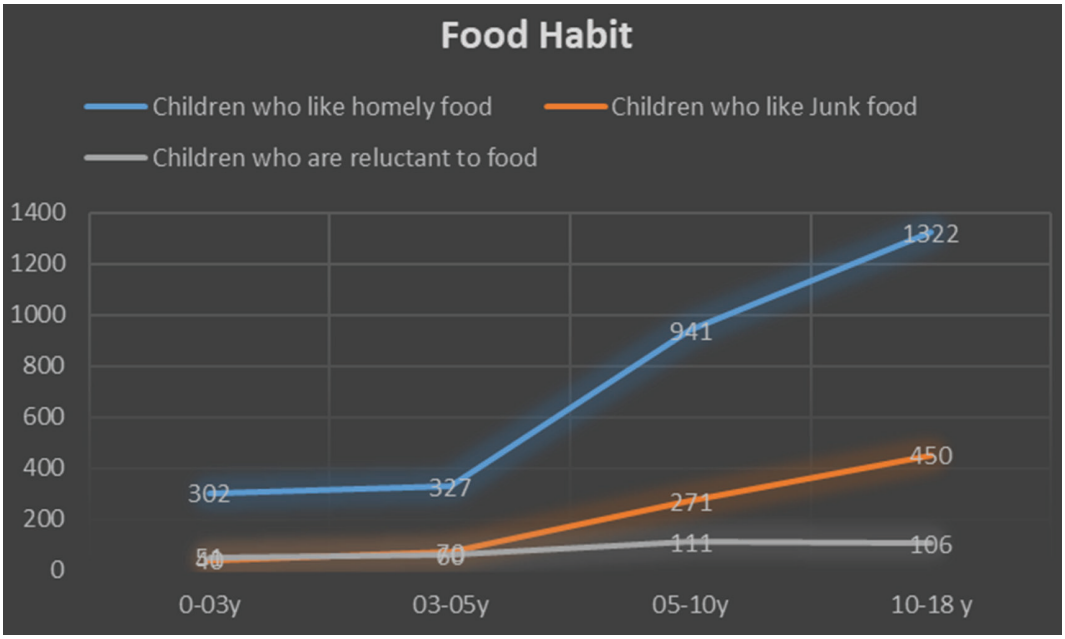
The dietary choices made by families profoundly impact children's health and well-being, highlighting the importance of providing a nutritious and balanced diet essential for their overall development, including strong bones, muscles, and a robust immune system crucial for academic success. Integrating seasonal fruits, vegetables, and whole grains not only bolsters emotional and mental health but also enhances energy levels, fostering active participation in daily routines and social interactions, thereby influencing positive life outcomes. While parents bear the responsibility of ensuring

proper dietary practices, panchayats can play a crucial role in identifying and addressing issues related to unhealthy eating habits, offering support through various initiatives and programs.

Table 3.4

Children's Diet	Children in the age group (%)				Total (%)
	0-3(yr)	3-5(yr)	5-10(yr)	10-18(yr)	
Children who like homely food	302 (47.8)	327 (63.9)	941 (68.9)	1322 (71.1)	2892 (66.2)
Children who like Junk food	40 (6.3)	70 (13.6)	271 (19.8)	450 (24.2)	831 (19)
Children who are reluctant to food	51 (8)	60 (11.7)	111 (8.1)	106 (5.7)	328 (7.5)

The table 3.4 provides insights into the dietary preferences of children across different age groups, shedding light on their inclination towards various types of food. Here are the major findings. The majority of children across all age groups exhibit a preference for homely food, with the highest percentage among children aged 10-18 (71.1 percent). The preference for homely food gradually decreases with age, with 47.8 percent of children aged 0-3 and 63.9 percent of children aged 3-5 liking it, indicating a potential shift towards other food types as children grow older. A notable portion of children, particularly those aged 10-18 (24.2 percent) express a liking for junk food. The percentage of children liking junk food increases with age, with only 6.3 percent of children aged 0-3 liking it compared to 24.2 percent of children aged 10-18, suggesting a trend towards preferring less healthy food options as children grow older. A smaller but still significant proportion of children across all age groups exhibit reluctance towards food, with the highest percentage among children aged 0-3 (8 percent). Interestingly, the reluctance towards food decreases with age, with only 5.7 percent of children aged 10-18 being reluctant to food, indicating a potential improvement in eating habits as children grow older. Overall, the findings suggest a need for promoting healthy eating habits, especially among older children who show an increasing liking for junk food. Additionally, efforts to address reluctance towards food, particularly among younger children, could contribute to improving overall dietary patterns and ensuring adequate nutrition during crucial developmental stages.



c) Child Health and welfare

Investing in children's well-being, particularly during their critical first thousand days, is crucial for their future, laying the groundwork for physical, emotional, and intellectual development. Providing adequate nutrition, healthcare, and safety creates conditions for children to thrive and realize their potential, with panchayats playing a pivotal role in ensuring these essentials. Collaborating with state and central governments, panchayats can establish effective child care systems benefiting the entire community, ultimately reducing financial burdens on families and enhancing community welfare. Initiatives promoting health awareness, preventive care, early education, and nutritious diets further contribute to an environment conducive to children's growth and success.

Table 3.5

Table 1.5

Child Health and Welfare	Count	%
Are there any health issues currently affecting members of the family	363	10.3
Experiencing difficulties on the way to school has been part of the journey.	78	2.2
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	42	1.2
Have you shared the difficulty with anyone?	17	40.4
Are there any challenges or issues arising from your home environment	58	1.6
Can you comfortably express and discuss your challenges when you encounter them	3068	87.3

The table 3.5 provides insights into child health, welfare, and challenges experienced within the family and school environments, along with the corresponding counts and percentages. Approximately 10.3 percent of respondents report current health issues affecting members of their family, indicating a notable prevalence of health concerns within households. A smaller percentage (2.2 percent) of respondent's report experiencing difficulties during their journey to school, suggesting that transportation-related challenges might be a minor issue for some children. Only 1.2 percent of respondent's report experiencing discomfort in settings such as buses, public places, libraries, schools, and tuition centres. While this percentage is relatively low, it still indicates some level of discomfort experienced by a minority of children in various public settings. Interestingly 40.4 percent of respondents who experienced difficulties report sharing them with others. This indicates a willingness among a significant portion of children to communicate their challenges, which could be beneficial for seeking support and addressing issues effectively. A small percentage (1.6 percent) of respondent's report challenges or issues arising from their home environment, suggesting that home-related challenges are relatively less prevalent compared to other factors. A vast majority (87.3 percent) of respondents indicate that they can comfortably express and discuss their challenges when they encounter them. This high percent suggests that there is generally an environment conducive to open communication and problem-solving, which is crucial for addressing child welfare concerns effectively. Overall, the findings indicate a mix of health issues, transportation challenges, and discomfort experienced by some children. However, there is also a prevalent willingness among children to share their difficulties and an environment supportive of open communication, which bodes well for addressing challenges and ensuring child welfare.

Immunization Information

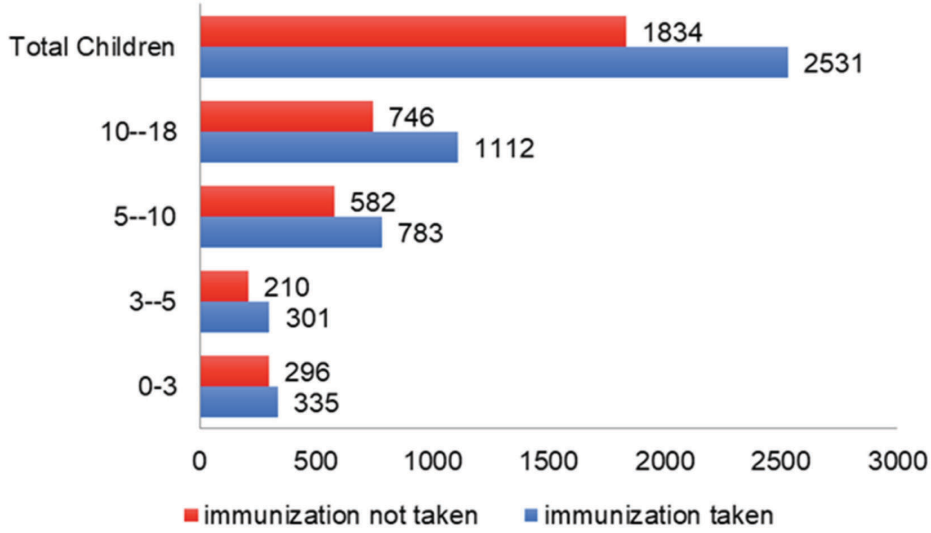
Immunizations play a pivotal role in safeguarding individuals, particularly infants and youth, against life-threatening diseases by introducing weakened or inactive forms of pathogens to trigger antibody production. This process not only creates a defense mechanism against real disease agents but also contributes significantly to public health. Government-established vaccination schedules ensure timely administration of immunizations as part of universal programs, ensuring that all children receive essential protection. Moreover, the benefits of immunization extend beyond individual families to the broader community, fostering "herd immunity" that indirectly shields those who cannot receive vaccines due to medical reasons. Therefore, maintaining high immunization rates within panchayats is essential, as it not only reduces the spread of diseases but also provides vital protection for vulnerable community members, underlining the critical importance of adhering to recommended vaccination schedules for children in these areas.

Table 3.6

Children in age group	**Count**	**%**
0-3	335	53
3-5	301	58.9
5-10	783	57.3
10-18	1112	59.8

The table 3.6 reveals the immunization status among children across different age groups, showcasing a generally positive trend of increasing immunization coverage with age. Notably, the highest percentage of immunization is observed among children aged 10-18, indicating successful vaccination efforts as children progress through their early years. However, despite commendable overall percentages of immunization coverage, there are still significant portions of children within each age group who have not received vaccinations, suggesting potential gaps in immunization programs. Addressing these gaps is crucial to ensure comprehensive protection against preventable diseases. The findings underscore the importance of on-going efforts to maintain high immunization rates across all age groups, emphasizing the need for continued awareness campaigns, accessibility of vaccination services, and proactive measures to address vaccine hesitancy. By prioritizing immunization efforts, public health authorities can effectively safeguard the health and well-being of children and communities alike.

Figure 3.9



Educational Attainment

Access to education is fundamental for every child, as it equips them with essential skills necessary for navigating modern life, such as problem-solving and effective communication. Moreover, education not only enhances individual earning potential but also contributes to overall well-being and serves as a powerful tool for breaking the cycle of poverty. Given these significant benefits, it is imperative for panchayats to prioritize ensuring access to education, especially for disadvantaged children, while also diligently monitoring the quality and progress of education initiatives. By investing in education, panchayats empower children to realize their full potential and contribute to the creation of a more prosperous and equitable society.

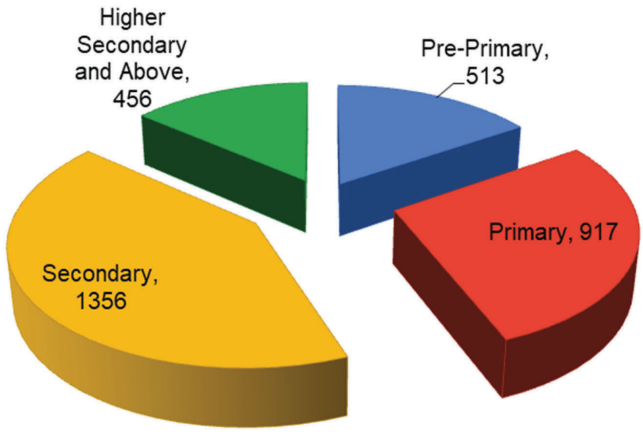
Table 3.7

Level of Education	**Count**	**%**
Pre-Primary	513	11.7
Primary	917	21
Secondary	1356	31
Higher Secondary and Above	456	10

The table 3.7 provides insights into the educational attainment levels of children, revealing significant patterns in their educational journeys. A substantial proportion of children, comprising 21 percent of the sample, have completed primary education, indicating a strong foundation in formal schooling. Furthermore, a considerable number, representing 31 percent of the sample, have progressed to secondary

education, highlighting broader access to and enrolment in secondary level programs. Additionally, 10 percent of children have achieved higher secondary education and above, reflecting a commitment to further educational advancement beyond basic levels. Pre-primary education also plays a crucial role, with 11.7 percent of children attending this foundational stage, emphasizing its significance in early childhood development. Overall, the data underscores a positive trajectory of educational progression among children, suggesting on-going efforts to enhance access to quality education across different levels.

Figure 3.10



Indicators related to Education

The table 3.8 provides insights into various indicators related to education among the surveyed population. Notably, a small percentage, 0.8 percent reported that their education had been interrupted, while 38.7 percent mentioned that their education continued later. A significant proportion, 65.7 percent, expressed a desire to pursue further studies, indicating a positive attitude towards education. Moreover, a substantial number, 52.4 percent, reported having a habit of reading, which is a favourable indicator for academic engagement and intellectual development. Additionally, 42.6 percent of children reported having a habit of reading newspapers. However, it's concerning that only 35.4 percent received proper guidance regarding further study options, suggesting a potential gap in educational support. Furthermore, a small percentage, 1.1 percent, indicated belonging to a very poor family, which could potentially pose challenges to accessing educational resources and opportunities. Overall, the data underscores both positive attitudes towards education and areas where further support and guidance may be needed to ensure educational opportunities for all children, particularly those from disadvantaged backgrounds.

Indicators	Count	%
Education has been interrupted	31	0.8
The education continued later	12	38.7
Would you like to pursue further studies	2311	65.7
The child has a habit of reading	1842	52.4
Children who have a habit of reading newspaper	1500	42.6
Received proper guidance regarding further study options	1246	35.4
Belong to a very poor family	42	1.1

Girl Child related Indicators

The social fabric is strengthened and economic growth is stimulated by investing in girls' education and empowerment. It has been demonstrated that educated girls have a favorable impact on societies in many different countries by postponing marriage, having fewer children, and actively participating in the workforce. When girls' health and education are prioritized, they are better equipped to make decisions about their own and their families' well-being. Encouraging girls to reach their full potential is essential to building a just and prosperous society, which is why governments have launched a number of programs and efforts to improve the lot of these girls. Furthermore, Panchayats and other local governing bodies are crucial in creating an atmosphere that is conducive to the growth of females, tackling the problems they encounter, and offering them educational and recreational possibilities.

Table 3.9

Indicators	Count	%
Girls	1737	49.4
Girl children in the family who have dropped out halfway	16	0.9
Have a clear understanding of the physical changes and growth during adolescence	1018	58.6
Are there concerns about that?	142	8.1
Underwent education on adolescent health	799	45.9
Education been interrupted	13	0.7
Would you like to continue studying?	1143	65.8
Education been interrupted and then resumed	6	46.2
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	17	0.9
Are there any challenges or issues arising from your home environment	22	1.2

Table 3.9 presents various indicators related to girl children, offering insights into their education, health, awareness, and experiences. Notably, almost half of the respondents are girls, with a significant percentage (49.4 percent) represented in the data. Small fractions (0.9 percent) of girl children in families have dropped out halfway, indicating potential challenges in educational continuity. However, a majority (58.6 percent) demonstrate a clear understanding of physical changes and growth during adolescence, suggesting awareness of crucial health aspects. Concerningly notable portion (8.1 percent) expresses concerns about these changes, highlighting the need for supportive interventions. Many girl children (45.9 percent) have undergone education on adolescent health, reflecting efforts to address health-related issues. While a small percentage (0.7 percent) experienced education interruptions, a majority (65.8 percent) express a desire to continue studying, indicating aspirations for academic advancement. Among those who experienced interruptions, a substantial percentage (46.2 percent) resumed their education later, showcasing resilience. Additionally, a small fraction (0.9 percent) report discomfort in various settings and a minority (1.2 percent) face challenges in their home environment. However, the majority (88.2 percent) feel comfortable expressing and discussing their challenges when encountered, suggesting open communication channels. Importantly, a significant portion (55 percent) is aware of the POCSO Act, indicating knowledge of child protection laws. Furthermore, a notable percentage (57.5 percent) is familiar with the Child Protection Committee, suggesting awareness of support systems. Additionally, a considerable number (13.9 percent) are members of Balasabha, indicating participation in community initiatives. Overall, the findings highlight a range of experiences, challenges, and awareness levels among girl children, emphasizing the importance of addressing educational, health, and protection needs to support their well-being and development.

f. Water and Sanitation

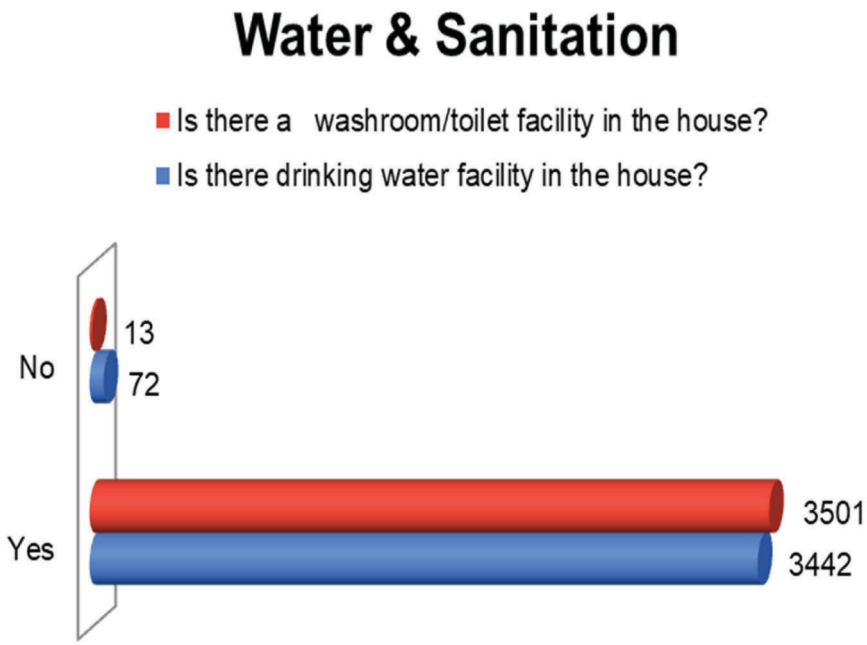
Access to clean water and proper sanitation is essential for children's health, particularly in rural areas with limited resources, where diseases can arise from inadequate sanitation and contaminated water. The responsibility of panchayats includes ensuring access to sanitary facilities and clean water, achieved through tasks such as infrastructure maintenance and water source mapping, thereby fostering a healthier environment for children's development through the promotion of cleanliness and community engagement.

Table 3.10 presents data on indicators of water and sanitation in households. It indicates that a vast majority of households have access to drinking water facilities, with 97.9 percent reporting positively. Similarly, the provision of washroom/toilet facilities is prevalent, with 99.6 percent of households reporting having such amenities. These findings suggest that access to basic water and sanitation services

is widespread among the surveyed households, reflecting a positive state of infrastructure in this regard. However, it's notable that a small percentage of households lack access to these essential facilities, highlighting potential areas for improvement or targeted interventions to ensure universal access to water and sanitation services.

Table 3.10

Indicators	**Count (%)**	
	Yes	No
Is there a drinking water facility in the house?	3442(97.9)	72(2.1)
Is there a washroom/toilet facility in the house?	3501(99.6)	13(0.4)



Child Care and Social Inclusion

During the critical phase of early childhood, which is fundamental for brain development and sets the stage for lifelong learning and social interaction, it is imperative to ensure that children have access to facilities and services that offer them a secure and enriching environment. This environment should support their learning, play, and the development of essential social and emotional skills. Additionally, it's crucial to provide appropriate care and attention to children with special needs, as well as those from disadvantaged backgrounds. Implementing inclusive child care programs that cater to the needs of such children, along with

others facing social or economic challenges, is essential. Panchayats hold significant potential to lead efforts in child care and social inclusion within rural areas. They can fulfill this role by taking initiatives to establish and manage Anganwadis and other childcare centers. These centers not only offer basic healthcare, nutrition, and early childhood education but also serve as platforms for strengthening protection mechanisms and services. Furthermore, investing in the capacity development of individuals who interact with children is crucial for ensuring effective support and care. Overall, fostering an inclusive approach across all segments of society is paramount, requiring a shift in attitudes and practices toward children and families within communities.

The table 3.11 offers insights into various indicators related to child care and social inclusion within the surveyed population. It reveals that a small percentage, 3.4 percent, reported that their father and mother are living apart, while 2.9 percent experienced the loss of a parent, indicating potential familial challenges. Additionally, 1.3 percent of children belong to the differently-abled category, highlighting the need for inclusive support systems. However, a significant proportion, 70.1 percent, reported the inclusion of children's names in the ration card, which is crucial for accessing government welfare programs. Furthermore, almost all children, 99.4 percent, had their births registered, signifying legal recognition and access to services. The presence of drug addiction within families affected 2.1 percent of children, with a smaller percentage, 13.3 percent, undergoing treatment, suggesting efforts to address substance abuse issues. A minimal percentage, 0.3 percent, reported having a family member serving a prison sentence, indicating potential familial disruptions. The availability of library facilities in the area was reported by 75.3 percent of respondents, yet only 23.8 percent made use of them, highlighting a potential gap in accessing educational resources. Moreover, more than half of the respondents, 53.6 percent, reported awareness of Child Protection Committees, and 50.3 percent knew about the POCSO Act, indicating some awareness of child protection mechanisms. Overall, the data underscores both challenges and efforts towards ensuring child welfare and social inclusion within the surveyed community.

Table 3.11

Indicators	Count	%
Father and mother living apart	122	3.4
Experienced the loss of a parent	102	2.9
Children belongs to the differently abled category	47	1.3
Inclusion of Children's Names in Ration Card	2465	70.1
Birth registration of children has been done	3494	99.4
The presence of drug addiction within the family	75	2.1
Undergone treatment to prevent drug addiction	10	13.3
Anyone in the family who is serving a prison sentence	11	0.3
Library facility in the area	2647	75.3
Make use of library	838	23.8
Know about Child Protection Committee	1886	53.6
Know about POCSO Act	1768	50.3

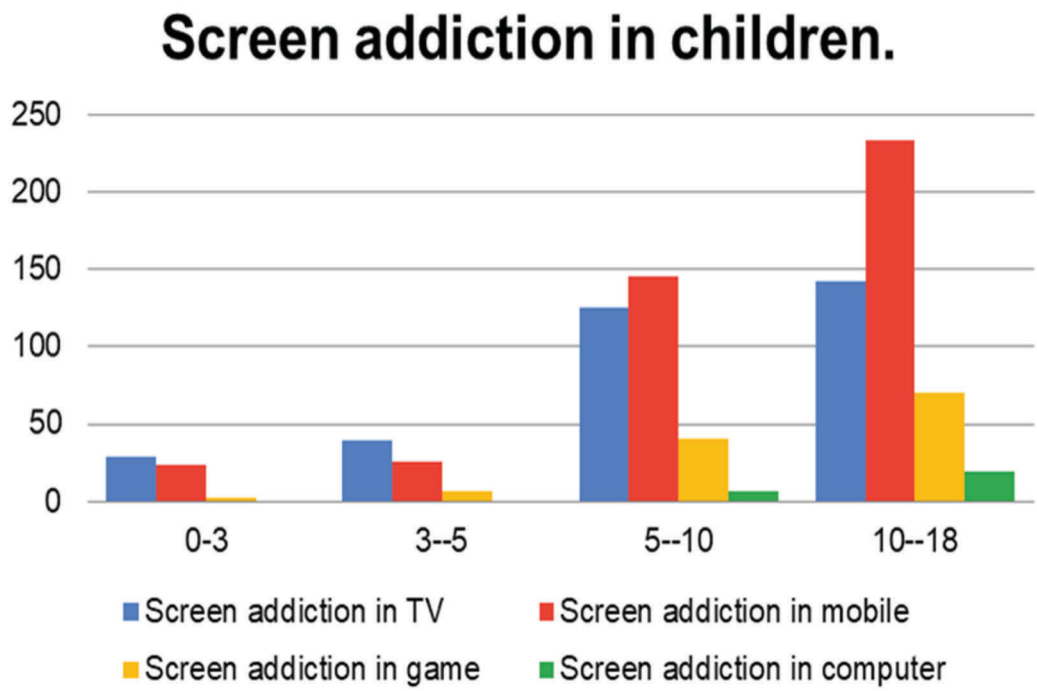
Screen Addiction

Excessive screen time poses a substantial threat to the well-being of children, adversely affecting their physical health, social interactions, and mental development. It disrupts their daily routines, impairs sleep patterns, and hinders cognitive growth, which can lead to an array of detrimental outcomes including depression, heightened stress levels, and noticeable changes in behavior. Addressing this pressing issue requires a concerted effort from various stakeholders, involving initiatives such as raising awareness through campaigns, encouraging outdoor activities to counterbalance screen exposure, and integrating digital literacy education into school curricula. Additionally, it is vital to identify and provide counseling for children who exhibit signs of screen addiction, as early intervention is crucial in mitigating the negative impact on their well-being and development.

Table 3.12

Indicators	Children in age group (%)			
	0-3 y	3-5 y	5-10 y	10-18 y
Screen addiction in TV	29(4.5)	39(7.6)	126(9.2)	143(7.6)
Screen addiction in mobile	24(3.8)	26(5)	146(10.6)	234(12.5)
Screen addiction in game	2(0.3)	7(1.3)	40(2.9)	70(3.7)
Screen addiction in computer	0(0)	0(0)	6(0.4)	19(1)

The table 3.12 provides insights into screen addiction tendencies among children across different age groups, indicating the percentage of children affected within each category. It shows that screen addiction, particularly in mobile devices and games, tends to increase with age. For instance, in the 10-18 age group, 12.5 percent of children exhibit screen addiction in mobile devices, and 3.7 percent in games, representing the highest percentages across all age brackets. Conversely, screen addiction in TV and computers remains relatively low across all age groups, with percentages generally below 10 percent. Notably, the highest percentage of screen addiction in TV is observed in the 5-10 age group, at 9.2 percent, while for computers, it peaks at 1 percent among children aged 10-18. This data suggests a growing prevalence of screen addiction, particularly in mobile devices and games, as children advance in age, emphasizing the importance of addressing and managing screen time habits, especially among older children.



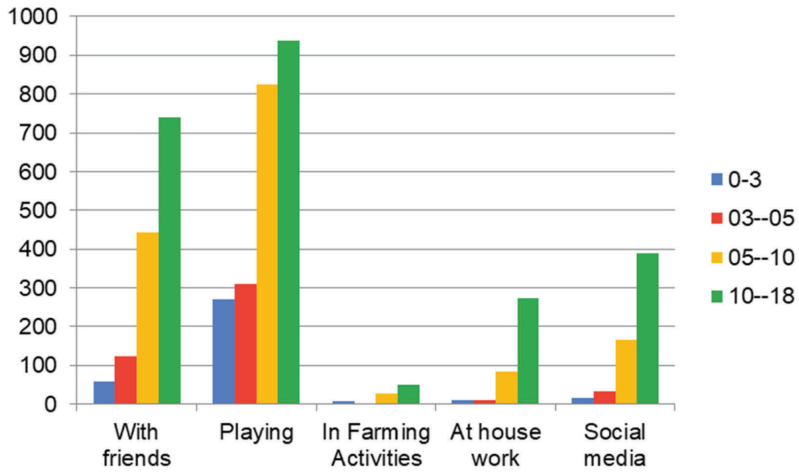
Leisure Time activities

Play and leisure play vital roles in fostering children's creativity, problem-solving abilities, and social skills, while physical activity not only supports overall growth but also promotes well-being and reduces stress. Engagement in hobbies and leisure pursuits aids children in discovering their interests and strengths, thereby bolstering their self-confidence. Panchayats, both in communities and schools, play indispensable roles in ensuring children's access to recreational spaces and leisure

facilities, enriching their experiences through the provision of sports equipment, playgrounds, training sessions, and cultural events such as talent shows. Additionally, the preservation of cultural heritage for future generations is facilitated through the documentation and dissemination of traditional play and leisure activities.

The table 3.13 provides insights into the leisure time activities of children across different age groups, highlighting the percentage of children engaged in each activity within each category. It indicates that as children grow older, there's a notable shift in leisure activities. For instance, spending time with friends and engaging in social media activities increases with age, with the highest percentages observed among children aged 10-18. Conversely, engagement in activities such as playing and housework tends to decrease as children mature, with playing being the most prevalent leisure activity across all age groups. Notably, there's a minimal involvement in farming activities across all age brackets, suggesting a declining trend in traditional agricultural engagement among children. This data underscores the evolving nature of leisure time preferences among children, reflecting the influence of social dynamics and technological advancements on their recreational choices as they progress through different developmental stages.

Leisure Time Activities	**Children in the age group (%)**			
	0-3 y	**3-5 y**	**5-10 y**	**10-18 y**
With friends	58(9.1)	122(23.8)	444(32.5)	741(39.8)
Plying	270(42.7)	31(60.8)	824(60.3)	938(50.4)
In Farming Activities	7(1.1)	3(0.5)	27(1.9)	49(2.6)
At house work	9(1.4)	10(1.9)	85(6.2)	274(14.7)
Social media	17(2.6)	34(6.6)	167(12.2)	390(20.9)



h) Participation

Maneesh

The table 1.14 provides insights into the participation of children in various indicators within the Punnapra Panchayat, represented by counts and percentages. Notably, a significant majority, accounting for 94.5 Percent, utilize the Anganwadi facility, indicating widespread utilization of this resource within the community. Additionally, 60.2 Percent of children are members of Varnakoodu, suggesting active involvement in community-based organizations. Participation in clubs is also notable, with 50.6

Indicators	**Count**	**%**
Anganwadi facility used by the children	2899	82.4
Member of Varnakoodu	482	13.7
Children belong to any clubs	600	17
Family members share things together at home	3027	86.1
Is the child's opinion sought in decision-making at home?	2559	72.8
Are they involved in decisions?	2617	74.4
Bala Sabha member (in total population)	510	14.5
Children who aren't participated in any club	2910	82.8

The table 3.14 presents data regarding the participation of children in various activities and decision-making processes. It reveals that a significant proportion of children, 82.4 percent, utilize Anganwadi facilities, indicating widespread access to early childhood education and nutrition services. However, fewer children, 13.7 percent, are members of Varnakoodu, suggesting limited involvement in community-based organizations. Similarly, only 17 percent of children belong to any clubs, highlighting relatively low engagement in extracurricular activities. Nonetheless, a considerable majority, 86.1 percent, report that family members share things together at home, indicating a strong sense of familial cohesion. Furthermore, a notable percentage, 72.8 percent, have their opinions sought in decision-making at home, while 74.4 percent are involved in household decisions, underscoring a degree of inclusion in familial affairs. Interestingly, a relatively small proportion, 14.5 percent, are members of Bala Sabha, potentially indicating limited engagement in local governance initiatives. Notably, a significant number, 82.8 percent, have not participated in any club, suggesting room for increased involvement in structured recreational or educational activities. Overall, the data portrays varied levels of participation in community, familial, and governance spheres among the surveyed children, emphasizing the importance of promoting opportunities for engagement and empowerment across different domains of childhood experience.

Table 3.15

Indicators	Count	%
Do children show excessive anger?	289	8.2
Are the children's study hours arranged?	2143	60.9
Are parents able to provide support in academic matters?	3194	90.8
Do children like this support?	3062	87.1
Does the child go to tuition?	759	21.5
Has proven excellence in arts and sports?	1469	41.8
Interested in arts and sports?	2105	61.1
Is there a playground/	1866	53.1
Is the playground used?	1555	44.2
Interested in martial arts?	967	27.5
Trained in martial arts?	505	14.3

The table 3.15 provides data on various indicators related to children's behaviour, academic support, extracurricular activities, and access to facilities. A notable percentage of children (8.2 percent) exhibit excessive anger, which may warrant attention and support in managing emotions. The majority of parents (90.8 percent) are able to provide support in academic matters, suggesting a strong parental involvement in their children's education. Additionally, a high percentage of children (87.1 percent) appreciate this support, indicating a positive relationship between parents and children in academic matters. A significant portion of children's study hours (60.9 percent) are arranged, reflecting a structured approach to education in many households. While a considerable percentage of children are interested in arts and sports (61.1 percent), fewer have proven excellence in these areas (41.8 percent), suggesting potential for further development and recognition. Similarly, there is interest in martial arts among a significant portion of children (27.5 percent), but fewer have received formal training (14.3 percent), indicating a potential gap between interest and access to training. A majority of respondents report the presence of a playground (53.1 percent), which is an important resource for physical activity and recreation. However, the utilization of the playground is relatively lower (44.2 percent), suggesting underutilization or potential barriers to access. The findings suggest a mix of positive parental involvement in academic support, interest in extracurricular activities among children, and access to facilities such as playgrounds. However, there may be opportunities to address challenges such as managing excessive anger among children, increasing utilization of available resources like playgrounds, and bridging the gap between interest and access to training in martial arts and other extracurricular activities.

CHAPTER: 4

ANALYSIS

4. KOTTAYAM GRAM PANCHAYAT

Table 5

Indicators for Monitoring Child-Friendly Local Government Institutions

? Sub-theme 1: Nutritional security

National level indicators	Modified GP Level indicators	Number	Percentage
1.3.2: Number of Beneficiaries under Integrated Child Development Scheme (ICDS)	1. Number and percentage of children (06-03 y) getting SN from AWC against the eligible beneficiaries	491	59
	2. Number and percentage of PG women getting SN against the eligible beneficiaries	152	100
	3. Number and percentage of lactating women getting SN against the eligible beneficiaries	126	100
	4. Number and percentage of pre-schoolers getting SN from AWC against the eligible beneficiaries in the age group/ Category	274	31
1.3.5: Proportion of the population (out of total eligible population) receiving social protection benefits under Pradhan Mantri Matritva Vandana Yojana	5. The proportion of the population (out of the total eligible population) receiving social protection benefits under PMMVY	126	100

2.1.1: Percentage of children aged under 5 years who are underweight 2.1.2: Proportion of beneficiaries covered under National Food Security Act 2013	6. Number of children reported underweight in 0-6 age group divided by total number of children in the same age group	25	0.01
2.2.2: Percentage of children under age 5 years who are wasted 2.2.5: Percentage of Children aged 6-59 months who are anaemic (<11.0g/dl)	7. No. and Percentage of children under age 5 years who are wasted divided by the total number of children in the same group 8. Number of pregnant women with iron deficiency (ID)/ against the total number of PG women at that period	2 4	0.001

Sub-theme: 2: Child health and Well-being

National level indicators	Modified GP Level indicators	Number	Percentage
3.1.4: Percentage of women for last birth, who received antenatal care, four times or more	9. % of at-risk pregnancies against the total number of pregnant women during the same period 10. Percentage of institutional delivery against the total number of deliveries during the same period		58 100
3.2.1: Under-five mortality rate, (per 1,000 live births)	11. No. and percentage of pregnant women with live birth during the last one year, who received four or more ANC against the number of PG women with live birth during the same period	274	79
	12. The proportion of children who have received specific vaccines up to the date with the recommended vaccine schedule.(0-18) 13. Proportion of under 1 year age children who have actually		

	been given immunization against the total number of under 1 year age children 14. Proportion of partially immunized children below 1 year, who missed any of the vaccines under UIP till one year of age against the total number of under 1 year of age children.		
3.3.2: Tuberculosis incidence per 1,00,000 population	15. No of children under 5 years infected with malaria and TB during the last five years divided by the number of children under 5 years during the same 16. No of schools having counselling support services against the total no. of schools in the area		1 13

Sub-theme: 2: Child health and Well-being

National level indicators	Modified GP Level indicators	Number	Percentage
4.1.1: Percentage of students in grades 3, 5, 8 and 10 achieving at least a minimum proficiency level in terms of nationally defined learning outcomes to be attained by pupils at the end of each of the above grades 4.1.2: Gross Intake Ratio to the last grade (primary, upper primary and secondary) 4.1.3: Gross Enrolment Ratio in higher secondary education 4.1.6: Proportion of students enrolled in Grade 1 who	17. % of students of the official school age group enrolled in primary, secondary and higher secondary schools against the total number of children 18. % of children admitted to higher education after 10th standard against the % of students who have passed 10th standard during the year 19. Number of students in 4th standard who score more than 40 % marks in test against the total number of students in grade 20. Number of students in 7th and 9th standard who score more	160	100 100 100 100

reaches last grade or primary/upper primary/ secondary levels	than 40 % marks in test against the total number of students in the grade (AESR indicator)	3	
4.2.1: Participation rate in organized learning one year before official primary entry 4.2.2: Gross early childhood education enrolment ratio	21. % of children in the age group 4-5 attending preschool education against the total number of children in the age group		100
4.5.1: Gender Parity indices for Primary/ Secondary/Higher Secondary/Tertiary education 4.5.2: Enrolment ratio of children with disabilities	22. % of children belonging to vulnerable sections enrolled in schools (SC/ST, disabled, migrants, HIV affected etc.), against the total number of children belonging to the same sections		1.6
	23. Percentage of 5+ age children enrolled and classified by sex, age, SC/ST, disability and BPL	3	36
	24. % of female students above 5+ age enrolled at a given level of education against the number of female students at the same level.	393	33
	25. Enrolment ratio of children with disabilities in primary, secondary and upper secondary levels	44	3.7
4.a.1 Proportion of schools with access to: (a) electricity (b) computers for learning (c)adapted infrastructure and materials for students with disabilities/ disabled-friendly ramp and toilets (d)basic drinking water (e)single-sex basic sanitation facilities and(f)basic hand washing facilities, (in percentage)	26. Percentage of schools with barrier-free structures		100
	27. Percentage of schools with girl-friendly toilets		100
	28. % Schools having safe drinking water		100
	29. % Schools with napkin vending and disposal facilities.		100

7.1.1: Percentage of households electrified	30. Number and percentage of schools electrified against the total number of schools		100
9.1.1: Proportion of the rural population who live within 2 km of an all-season road	31. Number and percentage of AWCs electrified against the total number of AWCs		100
	32. Percentage of schools having internet connectivity against total number of schools		100
	33. Percentage of school students covered under ICT-enabled schooling against total number of students		100
	34. Percentage schools having ICT (smart classrooms and computer lab) against total number of schools		100

Sub Theme: 4: Girl Children

National level indicators	Modified GP Level indicators	Number	Percentage
5.2.4: Proportion of sexual crime against girl children to total crime against children during the calendar year	35. Number of awareness programmes conducted on violence against women and girls	14	
5.3.1: Percentage of women aged 20-24 years who were married by exact age 18 years, 2015- 16	36. Special IEC materials developed on child marriage and campaigns conducted	57	
5.6.3: Percentage of population aged 15-24 years with comprehensive knowledge of HIV/ AIDS, 2015-16	37. Percentage of population aged 10-18 years with comprehensive knowledge of HIV/ AIDS		100

Sub Theme: 5: Water and sanitation

National level indicators	Modified GP Level indicators	Number	Percentage
6.1.1: Percentage of Population getting safe and adequate drinking water within premises through Pipe Water Supply (PWS)	38. % of HHs having child population	2493	48
	39. % of households with child population having access to safe drinking water against the total number of households with child population		100
6.1.2: Percentage of population using an improved drinking water source (Rural)	40. Number and % of AWCs and schools provided with 24*7 piped water supply in GP area	10	31
	41. Number and % of AWCs and schools having their own drinking water source	22	69
	42. Percentage of houses, AWCs, and public places having safe drinking water		100
	43. % of households with child population having access to sanitary toilets against the total number of households with child population		100
	44. Number and % of AWCs and schools having toilet facilities		100
6.2.2: Percentage of Districts achieving Open Defecation Free (ODF) target	45. Number and % of children affected by diarrhoeal diseases against the total number of persons affected by diarrhoeal diseases	107	1.89
			100
	46. Proportion of schools with separate toilet facilities for girls		100
	47. Proportion of Anganwadi with separate toilet facility for girls		
	48. Number of toilets at public offices and institutions for disabled children	4	

	49. Number and % of children in schools and Anganawadi's washing hands with soap before midday meals 50. Number of public places mapped for child-friendly, women-friendly toilets		100
6.3.2: Proportion of water bodies with good ambient water quality	51. Percentage of samples tested potable for water quality 52. Number of cases reported for waterborne diseases	238	85
51. Percentage of samples tested potable for water quality 52. Number of cases reported for waterborne diseases	53. No. of public offices and institutions for children with waste treatment facilities 54. Number of houses/flats having own waste management mechanism	45 5010	100

Sub-theme: 6: Child protection, social inclusion

National level indicators	Modified GP Level indicators	Number	Percentage
8.5.5: Total population with disabilities covered under social protection schemes	55. Percentage of children with disabilities enrolled in schools or special schools against the total number of disabled children of school-going age	44	3.7
	56. Percentage of children with disabilities getting disability pension against the total number of CWD in the GP	29	13
	57. Percentage of disabled children getting scholarships against the total number of CWD enrolled in special schools or regular schools	29	66

16.2.1: Proportion of crime committed against children during the year, (Per 1,00,000 children)	58. Number of migrant workers in the GP area 59. Percentage of migrant workers living with children in the GP area against the total number of migrant workers in the GP area 60. Number of awareness classes conducted on crimes against children in the GP area during last five years	32 6 2	
16.7.1: Proportion of seats held by women in national Parliament, State Legislation and Local Self Government	61. Number of Participatory forums for children at GP level 62. Percentage of children enrolled in any child participation forums as against the total number of children	5 100	
16.9.1:Percentage of births registered	63. Percentage of births registered against the total number of births in the last year		
16.9.2: Proportion of population covered under Aadhaar	64. Number of children in the age group 5-18 having Aadhar card against the total number of children in the age group	2200	100

Ï% **Sub-theme: 7: Participation**

National level indicators	Modified GP Level indicators	Number	Percentage
Ensure special gram Sabha for children	65. Number of children who participated in the children's special gram Sabha	9	
Ensure child representation in working groups	66. Number of children enrolled in working groups in local government bodies	26	
Participation of children in Bala sabkhas	6. Number and percentage of children participating in Bala Sabhas	315	
Participating venues	68. Number of children not participating in any venues	0	

	69. Number of children participating in various clubs in schools	1179	
	70. Number of children who are members of Adolescent clubs in Anganwadis of the Panchayat	281	
	71. Total number of children who are members of CWPC/ CAB/ CRC of the Panchayat	58	
	72. Number of participation promoting activities conducted for children in the panchayat last year	112	
	73. Number of activities conducted under the leadership of children at various levels in the Panchayat	112	
	74. Number of Sports and Arts events conducted for children in the panchayat	33	
	75. Number of trainings conducted to promote children's sports and artistic activities	3	

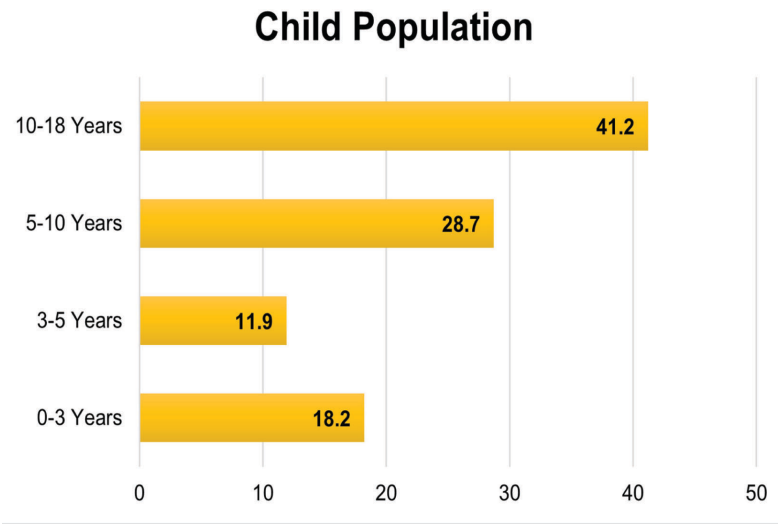
Demographic Overview: Children's Population in the Kottayam Gram Panchayat
Table 4.1

Age group (in years)	Count	Percentage
0-3 y	971	18.2
3-5 y	637	11.9
5-10 y	1534	28.7
10-18 y	2199	41.2
Total	5341	

Table 4.1 presents a demographic overview of the children's population within the Panchayat, categorizing them into four age groups: 0-3, 3-5, 5-10, and 10-18 years old. Among these groups, the largest proportion falls within the 10-18 age bracket, comprising 41.2 percent of the total children population, followed by the 5-10 age

group with 28.7 percent. Children aged 0-3 and 3-5 years old make up 18.2 percent and 11.9 percent of the population, respectively. In total, the Panchayat has 5341 children across these age groups. This breakdown provides valuable insights into the distribution of children across different developmental stages, which is crucial for planning and implementing targeted initiatives and services to cater to their specific needs within the community.

Figure 4.1



Ï% General Indicators

Table 4.2

Variables	Categories	Count (%)
Gender	Male	1752(49.7)
	Female	1774(50.3)
	Transgender	0(0)
Religion	Hindu	1517(43)
	Muslim	2006(57)
	Christian	1(0)
Caste	General	87(2.5)
	OBC	3312(94)
	OEC	84(2.4)
	SC	33(0.9)
	ST	8(0.2)

provides a breakdown of various demographic variables within the community. Gender distribution shows near parity, with 49.7 percent male and 50.3 percent female representation, indicating a balanced gender ratio. Interestingly, there are no reported transgender individuals in the dataset. Regarding religion, the majority of the population identifies as Muslim, constituting 57 percent, followed by Hindus at 43 percent, and a negligible presence of Christians. In terms of caste, the majority identify as Other Backward Classes (OBC), comprising 94 percent of the population, followed by General caste at 2.5 percent, Other Eligible Communities (OEC) at 2.4 percent, Scheduled Castes (SC) at 0.9 percent, and Scheduled Tribes (ST) at 0.2 percent. Overall, the data provides a comprehensive overview of the demographic composition of the community, highlighting the diversity in gender, religion, and caste distributions.

Figure 4.2

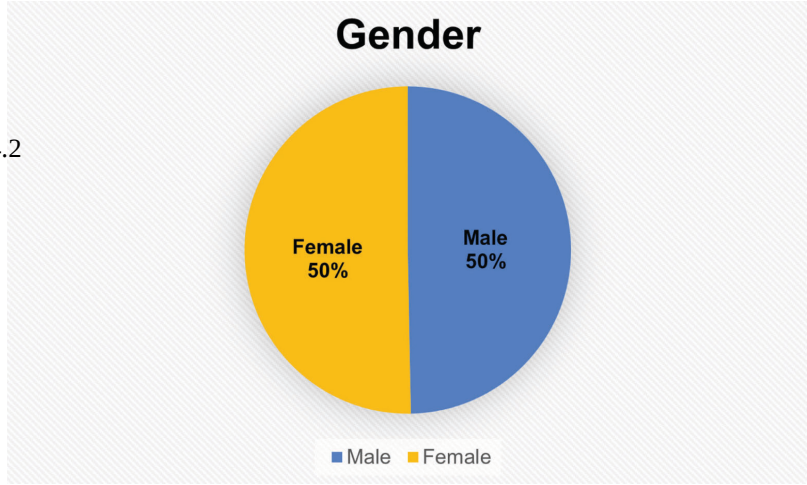


Figure 4.3

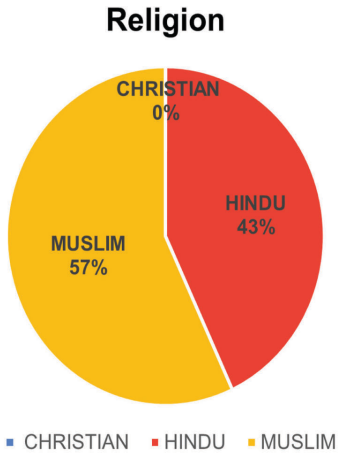
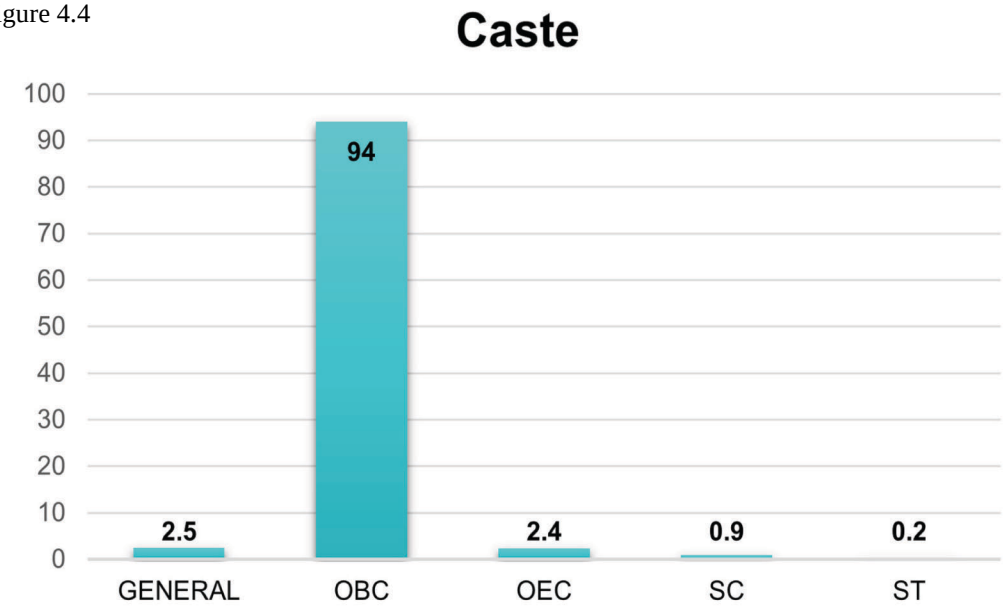


Figure 4.4



b) Nutritional Safety

A cornerstone of children's health, adequate nutrition is indispensable for their holistic development, strengthening their immune systems and enabling optimal engagement in various activities such as learning, play, and overall growth. By ensuring children receive proper nutrition, not only are family healthcare costs reduced, but resources are also freed up for educational and future endeavors. This underscores the crucial importance of investing in child nutrition programs, as they play a pivotal role in enhancing the well-being of both individuals and communities. Ultimately, such investments empower future generations to lead healthier, more productive lives, thereby fostering positive impacts on society as a whole.

Table 4.3

Nutritional Safety	**Count**	**%**
Beneficiary under Integrated Child Development Scheme (ICDS)	870	24.7
Children Receiving Supplementary Nutrition from Anganwadi	662	18.8
Pregnant women receiving Supplementary nutrition in the family	140	4
Lactating women receiving Supplementary nutrition in the family	323	9.2
School attendance is practiced after having breakfast	2911	82.6

Table 4.3 outlines the status of nutritional safety within the community, focusing on various beneficiary groups and practices. A significant portion, 24.7 percent, of beneficiaries under the Integrated Child Development Scheme (ICDS) are receiving support for their nutritional needs. Additionally, 18.8 percent of children are benefiting from supplementary nutrition provided through Anganwadi centres. Pregnant women and lactating mothers within families are also receiving support, with 4 percent and 9.2 percent, respectively, accessing supplementary nutrition. Notably, a high percentage of school attendance, at 82.6 percent, is observed after having breakfast, indicating a positive practice that supports children's nutritional well-being and educational engagement. Overall, these figures reflect efforts to ensure nutritional safety among different demographic groups, highlighting both areas of success and potential areas for further improvement in nutritional support initiatives.

Children’s Diet

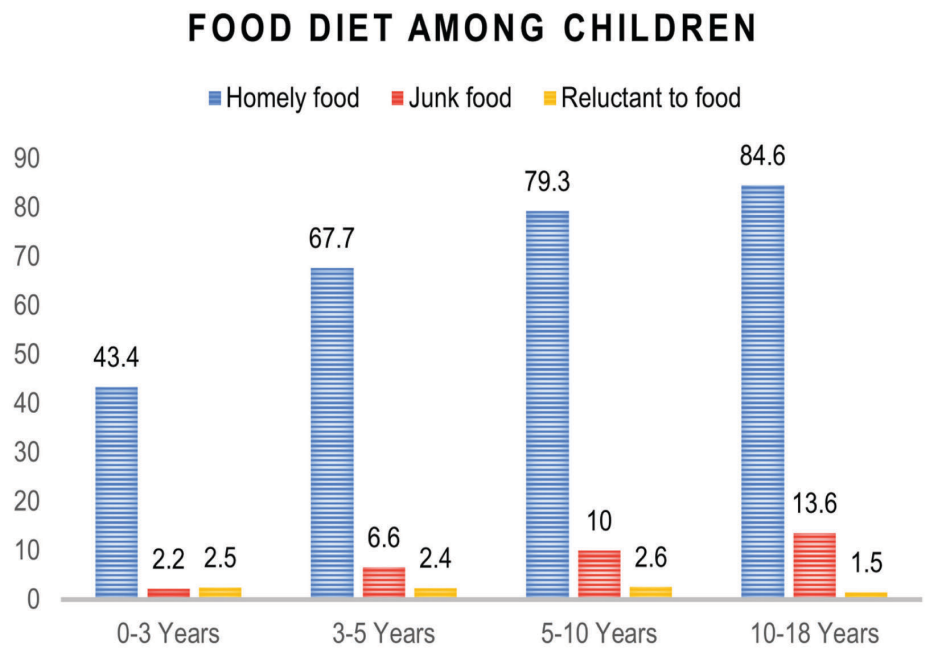
The dietary choices made by families significantly impact children's health and well-being, underscoring the necessity of providing a nutritious and balanced diet crucial for their holistic development, including strong bones, muscles, and a robust immune system vital for academic achievement. Incorporating seasonal fruits, vegetables, and whole grains not only promotes emotional and mental well-being but also boosts energy levels, encouraging active engagement in daily activities and social interactions, thus shaping positive life outcomes. While parents hold the primary responsibility for ensuring healthy dietary practices, panchayats can play a pivotal role in identifying and addressing issues related to unhealthy eating habits, offering assistance through various initiatives and programs.

Table 4.4 provides insights into the dietary preferences and behaviours of children across different age groups. The majority of children across all age brackets exhibit a preference for homely food, with percentages ranging from 43.4 percent in the 0-3 age group to 84.6 percent in the 10-18 age group, constituting a significant portion of the total population at 73.6 percent. Conversely, a smaller percentage of children express a preference for junk food, with percentages increasing slightly as age increases, peaking at 13.6 percent in the 10-18 age group, contributing to 9.6 percent of the total population. Reluctance towards food is observed in a minor proportion of children across all age groups, ranging from 1.5 percent to 2.6 percent, contributing to an overall percentage of 2.1 percent of the total population. These findings highlight the prevalence of healthy dietary preferences among children for homely food, albeit with a notable but relatively smaller segment expressing a preference for junk food, suggesting the need for continued efforts to promote nutritious eating habits among children within the community.

Table 1.4

Children's Diet	Children in the age group (%)				Total (%)
	0-3(yr)	3-5(yr)	5-10(yr)	10-18(yr)	
Children who like homely food	421 (43.4)	431 (67.7)	1217 (79.3)	1861 (84.6)	3930 (73.6)
Children who like Junk food	21 (2.2)	42 (6.6)	153 (10)	299 (13.6)	515 (9.6)
Children who are reluctant to food	24 (2.5)	15 (2.4)	40 (2.6)	33 (1.5)	112 (2.1)

Figure 1.6



Child Health and welfare

Investing in children's well-being, especially during their crucial first thousand days, is imperative for their future, as it forms the foundation for physical, emotional, and intellectual development. Ensuring adequate nutrition, healthcare, and safety sets the stage for children to thrive and fulfill their potential, with panchayats playing a central role in guaranteeing these necessities. Through collaboration with state and central governments, panchayats can establish effective childcare systems that benefit the entire community, alleviating financial burdens on families and enhancing overall community welfare. Initiatives aimed at promoting health awareness, preventive care, early education, and nutritious diets further contribute to fostering an environment conducive to children's growth and success.

Table 4.5 presents data concerning child health and welfare within the community, shedding light on various aspects of well-being and support systems. A small percentage, 7.7 percent, of families report current health issues affecting family members, indicating some health-related challenges within the community. Additionally, a minimal proportion, 1 percent, of children face difficulties on their way to school, and a similar percentage experience discomfort in various public settings. However, a relatively larger percentage, 78.8 percent, of children feel comfortable expressing and discussing their challenges when encountered, suggesting a supportive environment for open communication and problem-solving. Moreover, a small portion, 1.7 percent, of children have shared their difficulties with others, indicating some level of social support and willingness to seek help. Furthermore, a minority, 1.5 percent, of families report challenges or issues arising from their home environment, underscoring the need for attention and potential interventions to address such concerns. Overall, the data highlights both areas of strength, such as open communication among children, and areas of concern, such as health issues and challenges in public settings, which warrant further attention and support within the community for the holistic well-being of children.

Table 4.5

Child Health and Welfare	**Count**	**%**
Are there any health issues currently affecting members of the family	272	7.7
Experiencing difficulties on the way to school has been part of the journey.	34	1
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	39	1.1
Have you shared the difficulty with anyone?	60	1.7
Are there any challenges or issues arising from your home environment	53	1.5
Can you comfortably express and discuss your challenges when you encounter them	2777	78.8

Ï% Immunization Information

Immunizations are crucial for protecting individuals, especially infants and youth, against life-threatening diseases by introducing weakened or inactive pathogens to stimulate antibody production, thus creating a defense mechanism against actual disease agents and significantly benefiting public health. Government-established vaccination schedules ensure timely immunization administration as part of universal programs, guaranteeing essential protection for all children. Additionally,

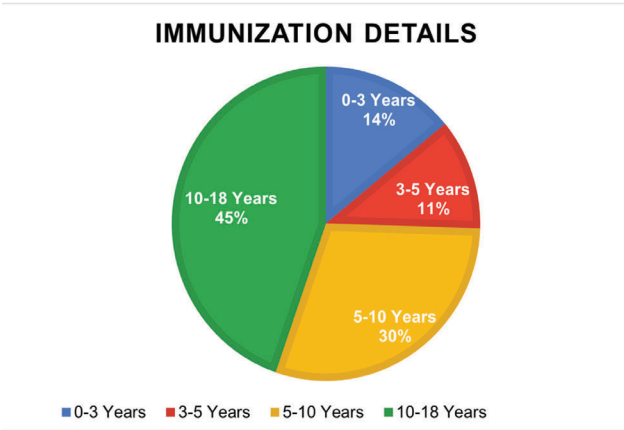
immunization benefits extend beyond individual families to the wider community by fostering "herd immunity," indirectly safeguarding those unable to receive vaccines due to medical reasons. Hence, maintaining high immunization rates within panchayats is vital, as it not only curtails disease spread but also offers critical protection for vulnerable community members, emphasizing the importance of adhering to recommended vaccination schedules for children in these regions.

Table 4.6

Children in age group	**Count**	**%**
0-3	517	53.2
3-5	421	66.1
5-10	1095	71.4
10-18	1644	74.8

Table 4.6 provides valuable insights into the immunization coverage among children across different age groups within the community. The data reveals that a majority of children in each age group have received immunizations, with percentages ranging from 53.2 percent among children aged 0-3 years to 74.8 percent among those aged 10-18 years. Notably, the percentages increase with age, indicating a positive trend in immunization coverage as children grow older. These findings suggest a significant level of adherence to immunization schedules within the community, contributing to the overall health and well-being of children. However, there remains a portion of children, particularly in the younger age groups, who have not yet received immunizations, highlighting the importance of targeted efforts to ensure comprehensive immunization coverage for all children to safeguard against vaccine-preventable diseases.

Figure 1.7



d) Educational Attainment

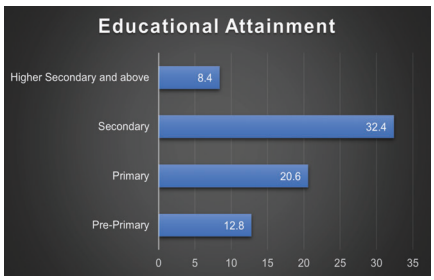
Securing access to education stands as a cornerstone for every child, furnishing them with indispensable skills like problem-solving and effective communication, essential for navigating the complexities of modern life. Furthermore, education not only amplifies individual earning potential but also significantly contributes to overall well-being, serving as a potent instrument for breaking the intergenerational cycle of poverty. Recognizing these profound benefits, it becomes imperative for panchayats to prioritize ensuring educational access, particularly for marginalized and disadvantaged children. Moreover, diligent monitoring of the quality and progress of educational initiatives remains essential. By investing steadfastly in education, panchayats empower children to unleash their full potential, thereby playing a pivotal role in crafting a society that is not only more prosperous but also more just and equitable for all its members.

Table 4.7

Level of Education	**Count**	**%**
Pre-Primary	683	12.8
Primary	1100	20.6
Secondary	1733	32.4
Higher Secondary and Above	447	8.4

Table 6 provides an overview of educational attainment levels within the community, delineating the distribution across different stages of education. The data reveals that a notable proportion of individuals have attained primary education, with 20.6 percent falling into this category. Moreover, a significant percentage, 32.4 percent, have reached the secondary education level, indicating a considerable investment in education within the community. Additionally, 12.8 percent have received pre-primary education, laying the foundation for further learning. Furthermore, 8.4 percent have attained higher secondary education or above, reflecting a commitment to pursuing higher levels of learning. Overall, the data underscores a diverse range of educational achievements within the community, suggesting a focus on providing access to education across various stages to promote overall literacy and skill development.

Figure 4.7



Indicators related to Education

Table 4.8 presents various indicators related to education within the community, shedding light on factors influencing educational experiences and aspirations. A small percentage, 1.1 percent, of individuals report interruptions in their education, with an even smaller percentage, 0.3 percent, indicating a resumption of education later. Despite these challenges, a majority of children, 49.1 percent, have cultivated a habit of reading, and a similar percentage, 49.7 percent, engage with newspapers, indicating a positive inclination towards literacy and information consumption. Moreover, a notable portion, 32.8 percent, of individuals report receiving proper guidance regarding further study options, suggesting an awareness of educational pathways and opportunities. However, a minor percentage, 1 percent, indicate belonging to very poor families, which may pose financial constraints on educational pursuits. The data underscores the diverse array of educational experiences within the community, emphasizing both positive aspects like reading habits and guidance accessibility, alongside challenges such as educational interruptions and economic constraints.

Table 4.8

Indicators	**Count**	**%**
Education has been interrupted	40	1.1
The education continued later	12	0.3
Would you like to pursue further studies	24	0.7
the child has a habit of reading	1731	49.1
Children who have a habit of reading newspaper	1750	49.7
Received proper guidance regarding further study options	1156	32.8
Belong to a very poor family	37	1

Girl Child related Indicators

Investing in girls' education and empowerment not only strengthens social bonds but also fuels economic growth, as educated girls contribute positively to societies worldwide by delaying marriage, having fewer children, and actively engaging in the workforce. Prioritizing girls' health and education equips them to make informed decisions regarding their own well-being and that of their families. Encouraging girls to fulfill their potential is vital for fostering a fair and prosperous society, prompting governments to initiate various programs aimed at improving their

circumstances. Additionally, the involvement of Panchayats and other local governing bodies is indispensable in creating an environment conducive to the advancement of girls, addressing their challenges, and providing them with educational and recreational opportunities.

Table 4.9

Indicators	Count	%
Girls	1774	50.3
Girl children in the family who have dropped out halfway	49	2.8
Have a clear understanding of the physical changes and growth during adolescence	923	52
Are there concerns about that?	72	4.1
Underwent education on adolescent health	893	50.3
Education been interrupted	25	1.4
Would you like to continue studying?	15	0.8
Education been interrupted and then resumed	5	0.3
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	14	0.8
Are there any challenges or issues arising from your home environment	21	1.2
Can you comfortably express and discuss your challenges when you encounter them	1417	79.9
know about POCSO Act	881	49.7
Balasabha Member(female)	208	11.7
Know about Child Protection Committee	830	46.8

Table 4.9 presents various indicators related to the well-being and education of girl children within the community. Approximately half of the population consists of girls, highlighting their significant presence within the community. However, a small proportion, 2.8 percent, of girl children in families have dropped out of education halfway, indicating potential challenges in educational continuity. Despite this, a majority, 52 percent, have a clear understanding of physical changes and growth during adolescence, which is crucial for their health and development. Nonetheless, a minority, 4.1 percent, express concerns about these changes, suggesting the need for support and guidance. About half of the girls have undergone education on

adolescent health, which is essential for their well-being. Additionally, a small percentage, 1.4 percent, have experienced interruptions in their education, underscoring potential barriers to continuous learning. However, the majority, 79.9 percent, feel comfortable expressing and discussing their challenges, indicating a supportive environment for open communication. Moreover, a significant portion, 49.7 percent, are aware of the POCSO Act, highlighting awareness of child protection laws among the girl child population. Furthermore, a notable percentage, 11.7 percent, are members of Balasabha, indicating their involvement in community activities. Additionally, nearly half, 46.8 percent, know about the Child Protection Committee, showcasing awareness of institutional support systems. Overall, the data presents a comprehensive picture of the challenges and support systems concerning girl children within the community, emphasizing the importance of continued efforts to ensure their well-being and educational opportunities.

f. Water and Sanitation

Ensuring that children have access to clean water and proper sanitation is vital, particularly in rural areas where resources are limited and diseases can easily spread due to inadequate sanitation and contaminated water sources. It is the responsibility of panchayats to oversee tasks such as maintaining infrastructure and mapping water sources to guarantee access to sanitary facilities and clean water. By prioritizing these efforts, panchayats contribute to creating a healthier environment for children's development, promoting cleanliness, and encouraging community engagement in the process.

Table 4.10

Indicators	**Count (%)**	
	Yes	No
Is there a drinking water facility in the house?	3453(98)	71(2)
Is there a washroom/toilet facility in the house?	3490(99)	34(1)

Table 4.10 provides insights into the availability of water and sanitation facilities within households in the community. A vast majority of households, 98 percent, report having access to a drinking water facility within their homes, indicating widespread availability of this essential resource. Similarly, an overwhelming majority, 99 percent, have access to washroom/toilet facilities within their households, suggesting good sanitation infrastructure. However, it is worth noting that a small percentage of households, 2 percent for drinking water and 1 percent for washroom/toilet facilities, lack these amenities, which highlights a potential area for improvement in ensuring universal access to clean water and sanitation services within the community. The data emphasizes the critical role of sufficient water and sanitation

infrastructure in promoting the health and welfare of community members, underscoring the ongoing necessity to rectify any inequalities in accessing these fundamental necessities.

g. Child Care and Social Inclusion

Ensuring children's access to secure and enriching environments during early childhood, crucial for brain development and lifelong learning, necessitates providing facilities and services supporting their learning, play, and social-emotional skills development. It's equally vital to offer appropriate care to children with special needs and those from disadvantaged backgrounds, requiring the implementation of inclusive child care programs by panchayats, which can establish and manage Anganwadis and other childcare centers, serving as platforms not only for basic healthcare, nutrition, and early education but also for strengthening protection mechanisms and services, while investing in the capacity development of caregivers to ensure effective support and care, ultimately requiring a societal shift towards fostering inclusivity across all segments.

Table 4.11 provides insights into various aspects of child care and social inclusion within the community. A small percentage, 2.6 percent, of children have experienced the separation of their parents or the loss of a parent, indicating potential challenges in family structure. Additionally, a minority, 1.8 percent, of children belong to the differently abled category, highlighting the importance of inclusivity and support for diverse needs. However, a significant majority, 72.8 percent, have their names included in the ration card, ensuring access to essential resources. Furthermore, almost all children, 98.4 percent, have had their births registered, securing their legal identity. A negligible percentage, 0.6 percent, of families report the presence of drug addiction, with an even smaller portion, 0.1 percent, undergoing treatment for it, suggesting potential social challenges that need attention. A minor fraction, 0.4 percent, have a family member serving a prison sentence, indicating potential disruptions in family dynamics. On a positive note, a substantial proportion, 63.6 percent, of the community has access to library facilities, with a notable percentage, 24.9 percent, making use of them, fostering a culture of learning. Moreover, a considerable portion, 45.9 percent, are aware of the Child Protection Committee, and nearly half, 48.4 percent, know about the POCSO Act, indicating awareness of child protection mechanisms. Overall, the data highlights both areas of concern, such as familial challenges and social issues, and positive aspects, such as access to essential services and awareness of child protection laws, reflecting the multifaceted nature of child care and social inclusion within the community.

Table 4.11

Indicators	Count	%
Father and mother living apart	92	2.6
Experienced the loss of a parent	93	2.6
Children belongs to the differently abled category	62	1.8
Inclusion of Children's Names in Ration Card	2567	72.8
Birth registration of children has been done	3466	98.4
The presence of drug addiction within the family	21	0.6
Undergone treatment to prevent drug addiction	5	0.1
Anyone in the family who is serving a prison sentence	14	0.4
Library facility in the area	2242	63.6
Make use of library	877	24.9
Know about Child Protection Committee	1617	45.9
know about POCSO Act	1706	48.4

Screen Addiction

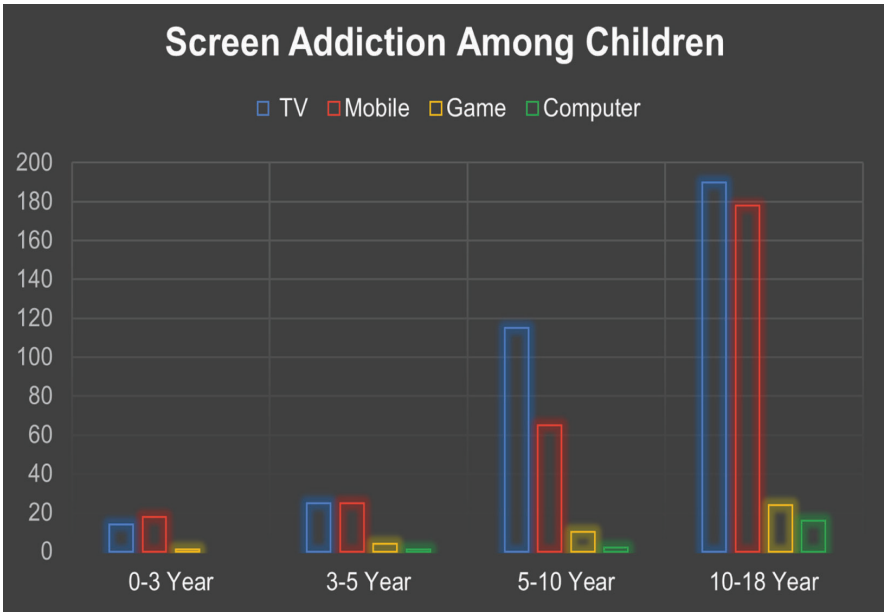
The threat of excessive screen time on children's well-being encompasses physical health, social interactions, and mental development, disrupting routines, disturbing sleep, and impeding cognitive growth, potentially resulting in depression, heightened stress, and behavioral changes. Addressing this challenge requires collaboration among stakeholders, including parents, educators, and policymakers. Strategies like awareness campaigns, promoting outdoor activities, and integrating digital literacy education into schools are crucial. Early identification and counseling for children showing signs of screen addiction are also vital, aiding in mitigating negative impacts on their well-being and development, ultimately striving for a healthier balance between screen time and other essential activities for children's growth.

Table 4.12

Indicators	Children in age group (%)			
	0-3 y	3-5 y	5-10 y	10-18 y
Screen addiction in TV	14(1.4)	25(3.9)	115(7.5)	190(8.6)
Screen addiction in mobile	18(1.9)	25(3.9)	65(4.2)	178(8.1)
Screen addiction in game	1(0.1)	4(0.6)	10(0.7)	24(1.1)
Screen addiction in computer	0(0)	1(0.2)	2(0.1)	16(0.7)

Table 4.12 provides insights into the prevalence of screen addiction among children across different age groups within the community. The data reveals that a small percentage of children exhibit signs of screen addiction, with varying degrees across different types of screens. Among children aged 0-3 years, screen addiction is minimal, with only 1.4 percent showing signs of addiction to TV and 1.9 percent to mobile devices. As children grow older, the percentage of those addicted to screens increases, with 7.5 percent in the 5-10 age group and 8.6 percent in the 10-18 age group addicted to TV, and 4.2 percent and 8.1 percent addicted to mobile devices, respectively. Additionally, a minority of children display addiction to games and computers, with the highest percentages observed in the 10-18 age group, indicating a potential trend of increasing screen addiction with age. These findings underscore the need for balanced screen time and awareness of potential risks associated with excessive screen use among children, highlighting the importance of implementing strategies to promote healthy screen habits within the community.

Figure 4.8



Leisure Time activities

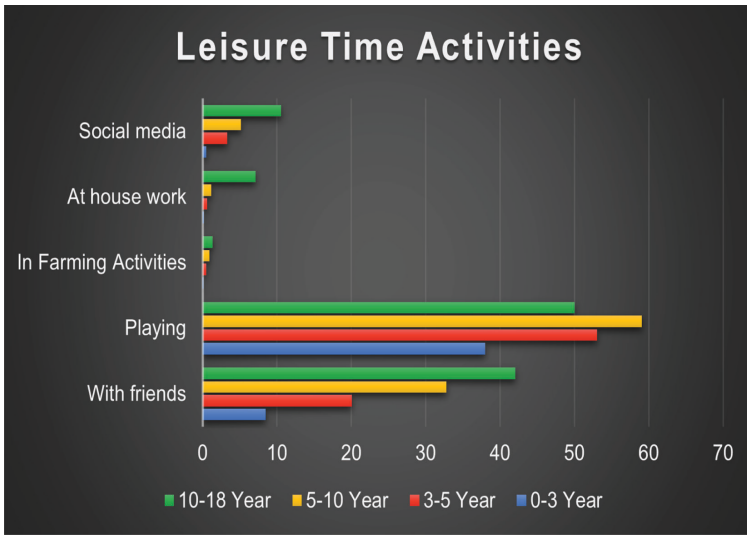
Encouraging children's active participation in play, leisure, and physical activities is fundamental for nurturing their creativity, enhancing problem-solving skills, and fostering meaningful social interactions. By actively engaging in these activities, children not only develop their physical capabilities but also cultivate essential life skills, contributing to their overall well-being and resilience in handling stressors. Panchayats play a pivotal role in this process, acting as key facilitators in both community settings and schools.

Table 4.13

Leisure Time Activities	Children in the age group (%)			
	0-3 y	**3-5 y**	**5-10 y**	**10-18 y**
With friends	82(8.4)	128(20.1)	503(32.8)	925(42.1)
Playing	369(38)	338(53.1)	906(59.1)	1100(50)
In Farming Activities	1(0.1)	3(0.5)	14(0.9)	30(1.4)
At house work	2(0.2)	4(0.6)	18(1.2)	157(7.1)
Social media	5(0.5)	21(3.3)	79(5.1)	232(10.5)

Table 4.13 provides insights into the leisure time activities of children across different age groups within the community. The data illustrates a variety of activities engaged in during free time, with notable trends observed across age brackets. Interactions with friends emerge as a prevalent leisure activity, with participation increasing with age, from 8.4 percent in the 0-3 age group to 42.1 percent in the 10-18 age group. Playing is another common activity, with significant engagement across all age groups, peaking at 59.1 percent among children aged 5-10 years. However, engagement in farming activities and housework remains relatively low across all age groups, indicating limited involvement in these traditional tasks. Conversely, the use of social media sees a notable increase with age, from 0.5 percent in the 0-3 age group to 10.5 percent in the 10-18 age group, highlighting the growing influence of technology on leisure activities among older children. Overall, the data underscores the importance of social interactions and play in children's leisure time, while also highlighting the evolving influence of technology on their recreational pursuits.

Figure 1.10



h) Participation

Indicators	Count	%
Anganwadi facility used by the children	2826	80.2
Member of Varnakoodu	713	20.2
Children belong to any clubs	455	13
Family members share things together at home	2679	76
Is the child's opinion sought in decision-making at home?	2336	66.3
Are they involved in decisions?	2335	66.3
Bala Sabha member (in total population)	445	12.6
Children who aren't participated in any club	3065	87

Table 4.14 provides insights into various indicators related to community engagement and family dynamics. A significant majority, 80.2 percent, of children utilize Anganwadi facilities, indicating widespread access to early childhood education and nutrition services. Additionally, a notable portion, 20.2 percent, are members of Varnakoodu, suggesting involvement in community-based activities or initiatives. Furthermore, 13 percent of children belong to various clubs, indicating participation in extracurricular or social activities. The data also highlights the importance of family cohesion, with 76 percent of families sharing activities together at home. Moreover, a considerable percentage, 66.3 percent, involve children in decision-making processes at home, reflecting a family environment that values their input and autonomy. Additionally, a small proportion, 12.6 percent, of children are members of Bala Sabha, indicating their participation in community-level decision-making or activities. However, it is worth noting that a substantial majority, 87 percent, of children have not participated in any clubs, suggesting potential gaps in extracurricular opportunities or access. In essence, the data emphasizes the importance of active community participation, family engagement, and empowering children in decision-making to foster comprehensive growth and well-being.

Table 4.15

Indicators	Count	%
Do children show excessive anger?	106	3
Are the children's study hours arranged?	2060	58.5
Are parents able to provide support in academic matters?	3010	85.4
Do children like this support?	2963	84.1
Does the child go to tuition?	378	10.7
Has proven excellence in arts and sports?	891	25.3
Interested in arts and sports?	1348	38.3
Is there a playground	1562	44.3
Is the playground used?	1083	30.7
Interested in martial arts?	450	12.8
Trained in martial arts?	261	7.4

Table 4.15 presents various indicators related to children's behaviour, academic support, extracurricular activities, and access to recreational facilities within the community. A small percentage, 3 percent, of children exhibit signs of excessive anger, indicating potential behavioural challenges. However, the majority of parents, 85.4 percent, are able to provide support in academic matters, and a similar percentage of children, 84.1 percent, appreciate this support, highlighting a positive family dynamic and academic environment. Despite parental support, a notable portion, 10.7 percent, of children attend tuition, suggesting supplementary educational assistance. Moreover, a significant percentage, 25.3 percent, of children have demonstrated excellence in arts and sports, while an even larger portion, 38.3 percent, express interest in these activities, emphasizing the importance of extracurricular engagement. Additionally, a substantial proportion, 44.3 percent, of households have access to playgrounds, yet only 30.7 percent report using them, suggesting potential underutilization of recreational spaces. Furthermore, a minority, 12.8 percent, of children express interest in martial arts, with an even smaller percentage, 7.4 percent, having received training in this discipline. Overall, the data provides valuable insights into the behavioural, academic, and extracurricular landscape within the community, highlighting both areas of strength, such as parental support and children's interest in arts and sports, and potential areas for improvement, such as utilization of recreational facilities and access to martial arts training.

5. ANNAMANADA GRAM PANCHAYAT

Table 6

Indicators for Monitoring Child-Friendly Local Government Institutions

Sub-theme 1: Nutritional security

National level indicators	Modified GP Level indicators	Number	Percentage
1.3.2: Number of Beneficiaries under Integrated Child Development Scheme (ICDS)	1. Number and percentage of children (06-03 y) getting SN from AWC against the eligible beneficiaries	329	48
	2. Number and percentage of PG women getting SN against the eligible beneficiaries	102	100
	3. Number and percentage of lactating women getting SN against the eligible beneficiaries	108	126
	4. Number and percentage of pre-schoolers getting SN from AWC against the eligible beneficiaries in the age group/ Category	253	27
1.3.5: Proportion of the population (out of total eligible population) receiving social protection benefits under Pradhan Mantri Matritva Vandana Yojana	5. The proportion of the population (out of the total eligible population) receiving social protection benefits under PMMVY	124	100
2.1.1: Percentage of children aged under 5 years who are underweight 2.1.2: Proportion of beneficiaries covered under National Food Security Act 2013	6. Number of children reported underweight in 0-6 age group divided by total number of children in the same age group	16	0.01

2.2.2: Percentage of children under age 5 years who are wasted 2.2.5: Percentage of Children aged 6-59 months who are anaemic (<11.0g/dl)	7. No. and Percentage of children under age 5 years who are wasted divided by the total number of children in the same group	3	0.001
	8. Number of pregnant women with iron deficiency (ID)/ against the total number of PG women at that period	3	
	9. Percentage of Children aged 6-59 months who are anaemic (<11.0g/dl)	1	
	10. Number of children (06-5 y) reported with anaemic (lower of Hb<11.0g) against total no. of children in the age group at that period	1	

Sub-theme: 2: Child health and Well-being

National level indicators	Modified GP Level indicators	Number	Percentage
3.1.4: Percentage of women for last birth, who received antenatal care, four times or more	11. % of at-risk pregnancies against the total number of pregnant women during the same period		1.96
	12. Percentage of institutional delivery against the total number of deliveries during the same period		100
3.2.1: Under-five mortality rate, (per 1,000 live births) 3.2.2: Neonatal mortality rate (per 1,000 live births)	13. No. and percentage of pregnant women with live birth during the last one year, who received four or more ANC against the number of PG women with live birth during the same period	210	83
	14. Number and % of under-five deaths for the last five years against the number of children under five for the last five years	1	

	15. The proportion of children who have received specific vaccines up to the date with the recommended vaccine schedule.(0-18) 16. Proportion of under 1 year age children who have actually been given immunization against the total number of under 1 year age children 17. Proportion of partially immunized children below 1 year, who missed any of the vaccines under UIP till one year of age against the total number of under 1 year of age children.	235 235	87 100
3.2.1: Under-five mortality rate, (per 1,000 live births) 3.2.2: Neonatal mortality rate (per 1,000 live births)	18. No of schools having counselling support services against the total no. of schools in the area	11	

Ï% **Sub Theme: 3 - Quality Education**

National level indicators	Modified GP Level indicators	Number	Percentage
4.1.1: Percentage of students in grades 3, 5, 8 and 10 achieving at least a minimum proficiency level in terms of nationally defined learning outcomes to be attained by pupils at the end of each of the above grades 4.1.2: Gross Intake Ratio to the last grade (primary, upper primary and secondary) 4.1.3: Gross Enrolment Ratio in higher secondary education	25. % of students of the official school age group enrolled in primary, secondary and higher secondary schools against the total number of children 26. Out-of-school ratio (primary, upper primary, elementary, secondary and higher secondary- male-female)in the same age group 27. % of children admitted to higher education after 10th standard against the % of students who have passed 10th standard during the year	160	100 100 100

4.1.6: Proportion of students enrolled in Grade 1 who reaches last grade or primary/upper primary/ secondary levels	28. Number of students in 4th standard who score more than 40 % marks in test against the total number of students in		100
4.2.1: Participation rate in organized learning one year before official primary entry 4.2.2: Gross early childhood education enrolment ratio	23. % of children in the age group 4-5 attending preschool education against the total number of children in the age group		100
4.5.1: Gender Parity indices for Primary/ Secondary/Higher Secondary/Tertiary education 4.5.2: Enrolment ratio of children with disabilities	24. % of children belonging to vulnerable sections enrolled in schools (SC/ST, disabled, migrants, HIV affected etc.), against the total number of children belonging to the same sections 25. Percentage of 5+ age children enrolled and classified by sex, age, SC/ST, disability and BPL 26. % of female students above 5+ age enrolled at a given level of education against the number of female students at the same level. 27. Enrolment ratio of children with disabilities in primary, secondary and upper secondary levels		1.6 36 33 3.7
4.a.1 Proportion of schools with access to: (a) electricity (b) computers for learning (c)adapted infrastructure and materials for students with disabilities/ disabled-friendly ramp and toilets (d)basic drinking water (e) single-sex basic sanitation facilities and(f)basic hand washing facilities, (in percentage)	28. Percentage of schools with barrier-free structures 29. Percentage of schools with girl-friendly toilets 30. % Schools having safe drinking water 31. % Schools with napkin vending and disposal facilities.		100 100 100 100

7.1.1: Percentage of households electrified	32. Number and percentage of schools electrified against the total number of schools	13	100
	33. Number and percentage of AWCs electrified against the total number of AWCs	19	100
9.1.1: Proportion of the rural population who live within 2 km of an all-season road	34. Percentage of schools having internet connectivity against total number of schools	13	100
	35. Percentage of school students covered under ICT-enabled schooling against total number of students		100
	36. Percentage schools having ICT (smart classrooms and computer lab) against total number of schools		100

Ï% **Sub Theme: 4: Girl Children**

National level indicators	Modified GP Level indicators	Number	Percentage
5.2.4: Proportion of sexual crime against girl children to total crime against children during the calendar year	37. Number of awareness programmes conducted on violence against women and girls	14	
5.3.1: Percentage of women aged 20-24 years who were married by exact age 18 years, 2015- 16	38. Special IEC materials developed on child marriage and campaigns conducted	57	
5.6.3: Percentage of population aged 15-24 years with comprehensive knowledge of HIV/ AIDS, 2015-16	39. Percentage of population aged 10-18 years with comprehensive knowledge of HIV/ AIDS		100

Ï% **Sub Theme: 5: Water and Sanitation**

National level indicators	Modified GP Level indicators	Number	Percentage
6.1.1: Percentage of Population getting safe and adequate drinking water within premises through Pipe Water Supply (PWS)	40. % of HHs having child population	2493	48
	41. % of households with child population having access to safe drinking water against the total number of households with child population		100
6.1.2: Percentage of population using an improved drinking water source (Rural)	42. Number and % of AWCs and schools provided with 24*7 piped water supply in GP area	10	31
	43. Number and % of AWCs and schools having their own drinking water source	22	69
	44. Percentage of houses, AWCs, and public places having safe drinking water		100
6.2.2: Percentage of Districts achieving Open Defecation Free (ODF) target	45. % of households with child population having access to sanitary toilets against the total number of households with child population	107	100
	46. Number and % of AWCs and schools having toilet facilities		100
	47. Number and % of children affected by diarrhoeal diseases against the total number of persons affected by diarrhoeal diseases		1.89
	48. Proportion of schools with separate toilet facilities for girls		100
	49. Proportion of Anganwadi with separate toilet facility for girls		100
		4	

	50. Number of toilets at public offices and institutions for disabled children 51. Number and % of children in schools and Anganwadi's washing hands with soap before mid-day meals 52. Number of public places mapped for child-friendly, women-friendly toilets	2	100
6.3.2: Proportion of water bodies with good ambient water quality	53. Percentage of samples tested potable for water quality 54. Number of cases reported for waterborne diseases	238	85
6.3.3: Proportion of wastewater treatment capacity created vis-a-vis total generation	55. No. of public offices and institutions for children with waste treatment facilities 56. Number of houses/flats having own waste management mechanism	45 5010	100

Ï% **Sub-theme: 6: Child protection, social inclusion**

National level indicators	Modified GP Level indicators	Number	Percentage
8.5.5: Total population with disabilities covered under social protection schemes	57. Percentage of children with disabilities enrolled in schools or special schools against the total number of disabled children of school-going age	44	3.7
	58. Percentage of children with disabilities getting disability pension against the total number of CWD in the GP	29	13
	59. Percentage of disabled children getting scholarships against the total number of CWD enrolled in special schools or regular schools	29	66

16.2.1: Proportion of crime committed against children during the year, (Per 1,00,000 children)	60. Number of migrant workers in the GP area 61. Percentage of migrant workers living with children in the GP area against the total number of migrant workers in the GP area 62. Number of awareness classes conducted on crimes against children in the GP area during last five years	32 6 2	
16.7.1: Proportion of seats held by women in national Parliament, State Legislation and Local Self Government 16.9.1: Percentage of births registered 16.9.2: Proportion of population covered under Aadhaar	65. Percentage of births registered against the total number of births in the last year 66. Number of children in the age group 5-18 having Aadhar card against the total number of children in the age group	2200	100

Ï% **Sub-theme: 7: Participation**

National level indicators	Modified GP Level indicators	Number	Percentage
Ensure special gram Sabha for children	67. Number of children who participated in the children's special gram Sabha	49	
Ensure child representation in working groups	68. Number of children enrolled in working groups in local government bodies	26	
Participation of children in Bala sabkhas	69. Number and percentage of children participating in Bala Sabhas	315	
Participating venues	70. Number of children not participating in any venues 71. Number of children participating in various clubs in schools 72. Number of children who are members of Adolescent clubs in Anganwadis of the Panchayat	0 1179 281	

	73. Total number of children who are members of CWPC/ CAB/ CRC of the Panchayat	58	
	74. Number of participation promoting activities conducted for children in the panchayat last year	112	
	75. Number of activities conducted under the leadership of children at various levels in the Panchayat	112	
	76. Number of Sports and Arts events conducted for children in the panchayat	33	
	77. Number of trainings conducted to promote children's sports and artistic activities	3	

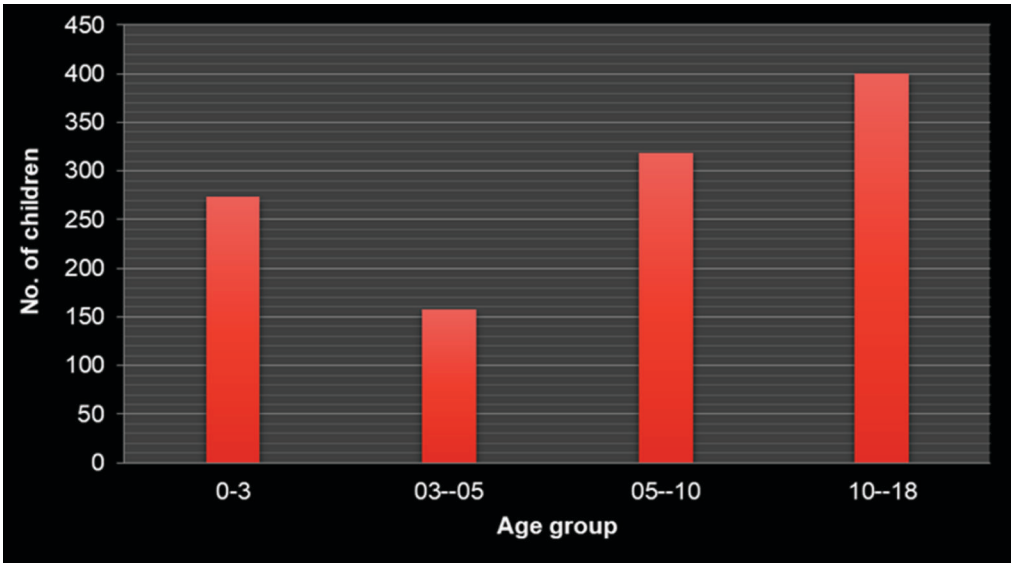
a) Demographic Overview: Children's Population in the Annamanada Gram Panchayat

Table 2.1

Age group	Count	Percentage
0-3	273	23.78
3-5	157	13.67
5-10	318	27.7
10-18	400	34.84
Total	: 1148	

The majority of children fall into the 10-18 age group, constituting 34.84 percent of the total population of children in the Panchayat. The second largest age group is 5-10 years, comprising 27.7 percent of the total population. Children aged 0-3 years make up 23.78 percent of the total, while those aged 3-5 years represent 13.67 percent. The total number of children surveyed in the Annamanada Grama Panchayat is 1148. The distribution across different age groups provides insights into the composition and needs of the child population within the Panchayat. The higher proportion of children in the 10-18 age groups suggests a significant adolescent population, with potential implications for educational, social, and health-related interventions tailored to this age group. The presence of children in the 0-3 age group highlights the importance of early childhood care and development programs within the community. Understanding the age distribution helps in planning and implementing targeted programs and services to address the specific needs of children at different stages of development.

Figure 5.1



Ï% General Indicators

The table 5.2 presents general indicators of children in the Panchayat across different variables such as gender, religion, and caste. Among the surveyed children, there is a slightly higher representation of males 51 percent compared to females 49.12 percent. Additionally, a small percentage 0.34 percent identifies as transgender. The majority of the surveyed children belong to the Hindu religion 57.97 percent, followed by Christian 27.24 percent and Muslim 14.55 percent communities. This indicates religious diversity within the community. The majority of children belong to the Other Backward Classes/Other Economically Backward Classes (OBC/OEC) category, with 52.61 percent falling under this group. General category children make up 33.64 percent of the surveyed population, while Scheduled Caste/Scheduled Tribe (SC/ST) children represent 13.73 percent. Overall, the findings provide insights into the demographic composition of children in the Panchayat, reflecting diversity in terms of gender, religion, and caste. Understanding these demographic factors is essential for implementing inclusive policies and programs that cater to the needs of all children within the community, regardless of their backgrounds.

Table 4.2

Variables	Categories	Count (%)
Gender	Male	434(51)
	Female	422(49.12)
	Transgender	3(0.34)
Religion	Hindu	498(57.97)
	Muslim	125(14.55)
	Christian	234(27.24)
Caste	General	289(33.64)
	OBC/OEC	452(52.61)
	SC/ST	118(13.73)

Figure 5.2

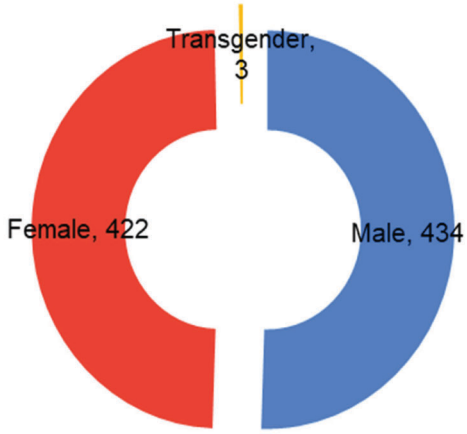


Figure 5.3

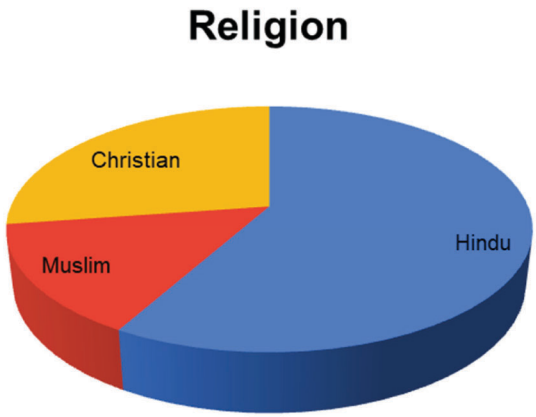
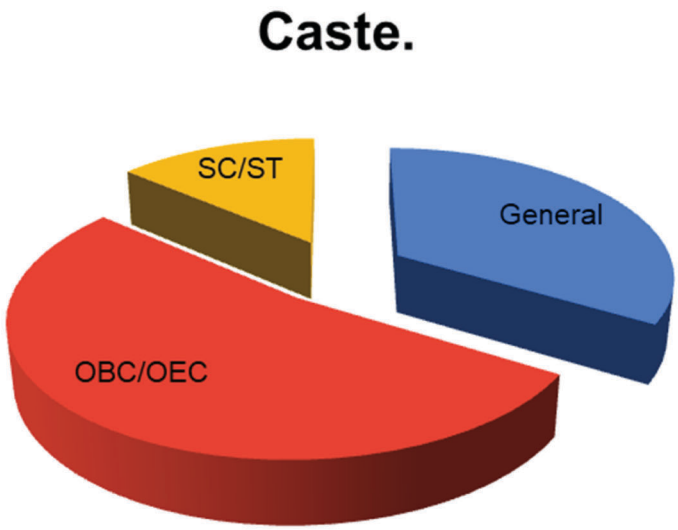


Figure 5.4



b) Nutritional Safety

Ensuring children receive adequate nutrition is not just crucial for their physical health; it's also pivotal for their overall development, including immune system strength and active participation in various aspects of life such as learning and play. By prioritizing proper nutrition, families can not only save on medical expenses but also channel resources towards educational opportunities and future aspirations for their children. Recognizing the profound impact of nutrition on individual well-being and community prosperity, investing in comprehensive child nutrition programs becomes imperative. These initiatives not only lay the foundation for healthier individuals but also contribute to the formation of more capable and productive generations. Ultimately, these empowered individuals can play a significant role in shaping a positive and thriving society.

Table 5.3

Nutritional Safety	**Count**	**%**
Beneficiary under Integrated Child Development Scheme (ICDS)	339	39.4
Children Receiving Supplementary Nutrition from Anganwadi	320	27.8
Pregnant women receiving Supplementary nutrition in the family	22	2.6
Lactating women receiving Supplementary nutrition in the family	85	9.9
School attendance is practiced after having breakfast	771	89.7

Table 5.3 presents data on nutritional safety across various beneficiary groups, highlighting the distribution of beneficiaries receiving supplementary nutrition and practicing school attendance after having breakfast. The majority of beneficiaries under the Integrated Child Development Scheme (ICDS) constitute 39.4 percent, followed by children receiving supplementary nutrition from Anganwadi at 27.8 percent. Notably, a smaller percentage of pregnant women (2.6 percent) and lactating women (9.9 percent) receive supplementary nutrition within their families. However, it's encouraging to see that a significant proportion (89.7 percent) of the surveyed population practices school attendance after having breakfast, indicating a positive correlation between nutritional support and educational engagement. This data underscores the importance of targeted nutritional interventions, particularly for vulnerable groups like children and pregnant or lactating women, in ensuring overall well-being and educational outcomes.

Children’s Diet

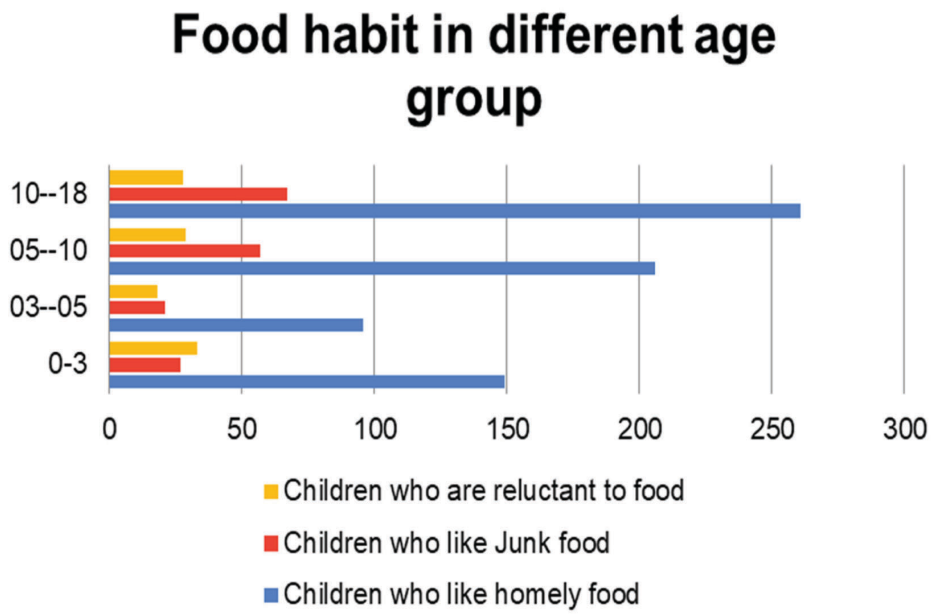
Families' dietary decisions significantly impact children's health and overall well-being, emphasizing the importance of providing a nutritious and well-balanced diet crucial for their holistic development, including physical strength, immunity, and academic success. By incorporating seasonal fruits, vegetables, and whole grains, not only do emotional and mental well-being improve, but energy levels also increase, fostering active participation in daily activities and social interactions, thereby influencing positive life outcomes. While parents bear the primary responsibility for promoting healthy eating habits, panchayats can play a pivotal role in identifying and addressing issues related to unhealthy dietary practices, offering support through various initiatives and programs.

Table 5.4

Children’s Diet	**Children in the age group (%)**				**Total (%)**
	0-3(yr)	**3-5(yr)**	**5-10(yr)**	**10-18(yr)**	
Children who like homely food	149 (54.5)	96 (61.1)	206 (64.7)	261 (65.3)	712 (61.4)
Children who like Junk food	27(9.8)	21(13.3)	57(17.9)	67(16.8)	172(14.5)
Children who are reluctant to food	33(12)	18(11.5)	29(9.1)	28(7)	107(10)

Table 5.4 provides insights into the dietary preferences of children across different age groups. A majority of children across all age brackets exhibit a preference for homely food, with percentages ranging from 54.5 percent to 65.3 percent, indicating a general inclination towards traditional and home-cooked meals. However, there is also a notable proportion of children who express a liking for junk food, with

percentages ranging from 9.8 percent to 17.9 percent. This suggests a prevalent but varying degree of attraction towards processed and unhealthy food items among children, which may pose challenges to maintaining a balanced diet. Additionally, a small but notable percentage of children in each age group are reluctant to food, indicating potential issues with appetite or food aversions that may need attention. Overall, the data underscores the importance of promoting healthy eating habits, addressing the appeal of junk food, and understanding and addressing factors contributing to children's reluctance towards food to ensure their nutritional well-being.



c) Child Health and welfare

Investing in children's health is essential for their future because it establishes the groundwork for their intellectual, emotional, and physical development, particularly during those vital first thousand days. To enable people to flourish and realise their potential, it is imperative to guarantee adequate nourishment, healthcare, and safety precautions, with panchayats playing a pivotal role in securing these necessities. Panchayats may create childcare systems that work for the whole community by working with state and federal governments. This would reduce financial strain on families and enhance the welfare of the community as a whole. Activities that support early childhood education, preventative healthcare, healthy eating, and health awareness all play a vital role in fostering an atmosphere that supports children's development and success.

In table 5.5, only a small percentage 1.6 percent of children are experiencing difficulties on their way to school, indicating that this is a relatively uncommon issue. An even smaller percentage, 1.04 percent has experienced discomfort in various public settings such as buses, libraries, and schools. A notable finding is that despite the low occurrence of health issues, very few individuals 11.11 percent have shared these difficulties with anyone. This suggests a potential lack of communication or support systems for children facing health challenges. Around 0.9 percent of children are facing challenges or issues arising from their home environment. While this percentage is relatively low, it still indicates that there are some home-related factors affecting child welfare. The majority of children 90.6 percent report being able to

comfortably express and discuss their challenges when they encounter them. This is a positive finding as it suggests an environment where children feel supported and encouraged to communicate their issues. The data suggests that while there are some health and welfare issues affecting children in the panchayat, the majority of children feel comfortable expressing their challenges. However, there may be room for improvement in terms of encouraging children to seek support and addressing any issues arising from the home environment. Additionally, efforts could be made to foster a culture of sharing difficulties with others, potentially through awareness campaigns or support networks within the community.

Table 5.5

Ï% Immunization Information

By introducing weakened or inactive pathogens to stimulate antibody production, vaccinations are essential for protecting people, particularly infants and young people, against life-threatening diseases. This creates a defence mechanism against actual disease agents and greatly improves public health. As part of universal programmes, government-established vaccination schedules guarantee timely administration of immunisations, ensuring that all children receive the necessary protection. Furthermore, vaccinations protect the larger population by creating "herd immunity," which inadvertently protects individuals who are medically unable to receive vaccinations. As a result, keeping panchayat immunisation rates high is essential since it not only slows the spread of disease but also provides significant protection for community members who are more susceptible. This highlights the need of following the prescribed vaccination regimens for children in these areas.

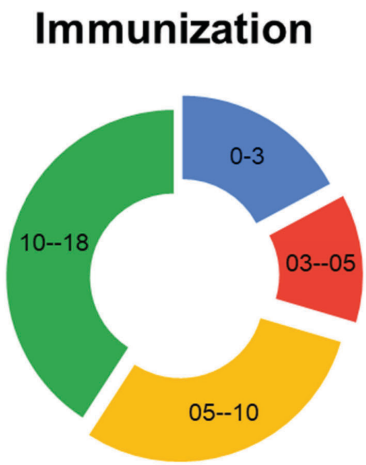
Table 5.6 presents data on immunization coverage among children across different age groups. The percentages indicate the proportion of children within each age bracket who have received immunizations. It is evident that immunization coverage

increases with age, with higher percentages in older age groups. Among children aged 0-3 years, 33 percent have received immunizations, while in the 3-5 age group, this percentage rises to 41.4 percent. Similarly, in the 5-10 age group, 48.7 percent of children have been immunized, and in the 10-18 age group, the percentage further increases to 54 percent. This pattern suggests a positive trend in immunization uptake as children grow older, reflecting efforts to ensure comprehensive vaccination coverage in line with recommended schedules. However, there is still room for improvement, especially in the younger age groups, to enhance immunization rates and safeguard children's health against preventable diseases throughout their developmental stages.

Table 5.6

Children in age group	**Count**	**%**
0-3	90	33
3-5	65	41.4
5-10	155	48.7
10-18	214	54

Figure 5.6



d) Educational Attainment

Ensuring that all children have access to education is fundamental because it equips them with transferable skills such as good communication and problem-solving, which are critical for navigating the challenges of contemporary life. Moreover, education not only increases a person's earning potential but also makes a substantial positive contribution to their general well-being, making it a powerful tool for ending

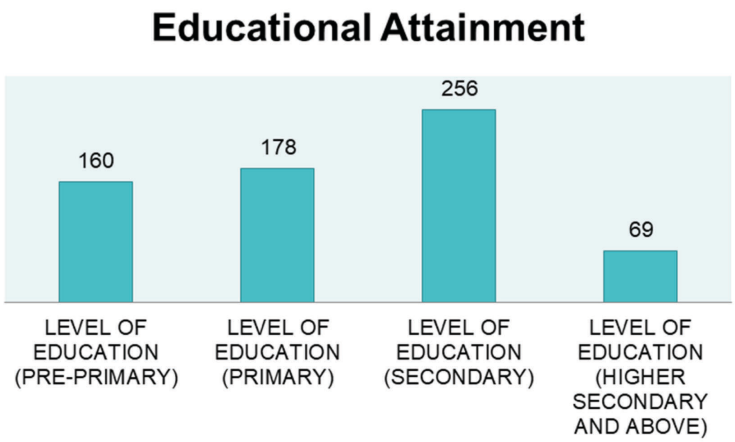
the intergenerational cycle of poverty. Seeing these significant advantages, panchayats should make it their top priority to guarantee that all children have access to education, especially the underprivileged and marginalised ones. Furthermore, it is still crucial to closely evaluate the calibre and advancement of educational programmes.By investing steadfastly in education, panchayats empower children to unleash their full potential, thereby playing a pivotal role in crafting a society that is not only more prosperous but also more just and equitable for all its members.

Table 5.7

Level of Education	**Count**	**%**
Pre-Primary	160	13.9
Primary	178	15.5
Secondary	256	22.3
Higher Secondary and Above	69	6

Table 5.7 illustrates the educational attainment levels within the surveyed population, showcasing the distribution of individuals across different levels of education. The data indicates that the majority of individuals have attained education at the secondary level, with 22.3 percent having completed this stage. Following closely behind, the primary level of education accounts for 15.5 percent of the surveyed population. Moreover, 13.9 percent of individuals have attained education at the pre-primary level. However, there is a notable drop in percentages for higher levels of education, with only 6 percent of individuals having achieved education at the higher secondary level or above. This distribution highlights the educational landscape within the surveyed community, emphasizing the need for continued efforts to promote access to and completion of education at higher levels, thereby fostering overall socio-economic development and individual empowerment

Figure 5.7



Indicators related to Education

In table 5.8, a small percentage 0.9 percent of children have experienced interruptions in their education. Among those who faced interruptions, a significant portion 37.5 percent was able to resume their education later. A majority 66 percent of the children surveyed expressed a desire to pursue further studies, indicating a positive attitude towards education and personal development. About half 49.1 percent of the children have a habit of reading, which is a positive indicator of literacy and intellectual engagement. A substantial percentage of 39.7 percent of children also read newspapers, which suggests an interest in staying informed about current events and developing literacy skills. While a significant portion of children are interested in further studies, less than half 46.7 percent have received proper guidance regarding their options. This indicates a potential area for improvement in providing career counselling and educational guidance services. A small minority 5.4 percent of the children belong to very poor families, which might pose additional challenges to their educational attainment and overall well-being. Identifying and addressing the needs of economically disadvantaged children could be important for ensuring equal educational opportunities. The findings suggest a generally positive attitude towards education among children in Annamanada Grama Panchayath, with notable areas for improvement such as providing better guidance for further studies and addressing the needs of economically disadvantaged families.

Table 5.8

Indicators	**Count**	**%**
Education has been interrupted	8	0.9
The education continued later	3	37.5
Would you like to pursue further studies	567	66
the child has a habit of reading	422	49.1
Children who have a habit of reading newspaper	341	39.7
Received proper guidance regarding further study options	401	46.7
Belong to a very poor family	46	5.4

Girl Child related Indicators

In addition to fostering social cohesion and economic prosperity, investing in the education and empowerment of girls also promotes global society because educated females are less likely to marry young, have fewer children, and participate actively in the economy. Girls who receive priority in their health and education are better able to make decisions that will improve their own and their families' quality of life. A just and thriving society depends on empowering girls to reach their full potential, which is why governments have launched a number of initiatives to improve their lot in life. Furthermore, Panchayats and other local governing bodies play a crucial

role in resolving girls' issues, fostering an atmosphere that supports their growth, and giving them access to recreational and educational opportunities.

Based on table 5.9 of indicators related to girl children in Annamanada Grama Panchayath, Girls make up nearly half 49.12 percent of the population of children surveyed, indicating a significant presence of girls in the community. A very low percentage 0.71 percent of girl children in families have dropped out halfway, suggesting that dropout rates among girls are relatively low in the area. A majority 72.74 percent of girls have a clear understanding of the physical changes and growth during adolescence, which is crucial for their health and well-being. While most girls have an understanding of adolescence, a notable percentage 11.61 percent have concerns about it, indicating potential areas of anxiety or uncertainty that may need addressing. Less than half 44.31 percent of the girls surveyed have undergone education on adolescent health, suggesting a need for more comprehensive health education programs targeted towards this demographic. A very small percentage 0.71 percent of girls have experienced interruptions in their education, with none of them resuming afterward, indicating a relatively stable educational environment for girls. A significant majority 66.11 percent of girls express a desire to continue studying, highlighting a positive attitude towards education among girls in the community. A negligible percentage 0.47 percent of girls report experiencing discomfort in various settings such as buses, public places, libraries, schools, and tuition centres, suggesting relatively safe and comfortable environments for girls. Only a small percentage 0.71 percent of girls report challenges or issues arising from their home environment, indicating potential areas where support or intervention may be needed. The majority 90.52 percent of girls feel comfortable expressing and discussing their challenges when they encounter them, which is crucial for providing support and addressing their needs effectively. A significant majority 71.32 percent of girls know about the POCSO Act, demonstrating awareness of legal protections against child abuse and exploitation. A notable percentage 17.06 percent of girls are members of Balasabha (Child Parliament), indicating their participation in community activities and decision-making processes. A majority 68.72 percent of girls know about the Child Protection Committee, which is essential for safeguarding their rights and well-being within the community. The findings suggest a generally positive environment for girl children in Annamanada Grama Panchayath, with high levels of awareness, relatively low dropout rates, and a strong desire to continue studying. However, there are areas such as comprehensive health education and ensuring access to support services where further attention may be needed.

Table 5.9

Indicators	Count	%
Girls	422	49.12
Girl children in the family who have dropped out halfway	3	0.71
Have a clear understanding of the physical changes and growth during adolescence	307	72.74
Are there concerns about that?	49	11.61
Underwent education on adolescent health	187	44.31
Education been interrupted	3	0.71
Education been interrupted and then resumed	0	0
Would you like to continue studying?	279	66.11
Experiences of discomfort have occurred in settings like buses, public places, libraries, schools, and tuition centres.	2	0.47
Are there any challenges or issues arising from your home environment	3	0.71
Can you comfortably express and discuss your challenges when you encounter them	382	90.52
know about POCSO Act	301	71.32
Balasabha Member(female)	72	17.06
Know about Child Protection Committee	290	68.72

f) Water and Sanitation

In rural regions, where resources are scarce and diseases can spread quickly due to poor sanitation and contaminated water sources, it is especially important to make sure that children have access to clean water and adequate sanitation. Panchayats are in charge of overseeing activities like upkeep of infrastructure and mapping of water sources to ensure that people have access to clean water and sanitary services. Panchayats prioritise these efforts in order to improve the environment for children's growth, encourage cleanliness, and foster community involvement.

Indicators	Count (%)	
	Yes	No
Is there a drinking water facility in the house?	838(97.55)	21(2.4)
Is there a washroom/toilet facility in the house?	854(99.41)	5(0.58)

The vast majority, 97.55 percent of households in the Panchayat have access to drinking water facilities within their houses. This indicates a high level of infrastructure development and accessibility to clean water sources within the community. Similarly, an overwhelming majority 99.41 percent of households have access to washroom/toilet facilities within their houses. This demonstrates a strong commitment to sanitation and hygiene standards within the community. While the overall percentages are very high, there are still a small number of households (2.45 percent for drinking water and 0.58 percent for washroom/toilet facilities) that do not have these basic amenities. It's important to address the needs of these households to ensure that everyone has access to clean water and sanitation facilities. The high percentage of households with access to drinking water and sanitation facilities suggests a positive impact on public health within the community. Access to clean water and proper sanitation helps prevent waterborne diseases and improves overall hygiene, contributing to better health outcomes for residents. The provision of drinking water and sanitation facilities within households reflects a level of infrastructure development in the Panchayat. This infrastructure is essential for improving living standards and quality of life for residents, as well as supporting community health initiatives. Overall, the findings indicate a strong focus on water and sanitation infrastructure in Annamanada Grama Panchayat, with high levels of access to drinking water and washroom/toilet facilities. However, efforts should continue to ensure universal access and address any disparities in access to these essential amenities.

g) Child Care and Social Inclusion

It is imperative to provide facilities and programmes that promote children's learning, play, and development of social-emotional skills in order to ensure that they have access to safe and stimulating surroundings during their early infancy, which is critical for brain development and lifetime learning. Providing adequate care for children with special needs and those from underprivileged backgrounds is equally important. Panchayats can establish and oversee Anganwadis and other childcare centres, which act as platforms for basic healthcare, nutrition, and early education as well as for bolstering protection mechanisms and services. Additionally, by investing in the capacity development of carers, effective support and care can be ensured. Ultimately, this calls for a shift in society towards fostering inclusivity across all segments.

Table 5.11

Table 5.11

Indicators	Count	%
Father and mother living apart	14	1.62
Experienced the loss of a parent	15	2
Children belongs to the differently abled category	6	0.69
Inclusion of Children's Names in Ration Card	554	64.49
Birth registration of children has been done	851	99.06
The presence of drug addiction within the family	17	1.97
Undergone treatment to prevent drug addiction	6	35.29
Anyone in the family who is serving a prison sentence	0	0
Library facility in the area	403	46.91
Make use of library	168	19.55
Know about Child Protection Committee	586	68.21
Know about POCSO Act	570	66.35

Based on the provided table 5.11 on child care and social inclusion, a small percentage of children 1.62 percent have experienced their father and mother living apart, while an even smaller percentage 2 percent have experienced the loss of a parent. These factors may impact the stability and support within the family environment for these children. A very small percentage 0.69 percent of children belong to the differently-abled category, indicating the presence of children with special needs in the community. Ensuring their inclusion and access to appropriate services and support is crucial for their well-being. A significant majority 64.49 percent of children have their names included in the ration card, which is essential for accessing government welfare schemes and benefits. Almost all children 99.06 percent have had their births registered, ensuring their legal identity and access to essential services and rights. A small percentage 1.97 percent of children come from families where there is drug addiction, highlighting a social challenge that may impact their well-being and development. A relatively small number 35.29 percent of children who have experienced the presence of drug addiction within their families have undergone treatment to prevent drug addiction. This indicates some effort to address the issue but also suggests room for improvement in terms of access to and uptake of support services. A majority of children 68.21 know about the Child Protection Committee, demonstrating awareness of mechanisms for safeguarding their rights within the community. Similarly, a significant percentage 66.35 percent of children knows about the POCSO Act, which is essential for protecting children from sexual abuse and exploitation. Nearly half 46.91 percent of the community has access to a library

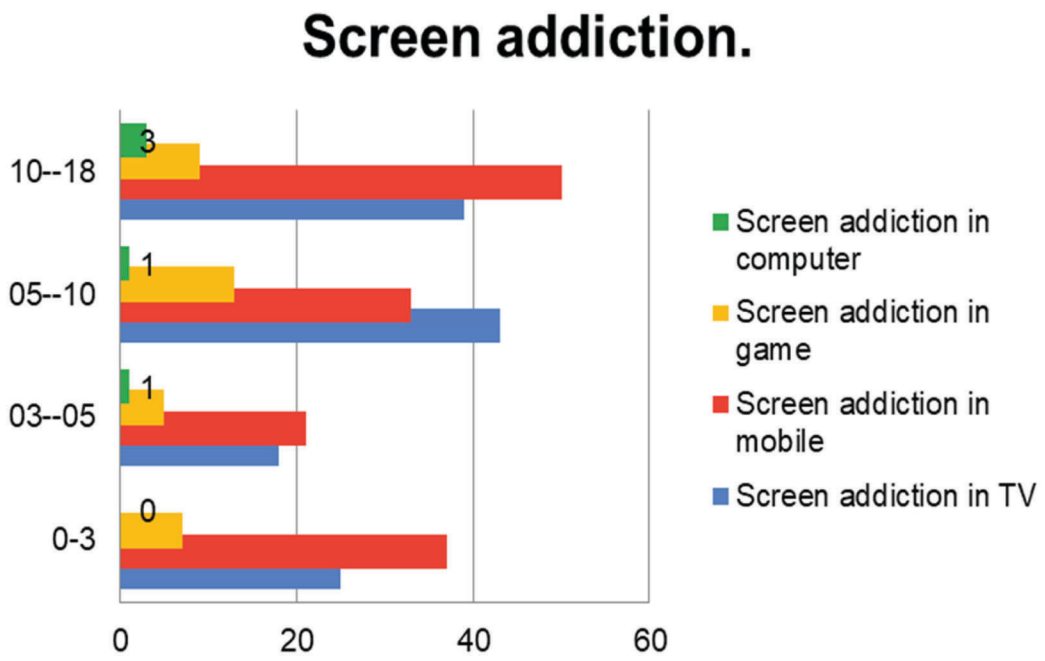
facility, which can be an important resource for education and personal development. However, the utilization of the library facility is relatively low, with only 19.55 percent of children making use of it. Encouraging greater utilization of community resources like libraries could enhance educational opportunities for children. The findings suggest a mix of social challenges and support mechanisms within Annamanada Grama Panchayat. While there are efforts to address issues such as drug addiction and legal awareness, there may be opportunities to further improve social inclusion and access to support services for vulnerable children. Additionally, promoting the utilization of community resources like libraries could enhance educational opportunities and overall well-being for children in the community.

Screen Addiction

Excessive screen time poses a threat to children's mental, physical, and social development. It can interfere with sleep patterns, disrupt routines, and impede cognitive development, which can lead to behavioural changes, increased stress, and despair. Working together, stakeholders such as parents, educators, and legislators must address this issue. It is imperative to implement tactics such as awareness campaigns, outdoor activity promotion, and digital literacy education integration into school curricula. In order to mitigate harmful effects on children's development and well-being, early detection and counselling are crucial for children exhibiting signs of screen addiction. Ultimately, a healthy balance between screen time and other activities that are critical for children's growth is the goal.

Table 5.12

Indicators	**Children in age group (%)**			
	0-3 y	**3-5 y**	**5-10 y**	**10-18 y**
Screen addiction in TV	25(9.15)	18(11.46)	43(13.52)	39(9.75)
Screen addiction in mobile	37(13.55)	21(13.37)	33(10.37)	50(12.5)
Screen addiction in game	7(2.56)	5(3.18)	13(4.08)	9(2.25)
Screen addiction in computer	0(0)	1(0.63)	1(0.314)	3(0.75)



The table 5.12 provides insight into the prevalence of screen addiction among children across different age groups and various devices. Screen addiction is noticeable across all age groups, albeit with variations. The percentages indicate that a notable portion of children in each age group exhibit some form of screen addiction behaviour. Generally, there's a trend of higher screen addiction prevalence in older age groups. The 5-10 age group consistently shows higher percentages of screen addiction compared to younger age groups, across all devices. Mobile devices show the highest prevalence of addiction across all age groups, followed by TV. Game addiction, while present, is less prevalent compared to TV and mobile devices. Computer addiction is the least prevalent among the devices studied. The prevalence of screen addiction to TV and mobile devices remains relatively consistent across different age groups. However, there's a slight increase in game addiction from younger to older age groups. The findings suggest a widespread issue of screen addiction among children, which could have implications for their physical and mental well-being. Addressing screen addiction at younger ages may be crucial, as prevalence tends to increase with age. Educational programs, parental guidance, and technology management strategies could help mitigate screen addiction and promote healthier screen time habits among children. Overall, the table underscores the importance of addressing screen addiction as a significant issue affecting children's development and well-being, with a need for targeted interventions and awareness campaigns tailored to different age groups and device usage patterns.

Leisure Time activities

Children's creativity, problem-solving abilities, and meaningful social relationships are all greatly enhanced when their play, leisure, and physical activities are actively encouraged. Children who actively participate in these activities not only enhance their physical capabilities but also develop vital life skills that improve their general wellbeing and ability to withstand stress. In this process, panchayats are essential, serving as major facilitators in both communal and educational settings.

Table 5.13 provides insight into the leisure time activities of children across different age groups. Socializing with friends is a popular activity across all age groups, with varying levels of participation. The percentage of children engaging in activities with friends increases with age, with the highest percentage observed in the 10-18 age group 36.25 percent. Playing is the most common leisure activity among children, with a majority participating across all age groups. While the percentage of children playing remains relatively high across age groups, there is a slight decrease observed in the older age groups. Engagement in farming activities is relatively low across all age groups, with only a small percentage of children participating. Participation increases slightly with age, with the highest percentage observed in the 10-18 age group 3.25 percent. Participation in housework increases with age, with a higher percentage of older children (10-18 age group) involved in household chores compared to younger age groups. However, the overall percentage of children involved in housework remains relatively low across all age groups. Engagement in social media increases with age, with the highest percentage observed in the 10-18 age group 14.75 percent. While social media usage is relatively low compared to other activities, it becomes more prevalent as children grow older.

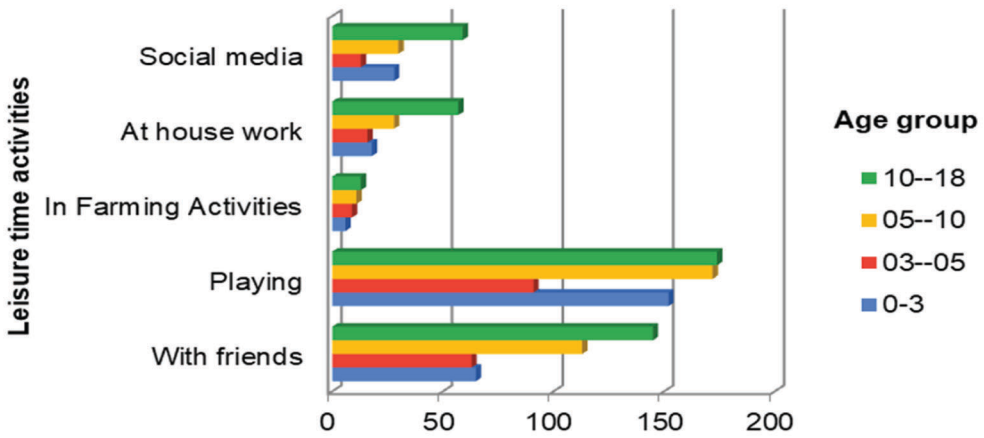
Social activities such as spending time with friends and playing are popular among children across all age groups. Engagement in activities such as farming and housework is generally low, but increases slightly with age. Social media usage, while present across all age groups, becomes more prominent as children enter adolescence. The findings highlight the importance of providing opportunities for social interaction and play for children of all ages. It also underscores the need to balance leisure activities with responsibilities such as housework, particularly as children grow older. The increasing engagement in social media among older children suggests a need for education and guidance on responsible digital citizenship.

Table 5.13

Table 5.13

Leisure Time Activities	Children in the age group (%)			
	0-3 y	**3-5 y**	**5-10 y**	**10-18 y**
With friends	65(23.8)	63(40.12)	113(35.53)	145(36.25)
Playing	152(55.6)	91(57.96)	172(54.08)	174(43.5)
In Farming Activities	6(2.19)	9(5.73)	11(3.45)	13(3.25)
At house work	18(6.59)	16(10.19)	28(8.8)	57(14.25)
Social media	28(10.25)	13(8.28)	30(9.43)	59(14.75)

Figure 5.10



h)

Indicators	Count	%
Anganwadi facility used by the children	754	87.77
Member of Varnakoodu	169	20
Children belong to any clubs	156	18.16
Family members share things together at home	778	90.57
Is the child's opinion sought in decision-making at home?	645	75.08
Are they involved in decisions?	648	75.43
Bala Sabha member (in total population)	141	16.41
Children who aren't participated in any club	705	82.07

In table 5.14, a significant majority (87.77 percent) of children use the Anganwadi facility, indicating widespread access to early childhood education and nutrition programs within the community. A notable proportion (20%) of children are members of Varnakoodu, which suggests involvement in cultural and artistic activities. A relatively small percentage (18.16 percent) of children belong to any clubs, indicating potential opportunities for increased participation in structured extracurricular activities. The majority, 90.57 percent, of families share things together at home, indicating strong family cohesion and engagement in shared activities. A significant percentage of children (75.08 percent) have their opinions sought in decision-making at home, indicating a level of inclusion and respect for their voices within the family unit. Similarly, a significant portion (75.43 percent) of children are involved in decisions, suggesting a participatory approach to family decision-making. A considerable proportion 16.41 percent of the total population consists of Bala Sabha members, indicating a significant representation of children in community governance structures. A majority 82.07 percent of children have not participated in any clubs, suggesting potential areas for increasing opportunities for extracurricular engagement. These findings suggest a mix of high participation in certain community and family activities, such as utilizing Anganwadi facilities, family bonding, and involvement in decision-making, alongside lower participation rates in organized clubs. There are opportunities to further enhance children's participation in structured activities and clubs, which can contribute to their social, emotional, and cognitive development. Additionally, the representation of children in community governance structures, such as Bala Sabha, reflects efforts towards promoting child rights and participation in decision-making processes at the community level.

Table 5.15

Table 5.15

Indicators	Count	%
Do children show excessive anger?	78	9.08
Are the children's study hours arranged?	503	58.55
Are parents able to provide support in academic matters?	790	91.96
Do children like this support?	780	90.80
Does the child go to tuition?	204	23.74
Has proven excellence in arts and sports?	410	47.72
Interested in arts and sports?	590	68.68
Is there a playground/	521	60.65
Is the playground used?	479	55.76
Interested in martial arts?	188	21.88
Trained in martial arts?	89	10.36

In table 5.15, a notable percentage 9.08 percent of children exhibit excessive anger, which may indicate underlying emotional or behavioural challenges that require attention and support. The majority 58.55 percent of children have their study hours arranged, suggesting a level of organization and discipline in their academic routines. A significant majority 91.96 percent of parents are able to provide support in academic matters to their children, indicating parental involvement and dedication to their children's education. Similarly, a large percentage 90.80 percent of children appreciate and like the support provided by their parents in academic matters, highlighting the importance of parental involvement in education. A considerable proportion 23.74 percent of children attend tuition classes, which could suggest a perceived need for additional academic support beyond what is provided at school or at home. A significant percentage 47.72 percent of children has proven excellence in arts and sports, indicating talent and achievement in extracurricular activities. The majority 68.68 percent of children are interested in arts and sports, demonstrating a widespread enthusiasm for creative and physical activities. The presence of a playground is observed in the community, with 60.65 percent reporting its availability. However, a slightly lower percentage 55.76 percent indicates that the playground is used, suggesting potential underutilization or barriers to access. Notable percentages 21.88 percent of children express interest in martial arts, indicating a desire for physical activity and self-defence skills. However, only a smaller percentage 10.36 percent has received training in martial arts, suggesting potential opportunities for expanding access to such programs.

The findings highlight various aspects of children's well-being, academic engagement, extracurricular interests, and access to recreational facilities. Addressing challenges such as excessive anger, ensuring adequate utilization of playgrounds, and expanding access to martial arts training could contribute to the overall development and welfare of children in the Panchayat.

Chapter 5

Summary, Findings, Conclusion, and Suggestions

This chapter discusses the result obtained as a result of the statistical analysis of the collected data. The purpose of the analysis is to reduce data to intelligent and interpretable forms, so that the relations of research problems can be studied and tested (Best & Kahn, 2011). The researcher also tried to get the perspectives of parents on the present education of children and the changes needed in the existing academic system.

Summary

Analyses of child indicators across various panchayats in Kerala reveal a mixed landscape of efforts and challenges in ensuring the well-being of children. While some areas showcase promising initiatives like the Integrated Child Development Scheme (ICDS) and strong community support, others face obstacles such as disparities in access to education, healthcare, and nutritious food. Educational attainment varies across panchayats, with some showing significant investment despite facing interruptions and economic constraints. Similarly, efforts to promote girl children's well-being vary, reflecting disparities in dropout rates and awareness of legal protections. Water and sanitation facilities generally exhibit good coverage, yet persistent efforts are needed to ensure universal access and address disparities. Challenges like familial disruptions and drug addiction within families highlight the importance of targeted support systems. Overall, Kerala's communities are striving to foster the holistic development of children, but there's a need for tailored interventions and collaborative efforts to address specific challenges and promote inclusive growth. Through ongoing commitment and collaboration, Kerala can continue to advance the well-being of its diverse child population and build healthier, more resilient communities.

FINDINGS

I. NUTRITIONAL SAFETY

The analysis of the nutritional safety across five panchayats, namely Punnapra, Padiyur, Kadirur, Kottayam, and Annamanada, provides valuable insights into the distribution and effectiveness of nutritional support initiatives within these communities. In Punnapra, a significant proportion of children benefit from the Integrated Child Development Scheme (ICDS) and receive supplementary nutrition from Anganwadi centres, indicating substantial efforts to address their nutritional needs. Moreover, a prevalent inclination towards traditional, homemade meals among children highlights a positive dietary preference. In Padiyur, while initiatives like ICDS and supplementary nutrition from Anganwadi centres are evident, there are potential gaps in maternal healthcare services, as indicated by lower percentages of

pregnant and lactating women receiving supplementary nutrition. Similarly, a trend towards preferring homely food over junk food is observed among children, with dietary preferences shifting as they grow older. In Kottayam, efforts to ensure nutritional safety among different demographic groups are reflected, with a high percentage of school attendance after breakfast indicating a positive practice supporting children's nutritional well-being. However, there's a need for continued efforts to promote nutritious eating habits, especially among children showing a preference for junk food. In Kadirur, commendable efforts are evident in providing nutritional support, though there are areas requiring further attention, particularly in addressing reluctance towards food among younger children. Lastly, in Annamanada, while a majority of children exhibit a preference for homely food, there's also a notable attraction towards junk food, indicating potential challenges in maintaining a balanced diet. Overall, the analysis underscores the importance of targeted nutritional interventions, promotion of healthy eating habits, and understanding factors influencing dietary preferences to ensure the nutritional well-being of communities across these panchayats.

II. CHILD HEALTH AND WELFARE

The analysis of child health and welfare across five panchayats, namely Punnapra, Padiyur, Kadirur, Kottayam, and Annamanada, reveals both commonalities and variations in the challenges faced and the support systems in place within these communities. Overall, a small percentage of families across all panchayats report ongoing health issues, indicating persistent concerns. However, there's a notable trend of open communication and support for children to express their challenges when encountered, suggesting a supportive environment for addressing child welfare concerns. Immunization coverage is generally high across different age groups, indicating successful vaccination efforts. Nevertheless, there are variations in immunization rates, with higher coverage observed among older children, highlighting the importance of targeted efforts to ensure comprehensive vaccination coverage for all children. Suggestions for improvement include enhancing awareness and accessibility of healthcare services, fostering a culture of open communication and support networks for children facing challenges, and prioritizing efforts to address gaps in immunization coverage, particularly among younger age groups. By addressing these areas, communities can work towards ensuring the holistic well-being of children and fostering healthier, more resilient communities overall.

III. EDUCATION

The analysis of educational attainment across the five panchayats paints a nuanced picture of the educational landscape in each community. In Punnapra, there is a concerted effort to ensure access to education across various levels, evident from the

enrollment percentages in pre-primary, primary, secondary, and higher secondary education. Positive indicators like strong reading habits and aspirations for further studies reflect a community keen on educational advancement. Padiyur demonstrates a significant focus on primary and secondary education, with a considerable portion of the population engaged in literacy and expressing desires for further education, despite facing challenges like educational interruptions and economic constraints. Kottayam showcases a diverse range of educational achievements, with investments evident across different educational stages. While positive indicators like reading habits are prevalent, challenges such as educational interruptions and economic constraints persist, highlighting areas for targeted support. Kadirur displays a positive trajectory of educational progression, indicating ongoing efforts to enhance access to quality education. However, there are areas for improvement, particularly in providing guidance and support services to ensure all children can make informed educational decisions. Annamanada exhibits a generally positive attitude towards education, with noteworthy aspirations for further studies, yet there are areas for improvement such as providing better guidance and addressing the needs of economically disadvantaged families to ensure equal opportunities for all children. Overall, these analyses underscore the importance of targeted interventions to address specific challenges and foster a more inclusive educational environment across the panchayats.

IV. GIRL CHILDREN

Across the five panchayats, the analysis of indicators related to girl children provides an understanding of the status of their well-being and experiences. In Punnapra, the presence of girls within the community is substantial, with relatively low dropout rates suggesting a commitment to education. The understanding of adolescent health is commendable, but concerns expressed by some girls indicate the need for targeted support and education in this area. Padiyur faces challenges such as dropout rates and lower awareness levels of legal protections, indicating potential gaps in education and empowerment efforts for girls. Annamanada stands out for its positive environment, characterized by high awareness levels, low dropout rates, and strong desires for continued education among girls, suggesting a supportive community ethos. In Kottayam, while challenges like dropout rates and concerns about physical changes exist, there's significant awareness of legal protections and active participation in community activities among girls, indicating a proactive approach to empowerment. Similarly, Kadirur emphasizes education, health awareness, and community engagement, yet challenges like educational interruptions and discomfort in certain settings are identified, signalling areas for targeted interventions and support. Overall, the data underscores the importance of tailored interventions to address specific challenges and foster supportive environments for girl children across various

panchayats, emphasizing comprehensive education, awareness of legal protections, and community involvement to ensure their holistic well-being and development.

V. WATER AND SANITATION

The analysis of water and sanitation facilities across five Grama Panchayat reveals several trends and areas for improvement. In Punnapra, while 87.9 percent of households have access to drinking water, there's a notable disparity as only 89.8 percent possess washroom facilities, indicating a need for improved sanitation infrastructure. Padiyur shows a similar trend with 96.7 percent having drinking water facilities and 89.5 percent with washroom facilities, emphasizing the importance of ensuring access to both essentials. Kottayam demonstrates a higher coverage with 98 percent having drinking water and 99 percent with washroom facilities, yet the small percentages lacking access underscore the necessity for universal provision. Annamanada boasts high percentages, with 97.55 percent having drinking water and 99.41 percent with washroom facilities, indicating robust infrastructure but highlighting the importance of addressing the needs of the remaining households. Kadirur mirrors the positive trend with 97.9 percent having drinking water and 99.6 percent with washroom facilities, though attention is needed for the few households lacking access. Overall, while these Panchayats generally exhibit widespread access to water and sanitation facilities, efforts should persist to ensure universal access and address disparities, thereby promoting community health and well-being.

VI. CHILD CARE AND SOCIAL INCLUSION

The collective analysis of child care and social inclusion across Punnapra, Padiyur, Kottayam, Kadirur, and Annamanada Panchayats provides a nuanced understanding of the various factors impacting the well-being and integration of children within these communities. While significant efforts are evident in ensuring access to essential services such as Anganwadi facilities and birth registration, as well as fostering awareness of child protection laws like the POCSO Act, there are notable challenges that require attention. For instance, instances of familial disruptions due to parental separation or loss, as well as the presence of drug addiction within families, underscore the need for targeted support systems and interventions. Additionally, the relatively low utilization of community resources like libraries suggests an opportunity for enhancing access to educational and recreational facilities. Addressing issues such as screen addiction also emerges as a crucial area for intervention, with tailored educational programs and parental guidance initiatives being essential components of any comprehensive strategy. Furthermore, fostering community engagement and collaboration can amplify the impact of existing initiatives, promoting a culture of inclusivity and support for the holistic development of children across these Panchayats. By addressing both challenges and opportunities, these communities

can work towards ensuring the well-being and social inclusion of all children, laying the foundation for a thriving and equitable society.

VII. PARTICIPATION

In Punnapra Panchayat, the data reflects a robust level of children's participation across various aspects of community life, such as utilizing Anganwadi facilities, involvement in community-based organizations like Varnakoodu and Bala Sabha, and active engagement in extracurricular activities through club memberships. However, there's still a portion of children who haven't participated in any clubs, suggesting potential areas for further community involvement and engagement. To enhance participation, the Panchayat could focus on expanding opportunities for club memberships and encouraging more diverse extracurricular activities to cater to the interests of all children. In Padiyur Panchayat, while there's significant reliance on Anganwadi facilities and a sense of familial cohesion, the participation rates in community-based programs and clubs are relatively low. To address this, the Panchayat could explore strategies to promote community involvement initiatives like Varnakoodu and establish more structured extracurricular activities to foster holistic development among children. Additionally, efforts to enhance child participation in decision-making processes at home and within local governance structures like Bala Sabha could be prioritized. Annamanada Panchayat showcases a mix of high participation in utilizing Anganwadi facilities and family engagement alongside lower rates of club memberships. To bridge this gap, the Panchayat could focus on expanding opportunities for structured extracurricular activities and promoting awareness about existing community-based programs to encourage greater participation. Strengthening initiatives that involve children in decision-making processes at home and within the community can further empower them and foster a sense of ownership and belonging. In Kottayam Panchayat, while there's widespread access to Anganwadi facilities and a notable level of involvement in community-based activities like Varnakoodu, club memberships remain relatively low. Enhancing opportunities for extracurricular engagement and promoting participation in clubs could be key focus areas. Additionally, initiatives to further involve children in decision-making processes at home and in local governance structures could be strengthened to ensure their voices are heard and valued. In Kadirur Panchayat, there's widespread utilization of Anganwadi facilities and a strong sense of familial cohesion, but participation rates in community-based programs and clubs are comparatively lower. To address this, the Panchayat could work on expanding opportunities for community engagement initiatives like Varnakoodu and promoting a wider range of extracurricular activities to cater to diverse interests. Strengthening initiatives that involve children in decision-making processes both at home and in community governance could further promote their active participation and empowerment.

The observations of child indicators across different panchayats in Kerala highlight a diverse landscape of efforts and challenges in ensuring the well-being of children. Common themes emerge, including efforts to address nutritional needs through initiatives like the Integrated Child Development Scheme (ICDS) and supplementary nutrition programs. Challenges such as disparities in healthcare access, educational interruptions, and economic constraints persist, underscoring the need for targeted interventions to support vulnerable groups. Variations in girl children's experiences and awareness of legal protections indicate the importance of empowering girls and promoting gender equality. While access to water and sanitation facilities generally shows positive coverage, efforts should continue to ensure universal access and address disparities. Challenges like familial disruptions and drug addiction underscore the need for targeted support systems, alongside efforts to enhance access to community resources. Participation levels vary across communities, suggesting opportunities for further community involvement and empowerment of children in decision-making processes. Overall, these findings emphasize the importance of tailored interventions and collaborative efforts to address specific challenges and promote the holistic well-being of children across Kerala's diverse panchayats.

Suggestions

Suggested Activities to be taken By the Gram Panchayats in the respective areas are as follows:

CHILD SURVIVAL

Health department / Arogyakeralam

- Amplifying the existing services of the department through all available media
- IEC/SBCC activities
- Campaign calendar for day observances
- Creating community consciousness on the urgency of issues related to child survival
- Convergent approach by line functionaries like AWW,ASHA, JPHN to be ensured by the departments
- Ensuring enrollment of beneficiaries in the available schemes of DHS and WCD by AWW, ASHA and JPHN
- Promoting intensified campaigns based on day observances or as per climatic conditions or on a monthly basis
- Priority approach for the first 1000 days
- Ensuring hospital visits of all pregnant women

- Propagation of MCP booklet and community discussions / peer support for beneficiaries
- Ensuring IFA tablets and vaccination during pregnancy through house visits and spot checks by AWW and ASHA.
- Ensuring timely vaccination and vitamin supplementation of all children
- Promotion of deworming activities for children
- Creation of an online system/dashboard for monitoring of the pregnant women once they start hospital visits.
- Promoting breastfeeding during the golden hour and ensuring exclusive breastfeeding
- Establishing milk banks at various hospitals
- Early intervention of development delays
- SAM/MAM identification
- Happiness clubs at each LSGD for children and community

Women and Child Development Department

- Amplifying the existing services of the department through all available media
- Widening the scope/increasing the number of parenting clinics and nutrition clinics working under the department
- Monthly data evaluation of the POSHAN tracker dashboard and identifying hot spots in various districts
- Improving the community participation in various day observances and community based events [CBE] programs
- Support groups comprising elder women at each AWC to guide new age mothers, pregnant women and others
- Ensuring complete enrollment of beneficiaries under the PMMVY
- Ensuring timely vaccination and vitamin supplementation of all children
- Promotion of deworming activities for children
- Awareness and counselling on breastfeeding during the golden hour and ensuring exclusive breastfeeding
- Pooling breast milk at AWC for babies in the locality
- CBE on various topics related to pregnancy, family planning, child rearing practices etc.

LSGD

- Ensuring publicity of all government schemes
- Ensure convergence of all connected departments and functionaries to ensure child survival
- Periodic review by the concerned standing committees to analyze the status of beneficiaries
- PRI members to conduct house visits of pregnant women, new born and children with other issues related to survival
- PRIs to initiate novel projects to support pregnant women and families having malnutrition issues.
- Visit and review existing mechanisms and find alternatives for quality enhancement
- Initiating breast milk banks at FHC level
- SAM/MAM identification
- Bal Sabhas – hand holding
- Discussion of child survival in jagratha samithis and follow ups
- Utilization of CSR funds
- Strengthening Pre and Post marital counselling

Kudumbashree

- SHGs to ensure the health and nutrition of pregnant women, lactating mothers and new born coming under their group
- SHG leaders to conduct house visits along with AWW and ASHA
- Conduct awareness programs during SHG meetings and identify issues related to child survival
- Elder members of SHG to act as support group in AWC, provide authentic information to prospective brides, pregnant women and lactating mothers
- Promote kitchen garden and use of millets to combat malnutrition issues among adolescent and women of the community

CHILD DEVELOPMENT

Education department

- Ensure compliance of existing policies and rules
- Promote a culture of joyful learning through schools
- Inclusiveness in thought as well as action to be fostered
- Ensuring 100 % enrolment and no dropouts
- Periodic assessments to be mandatory and student progress to be mapped
- Buddy system and mentorship to be encouraged to handhold those students who are weak in learning
- Provision and enhancement of facilities through convergence with various departments
- Child participation to be ensured in decision making
- Facilities to be included in schools to bridge the language gap of children
- Ensure psycho social support services in all schools
- Physical training can be made mandatory
- Home schooling facility for multi disability
- Ensure adequate and safe playgrounds
- Include more of non-curriculum and life related activities
- Initiate activities to maintain a healthy student-teacher – parent relationship
- Career counselling during the course of study
- Programs for skill development and skill enhancement
- Promote age appropriate sex education

Women and child development

- Promotion of AWC services in the community
- Increased enrolment in preschool education
- Enhanced community participation in AWC activities

Local self-government department

- Proper monitoring of schools and AWC
- Progress evaluation of schemes implemented for the development of children
- Promotion of best practices of schools and AWC
- Involving children in decision making in matters related to school infrastructure and development

- PRI members/standing committees to analyse the progress of education of children
- Provisions for additional learning support to children who are backward in studies
- Formulation of elder support group at each PRIs for handholding children's education
- Sponsorship support through individual donors and CSR funds
- Promote facilities for art, sports and culture at the LSGD level
- Analyse existing GP schemes and initiate new ones or revamp the existing ones
- Ensure activities and participation in bal Sabhas
- Initiate activities for social and mental health
- Conduct programs for children to analyse their talents and tap their potential
- Revamping of panchayath education committees

Sports and youth affairs

- Sports for all concept to be taken to the grass root level
- Provide children with opportunities at school level to nurture their interest in sports and games
- Scope of talent hunt programs to be widened
- Inclusiveness to be integrated in sports activities
- Enhanced involvement of clubs and associations in child development

Industries department

- Awareness regarding various opportunities for self employment

CHILD PROTECTION

Women and Child Development Department

- Establishing Mission Vatsalya related components at the earliest
- Capacity building of existing and newly inducted staff on the modus operandi of the mission
- Establishing and strengthening a child safety net from the grass root level to the state level

- Amplifying the services of child helpline of the department through all available media
- Providing prompt response to a child in need of care and protection by engaging different stakeholders
- Integrating existing services like ICDS, PSSAG, which can support the child protection system.
- Monthly data evaluation of the call center and identification of hot spots in the state which are found to be potentially harmful to the child
- Analyzing the helpline data and incorporating it in the program planning at grass root level
- Promotion of best practices at the state level
- Mass sensitization through available mechanisms of the department
- Observation of child related days through joint efforts so as to maximize visibility
- Identification of vulnerable areas and piloting targeted interventions to address the issue.
- Updating and maintenance of web based repository at the state level on all topics related to children
- Regular media monitoring to analyze the reportage on children
- Preparation of a one stop web repository on child related laws which can be easily accessed by child rights activists and stakeholders
- Creation of NGO networks in the field of child protection

LSGD

- Initiating convergence at the PRI level for ensuring the safety and security of children
- Pooling of resources and expertise at the local level for conduct of programs related to child protection
- Capacity building of PRI representatives and other stakeholders in the field of child protection
- Preparation and updating of local data sets on various indicators related to child protection
- Formation of sub committees with the participation of subject experts at each PRI level

- Strengthening of the village level child protection committees
- Conducting awareness programs on child rights and responsibilities at the local level
- Identification and creation of child friendly spaces which promotes inclusiveness
- Village level vigilant groups to keep a close watch on the new age problems like drugs, cyber bullying and child abuse
- Convergent action with the police, labour, excise departments for safeguarding children
- Mock drills for disaster and emergency preparedness and child protection during the calamities
- Provision of legal aid and counselling to children in difficult circumstances

Kudumbashree

- Balasabhas to be given refresher sessions on child rights, responsibilities and new age issues
- Strengthen balasabhas by involving more children
- Protection related issue identification to be done in balasabhas and data to be analyzed locally
- SHG members to maintain constant vigil in their community to identify at risk or vulnerable children
- Capacity building of SHG members on matters related to child protection

Police department

- Ensuring designated officers for child related issues at each police station
- Capacity building of the designated officers on child rights and laws
- Revisit the concept of child friendly police station and impart changes as and when required
- Provision of having social worker/counselor at all police stations
- Amplify the child protection initiatives of the department through SPC and media for more coverage

Excise department

- Strengthen the Vimukthi clubs at each schools
- Conduct periodic visits to schools and analyze issues related to drug abuse

- Periodically monitor the complaint boxes kept at schools and prioritize the complaints
- Maintain vigil at the school premises and shops that are selling drugs or other intoxicants to children
- Conduct awareness programs at the school level to teach the children about the harmful effects of drugs
- Liaison with the teachers and PTA and identify children with deviant behavior or who have symptoms of drug use.

Labour department

- Conduct joint inspections with the police department and other stakeholders to identify child labour
- Keep a watchful eye on the invisible child labour
- Focus on seasonal festivals and gatherings where children are usually employed in various circumstances

Transport department

- Ensure that all school transport vehicles comply with the existing regulations
- Revisit the existing regulations related to transport of children and bring in suitable changes as per requirements
- Capacity building and periodic background check for the drivers of all child transport vehicles
- Prepare emergency plans and sensitize the vehicle staff on what to do in case of any issues
- Conduct spot checks at bus stations to analyze the treatment of private bus staff towards school children

CHILD PARTICIPATION

Women and Child development – Mission Vatsalya

- Initiate child rights clubs in all schools of the state
- Develop IEC materials on child rights and responsibilities and share it through all available media
- Organize periodic forums or meetings to collect inputs from children for policy planning

- Strengthen the adolescent clubs at the AWC level and conduct regular programs to ensure child participation
- Conduct capacity building sessions for all stakeholders related to child protection
- Analyze data from the child helpline mechanisms and undertake steps to rectify issues
- Evaluate child rights content in the curriculum with the inputs of children and suggest changes
- Involve the participation of children in plan preparation of the department
- Encourage children across the state to report issues and problems through child helpline

Education Department

- Life and soft skill based programs should be reworked according to the changes of the society and imparted to children.
- Participatory approach to be ensured in environmental and value education
- Hobby clinics can be initiated in schools where the children can be mentored by teachers or external experts to develop their hobbies
- Initiating vocational training along with learning
- Providing special attention to marginalized children and bringing them to the mainstream
- Providing opportunities for all children to be a part of any process that takes place in the school
- Initiate community programs so that the children can participate/lead them and foster social sensitivity
- Involve student input in curriculum development and review of classrooms
- Prepare an index for child friendliness and encourage schools to achieve that
- Promote student survey and feedback mechanisms
- Promoting career guidance to all children above 12 years.
- Inclusive education

LSDG

- PRIs to initiate steps to establish child friendly spaces where children can come together to express their views and thoughts along with cultural activities

- Ensure child participation in grama sabhas and invite their inputs on various matters regarding children
- Capacity building programs for all stakeholders related to children
- Encourage children to take up initiatives and projects for the development of their village
- Involve select children in the plan preparation process
- Encourage children to visit the panchayath offices, understand its functioning
- Organize field visits with children to all institutions under the panchayaths and invite suggestions for its betterment
- Organise annual meet of all children of the panchayath and provide opportunities to showcase their talents
- Neighbourhood parks and playgrounds can be established
- Libraries can be developed as neighborhood activity centre and can provide a space where children can learn other activities
- Special attention to migrants
- Expert groups in each LSGD to be formed to mentor children

Kudumbashree

- Strengthen balasabhas and increase its coverage in the state
- Ensure periodic gathering of balasabhas
- Revisit the modus operandi of balasabhas along with the participation of children
- Conduct talent hunts, identify children with abilities and link with relevant partners for further action

Sports and youth affairs

- Ensure inclusiveness and gender equality in all sport items for children
- Conduct talent hunts periodically to identify children with capabilities and provide facilities for betterment
- Analyze the PT/free time of children in schools and suggest alternate mechanisms for children to participate in sports activities
- Provide scholarships to potential athletes
- Link sponsors with talented athletes and provide opportunities for development

- Conduct local level competitions with the participation of other stakeholders and provide children with opportunities
- Ensure child protection in all forms of sports
- Promote positive and healthy lifestyle through sports and encourage children to involve families in the process
- Involve veteran sportsperson in mentoring young talents

SDGs AND CHILDREN

- Child budgeting
- Child Risk Impact Analysis
- Multidimensional Vulnerability Index (MVI)
- Action Research
- Web based platform for children
- Child Friendliness Index
- Online Course
- PG Diploma Course
- Bi-annual Journal

GENDER EQUALITY AND CHILDREN

- Ensure the right to life of child by curbing incidence of foeticide and infanticide
- Ensure maternal health and maternity benefits reach the right persons at right time
- Standardize maternal leave and paternal leave
- Provision for Crèche facilities at all wards and divisions of LSGIs and places of work
- Strict enforcement of laws regarding child abuse
- Gender sensitization training to care takers, anganwadi workers and helpers, school teachers and all other stakeholders
- Introduce gender sensitive learning materials and children’s literature.

CHILDREN AND URBAN SPACE

"Playful Urban Life" is an innovative urban development paradigm designed to transform city spaces into vibrant, child-friendly environments. The core idea is to integrate green spaces and playful activities seamlessly into the urban fabric, promoting the well-being of both children and communities as a whole. Here's a brief overview:

Creating Playful Cities: Linking children's super skills to urban spaces emphasizes the critical role of designing cities and communities that foster playful learning experiences for children.

- Physical skills: Urban environments should offer safe and engaging spaces for children to run, jump, and play outdoors. Parks, playgrounds, and green spaces provide opportunities for physical activity and exploration, contributing to children's overall health and well-being.

- Social skills: Urban communities can facilitate social interaction and collaboration among children through shared recreational areas, community centres, and organized sports programs. Designing inclusive spaces where children from diverse backgrounds can come together fosters empathy, communication, and teamwork.

- Ensure accessibility and safety in green spaces through proper infrastructure and supervision.

- Encourage nature-based activities and experiences that engage children with the natural environment, encouraging exploration, discovery, and creativity. Naturebased play offers a sense of freedom, autonomy, and connection to the natural world, promoting emotional regulation, resilience, and a sense of wonder and awe.

Child-Centric Design: Urban planning under this concept revolves around the needs and interests of children. Streets, squares, and public areas are designed with safety, accessibility, and fun in mind, ensuring that children have ample opportunities for play and exploration.

- Traditional urban infrastructure is reimagined to incorporate playful elements such as interactive sculptures, whimsical street furniture, and creatively designed playgrounds. These features not only provide entertainment but also stimulate children's imagination and cognitive development.

- Playgrounds might feature unique structures like climbing walls, rope courses, and imaginative play areas inspired by nature or fantastical themes.

- Incorporating elements of risk and challenge within safe parameters can also encourage children to push their boundaries and develop confidence.

Promoting Inclusive Urban Design: Designing inclusive spaces ensures that all children, regardless of ability, feel welcome and supported. To promote inclusivity:

- Involve children in the design process through participatory mechanisms like children's councils and youth forums.
- Remove physical barriers and improve accessibility in public spaces.
- Create welcoming environments through inclusive design principles.
- Implement traffic calming measures and pedestrian-friendly infrastructure.
- Create dedicated bike lanes and safe pedestrian paths.
- Locate essential services within walking distance of residential areas.

Empowering Families: Families play a pivotal role in children's development. To support families:

- Provide resources and support for parents in the workforce, such as flexible working arrangements and parental leave policies.
- Offer parenting classes and workshops on child development.
- Ensure access to affordable childcare options to alleviate financial burdens on families.
- Invest in the creation and maintenance of after-school facilities.
- Partner with community organizations to provide diverse programming options.

Health and Well-being: By encouraging outdoor play and physical activity, Playful Urban Life promotes the health and well-being of children. Access to green spaces and opportunities for active play contribute to improved physical fitness, mental health, and social skills among young residents.

- Urban development should focus on building both physical and emotional resilience in children. This involves creating safe environments with pedestrian-friendly streets and ample green spaces. Fostering supportive relationships and emotional literacy.

- Ensuring access to quality healthcare and mental health services.
- Allocate resources to expand mental health services for children.
- Integrate mental health education and support into school curricula.
- Train educators and community leaders to recognize and address mental health issues in children.

Community Engagement: The concept fosters community involvement in the planning and maintenance of urban spaces. Local residents, including parents and children, participate in decision-making processes, ensuring that the design reflects the unique identity and preferences of the community.

- Creating safe and healthy communities.
- Reduce crime and violence through community policing and intervention programs.
- Improve air and water quality through environmental regulations and initiatives.
- Expand access to parks and recreation facilities for physical activity and social interaction.

Improving Access to Quality Education: Early childhood education is paramount for children's development and learning outcomes. To ensure equitable access to quality education:

- Increase funding for public schools.
- Reduce class sizes to enhance individualized attention.
- Attract and retain high-quality teachers through incentives and professional development programs.
- Promote after-school Programs that offer children a safe environment to develop skills and interests.

Sustainability: By creating resilient and adaptive urban spaces, children are better prepared to cope with environmental challenges and uncertainties in the future.

- Playful urban environments that prioritize sustainability principles encourage community involvement and stewardship.

- Community gardens, green spaces, and eco-friendly playgrounds provide opportunities for residents, including children, to participate in gardening, composting, and other sustainable practices, fostering a sense of ownership and pride in their neighbourhood.

Overall, ‘Playful Urban Life’ represents a holistic approach to urban development that prioritizes the happiness, health, and creativity of children while fostering vibrant and sustainable communities for all residents

DISASTER AND CHILDREN