

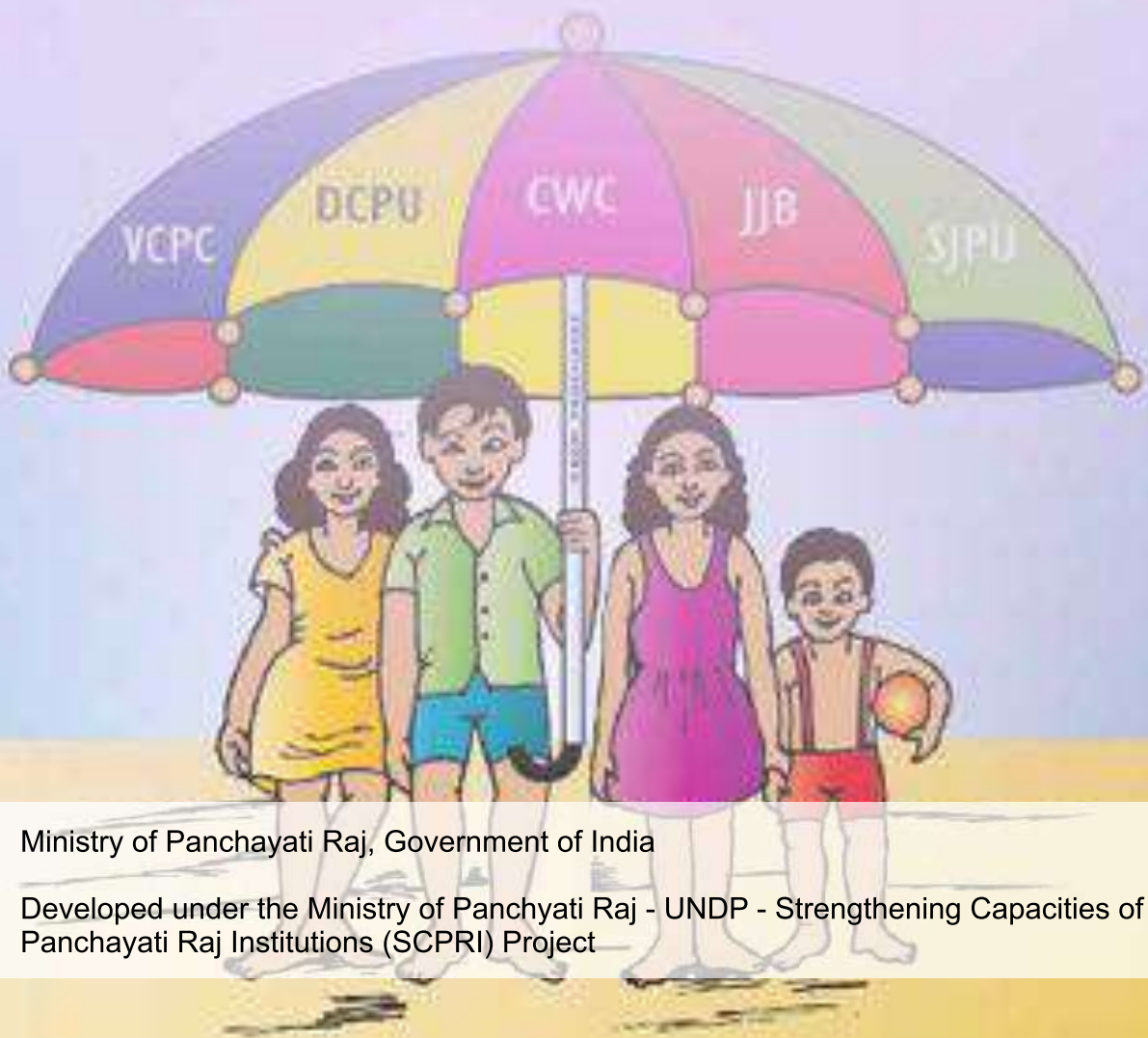


Active Panchayat Book- IV

# Child Development in Gram Panchayats



Ministry of Panchayati Raj  
Government of India



Ministry of Panchayati Raj, Government of India

Developed under the Ministry of Panchayati Raj - UNDP - Strengthening Capacities of Panchayati Raj Institutions (SCPRI) Project

# **CHILD DEVELOPMENT IN GRAM PANCHAYATS**



# Message to the States

**C**hildren are the most valuable members of the family. As we nurture them today, so will be the future of our nation tomorrow. All government institutions need to take up activities to support and protect children. The role of Gram Panchayats, as local governments closest to the people, is critical, as they can have first hand knowledge of issues.

To guide the elected representatives and functionaries of Gram Panchayats to ensure healthy growth and protection of children in the Gram Panchayat area, the book- Child Development in Gram Panchayats has been prepared. The book contains basic information about the various issues regarding children that need to be addressed and the role of Gram Panchayats in identifying as well as addressing these issues.

I would urge State Panchayati Raj Departments and State Institutes for Rural Development (SIRDs) to translate this book in their language and also make content-specific changes, where necessary. They should then share and disseminate the information in this book as freely and as much as possible.



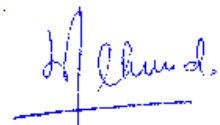
**Ch. Birender Singh**  
Minister of Panchayati Raj  
Government of India



# An Initiative

Children are the pillars of the community and the nation. We need to provide them with adequate care and protection, to ensure their healthy growth and development. To guide and support the families for the due care of children, to make the various government programmes for children effective, and to solve local problems, the Gram Panchayats need to play a crucial role. 'Child-friendly' Gram Panchayats can help children realize their potential.

The book – Child Development in Gram Panchayats - has been prepared in this context. It is expected that this book will serve as a resource for the elected representatives and functionaries of Gram Panchayats in performing their role towards children. It is also expected that each state will modify this book, adapting its ideas and elements as per its context and requirement. It is envisaged that this book will be available in every Gram Panchayat of the country for all the elected representatives to refer to as a useful guide.



**Nihal Chand**

Minister of State for Panchayati Raj  
Government of India





# Foreword

**I**t is my pleasure to introduce the book titled 'Child Development in Gram Panchayats', the 4th book of Active Panchayat series specifically prepared for the elected representatives and functionaries of the Gram Panchayats.

The book addresses various issues related to the safety and growth of children, such as health hazards, early childhood care and education, adolescence, risky situations from which a child should be protected etc. It also addresses participation of children in matters concerning them. It is meant to help Gram Panchayat become 'child friendly'.

This book has been prepared by the Kerala Institute of Local Administration (KILA), under the UNDP supported project of Ministry of Panchayati Raj, Strengthening Capacities of Panchayati Raj Institutions (SCPRI). Several experts, representatives of the Ministry of Women and Child Development and Panchayat representatives have contributed in this process.

I would request all the elected representatives and functionaries of Gram Panchayats to refer to this book often, and discuss it with fellow members, members of relevant standing or sub committees, in Ward Sabhas and in Gram Sabhas. For those who are especially keen to know more on this subject, an advanced book is coming very soon.



**S. M. Vijayanand**  
Secretary Panchayati Raj  
Government of India



# Contents

|           |   |    |
|-----------|---|----|
| Chapter 1 | <p>Children are Valuable yet Vulnerable</p> <ul style="list-style-type: none"> <li>• How are children vulnerable?</li> <li>• How can our children be safe, healthy and grow well?</li> <li>• What role should the Gram Panchayats play?</li> <li>• How can the Gram Panchayats play their role?</li> </ul>  | 11 |
| Chapter 2 | <p>Understanding the Status of Children in our Gram Panchayat</p> <ul style="list-style-type: none"> <li>• Developmental needs of children at various stages of childhood</li> <li>• Understanding the needs of children in high risk situations</li> <li>• Issues to be addressed</li> <li>• How can the Gram Panchayat identify needs of children?</li> </ul> | 19 |
| Chapter 3 | <p>Anganwadi and Child Development</p> <ul style="list-style-type: none"> <li>• What is an Anganwadi?</li> <li>• What are infrastructural requirements in an Anganwadi Centre?</li> <li>• What is the role of an Anganwadi?</li> <li>• Is the Anganwadi effective?</li> <li>• What role can the Gram Panchayat play?</li> </ul>                                 | 27 |
| Chapter 4 | <p>Survival of Children</p> <ul style="list-style-type: none"> <li>• Registration of pregnancy, births and deaths</li> <li>• Immunization</li> <li>• Safe drinking water, sanitation and hygiene</li> <li>• Role of Gram Panchayat in ensuring child survival</li> </ul>  | 33 |
| Chapter 5 | <p>Development of Children</p> <ul style="list-style-type: none"> <li>• Health and nutrition</li> <li>• Early Childhood Care and Education</li> <li>• Elementary education for all children</li> <li>• Children with special needs</li> <li>• Adolescence</li> <li>• Role of Gram Panchayat in ensuring child development</li> </ul>                            | 45 |

|               |  |    |
|---------------|--|----|
| Chapter 6     | Protection of children <ul style="list-style-type: none"> <li>• What is child protection?</li> <li>• Various risk situations from which children need to be protected</li> <li>• Child protection mechanisms at the district and the village level</li> <li>• Role of Gram Panchayat in protecting children</li> <li>• Schemes for protection of children</li> </ul> | 56 |
| Chapter 7     | Child Participation <ul style="list-style-type: none"> <li>• Children's participation in schools</li> <li>• Children's participation in governance</li> <li>• Child friendly public spaces</li> <li>• Role of Gram Panchayat in ensuring child participation</li> </ul>  | 71 |
| Chapter 8     | Child Friendly Gram Panchayat <ul style="list-style-type: none"> <li>• What is a child friendly Gram Panchayat?</li> <li>• Steps for the realization of a child friendly Gram Panchayat</li> <li>• Checklist for a child friendly Gram Panchayat</li> </ul>  | 78 |
| Annexure      | Application form for starting a new Anganwadi  | 83 |
| Abbreviations |  | 84 |

*“If we are to teach real peace in this world and if we are to carry on a real war against war, we shall have to begin with the children.”*

**Mahatma Gandhi**



## Chapter I

# Children are Valuable yet Vulnerable

Children are the most valuable members in every family. Is it possible to imagine our lives without our children? Certainly not. Children bring hope and liveliness in our lives. Imagine what would happen if we had no children! There would be no future generations to survive the human race. Children are an asset for the community and the country.

In our country, every person below the age of 18 years- male and female-is considered a child. S/he has the right to survive, be cared for, protected and lead a happy & healthy childhood.

Children need to be loved, cared for and treated with dignity and respect. They are good human beings as much as adults, and also "adults of tomorrow". The kind of care and treatment they receive from us today, will lay foundation of their future, as well as shape their personalities as human beings and members of society. A well cared for and nurtured child shall become a responsible citizen who will, in turn, contribute to the growth and development of the village and the nation.

In India, around 40 percent of our total population are children. Since a majority of people live in villages, the number of children in villages is higher compared to the towns. Therefore, it is very important for the Panchayats to understand the crucial aspects about their care, protection and development and take necessary steps in their best interests.

### How are children vulnerable?

Needs of children-boys and girls- are varied at different stages of development. For example, needs of infants, young children and adolescents are different. Even within similar age groups, their needs are different in different social settings. Let us understand how children are vulnerable.

- Threats to survival: In the early years, children can face many survival threats like poor pre- natal care of their mothers leading to poor health of the new born, malnutrition, diseases and infections. Children from poor and disadvantaged families are particularly vulnerable to under-nourishment and thus the number of children in the 0-5 year age group who die every year is much higher in such families.

Parents and close relatives are responsible for the well-being of the children in the family. But, sometimes when families are unable to nurture and protect children, then it becomes the responsibility of the society and the government to take care of children and address their needs.

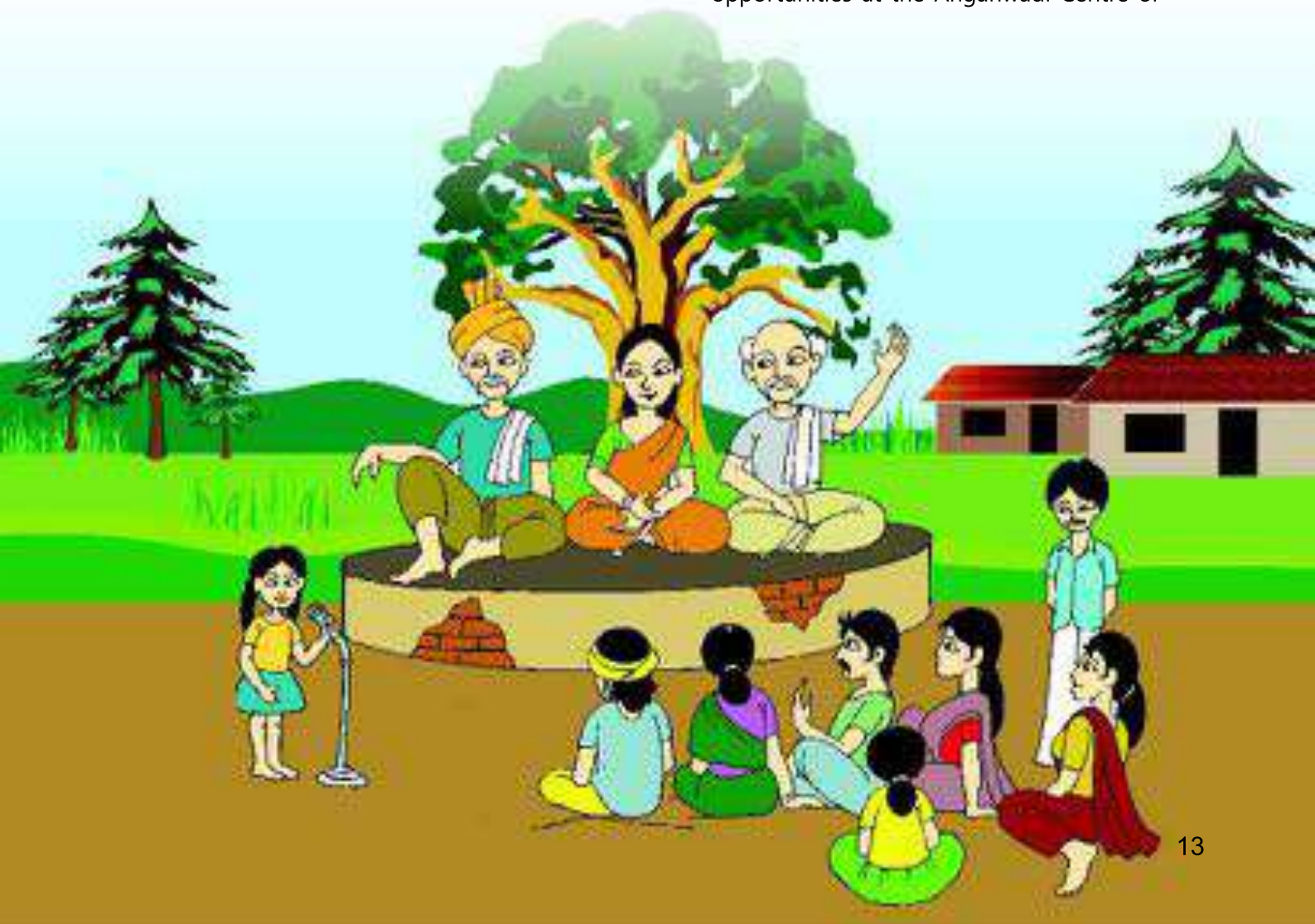
### Do you know?

Much of a child's future depends on the quality of nutrition in the first 1,000 days. Good nutrition during this period i.e. between the start of a mother's pregnancy and child's second birthday is important for the future health, well being and success of the child. Otherwise there are serious damages to their physical and mental development which are often irreparable. (Source: State of the World's Mothers, 2012, Save the Children).

Girl children are even more vulnerable because of discrimination between boys and girls within the family, community and in school too. The number of girls in the 0-5 year age group is 919 against every thousand boys due to killing of girls during pregnancy or after birth. Girl children may also get less nutrition and health care. If they do not get right nutrition in the early growth years, at a later stage when they get married and have their own children, their children whether boys or girls, may also be born with multiple physical and mental problems. Marriage of girls at an early age and early pregnancies are also fatal to their well-being and their future generations health.

- Developmental threats: Denial of learning and education at the pre-school and school level is the next threat to the development of our children. While good pre-school learning at the village Anganwadi is important to prepare children to go to regular school, school education is crucial to develop their talents and shape their personality, and help them become useful members of society.

A large number of children either do not get an opportunity to join an Anganwadi or a school, or drop-out in-between for various reasons like distance of school or Anganwadi from their residence, quality of nutrition, health care and learning opportunities at the Anganwadi Centre or



## How should we behave with our children?

We often notice that children are generally not treated with respect and it is an accepted norm to shout at them. Beating of children by parents, other elders and teachers is an accepted practice in our society. It is sometimes observed that while children are playing outside or enjoying themselves, some elders would hit them on the head or at the back without even narrating a reason, though the real intent of the adult may not even be to hurt or humiliate the child. Sometimes, people use abusive language with children or with each other in the presence of children.

If we recall our own childhood experiences, we will remember that any such behaviour of our parents, teachers, neighbours or other elders always made us feel hurt and humiliated and at times, agitated too. Such exposure is not good for healthy mental growth of children and it also exposes them to learn similar behaviour towards others, especially younger children. Such situations can also end up in delinquent behaviour of children, in extreme forms, if not addressed well in time. Such behaviour is not only child -unfriendly but a violation of their rights too.

the school. Poor attendance and higher drop-out of girl children and children from poor and low caste families is a result of discrimination against them. Lack of separate toilets for girls in school or poor facilities for children with special needs also lead to their poor enrolment and high drop-out from the Anganwadi and the school.

- Child abuse and exploitation: Every child due to her or his young age and immaturity, is at risk of various forms of exploitation, and physical and sexual abuse. Children cannot defend themselves against a dangerous situation or even recognize a dangerous situation developing around them. We often see and hear of cases of violence and abuse, including sexual abuse, of children. Children

can become victims in their normal daily life within their family and also outside home.

Many times, poor, orphaned or destitute children have to do hazardous labour at a young age to fend for themselves and even for their families. Trafficking of children also happens from rural parts to cities where children are forced to work as domestic helps in unknown families, factories or dhabas (restaurants) or even forced into sex work. Often many atrocities are committed on them in such situations.

In all difficult circumstances, children from poor and marginalised families, children with special needs and girl children are even more at risk and therefore we need to protect them and support them.

### How can our children be safe, healthy and grow well?

To address all these issues, children have been given various rights under the Constitution of India. Laws have been passed in favour of children at the national as well as state level and many policies and programmes have also been started.





The Constitution of India guarantees Fundamental Rights to all children of the country belonging to every caste, community or religion on equal basis, whether they live in the cities or in villages. To make sure that children enjoy these rights, it also provides that government makes special laws and schemes for them.



Let us find out about these.

| Key laws passed by our government for care, protection and development of children:   | Key programmes for care, protection and development of children :  |
|---|--|
| <ul style="list-style-type: none"> <li>• Pre-Natal Diagnostic Techniques Act passed in 1994 and amended in 2003 as Pre-Conception Pre-Natal Diagnostic Techniques Act, aims to control female feticide.</li> <li>• Infant and Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act was enacted in 1992 to ensure that infant foods are regulated and used appropriately.</li> <li>• Right of Children to Free and Compulsory Education Act was passed in 2009 to provide free and compulsory education till 8<sup>th</sup> class to children of 6-14 years.</li> <li>• Protection of Children from Sexual Offences Act, 2012 (POCSO) protects children from sexual abuse by making strict provisions of reporting of cases of abuse and rehabilitation of child victims.</li> <li>• Under Child Labour (Prohibition and Regulation) Act, 1989, employment of children below 14 years of age is banned in hazardous occupations.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Integrated Child Development Scheme (ICDS) Programme</b> of Ministry of Women and Child Development for early childhood care and development, aims at reducing the incidence of under five deaths, malnutrition and school drop-outs. Services provided under ICDS are: supplementary nutrition, immunization, health check-up, referral services, pre-school education and nutrition &amp; health education.</li> <li>• <b>Sarva Shiksha Abhiyan (SSA)</b>, programme of Department of School Education, Ministry of Human Resource Development, ensures quality education to all children of 6-14 years age group. Services under SSA include opening new schools in areas without schooling facilities, strengthening facilities in existing schools like additional class rooms, toilets, drinking water etc., provision of teachers and capacity building of teachers for improving quality of education. SSA has a special focus on girls' education and children with special needs.</li> <li>• <b>Mid-day Meal Scheme (MDM)</b> is a school meal Programme of the Department of School Education, Ministry of Human Resource Development to improve the nutritional status of school-going children. Under this scheme, cooked nutritious food is provided to children in primary and upper primary classes. Mid-Day Meal is implemented in all government and aided schools in rural and urban areas that are supported under SSA.</li> </ul> |

- Prohibition of Child Marriage Act of 2006 fixes age of marriage for boys at 21 and girls at 18 years. There is provision of punishment of elders for marrying children at early age.
- Immoral Trafficking Prevention Act, 1956 provides safety against trafficking of women and children for the purpose of sex work.
- Juvenile Justice (Care and Protection of Children) Act, 2000 provides for care, protection and rehabilitation of children in difficult and risky situations and also child offenders who violate the law.

cooked nutritious food is provided to children in primary and upper primary classes. Mid-Day Meal is implemented in all government and aided schools in rural and urban areas that are supported under SSA.

- **The Integrated Child Protection Scheme (ICPS)** is a scheme of Ministry of Women and Child Development that aims at building a protective environment for children in difficult circumstances. In ICPS, multiple existing child protection schemes have been clubbed to create safety net for the children. Potential beneficiaries and their families are identified and support is provided to the child and the family.

### What role should the Gram Panchayats play?

The Gram Panchayat (GP) can play a very crucial role in the protection and nurturing of children, and in this way, make a very important contribution to the well being of people. Development of women and children is one of the 29 functions listed in the Constitution to be devolved to Panchayati Raj Institutions. The Gram Panchayat, as it is close to the people, is best suited to obtain information about how children are being treated and the problems they face. Just as the Gram Panchayat sees to the development of the area, social welfare etc., it needs to focus on children's needs. Therefore, it becomes the duty of the Gram Panchayat to ensure that all children of the GP area benefit from the laws and schemes mentioned above without any discrimination of gender, caste and religion, etc.

In case of any abuse or atrocity on a child, the Gram Panchayat should take lead in reporting the matter to the police if it is aware that the matter has not been reported. It is also



important for the Gram Panchayat to maintain confidentiality about children in critical situations like in case of sexual abuse or HIV positive status of a child etc., so as to protect the child from any stigma.

There are various direct and indirect roles that the Gram Panchayat can perform to make sure that children in the GP area are born healthy and remain healthy, receive good education and are safe. The Gram Panchayat can identify the various problems faced by children, the benefits they can get under various schemes, raise awareness about their issues and needs and select beneficiaries in the Gram Sabha and coordinate with Anganwadis or schools for their welfare. If needed, the Gram Panchayat can also contribute resources from the GP fund or even raise resources to improve the quality of services for children at the village level or to address an urgent critical need.

There is a Panchayat Standing Committee at the GP level to deal with children's issues. In many state laws, there is a provision for the Social Justice Committee to perform functions relating to the welfare of women and children. For example, in West Bengal, it is called the Nari, Shishu Unnayan and Samaj Kalyan Upsamiti and is headed by a woman member of the Gram Panchayat. It also includes members like Anganwadi supervisor, health supervisor, Self Help Group (SHG) representative and Shishu Shiksha Kendra Sahaika.

### How can Gram Panchayats play their role?

The Gram Panchayats can perform their duties towards children in collaboration with various agencies and village level functionaries of departments such as Women and Child Development, Health, Education etc. The

functionaries of these departments such as the Anganwadi worker, Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA), school teacher etc. have crucial roles for ensuring child care and development in the GP area.

Besides the Standing Committee mentioned above, there is provision for several other committees to be set up by these departments at the village level with whom the Gram Panchayat should coordinate to ensure the survival, protection and development of children in the GP area. Some key committees amongst them are: Anganwadi Level Monitoring and Support Committee (ALMSC), Village Health, Sanitation and Nutrition Committee (VHSNC), Village Level Child Protection Committee (VCPC) and School Management Committee (SMC). Let us learn in brief about these committees:

- **ALMSC** is constituted under Integrated Child Development Scheme (ICDS), at the Anganwadi to monitor the functioning of the Anganwadi and to mobilize support for the Centre. The Sarpanch is the Chairperson of this committee.
- **VHSNC** is a health committee under National Rural Health Mission (NRHM), and is formed at the revenue village level for improving health awareness and access of community to health services, address specific local needs and serve as a mechanism for community based planning and monitoring on health. ASHA residing in the village is the member secretary and convener of VHSNC. VHSNC should act as a sub-committee of the Gram Panchayat and function under the overall supervision of the Gram Panchayat.

- **VCPC** is constituted under ICPS, at the village or the Gram Panchayat level. The Sarpanch is the ex-officio head of this committee. VCPC is required to recommend and monitor the implementation of child protection services at the village level and assist in identification of beneficiaries.
- **SMC** is constituted in all government and aided schools to plan, monitor and implement Sarva Shiksha Abhiyan (SSA) scheme as per the Right of Children to Free and Compulsory Education (RTE) Act.

Elected representatives (ERs) of Gram Panchayat are also members of this committee.

The Sarpanch and the ERs together should ensure that their Gram Panchayat is a child friendly Gram Panchayat. In the following chapters, we will discuss in detail the specific roles that a Gram Panchayat is required to play in different areas of nutrition, health, protection and development of children, and also in ensuring child participation in decisions that affect children.

## What have we learned?

- ✓ Children are our asset.
- ✓ We need to care for children.
- ✓ Our Constitution gives fundamental rights and age appropriate rights to children.
- ✓ There are many programmes and schemes being implemented for children for which Gram Panchayats need to play a crucial role.
- ✓ There are committees and functionaries at the village level who are responsible to ensure the protection to the children.
- ✓ The Gram Panchayat can play direct as well as indirect roles in collaboration with other departmental functionaries at the village level.
- ✓ The Sarpanch and the ERs together can ensure that their Gram Panchayat is a child friendly Gram Panchayat.





## Chapter 2

# Understanding the Status of Children in our Gram Panchayat

In the previous chapter, we have learned that the Gram Panchayat has an important role to play in ensuring fulfilment of various needs of children at different stages of childhood. For the Gram Panchayat to play this role, it is necessary that the Gram Panchayat is well aware of all the needs related to the birth, growth, development and protection of children. The Gram Panchayat should clearly understand the key issues related to children in their GP area that it has to address in order to make itself a child friendly Gram Panchayat.

In this chapter, we will see how the Gram Panchayat can identify key issues with regard to children in the GP area and formulate strategies. Clear knowledge of child related issues is also important for the Gram Panchayat to discuss these in the Gram Sabha for follow up actions and to develop a child development plan for the GP area.

### Developmental needs of children at various stages of childhood

The various needs of all children of the Gram Panchayat area can be classified into four categories as below:

- Survival needs
- Developmental needs
- Needs related to protection of children
- Needs related to child participation

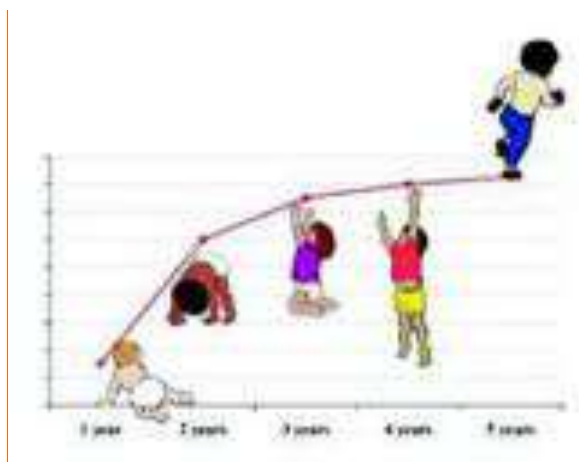
As we have learned, needs and situations of children vary at different stages of development. Therefore, it is important to understand the various phases of childhood between 0-18 years of age. These stages, as below, are also known as stages of growth and development of children.

- Prenatal stage (during pregnancy)
- Infancy (birth to 3 year)
- Early Childhood (3-6 years)
- Middle childhood (6-10/12 years)
- Adolescence (10/13- 18 years)

Beginning of adulthood varies from child to child. Some children gain maturity earlier and others little later. Generally children enter adolescence between 10 to 12 years of age.

An agreement made by many countries of the world to address the problems of children is known as United Nations Convention on the Rights of the Child (UNCRC). UNCRC grants rights of survival, development, protection and participation to all persons below the age of 18 years regardless of race, colour, gender, language, religion, opinions, origins, wealth, birth status or ability of the child. Our country also ratified this Convention in 1992 and became one of 194 countries of the world who are committed to ensure standard minimum entitlements to all children of the country. India is bound to making appropriate laws and implementing programmes and schemes for children in every state, city and village.





### Do you know?

- 0-5 years is the critical age that lays the foundation for future growth and development of a child?
- 90 percent brain growth of a human being takes place in this period.

Though all four needs i.e. survival, protection, development and participation are crucial at every stage of childhood, there are some specific needs that are critical for each stage, as tick marked in the following table:

| Age Group        | Survival needs | Development needs | Protection needs | Participation needs |
|------------------|----------------|-------------------|------------------|---------------------|
| Pre- natal stage | ✓              |                   | ✓                |                     |
| Infancy stage    | ✓              | ✓                 | ✓                |                     |
| Early childhood  |                | ✓                 | ✓                |                     |
| Middle childhood |                | ✓                 | ✓                | ✓                   |
| Adolescence      |                | ✓                 | ✓                | ✓                   |

### Needs of children in high risk situations:

- As already learned, needs of children within similar age group may also vary across gender, family and social situation, economic conditions and physical and mental health of the child. Within these age groups, there are children who are more in need of care and services as compared to other children. Consider the following:
  - Often in rural areas, the most marginalised

and most needy children are children of SC and ST families including children of nomadic tribes, children with special needs and children of minority groups. Mostly, such families live in isolated and remote habitations of the village, away from the main population. They do not have easy access to services meant for children like the Anganwadi or the school etc. which are often situated in better developed habitations of the village.

- Children who are orphaned or have only one parent specially children from women headed poor families and children infected or affected with HIV/ AIDs, need special attention.
- Children who come in contact with the law as victims or as offenders or children whose parents have been victims or violators of law also face stigma and ostracization and are more at risk and in need of care and protection.
- Due to discrimination, some children refrain from availing services such as Anganwadi and school facilities which are

actually meant for them. They either do not enrol themselves for services or drop-out before completion.

- All girl children are more vulnerable as compared to boys in each age group due to preference for male children and ill practices against girls. Further, among all children in difficult and risky situations, girl children are more vulnerable.

Therefore, it is important for the Gram Panchayat to know about such households and children and provide them due care and support so that they can lead a life of dignity and self-respect just like others.





### Issues to be addressed:

Now we will see which are the issues that need to be addressed by the Gram Panchayat under the four categories of children's needs. The table below provides the specific issues to be addressed in each of the four categories by the Gram Panchayat:

|   |  |
|---|--|
| <p style="text-align: center;"><b>Survival</b></p> <ol style="list-style-type: none"> <li>1. Registration of pregnancy and birth</li> <li>2. Immunization</li> <li>3. Drinking water, sanitation and hygiene</li> </ol>   | <p style="text-align: center;"><b>Development</b></p> <ol style="list-style-type: none"> <li>1. Health and nutrition</li> <li>2. Early childhood care and education</li> <li>3. Children with special needs</li> <li>4. Elementary education for all children</li> <li>5. Adolescence</li> </ol> |
| <p style="text-align: center;"><b>Protection</b></p> <ol style="list-style-type: none"> <li>1. Child labour</li> <li>2. Child marriage</li> <li>3. Child sexual abuse</li> <li>4. Child victims of trafficking and missing children</li> <li>5. Corporal punishment</li> <li>6. Children without parental care</li> <li>7. Harmful religious, customary and superstitious practices against children</li> </ol> | <p style="text-align: center;"><b>Participation</b></p> <ol style="list-style-type: none"> <li>1. Participation of vulnerable children</li> <li>2. Children's participation in schools</li> <li>3. Children's Participation in governance</li> <li>4. Child friendly public spaces</li> </ol>    |

### How to identify the needs of children in the GP area?

Having learned about the needs of children in various categories and age groups and also the vulnerable children who are more in need than others, the Gram Panchayat would need to know how it can identify the gaps with regard to child survival, development, protection and participation in the GP area.

For this, it is important that the Gram Panchayat keeps records of all children in the GP area and these records are updated regularly, new born children are included in the records and their births are registered in time.

The Gram Panchayat can identify the needs of children in the GP area in three steps mentioned below:

#### **Step 1. Collect information in the GP area about issues of children.**

The Gram Panchayat can collect information about new births, immunization, nutrition, school enrolment, completion of school education, safety of children, age of marriage, and participation of children. The following actions can be undertaken by the Gram Panchayat to conduct a situation analysis to identify the needs and issues of children:

- **Observe** Gram Panchayat in the neighbourhood and public spaces like school, Anganwadi, park, playground etc.
- **Talk** to parents and families in detail about various issues of children.
- **Participate** in meetings of Anganwadi, School Management Committee, Village Child Protection Committee and other meetings to discuss the issues of children and families.
- **Accompany** field level workers during visits in the GP area, if possible.
- **Refer** to data available at Public Health Centre, Anganwadi, and school and in GP records.
- **Undertake** door to door survey if information is not adequately available from other sources.



Step 2. Compile, consolidate and analyse with the help of departmental and other functionaries.

The Format for data collection can be as below:

| Issue and details  | Number of Boys | Number of Girls |
|--|----------------|-----------------|
| Number of babies born pre- term and reasons, if possible:  |                |                 |
| Number of children died in 0-3 years age group and reasons, if possible:   |                |                 |
| Number and details of children not immunized :   |                |                 |
| Number and details of malnourished children:   |                |                 |
| Details of children identified with physical or mental challenges:   |                |                 |
| Number and details of 0-3 years age group children not attending Anganwadi:  |                |                 |
| Number and details of children from 6-14 years of age who are not enrolled in school:                                    |                |                 |
| Number and details of children who have left school without completion of elementary education and reasons for the same: |                |                 |
| Number and details of children who are enrolled but do not attend school regularly and reasons:                          |                |                 |
| Number and details of children below 14 years doing labour in GP area  |                |                 |
| Number and details of children who migrated out of the village and reasons for the same, if possible:                    |                |                 |
| Number and details of adolescent boys and girls who have not joined or attend any adolescent programmes:                 |                |                 |
| Number of child marriages in last year:  |                |                 |
| Number and details of children missing from the GP area:   |                |                 |
| Details of lost children restored with the families in GP area and their rehabilitation needs:                           |                |                 |
| Number of child clubs/ child friendly places in the GP area:   |                |                 |
| Events held for children in the GP area:   |                |                 |
| Details of child representatives in VCPC:  |                |                 |

### Step 3. Draw a list of children's issues emerging from the survey.

The Gram Panchayat can list out the issues and also specific children or categories of children who are vulnerable.

This way, the Gram Panchayat will come to know about the status of children and challenges for their development in the GP area. Now the Gram Panchayat can prioritize the issues that are important and also those that are urgent.

**The Next step** will be the preparation of a child development plan of the Gram Panchayat. We will learn about process of preparation of this plan by the Gram Panchayat in the final chapter. In the following chapters, we will deal with roles of the Gram Panchayat in child survival, development, protection and participation to enable the Gram Panchayat to make a meaningful plan to make itself a child-friendly Gram Panchayat.

## What have we learned?

- ✓ Needs of children can be classified into four categories: survival, development, protection and participation.
- ✓ Needs of children vary at various stages of childhood i.e infancy (0-3 years), early childhood (3-6 years), middle childhood (6-10 years) and adolescence (11/13-18 years).
- ✓ Within similar age groups, some children are more vulnerable than others.
- ✓ This is important for the Gram Panchayat to identify issues and needs of children in the Gram Panchayat area.
- ✓ The Gram Panchayat can identify the needs of children of the Gram Panchayat area in three steps: collecting information, collation of data, drawing list of children's issues.



## Chapter 3

# Anganwadi and Child Development



**H**aving learned about the needs of children at different stages of childhood and the important role of the Gram Panchayat in identifying these needs, let us now find out about the crucial role of the Anganwadi, which it can play in promoting child health and development at village level, especially for children of poor and low income families. The Anganwadi has a pivotal role in pre-natal and post-natal health of infants, child nutrition, pre-school learning, health and immunization of children.

### What is an Anganwadi?

The Anganwadi is a government supported centre at village under the Integrated Child Development Services (ICDS) to address the nutrition, health and education needs of small

children. The Anganwadi caters to all children up to 6 years of age, adolescent girls, pregnant women and nursing mothers.

Each Anganwadi covers a population of about 400-800 people. Depending on the population, there can be one or more Anganwadi Centres in the GP area. The Anganwadi worker (AWW) and helper run the Anganwadi Centre and implement the ICDS scheme in coordination with the functionaries of the health, education, rural development and other departments.

For every 25 AWWs, there is an Anganwadi Supervisor also known as Mukhya Sevika, to provide on-the-job guidance to the AWW and helper.

## The services provided at the Anganwadi are:

- Immunization of all children below 6 years of age
- Immunization and ante-natal checkup for all the expectant mothers
- Supplementary nutrition for children below 6 years of age
- Supplementary nutrition for pregnant and nursing women
- Nutrition and health education for all women in the age group of 15- 45 years
- Pre-natal care of pregnant mothers and post-delivery care of nursing mothers
- Care of new-born babies and children under 6 years of age
- Referral of serious cases of malnutrition or illness to hospitals, Community Health Centres (CHCs) or district hospitals
- Non-formal pre-school education to children of 3-6 years of age.

The Anganwadi is also a centre for generating awareness about the needs and care of small children in the village.

## What are the infrastructural requirements in an Anganwadi Centre?

Anganwadis should have the following facilities:

- A building of not less than 63 square meter/650 square feet. Rooms should be 6x6x3 square meter.
- Veranda should be 6x1.5 square meter and should be barrier free.
- Playground, sports goods and child friendly toys
- Hygiene, water and sanitation facilities
- Neat and hygienic kitchen- kitchen and store should be 6x3 square meter
- Child friendly toilets - toilet should be 2 (2x3 square meter).
- Ramp facility
- Strong and non-leaking roof of building
- Strong windows and doors
- Electricity connection and facility
- Furniture, fan, bed spread
- Availability of water, bucket, brush, broomstick, soap, study aids

## What is the specific role of an AWW?

The AWW generally hails from the same village and is well aware of the health issues and needs of the village since she keeps in touch with the households in her area. She is the key functionary in the Anganwadi. The AWW should perform the following:



- Check the weight of each child every month and record it on the growth card
- Maintain mother child protection card for children below 6 years and show these cards to visiting medical and para-medical personnel
- Organize non-formal pre-school activities for children in the age group of 3-6 years
- Organize supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes
- Provide health and nutrition education and counselling to mothers on breastfeeding and nutrition of infants and children
- Assist the PHC staff in immunization and health check-ups, including pre-natal and post-natal check ups
- Identify disability among children during visits and refer cases to the nearest PHC or District Disability Rehabilitation Centre.
- Inform the ANM in case of emergency cases of diarrhoea, cholera etc. and refer cases to health centre
- Assist in implementation of various schemes for adolescents

### Is the Anganwadi effective?

The Gram Panchayat can play an important role in ensuring that the Anganwadi functions effectively. Some important questions that need to be asked are:

- Do we have a sufficient number of Anganwadis in our village, as per the population?
- Are all these Anganwadis at locations which are accessible to the poor and needy families?
- Is there sufficient staff in the Anganwadis? Are they trained properly? Are they attending the Centre regularly?

There are some things that can go wrong in the functioning of the Anganwadi and the Gram Panchayat must watch out for these, and address the problems. A checklist is given below:

- The Anganwadi is not opened on all the working days.
- Though the Anganwadi is opened, it functions only for a few hours and not for prescribed duration.
- Required meetings like mothers' meetings, ALSMC and adolescent sessions are not





held regularly.

- The nutritional food provided by the Anganwadi is not cooked properly, is unhygienic or of poor quality.
- Children from the poor and marginalised families, dalit and minority communities and differently abled are not attended to or treated properly.
- Children's weight as per age are not taken properly and not recorded in the Mother and Child Protection (MCP) Card.
- Children are not immunized regularly.
- AWW does not engage in any learning activities for 3-6 years age group.
- There is no space for children to play in the Anganwadi.
- Weighing scales and medical kits are not available in the Anganwadi.
- Sufficient growth charts, toys and pre-school kits are not available in the Anganwadi.
- The Anganwadi is not functioning in its own building but in a rented building and needs to be shifted to a different building often.
- The building does not have proper ventilation and is badly maintained.
- There is no proper furniture and storage space.
- The kitchen is unhygienic, drinking water is not clean and toilets are not functional.
- The number of Anganwadis in the GP area is not sufficient in proportion to the population.
- The Anganwadi is located at a place which is not easily accessible for children from poor or marginalised families.

### What role can the Gram Panchayat play in making the Anganwadi effective and in improving the quality of services?

The Gram Panchayat can do many things to improve the quality of service delivery in the Anganwadis. It needs to ensure that the AWW is enabled to perform her roles adequately by providing her all necessary support. The Gram Panchayat should take stock of various challenges mentioned above and ensure that these are addressed.

### Do you know?

Majority of the children belonging to the BPL category live in houses with poor infrastructure and sanitation. These circumstances can impede their physical, social and mental development. Since equality of opportunity is a right of all children, proper and adequate facilities must be provided at the Anganwadi to overcome the deficiencies in the households.

**I**n Kerala, any Gram Panchayat earmarking 10 cents of land is given Rs.15 lakh for constructing the building for a Model Anganwadi. In addition, Rs.4 lakh is allocated from the respective MLA Fund for the purpose. Such Anganwadis also cater to teenagers as resource centres and senior citizens as day care centres.

### Some specific roles that a Gram Panchayat can play are as below:

- **Ensure that sufficient number of Anganwadis are set up to cater to children of all habitations and communities and are accessible to children:** For setting up the Anganwadis, the Gram Panchayat can approach the Department of Women and Child Development through the Anganwadi Supervisor or Child Development Project Officer and contribute land for the building of the Anganwadi Centre, if possible. The Gram Panchayat can also seek for land as a public donation.
- **Ensure quality infrastructure and trained staff in the Anganwadi:** For developing the infrastructural facilities, the Gram Panchayat can approach the Department of Women and Child Development and also use its own funds. It can provide furniture such as chairs, almirahs, and food containers as well as supply of electricity and gas connection etc. to the Anganwadis. The Gram Panchayat may also see to it that good AWWs and helpers are appointed with the help of Department of Women and Child Development.
- **Ensure adequate facilities in the Anganwadi:** The Gram Panchayat is entrusted with the procurement and supply of supplementary nutrition to the Anganwadi Centres in some States. In such cases, the Gram Panchayat must supervise the quality of nutrition and other services provided. The Gram Panchayat has to see to it that sufficient toys and teaching aids are available in every Anganwadi.  

Some Gram Panchayats contribute milk, eggs, bananas etc as supplementary nutrition to the children in the Anganwadi Centres. Can you earmark some funds for providing additional nutrition to children in Anganwadis in your Gram Panchayat?
- **Ensure enrolment and attendance of girl children and disadvantaged children:** The Gram Panchayat can encourage families to send their girl children to the Anganwadi and also make sure that girls

and children from under privileged families and differently abled children are enrolled and attend regularly. Elected representatives can motivate the AWW to ensure enrolment of such children. The Gram Panchayat should also see to it that there is no discrimination against children on the basis of caste, religion or any other grounds.

- **Regular monitoring:** The Gram Panchayat should ensure that the Anganwadi opens regularly and remains open for the prescribed duration. The ERs can visit the Anganwadi periodically and can also interact with the members of the community to enquire about the functioning of the Anganwadi.

Considering the significant role of the Anganwadi in the life of rural communities, in next chapters, we will discuss the specific role of the Anganwadi in the context of growth and developmental needs of the children.

### What have we learned?

- ✓ Anganwadi Centres are very important for supporting children's growth and development.
- ✓ Key services provided at the Anganwadi are: supplementary feeding, immunization, health check-ups and referrals, health and nutrition education and pre-school education for 3 to 6 year old children.
- ✓ There are basic minimum infrastructure requirements for an Anganwadi like the building area, verandas, playground and toilets etc.
- ✓ AWW plays a crucial role in effective functioning of the Anganwadi.
- ✓ If Anganwadi Centres do not have proper infrastructure, or do not function properly, they will not be able to provide adequate support to the children.
- ✓ The Gram Panchayat needs to play various supportive and supervisory roles to ensure that the Anganwadi functions well.



## Chapter 4

# Survival of Children

**F**rom pregnancy to birth, a child's health is closely linked to her/his mother's health and thus survival of infants largely depends on crucial interventions before birth till two years of age. The quality of care of the mother during pregnancy, supervised delivery of child preferably in health institutions (or if this is not possible, by trained and qualified midwives), good post-natal care, adequate and timely immunization, access to safe drinking water, sanitation and hygienic environment are crucial for the survival of children.

While the support of the family in ensuring good care for the mother and new born child is a pre requisite, the Gram Panchayat can play a very crucial role in educating the families about these issues and also ensuring good medical care including immunization as well as availability of safe drinking water and cleanliness in the GP area.

### Did you know that

Care during pregnancy and delivery occurring in a health institution supervised by a qualified birth attendant is important for the survival of children?

During pregnancy, if the mother is provided with good care as well as information and access to regular health check-ups, miscarriages, maternal deaths, birth defects, low birth weight, still birth, pre-term birth and other preventable health problems including the death of the new-born can be reduced. Early growth and development of every organ including brain, depends on the well-being of the mother during pregnancy.

Institutional delivery ensures initiation of breastfeeding and immunization. Breastfeeding should be initiated immediately after the birth, preferably within an hour of delivery. The colostrum (the first milk) is a very good source of nutrients to build up the immunity of the new-born child.

(Please note that the aspects like quality ante natal care and institutional delivery and detailed role of Gram Panchayat in these areas are being included in another book- Women Development in Gram Panchayats. Sex selective abortion, neo natal care, disease control, malnutrition etc. are being explained in the book - Health in Gram Panchayats.)

In this chapter, we will learn about the issues related to survival of children and the role of the Gram Panchayat in ensuring the same.

Besides Anganwadi, other key health institutions for ensuring survival of children in the GP area are- the Village Health Sanitation and Nutrition Committee (VHSNC), Rogi Kalyan Samiti (RKS) and Public Health Centre (PHC)/ Community Health Centre (CHC) or health sub

centre. Key functionaries besides the Anganwadi Worker (AWW) are Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM) and Medical Officer (MO). The Gram Panchayat needs to work in coordination with these functionaries, support them and also monitor their functioning.

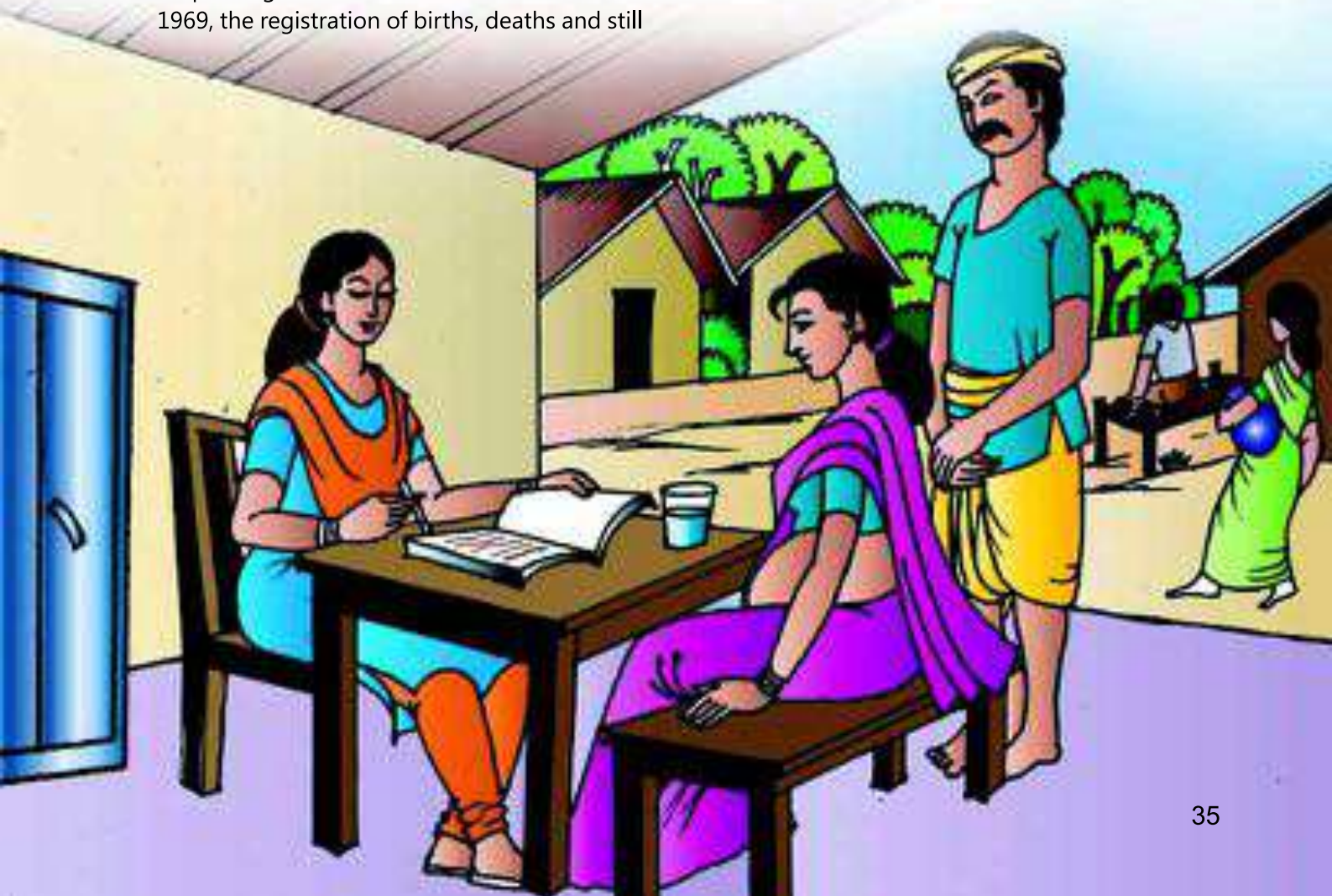
## I. Registration of pregnancy, births and deaths

The ANM registers the pregnant woman at the Sub Centre/Anganwadi or during Village Health and Nutrition Day (VHND) that is to be organised once every month at the Anganwadi Centre, preferably on Wednesdays (and for those villages that have been left out, on any other day of the same month), and provides her with a Mother and Child Protection (MCP) Card. Registration of pregnancy helps to track pregnant women for pre-natal check-ups, immunization and supplementary nutrition. Pregnancy registration is useful for checking registration of births/deaths and estimating infant deaths in the GP area.

As per Registration of Births and Deaths Act, 1969, the registration of births, deaths and still

births is compulsory in India. The Gram Panchayat secretary or the MO should issue a birth/death certificate preferably within 21 days of the occurrence of birth/death or as early as possible. It is mandatory to submit a duly filled form for receiving the certificate.

While pregnancy registration is useful for tracking female feticide, birth registration can help in tracking female infanticide as well as child marriage. Death certificates can help the Gram Panchayat to identify unnatural deaths of infants within 28 days of birth. It is very important for the Gram Panchayat to find out if the deceased child was a girl child. The Gram Panchayat should find out the immediate cause and place of death of a girl child less than 28 days old to detect cases of female infanticide.



Early detection of any health complications or developmental defects in the new-born are crucial for the survival and thus need immediate medical attention. Rashtriya Bal Swasthya Karyakram (RBSK) of National Rural Health Mission (NRHM) provides for child health screening and early intervention services.

### Key Questions to ask



1. How many deaths of infants and children 1-5 years were reported in the GP area during last year?
2. What were the causes of these deaths?

**R**BSK aims to identify and manage the 4Ds (1.) Defects at birth, 2.) Deficiency conditions of child (anaemia, malnutrition, low birth weight) 3.) Diseases in children (heart disease, asthma) 4.) Developmental delays including disabilities found among children. The focus of RBSK is on screening all the children from 0-18 for identifying the above problems. The new-born infant is screened at the hospital in case of institutional delivery or by an ASHA during her home visits within 4 weeks of delivery. Children who are diagnosed as ill are referred to District Early Intervention Centre set up in each District Hospital. Children who are diagnosed and confirmed of any disability are referred further to other hospitals for free surgeries and other specialized treatments.





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

A large number of children die every year in the villages of India within one year of their birth, due to lack of immunization. Many amongst them can be saved if immunized in time.

## 2. Immunization

Immunization is a process to make a person resistant to a life threatening disease. This is done by administering a vaccine that stimulates the body to produce antibodies or substances that help the body to fight illnesses and thus prevent the child from getting sick. If vaccination is administered at the right time, several diseases affecting children can be prevented. If not, children become vulnerable to these diseases. Immunization of the child starts before birth.

Vaccination against seven diseases- tuberculosis, diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles and Hepatitis B needs to be ensured. In addition, vaccine is available where Japanese-B encephalitis is prevalent. Many newer immunizations like rubella, haemophilus influenza-B, rotavirus etc. are also available. Let us now see when which vaccination should be given.

| National Immunization Schedule for Infants, Children and Pregnant Women |   |                              |
|---|---|------------------------------|
| Vaccine   | When to give  | Dose                         |
| <b>For Pregnant Women</b>   |   |                              |
| TT-1  | Early in pregnancy  | 0.5 ml                       |
| TT-2  | 4 weeks after TT-1  | 0.5 ml                       |
| TT-Booster  | If received 2 TT boosters in a pregnancy within last 3 years* | 0.5 ml                       |
| <b>For Infants</b>  |   |                              |
| BCG   | At birth or as early as possible till one year of age         | 0.1 ml(0.05 ml till 1 month) |
| Hepatitis B   | At birth or as early as possible till one year of age         | 0.5 ml                       |
| OPV-0   | At birth or as early as possible within the first 15 days     | 2 drops                      |

|   |   |         |
|---|---|---------|
| OPV-1, 2 and 3  | At 6 weeks, 10 weeks and 14 weeks                                   | 2 drops |
| DPT 1,2 and 3   | At 6 weeks, 10 weeks and 14 weeks                                   | 0.5 ml  |
| Hep-B 1, 2 and 3  | At 6 weeks, 10 weeks and 14 weeks                                   | 0.5 ml  |
| Measles   | 9 completed months-12 years   | 0.5 ml  |
| Vitamin A (1ST Dose)  | At 9 months with measles  | 1 ml    |
| <b>For Children</b>   |   |         |
| DPT Booster   | 16-24 months  | 0.5 ml  |
| Measles 2nd Dose  | 16-24 months  | 0.5 ml  |
| OPV Booster   | 16-24   | 0.5 ml  |
| Japanese Encephalitis**   | 16-24 months  | 0.5 ml  |
| Vitamin A***<br>(2nd to 9th dose)   | 16 months. Then, one dose every six months up to the age of 5 years | 2 ml    |
| DPT Booster   | 5-6 years   | 0.5 ml  |
| TT  | 10 years and 16 years   | 0.5 ml  |
| *Give TT-2 or Booster doses before 36 weeks of pregnancy. Even if more than 36 weeks have passed also, it should be given to a woman. Give TT to a woman during delivery time, if she has not previously received TT. |   |         |
| **JE Vaccine should be provided in select endemic districts after the campaign.   |   |         |
| ***The 2nd to 9th doses of Vitamin A can be administered to children in the age group of 1-5 years twice in a year with the support of ICDS.  |   |         |

Source: Ministry of Health & Family Welfare, Government of India

The National Rural Health Mission (NRHM) ensures several strategies for immunization as per the schedule.



## Key strategies for immunization under NRHM:

1. **Mother and Child Tracking System** helps to ensure immunization. The MCP card given to the mother carries information on immunization given to her and her child. SMS alerts are sent on the mobiles registered under the scheme to inform about the due date of vaccination of the child.
2. **National Teeka Express** is a specially designed vehicle meant for alternate mode of vaccine to ensure vaccination of the left outs and the drop-outs in the village. The service of the National Teeka Express can be used to conduct immunization sessions in the difficult to reach areas of the villages.
3. **For still left out children and drop-outs**, information is collected by the ASHA and AWW through door to door visits in the village or other ways so as to include such children in the next round of immunization.
4. **Preparation and implementation of Immunization Micro Plan:** All the PHCs in the GP area must prepare an Immunization Micro Plan to carry out routine immunization in the village. This Immunization Micro Plan includes:
  - Sub centre work plans with the details of the persons responsible to provide services, details of immunization sites and dates of immunization.
  - An area map which covers the villages, hard to reach areas etc. under the sub centre. It also includes the routes through which the vaccine can reach to the hard to reach areas.

The Gram Panchayat can review the sample sub centre/PHC micro plan for immunization available with the ANM/MO of the PHC. The Gram Panchayat should monitor that the plan is implemented systematically.

- A PHC plan that includes the cost of transport, cost of meetings etc. and details of information, education and communication (IEC).
5. **Immunization Days:** There are also some immunization days when mass immunization can be taken up:
    - On National Immunization Days for mass immunization of polio, two drops of oral polio vaccine (OPV) are given to every child in the country, till the age of 5 years and these days usually fall in January and February months every year.
    - Sub-National Immunization Days are organized every year in the highest-risk states, including Uttar Pradesh, Bihar, West Bengal and areas most at risk of a polio occurrence.
    - Polio campaigns are initiated with 'Booth Day' on 'Polio Sunday'. During this time, thousands of booths are set up throughout the area for administering OPV for children.
    - Immunization weeks are organized by the health department in 239 poor performing districts of India to increase the immunization coverage.

### 3. Safe drinking water, sanitation and hygiene for children

Children, especially those, in the age group of 0-5 years, are most vulnerable to the consequences of unhygienic conditions and unsafe drinking water. Water-borne diseases such cholera and diarrhoea caused by unsafe water and lack of hygiene are the major causes of deaths of children in this age group and retards growth of children above this age.

**Water** is considered safe for drinking if it is colourless, odourless, is free from bacterial contamination and contains chemicals only in permissible limits. Water can get contaminated by various sources like suspended air pollutants, minerals in the ground, human and animal faeces, urine, washing clothes, fertilizers, pesticides and various other sources. Inappropriate water storage and handling clean water with unclean hands in households can also lead to contamination of clean drinking water. Therefore, adequate attention and measures need to be ensured so that the drinking water, especially for children, is safe.



**Hygiene** means a set of practices carried out for preserving health or practices that prevent the spread of the disease causing organisms. It includes personal hygiene like regular bathing, dental care, and washing hands at critical times (before eating, after defecation, before feeding child and before cooking), wearing clean clothes and also menstrual hygiene in the case of girl children. Unhygienic conditions and inadequate personal hygiene affects children the most, due to their poor immunity.

**Sanitation** includes safe disposal of human and animal excreta, safe storage and handling of drinking water, safe disposal of waste water and solid waste etc. Open defecation and inadequate management of solid and liquid waste provides breeding ground to disease spreading insects such as mosquitos and flies. Germs, viruses and pathogens from this waste get back into the human body, if not properly disposed, through flies, un-washed hands, meals and drinking water.

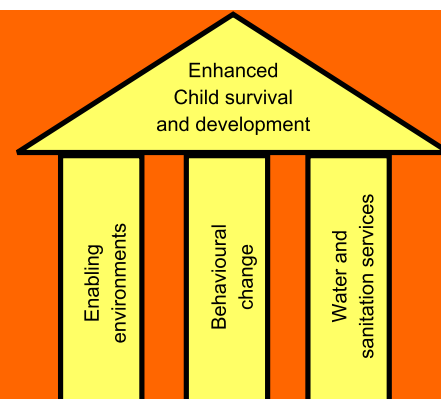
Lack of sanitation infrastructure such as unavailability or lack of access to toilets constrains the girl child from attending school. At times, girls also have to compromise on dignity and face hardship because of unavailability of toilets at home or in children's

institutions. All children- both girls and boys- are most prone to be affected by inadequate sanitation. Therefore, adequate sanitation and cleanliness is required to provide a safe environment for the children to survive and grow.

For safe drinking water and sanitation in the Anganwadis and schools, the following need to be ensured:

- Water filters with regular maintenance
- A separate hygienic kitchen in each Anganwadi/ school with smokeless chulha
- At least one functional toilet with sufficient water supply and a child friendly design of the toilet. In school, there should be separate functional toilets for girls and boys
- Provision for hand washing with sufficient water supply and availability of soap
- Proper drainage and waste management
- User friendly door locks and handles in the toilets for easy use of young children

**W**ASH stands for water, sanitation, and hygiene and shows the interconnectedness of these three components. Timely and sufficient provision of clean water and sanitation services and hygienic practices are important to lessen health problems and to control communicable diseases. It also is important to control death of children below 5 years.



**Three pillars for effective and sustainable WASH programme**

(Source : UNICEF)

During VHNDs, AWW, ANM and ASHA can share WASH related information with the village community. IEC materials on WASH may be displayed at the Anganwadi.

Toilets can be constructed at Anganwadi Centres by using the fund of Swachh Bharat Abhiyan. Construction of the Anganwadi Centres and WASH facilities is a permissible work under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).

(For more details regarding sanitation, please refer to the book- Sanitation in Gram Panchayats.)

### Role of Gram Panchayat in ensuring survival of children

The Gram Panchayat has a crucial role in preventing mortality and morbidity of children

in the GP area by educating people about necessity of registration of pregnancies and births and following up on immunization of children as per the immunization chart. The Gram Panchayat should also strengthen child survival by ensuring clean drinking water for children and cleanliness in schools and Anganwadis. It needs to see that quality health services in the GP area are provided by village health functionaries in time.

A common role of the Gram Panchayat for all aspects of child survival is conducting awareness and sensitisation of people on all these aspects in the Gram Sabha, Ward Sabha, Mahila Sabha, in SHG meetings, on VHNDs and Kishor/ Kishori Diwas organized for adolescent girls and boys in the Anganwadi etc. The Gram Panchayat should encourage ASHA, ANM and

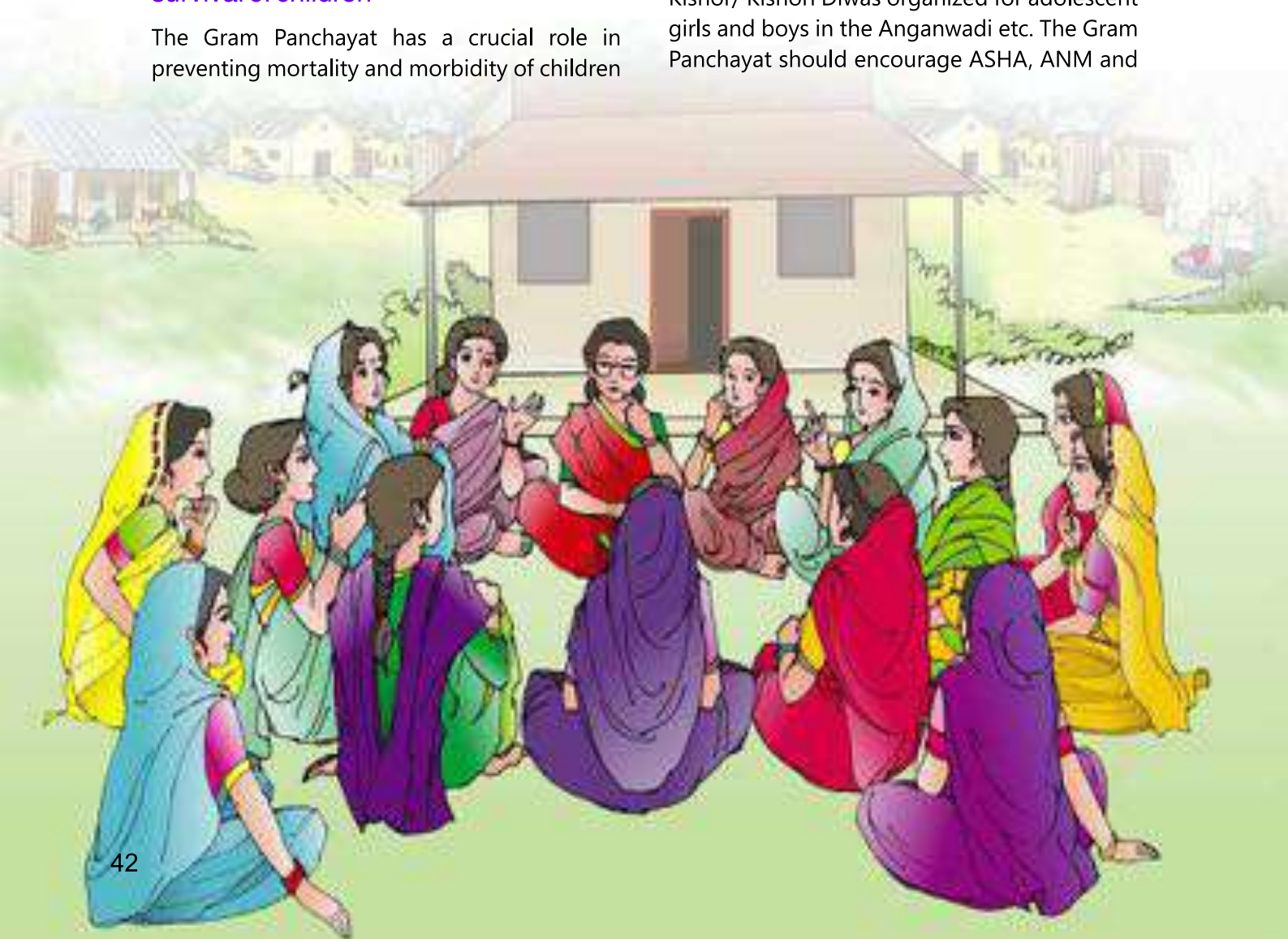




Photo courtesy to : nrhm.gov.in

The Gram Panchayat can request the religious leaders to make announcements at the temples, churches, mosques and gurudwaras etc. in the village and appeal to the people for immunization of women and children.

AWW to discuss about the importance of all these aspects during home visits also. Incentivizing the functionaries for mobilizing women and children for immunization, poster campaigns, leaflet distribution, wall writings and street plays can be good means of awareness generation. The Gram Panchayat has to make sure that the information and the services reach out to people living in geographically unreached areas, migrant people etc.

Some specific roles that the Gram Panchayat can play for child survival are as below:

- The Gram Panchayat should **ensure registration of all new births** and timely issue of birth certificates by Gram Panchayat Sewak-cum-Registrar (Births & Deaths).
- The Sarpanch being the ex-officio chairperson of the VHSNC, can **monitor if the immunization sessions are held regularly** during the VHND and if AWW, ASHA or ANM are filling up the information on MCP cards and registers appropriately.
- **Monitoring the cancelled sessions of vaccination and the reasons**, follow up actions by ANM/AWW/ASHA for drop-out children, shortage of any vaccine components at immunization site etc. are some more roles to be

played by the Gram Panchayat members.

- The Gram Panchayat can discuss with RKS and ensure solutions for problems related to vaccine availability, transportation, proper storage and distribution and see to it that the RKS has a backup for emergencies like disruption of power supply, breakdown of the immunization storage, etc.
- The Gram Panchayat members may also ensure that teachers collaborate with ANM/ASHA to provide TT and vaccine for adolescent girls in the schools.
- If the vacancies of ANM/MO etc. are not filled, the Gram Panchayat can **insist for speedy appointment** of these staff in the PHC.
- The Gram Panchayat members have to **be alert with regard to any out- break of communicable diseases** in the GP area, and promptly bring it to the attention of concerned health functionaries for immediate preventive and curative measures.
- The Gram Panchayat should **see to it that there is regular supply of safe drinking water** in the Anganwadis and schools and water filters are adequately maintained with timely servicing etc.

The Gram Panchayat can prepare a village water security plan to cover all the habitations in the village. It should make frequent visits to the Anganwadi Centre, schools and health institutions to see if children are taught good habits on the right usage of water, personal hygiene practices and hygienic usage of sanitation facilities.

- The Gram Panchayat can **facilitate collection of data** of houses without toilets and houses without drinking water facility and link them with relevant government schemes like National Rural Drinking Water Programme, Swachh Bharat Abhiyan, and the NGOs working on these aspects. The Gram Panchayat should undertake regulatory measures to ensure that the GP area is open defecation free and the solid and liquid waste is safely disposed.
- The Gram Panchayat should also **take initiatives for testing water quality of all institutions** including the school, PHC, and the Anganwadi etc. Villagers may be motivated to maintain water score card of private and public drinking water sources.
- The Gram Panchayat can coordinate with the functionaries of the civil works department to **identify open/uncovered drains** in the GP area and to take immediate action to cover them and get them cleaned at regular intervals, especially before the onset of monsoon.

- The Gram Panchayat can also **plan out for a garbage collection, segregation and disposal system** at the village. Households can be made to pay a small amount for collection of garbage. The support of NGOs, Corporates etc. can be sought for this.

By taking steps as mentioned above, the Gram Panchayat can improve the possibilities of survival of the children and this would lead them to avail opportunities for development both in the pre-school learning and school education.

## What have we learned?

- Interventions for survival of the child begin even before birth i.e. good pregnancy care of the mother.
- Registration of pregnancy and birth are important for survival of children.
- Immunization of children starts before birth through immunization of pregnant mother.
- All children should be immunized to ensure survival.
- Safe drinking water, good sanitation facilities and hygiene of children at home and at the Anganwadi, school and in the GP area as a whole should be ensured.
- The Gram Panchayat needs to play a crucial role in awareness generation, motivation of people, supervision and monitoring of delivery of services, and coordination of key functionaries at village level.



## Chapter 5

# Development of Children

**E**very child has a right to physical, mental and emotional development through stimulation, education, play, leisure and cultural activities so that she or he grows and develops her/ his personality to the fullest potential.

A child grows physically, mentally, socially, emotionally and develops senses and learning capacity (cognitive skill) as the age advances in months and years. But for the growth and development to take place, opportunities need to be created. The growth and development of our children can be improved by a nurturing environment, good nutrition and adequate stimulation of senses especially before the school age. There is scientific evidence that much of the progress in school depends on cognitive and socio-emotional development of the young child up to the age of three years. The more attention we play to nutrition, health and education of our children, the better will be their physical and mental development. Let us now look at key issues for the development of children and role of Gram Panchayat.

## I. Health and Nutrition

Nutrition is the intake of food, considered in relation to the body's dietary needs. Good nutrition and balanced diet as well as regular physical activity can contribute to the health of the child. Poor nutrition is a reason for

increased incidence of illnesses and deaths among children.

Proteins and calories in sufficient quantity are necessary to meet nutritional requirements of the child. Proteins are body building contents in the food that are found in foods like pulses, milk, egg, fish and meat. The muscles and organs of our body and our immune system are made up mostly of proteins. Calories provide energy to our body and are available in cereals, sugars, fats and oils. A child of 4-6 years with a body weight of 18 kilogram needs about 1350 calories, 20 grams of protein and 25 grams of fats in her/ his food every day. As children grow, their nutritional needs also increase accordingly.

Under-nutrition in early childhood leads to serious growth gaps that continue to the next stage of life. For example, a pre-term, low birth weight baby may continue to grow poorly, become a malnourished child, a stunted adolescent with poor body mass and end up as a short young pregnant mother when she gets married before she is 18 years old. Then the next cycle of malnutrition and poor growth will continue with her children- both boys and girls.

Poverty, low income, floods and famines, poor or no breastfeeding to the new- borns and infants and sometimes, cultural practices like not feeding children on certain occasions, giving them only certain food items etc. lead to under-nutrition.





### Major schemes to combat under-nutrition:

The government has started several schemes and programmes to ensure proper nutrition for children. The key programmes for this are ICDS and Mid-day Meal under SSA and various schemes under National Rural Health Mission (NRHM). Specific benefits provided under some key programmes and schemes for improving nutrition amongst children are as below:

| Name of the Scheme/  | Target Group   | Benefits Provided  |
|--|--|--|
| Integrated Child Development Scheme (ICDS)   | Pregnant and nursing mothers and children up to 6 years  | <ol style="list-style-type: none"> <li>1. Iron and folic acid tablets</li> <li>2. Take home ration</li> <li>3. Health and nutrition education</li> </ol>   |
| Indira Gandhi Matriya Sahyog Yojana (IGMSY)  | Pregnant women of 19 years or older except those who receive paid maternity leave                      | Cash support of Rs. 3000 for first two live births to partly compensate for wage-loss during childbirth, for child care and to provide conditions for safe delivery and good nutrition and feeding practices   |
| Janani Shishu Suraksha Karyakram (JSSK)  | Pregnant women who come for delivery in public health institutions and sick infants up to one year old | <ol style="list-style-type: none"> <li>1. Free and zero expense treatment</li> <li>2. Free drugs, diagnostics &amp; diet</li> <li>3. Free provision of blood</li> <li>4. Free transport from home to health institutions and exemption from all kinds of user Charges</li> </ol> |
| Mid-day meal under Sarva Shiksha Abhiyan (SSA)                                     | School going Children (6-14 years)   | <ol style="list-style-type: none"> <li>1. Mid-day meals as per prescribed norms</li> <li>2. Iron and folic acid tablets and de-worming tablets</li> </ol>  |
| Kishori Shakti Yojana  | Adolescent girls   | <ol style="list-style-type: none"> <li>1. Basic health supplements like iron and folic acid tablets and de-worming tablets</li> </ol>  |
| Nutritional Rehabilitation Centre (NRCs) and Malnutrition Treatment Centres (MTCs) | Severely under nourished children  | <ol style="list-style-type: none"> <li>1. In patient treatment with diet therapy for 14 days</li> <li>2. Counselling to mothers on feeding and care practices</li> </ol>   |
| Public Distribution System (PDS)   | Antyodaya' and 'priority' households   | Ration like sugar, rice, and grains at low subsidised rates  |

- Mid-day meal is provided on all working days in all primary and upper primary government, government aided schools, madarssas, maqtabas and all other learning centres supported under SSA and schools run for child labourers under National Child Labour Project.
- Kitchen gardens can be started in the Anganwadi Centre and schools with the support of the parents and teachers or school "eco clubs" to produce green vegetables for the supplementary nutrition.
- Sports and physical exercise are very important for healthy physical and

mental development of children. There are provisions for play grounds in the Anganwadi, as we learned in chapter 3 and in schools about which we will learn in chapter 7.

### Key Questions to ask



- Have you reviewed the registers of the Anganwadi Centre to assess the status of under-nutrition amongst children in the GP area?
- Have you planned kitchen gardens in the Anganwadi and the school?





## 2. Early Childhood Care and Education

Learning begins before the child starts going to school. Comprehensive Early Childhood Care and Education (ECCE) is intended to promote holistic growth, development and learning of children from birth to six years of age.

When we talk of Early Childhood Care and Education:

- Care"means consideration to health, hygiene and nutrition in a nurturing and safe environment for children
- Education" in the early childhood years is not only pre-schooling, but includes learning through play, story-telling, music etc. In the age between 3-6 years, children learn best with toys and through storytelling, singing, dancing etc.

A good ECCE programme can prepare children to adjust well when they join school, and

reduce possibilities of school drop-outs and also improve possibilities of effective learning in the school.

As per ECCE Policy of Government of India, the Anganwadi Centre should serve as a "vibrant child-friendly Early Childhood Development Centre". We have already learned about the role of the Anganwadi Centre in ensuring ECCE to children in the GP area. It should specifically ensure enrolment and retention of children from the poor and disadvantaged families and of girl children. An ECCE Day should be organised at Aganwari once a month on a fixed day, to organise activities for parents and community.

Some other programmes which provide ECCE are: Scheme of Assistance to Voluntary Organizations for conducting Early Childhood Education, balwadis and day-care centres run by voluntary agencies with government's assistance, pre-primary schools run by the government and non-government agencies.

### Children receive care and ECCE in Phulwaris

Mothers from the poorer families were not able to contribute to the meagre family income as many of them were not able to go for work due to the concern of taking care of their young children. As the mothers would leave for work, the responsibility to take care of the young children fell on elder children resulting in their drop-out from the schools. To address this issue, Jan Swasthya Sahyog- an NGO in Chattisgarh, started crèche facilities named Phulwaris in Chattisgarh and Jharkhand States. These crèches provide a secure environment for infants and young children between the ages of 6 months to 3 years. They also help children to remain healthy and active by providing nutritious food items. These crèches operate for 6-8 hours a day, enabling mothers to go for work and older siblings to go to school. All these crèches are managed by female volunteers from the local community. Children are fed two nutritious meals and snacks daily. Toys are provided in the crèches and the workers are being trained to conduct learning activities for the children.

### 3. Elementary education

Elementary education means education provided in school from class 1 to 8.

A child's development is closely linked to the elementary education that she or he gets. Elementary education enables the child to read and write, to become an aware citizen, and lays the basis for future education. The Right to Education (RTE) Act provides for free and compulsory elementary education for all children from 6-14 years i.e. all children, both boys and girls, should be enrolled in school and should attend school regularly.

It is the responsibility of the school and the teachers to ensure that all children of school going age are admitted in age appropriate classes. If a child joins school after 6 years of age, s/he should be admitted in a class appropriate for her/his age and teachers should ensure that the child is provided bridge courses to upgrade her/his learning to the level of the class in which s/he has been admitted.

Often, girl children, children from poor and marginalised families and communities and those engaged in some kind of labour are either not admitted to the school or leave school. There is a need to motivate parents to send girls and children from poor families to school and also provide necessary support so that they complete school education.

### 4. Children with special needs (CWSN)

Children with some physical or mental abnormality or learning disabilities have special needs for development. Such children include those who are visually impaired, hearing impaired, orthopedically impaired,

mentally impaired or have learning disabilities. Often children with special needs are not valued and not considered useful members of the family and the society. Other children do not like to play with them. Rather, they make fun of such children and at times, CWSN are beaten both in the family and by their peers. At times, such children are abandoned by their families. There is a need to be sensitive to CWSN and help them lead better lives.



Programmes to support CWSN:

**Several government programmes provide support for CWSN:**

- Under the Rashtriya Bal Swasthya Karyakram, CWSN can be identified by ASHA/ ANM at the facility level and community level.
- SSA focuses on providing best suited and need based quality education to every child with any kind of special needs and for this, there is provision of Rs.3000/- per child per year for services like identification and assessment, appropriate educational placement, aids and appliances and developing

CWSN friendly infrastructure etc. The programme has special focus on girls with special needs.

- Inclusive Education for Disabled at Secondary Stage (IEDSS) under Rashtriya Madhyamik Shiksha Abhiyan programme, provides for medical and educational assessment, books and stationery, uniforms, transport allowance, stipend for girls and assistive devices etc. for all children in the age group 14-18 studying in the class IX to XII in government, local body and government-aided schools, identified with one or more disabilities. Scholarship of Rs.600/- per disabled child per annum is also provided from the state government.

It is very important that CWSN are taught in an environment best suited to their learning needs, which might include opportunities in regular or special schools or even home-based education for these children.

## 5. Adolescence

Adolescence is the period after childhood and before adulthood, generally from ages 10 to 18/19 years. During adolescence, there is rapid physical growth, and many social and psychological changes including sexual maturity and thinking ability take place.

Adolescents are neither considered children nor adults. Often they suffer from lack of information about crucial aspects related to their growth and age specific needs, more specifically about sexual and reproductive aspects. Common challenges faced by the adolescents include dropping out of school, child marriages, unwanted pregnancies,

malnutrition, poverty, family pressure, drug addiction, crimes against adolescents like trafficking, exposure to substance abuse, unprotected sex etc.

Girls can be especially vulnerable to adolescence. As compared to boys, girls in India have less access to education. Early marriage and child bearing changes their roles and they are more likely to be victims of domestic violence.

Social taboos about discussing the crucial needs of adolescence prevent children from accessing right information and guidance. For example, menstruation is still considered a dirty and unclean event and improper menstrual hygiene results in many health problems for adolescent girls.

### Government programmes for adolescents:

SABLA, SAKSHAM, ARSH, AHFC etc. are some key programmes for adolescents.

For adolescent girls, there are programmes like SABLA under Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls to provide nutritional and non-nutritional support.

- Under SABLA, groups of adolescent girls of 11-14 and 14-18 years are formed. From a group of 15-25 girls, a peer leader is selected known as Sakhi who is assisted by two girls named as Sahelis. Sakhi and Sahelis are responsible for monitoring the group activities and are the link between the service providers and the group members.
- This schemes carries provision of life skills and thus help dropped out girls to re-join the school.



Photo courtesy to : wcd.nic.in

SABLA is implemented through the Anganwadi Centre. Group sessions are held at the Anganwadi as per the timetable and frequency decided for each group, to discuss issues of education and life skills. A kit is given to each child which contains books for reading, flip chart etc. ANM, ASHA, MO and AWW play key roles in delivering services to the adolescents. A Kishori Card is also given to every adolescent girl to record her basic details. Kishori Diwas is organized once in three months. The group members are also motivated to provide support to each other.

Services under SABLA also include take home ration/hot cooked meal, iron and folic acid supplementation, health check-ups and referrals, mental health counselling, nutrition & health education, ARSH counselling, vocational training & career- counselling for children of 16 years and above. Life skills/soft-skills/moral education and exposure visits to public services institutions are provided.

**Adolescent Friendly Health Clinics (AFHCs)** are run at the primary, community and district level under Rashtriya Kishor Swasthya Karyakram (RKSK). At the PHC level, an AHFC offers counselling services by ANMs, and management of common health problems and referrals by MOs. These clinics meet the specific needs of adolescents.

#### **Role of the Gram Panchayat in ensuring healthy development of children**

The Gram Panchayat has a crucial role to play in ensuring that children in the GP area access all opportunities for development. Awareness generation is the first step, as we read in the previous chapters. Platforms like the Gram Sabha or special Gram Sabha, Mahila Sabha, children's Gram Sabha etc. can be used to discuss the issues of development and sensitise people about importance of developmental opportunities for children and services to be provided by various functionaries at the village

level. Functionaries of the Anganwadi Centre, health, sanitation, drinking water, Public Distribution System, education, mid-day meal, agriculture, horticulture, dairy and fisheries etc. may be invited for such meetings. The deliberations of the meetings should be followed up thoroughly.

By involving the ANM, AWW, ASHA etc, the VHSNC can carry out surveys in the village to understand where undernourished children live in the GP area and prepare a village health plan accordingly. The VHNDs should be utilized to draw attention to diseases caused by nutritional deficiencies and discuss how these can be prevented, how healthy food habits can be promoted, and also the issues and needs of CWSN. The Gram Panchayat should strictly ensure that in delivery of support and services, there is no discrimination against the basis of caste or community, differently abled, sick or other marginalised children.

**For improving health and nutrition for children's physical development, the following specific actions can be taken by the Gram Panchayat:**

- As discussed in chapter 3, the Gram Panchayat has to ensure that adequate nutrition in prescribed quality and quantity is provided to the children on regular basis in the Anganwadi. The VHSNC and the Anganwadi Level Monitoring and Support Committee need to make sure that children and pregnant and nursing mothers receive adequate nutrition in the Anganwadi. Weekly iron and folic acid supplementation (WIFS) in the Anganwadis should also be strengthened with the support of ASHA/ AWW etc. The Gram Panchayat should take the lead to establish functional committees like the VHSNC and ALMSC and monitor their functioning too.

- The Gram Panchayat may also seek support of the School Management Committee (SMC) and Parent Teacher Association (PTA) to ensure that weekly iron and folic acid supplementation are carried out on a regular basis. The stock registers for the same have to be reviewed regularly by the Gram Panchayat.

- The Gram Panchayat members who are members of SMC, should monitor the quality and quantity of mid-day meals in the schools and raise issues within SMC, Gram Sabha and the Gram Panchayat too. At times of drought and disasters, the Gram Panchayat should see to it that the mid-day meal is provided everyday including holidays and it should provide necessary support for the same.

(A list of DOs and Don'ts for the elected representatives and school teachers is included in the book- School Education in Gram Panchayats, to ensure healthy work relationship between the two.)

- The Gram Panchayat can encourage and provide support for setting up of kitchen gardens in the Anganwadis and the schools for the mid-day meals to improve the nutritional status of the children in the GP area.
- Early recognition and referral of malnourished children to the nearest Nutrition Rehabilitation Centre in the PHC, can help to reduce the incidents of illness and death. The Gram Panchayat should motivate the ANM, ASHA, AWW and other health staff to identify such children and refer them.

### The Gram Panchayat's role in improving Early Childhood Care and Education and elementary education for all children including CWSN can be as below:

- The Gram Panchayat may ensure that all children are enrolled at the Anganwadi Centre or other ECCE centres in the GP area and also ensure enrolment of children of marginalized groups and children from the hard to reach areas. During visits to such areas, the Gram Panchayat can check with the families if the AWW, ASHA and ANM visit the areas and provide regular services to the children.
- If needed, the Gram Panchayats can initiate services like village based community run crèche (day-time) for children below three years of age. This helps to improve the cognitive and social development of the child as well as the economic condition of the mother by enabling her to work and in turn, the welfare of the household.
- Villagers are entitled for an Anganwadi on demand within three months where a habitation has at least 40 children under six years and there is no Anganwadi in the habitation. The Gram Panchayat can avail the benefits of this provision to start new Anganwadi Centres in remote hamlets. (The application form is attached as Annexure-1.) The Gram Panchayat can take the initiative to start ECCE centres in the hard to reach areas like the tribal hamlets. For this, the Gram Panchayat may contact the Programme Officer, Block Resource Centre of SSA.
- For CWSN, the Gram Panchayat should discuss about the importance of identifying such children during meetings of VHSNCs, ALMSCs, GramSabhas, Special Gram Sabhas, meetings of Standing Committees and of Gram Panchayat itself. It should motivate the families of CWSN to bring their children for the assessment and follow up and also ensure that drop-outs and out of school CWSN are admitted in appropriate learning programmes.
- The Gram Panchayat must take initiatives for constructing barrier free places in the Anganwadis and schools for easy access and use of facilities by CWSN. It can also take help of the NGOs, CBOs, PTAs, youth clubs or private agencies, etc. in making the children's institutions CWSN friendly in the GP area. It should also monitor the utilization of the grants/scholarships received from the government or any other source for the purchase of aids and appliances for CWSN.

### The Gram Panchayat can play its role for adolescents in many ways:

- The Gram Panchayat should collect the age wise data of all the adolescents in the GP area with the help of AWW, ASHA, school teachers and ANM, as learned in chapter 2. This data will help to understand the number of adolescents and their whereabouts.
- The Gram Panchayat can take the lead to ensure that adolescents receive services and support. It can see to it that functional adolescent girls' clubs (SABLA) are formed in all the Anganwadis in the GP area and all



the out of school adolescent girls are part of these clubs and attend session regularly. The Gram Panchayat also may take lead to establish AFHC in the GP area. With the help of Rogi Kalyan Samiti (RKS), the Gram Panchayat can ensure that the AFHC opens at stipulated time and provides quality services to the adolescents. The Sarpanch being the chairperson of the A L M S C may review the number of children referred to the AFHC and that the adolescents

possess Kishor/ Kishori Card with necessary details filled in the card.

- The Gram Panchayat can encourage the PHC to organise training programmes for all the ERs and staff of the Anganwadi, school, members of VHSNC, SMC and SHG on ARSH and related issues. It can also develop linkages with NGOs working with children/ adolescents in the area and also inform the adolescents about the availability of quality health services in the GP area.

## What have we learned?

- ✓ Health and nutrition are most important for early childhood and under-nutrition in early childhood leads to serious growth gaps that continue to the next stage of life.
- ✓ Comprehensive Early Childhood Care and Education (ECCE) from birth till six years of age promotes holistic growth, development and learning of children.
- ✓ Elementary education is compulsory for all children from class 1 to 8 and provided free to children studying in government or aided schools.
- ✓ Children with special needs are children in need of care and protection and they should be admitted to regular or special schools, as per the need.
- ✓ Adolescence is transition from childhood to adulthood and there are many aspects of adolescent boys and girls which need sensitive handling and right guidance and support for helping them develop into balanced adults.
- ✓ Programmes like SABLA are implemented through the Anganwadi to address issues of adolescence.
- ✓ The Gram Panchayat has crucial role in ensuring the right development of children in GP area.



## Chapter 6

# Protection of Children

**C**hild protection means protecting children from neglect, exploitation, abuse, violence or any other risks at home or in society, looking after the health and safety of children. Child protection also includes supporting and rehabilitating children if they have become victims of an unprotected situation.

If we do not protect our children, they can run risk of death, permanent disability, poor physical and mental health, learning problems, displacement and homelessness.

### What are risk situations from which children need to be protected?

Some frequent risk situations from which children need to be protected are child labour,

child marriage, child trafficking, child sexual abuse, corporal punishment, neglect and abandonment, stigma and victimisation of children for committing offences, for crimes committed by their family elders or because of being HIV infected or affected children. There are various customary evil practices against children in various parts of the country that are cruel and life threatening for children. Many a times, children lose their lives because of superstitions.

Let us look at some of these situations in detail.

## I. Child labour

Child labour refers to employment of children in any work for of purpose of earning money that deprives them of their childhood, prevents



Photo courtesy to :aurangabad.nic.in

them from attending school, and is dangerous and harmful for physical and mental health as well as development of the child. Child Labour (Prohibition and Regulation) Act 1986 prohibits employment of children below 14 years in any hazardous occupation and regulates various work situations for children from 14-18 years.

### Why do children need to work at early age?

Poverty and lack of social insecurity are the main causes of child labour. Children often work for long hours to earn for themselves and their families. Children from poor and under privileged families are more likely to work at an early age since their families lack resources.

### What are ill effects of child labour?

Child labour deprives children of development opportunities that we discussed in the previous chapter. They miss school, opportunities for sports and emotional development through

interaction with other children. Many children, boys and more often girls, engaged in domestic work, are easy victims of violence and sexual abuse. Child labour often leads to many more such vulnerabilities about which we will learn in following pages.

### Key Questions to ask



- Are there any children in your Gram Panchayat who are engaged in child labour? What have you done for them?
- Have any children gone out of the village to earn? Do you know where and in what conditions they are?
- Have any of them been rescued and restored back to the family?



Photo courtesy :childlineindia.org.in

**Y**oung children are often seen working in agriculture, in dhabas, and as domestic help. Due to extreme poverty, some parents are forced to sell their children as bonded labourers in return of meagre amounts of loan taken on high interest rates. In search of livelihoods, children alone or with families, are forced to migrate to other villages and cities where they are made to work for long hours, sometimes more than 14 hours a day, without any facilities and employers do not pay them adequate wages

## 2. Child marriage

Child marriage refers to any marriage that take place before the individual attains majority. Prohibition of Child Marriage Act, 2006 prohibits the practice of child marriage for girls before 18 years and for boys before 21 years.



Child marriage separates little girls from their parents, family and friends at an age when they need their care and affection to grow well. It takes away opportunities for education that could empower her and enable her to be a more useful member of society. Girl children often face situations of bonded labour, enslavement, commercial sexual exploitation and violence as a result of child marriage. Early marriages also rob young boys of their childhood and they get burdened with family responsibilities at early age, leading to poor or no education and poor skill development.

### Why child marriage?

Our country has the largest number of child brides in the world. Girls are considered as 'Paraya Dhan' (others' property). Prime role expected from them is child bearing and taking care of family members and performing all the responsibilities of the household. On the other hand, boys are believed to be 'heads of family' and bread winners and therefore responsible to earn for the family and protect female members in the family. Due to these beliefs and evils of dowry, children are married off at an early age.

### What are ill effects of child marriage?

Child marriage initiates early sexual activity which has harmful health consequences. It poses severe risks to the girl child's health. Repeated pregnancies affect the tender body of the girl that is not yet prepared for child rearing. It increases the possibility of deaths of mothers during pregnancies and after deliveries, and deaths of new borns who are often born underweight and with other health problems, as we learned in chapters 4 and 5. Because of lack of protection, child brides are often exposed to various sexually transmitted diseases including HIV/AIDS. Burdening boys

with household and earning responsibilities at an early age also deprive them of their childhood rights and opportunities of development.

After marriage girls find it hard to, or are not allowed to, continue their education. Since they are unable to protect themselves, child brides often become victims of domestic violence including physical abuse, emotional abuse and sexual abuse.

### Key Questions to ask



- Which children in your GP area are more vulnerable to child marriage?
- Have you discussed the issue with the parents and in Gram Sabha?

## 3. Child sexual abuse

Child sexual abuse is an abuse of a child for sexual gratification by an older or more powerful person. The offender is usually an adult but could also be an older or more powerful child. Protection of Children from Sexual Offences (POCSO) Act, 2012 provides protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography.

**As per POCSO Act, reporting a case of sexual abuse of a child is mandatory. As per the law, if an adult or an institution is in knowledge that a child has been the victim of abuse or is a potential victim, they should ensure that the matter is reported to the police immediately. This provision also applies to the Sarpanch and all the members of the Gram Panchayat.**

What are ill effects of child sexual abuse?

Victims of child sexual abuse are not able to forget this trauma for the rest of their lives. Depending on the seriousness and type of abuse, the effects can vary in intensity. But all victims have some psychological, social, sexual or physical problems. They develop low self-esteem and have little confidence in themselves. Depression, fear, sleeping problems, nightmares, irritability, sudden anger and shock reactions are seen in victims of sexual abuse. They lose trust in other people. Sexual abuse by a family member i.e. incest can result in even more serious and long-term psychological trauma for the child.

The sexual abuse of children not only has damaging and long-term impact on the child victim, but also affects the families, communities, and society at large. Like any crime that goes unchecked, the sexual abuse of children- both within our homes and outside- is an issue of grave concern and affects the health of the society as a whole.

In a village in District Sarguja of Chhattisgarh, a 10 year old girl child Radha (name changed) from a tribal family was raped by a non- tribal man of her village.

After the mishap, Radha who was then studying in class 5 and was an outstanding student in her school, was withdrawn from school by her family. She became the constant target of satires by her own family as well as others in the village. Her family members disowned her saying that Radha had got a man for herself and therefore they owed no responsibility towards her any more. Other children and people in the community teased her associating her name with the accused. Radha wanted to continue her education but was without any support from the family or the community.



## 4. Corporal punishment

Corporal punishment is beating and violent treatment by adults to correct and discipline children. Children are often subjected to corporal punishment at home or in school, which leads to mental harassment of the child.

Not treating children with respect is an accepted practice in many families. It is considered not only justified but also the duty of adults to hit, beat or punish children in order to discipline them.



Corporal punishment in any form including beating by parents and teachers is banned by law in India and anyone practicing it can face legal action. Teachers can face imprisonment and fine and can be denied promotion, and even increments.

### What are ill effects of corporal punishment?

Punishment in any form affects the development and full potential of the child. It causes anger and can result in aggressive and disruptive behaviour, destructive character, poor school achievement, poor attention span and increased chance of dropping out from schools. It can also cause low self-esteem, anxiety, sleep related problems and even suicidal tendencies amongst children. Due to harsh punishment, children start hating parents, their school and teachers. Many times,

unable to cope up with such punishment and violence, they run away from the village to cities where they are unsafe and vulnerable to all kinds of risks like trafficking, abuse, forced sex work etc.

### Key Questions to ask



- Is corporal punishment prevalent in your Gram Panchayat?
- Can you recall consequences of corporal punishment of a child in your GP area?

## 5. Child victims of trafficking and missing children

A child victim of trafficking is any person below 18 years of age who is recruited, transported, transferred, harboured or received for the purpose of exploitation, either within or outside a country. In India, Immoral Traffic Prevention Act, was passed in 1956 to counter trafficking of women and children.

Due to poverty and illiteracy, a number of children become victims of trafficking from villages to various parts of India and also to other countries through middlemen, mostly based in the village or known to the families of the children. Generally children are trafficked on the pretext of giving them good earning and education in cities. Parents are sometimes given meagre amounts of money by these middlemen with the promise that once the child gets a job in the city, s/he will earn well and send money home that will eradicate poverty of the family. Once parted from the family, these children are handed over to unknown people who use them for various selfish purposes such as cheap or unpaid labour, commercial sex work, drug peddling, sex tourism, begging, sports, organ harvesting or as domestic help, etc.

### What are ill effects of child trafficking?

Children are made to live in extremely exploitative and inhuman conditions and often, they are not allowed to meet or have contact with their families. Poor families find it difficult to search for their children. A number of them go missing and some of them even die in extremely exploitative conditions.

## 6. Destitute, abandoned and orphaned children without parental care

Children who do not have anyone to take care of them, or whose families have deserted them

due to poverty or any other reason, are children in need of care and protection. Juvenile Justice (Care and Protection of Children) Act 2000 provides for their care, protection and rehabilitation including provisions of adoption, foster care, sponsorship etc.

Some children lose their parents due to poverty, disability, illness, death or imprisonment of parents, separation due to migration or armed conflict or because of HIV/AIDS. There are a large number of such children without one or both the parents. These children are at a high risk of abuse, exploitation and neglect. Sometimes, hardships of life and the struggle for survival leads them to commit offences, and they then become further vulnerable to legal consequences. Sometimes, children who are suffering from HIV/ AIDS or children who have themselves, or whose parents have committed some offence, become victims of stigma and social boycott in the village. This makes their lives miserable. Children suffering from physical or mental disability are also often considered a burden by their family and the community. People ridicule them and such children also become victims of harassment, neglect and even violence.

**D**uring the Digambeshwara Temple festival of Bagalkot District of Karnataka, young children less than two years old are thrown from the top of a 30-foot temple. People hold up blankets to catch the children who fall from the top of the temple. Locals believe that this ritual brings health and luck to the children.



## There are customary and superstitious practices in India that are very harmful for growth, development and well-being of children.

- Daughters are considered a burden and unwelcome members in the family and in many families, they are killed in mother's womb before birth or just after their birth. These practices have led to a large gap in the number of men and women in India.
- Offering girl children for sex work in the name of Devadasi (meaning temple wives) is an age old custom in some parts of south India that exposes little girls to forced sexual work even before they are 10 years old.
- In many communities, there is a superstition that the breast milk just after birth is not good for the health of the baby. So, the dais / birth attendants /family members remove the breast milk immediately after the delivery, which is actually crucial for the child's immune system.
- When suffering from diseases like jaundice, children are taken to witch doctors for treatment. Immunization of children is not initiated or not completed due to misconceptions.
- Sexual activity with children is considered a cure for a sexual transmitted disease and leads to sexual violence against children.
- Removal or cutting of organs of children as sacrifice to gods and killing children due to superstitious beliefs has been practiced in many places in India.

## What are the child protection systems at district and village level?

While supporting a child in need of protection, the Sarpanch and the Gram Panchayat members may need to approach various government agencies and statutory bodies at the district level. We have already learned about key legislations and programmes for children in the first chapter. Some of designated bodies and functionaries for child protection are mentioned below:

### **As per the Juvenile Justice (Care and Protection Of children) Act, there should be the following three bodies:**

- **Child Welfare Committee (CWC):** A CWC is provided for in every district to support children in need of care and protection who do not have parental or any other caring support. The CWC is a statutory body to ensure immediate care, protection and long term rehabilitation of children. It has the same powers as a metropolitan magistrate or a judicial magistrate of the first class. A child victim of abuse, a destitute or an abandoned child can be produced before the CWC and CWC can issue appropriate directions to the child care functionaries keeping in mind the best interest of the child.
- **Juvenile Justice Board (JJB):** A child accused of committing an offence is brought before JJB by the police. The JJB consists of a metropolitan magistrate or a judicial magistrate of the first class and two social workers. The aim of JJB is to hold children culpable for their offence and reform them, not through punishment but through counselling and child friendly treatment.

- **Special Juvenile Police Unit (SJPU):** SJPU is a unit of the police at the district level, designated for handling cases of children in a child friendly manner. In every police station, at least one officer with aptitude and appropriate training and orientation is designated as the 'juvenile or the child welfare officer' to deal with cases of children and link them with the CWC or the JJB. All these child welfare police officers are members of SJPU at district level.

Under Integrated Child Protection Scheme (ICPS), the flagship scheme of MWCD for child protection, there is provision of **District Child Protection Unit (DCPU)** at district level and **Village Child Protection Committee (VCPC)** at village level.

- **DCPU** has to coordinate and implement child protection activities at the district-level and below. DCPU identifies families at risk and children in need of protection with the help of block and village level child protection committees and through effective linkages with functionaries at village level, Gram Panchayats and NGOs dealing with child protection issues. DCPU is headed by the District Magistrate.
- **VCPC** is a village level child protection unit of ICPS. The objective of VCPC is to make sure that all vulnerable children identified immediately. VCPC links the identified vulnerable child and/or family with DCPU for immediate necessary support. VCPC works in collaboration with the Gram Panchayat members, Standing/ Sub-Committee of Gram Panchayat and various village level functionaries like the ANM, AWW, ASHA, SMC, school teachers etc.

**If there is no VCPC in the GP area, the Gram Panchayat members and Sarpanch can approach District Magistrate to constitute this Committee in their Gram Panchayat.**



## What are roles of the Gram Panchayat in protecting children?

At the village level, the Gram Panchayat has a crucial role to ensure protection of children in the GP area. The Gram Panchayat can do this by creating child friendly environment in the village, where children feel safe and secure, and by making appropriate interventions in situations when the family is in need of help or is unable to provide due protection to the child. The VCPC can help the Gram Panchayat or the Standing or Sub-committee of the Gram Panchayat in identifying risky situations for children and in addressing the problem, including linkages with district level protection mechanisms. The Gram Panchayat should educate the community members about the schemes for children and should facilitate people to access benefits of such schemes.

Let us now look in detail at all the activities that the Gram Panchayat can undertake to protect children.

### 1. Addressing child labour

- Identifying and supporting vulnerable families: The Gram Panchayat with support of VCPC and other functionaries at village level can prepare the list of working children and families with working children or potential child labour. The Gram Panchayat should ensure that all such families are assured of work for 100 days through MGNREGA and all the benefits of PDS are made available to eligible beneficiaries. It can also facilitate the admission of working children in nearby NCLP schools. The Gram Panchayat should also target families who practice seasonal migration for casual employment.
- Rescuing children from hazardous work situations: In cases where children are working in extremely hazardous conditions such as long work hours and their work situations are harmful for the

child health, the Gram Panchayat can get them rescued. VCPC can inform district administration/ Police/ labour department/CWC/DCPU and seek help for rescue and rehabilitation of children.

- Tracking of children and families who migrate out of village for work : A register of all children who migrate out of village for work, with or without families, can be maintained in the Gram Panchayat office and updated regularly with information like where the children are, in what conditions they are working and if they are receiving any education or not. This is important to ensure that children do not go missing or fall prey to exploitative conditions.
- Admitting non- school going children in schools: The Gram Panchayat can sensitize the parents and the employers about the consequences of not sending children to school and the ill effects of child labour. For the non- school going children below 14 years who are working within the village or in a nearby area, the Gram Panchayat can get them admitted in school with the help of School Management Committee. Children who drop-out from school can be offered support in the form of scholarships and educational aids to continue education.

Bhongashala is an innovative school that offers education to children from the brick kilns. It was started by Vidhyak Sansad, an NGO, in two blocks of Thane District, Maharashtra and now with the support of SSA, it has spread to 250 centres in Thane District. 'Bhonga' means temporary hut and 'Shala' is school. Most of the children who attend these 'temporary huts' are migrants. Education for standard 1 to 5 is provided during the brick kiln season which starts from December and ends in May. The syllabus covered is the same as in regular schools but taught in a non-formal manner using play-way activities.

## 2. Protecting children from early marriage

- Besides ensuring registration of all births in GP area that makes it is easy to track the age of marriage in case of child marriage, registration of marriages can also be made compulsory by the Gram Panchayat to monitor the age of the girls and the boys being married.
- The Gram Panchayat should remain vigilant about performance of child marriage during specific times of the year when several child marriages are solemnized in some areas. For example, in Rajasthan, mass child marriages are performed on the festival of Akshay Tiritiya. The Gram Panchayat and VCPC can keep track of marriageable children and inform appropriate authorities if they suspect that any child is being married off. Many times, marriages are performed on pretext of some other celebration of the family, which should be tracked in time.

Any person can report about child marriage before or after it is solemnized. The report should be submitted to the police/Child Marriage Prohibition Officer/the first class Judicial Magistrate or Metropolitan Magistrate/Child Welfare Committee, or Child Line (1098).

- School teachers can be sensitized to keep a track and if any child is missing, has been trafficked or if a child marriage has taken place, promptly inform the Gram Panchayat or the VCPC.
- In Andhra Pradesh, Village Child Marriage Prohibition and Monitoring Committees have been constituted to monitor the implementation of child marriage law. The

Gram Panchayat can coordinate with this committee to prevent or report about child marriage in the GP area.

In Maharashtra's Vidarbha Region, 77 Panchayats decided to eliminate child marriage by passing a resolution to ban child marriages in their respective Panchayats. They have also decided to take strict action against those who do not follow the resolution. As a result, 18 families recently cancelled the weddings of their young daughters. "We'll be following the community closely. Violators will be booked under the Act", said the Sarpanch of a Panchayat.  
(Source: Times of India)

- Retention of children in school till completion of education and linking them with skill development programmes after school can also reduce possibilities of child marriages.

## 3. Protecting children from sexual abuse

In case of child sexual abuse in the GP area, the Gram Panchayat should:

- Encourage all those coming in frequent contact with children eg. AWW, ASHA, teacher and of course, the parents, to inform the VCPC or the police about any incident of abuse as soon as it comes to their notice.
- The ERs, VCPC and others involved in providing support should ensure that the child is handled with sensitivity and above all, the confidentiality of the child is maintained so as to protect her/him from

any stigma. ERs should counsel the parents and the family of the child victim and encourage them to cooperate in the legal processes.

- In order to ensure fair trial and justice for the child victim, the Gram Panchayat can advise the family and the child not to destroy evidence of incident. For example, child should not take bath till the medical examination and should not destroy clothes s/he was wearing at time of the incident.
- If needed, the Gram Panchayat can request the police to provide security to the child victim and the family if there is any possible threat from the offender.
- If the offender is someone from child's family, the Gram Panchayat should ensure that the child is kept at a safe place till s/he is produced to CWC or the police.
- The Gram Panchayat should monitor that the child victim is not discriminated against in the school or the Anganwadi and that her education is not discontinued. In case of abuse in an institution in the GP area, the Gram Panchayat must make sure that there is strict action and immediate reporting to the police.
- The Gram Panchayat can take steps to make all institutions in the locality safe places for children including roads to the Anganwadi and the school. If needed, it can seek help of local police to ensure safety on deserted roads when children go to or come back from school/ Anganwadi. Community volunteers can also be asked for help.

## Crime Mapping by Mararikulam South Gram Panchayat, Kerala

Mararikulam South Gram Panchayat has initiated a crime mapping exercise to identify the type and places of abuse in the GP area. Meetings were held with families in each ward. Women and girls wrote about the type of atrocities and place where abuse had happened and submitted the complaints in the complaint boxes. 4681 women and girls responded to the crime mapping. By analysing the complaints, a 'crime map' and 'issue map' were prepared. This mapping was conducted in the Gram Panchayat under the guidance of experts. The exercise has enabled the Gram Panchayat to address and prevent crimes against women and girls by networking with various stakeholders including the police.

4. The Gram Panchayat can address corporal punishment by educating parents, teachers and caregivers on corporal punishment, and linking severe cases with VCPC for appropriate support to the child as well as legal action against the offender. Legal awareness camps can be organized in every village with the support of the NGOs and the Legal Aid Cell to make people aware about the legal implications of corporal punishment.
5. The Gram Panchayat can play important role in prevention of trafficking and addressing issues of missing children by alerting and educating people in the GP area against enticing offers to send their children out with middlemen, who may be relatives or family friends too. For reintegration and mainstreaming of a child who was missing and was then restored

back to the family, the Gram Panchayat has to ensure that the child is admitted in school and does not face any stigma in the school or in the community.

MWCD has started a nationwide website 'TrackChild' for tracking missing children and their reunification with the families and rehabilitation. At the state level, DCPUs are supporting for setting up and managing this Child Tracking system so that a child missing in any part of the country can be tracked and restored to the family.

6. Contact numbers of Childline, nearest police station, CWC etc. can be displayed at convenient places for easy access of children and their families at the time of need. In case of emergency help for a child, anyone can call up child emergency helpline number 1098.
7. Children without parental care can be produced before the CWC for their care and rehabilitation, with the help of DCPU and VCPC or through Childline by calling on number 1098. Alternatively, the Gram Panchayat members or anyone else can

also call up police control room number on 100 for emergency help.

8. Zero tolerance for violation of child rights' and 'All children in school and zero drop-out' resolutions can be passed in the GP area.
9. Discussing these issues with children in schools and at various children's platforms can help the Gram Panchayat understand problems and solutions from children's perspective and implement these solutions.

Awareness generation and sensitisation of people in the GP area can be done through celebration of children's days, wall paintings and through discussions with people in Gram Sabha, Ward Sabha etc. VCPC, Standing Committee of the Gram Panchayat and other functionaries at village level can pro-actively support the Gram Panchayat in sensitisation drives for protection of children in the GP area. Print and electronic media for campaigning on child protection needs, folk theatre, puppetry, traditional forms of art etc. can be used to create awareness amongst the Gram Sabha members.

**CHILDLINE** is Government of India's 24-hour, free, emergency phone service for children in need of aid and assistance. Any concerned adult or a child, can dial 1098, the toll free number to access this service. CHILDLINE not only responds to the emergency needs of children but also links them to services for their long-term care and rehabilitation.



## What are key child protection schemes and what is the role of the Gram Panchayat in ensuring benefits of these schemes?

Most of child protection services have been clubbed under ICPS, as we learned in previous pages. Some more schemes that can be used for child protection and role of the Gram Panchayat in implementation of these schemes is given in table below:

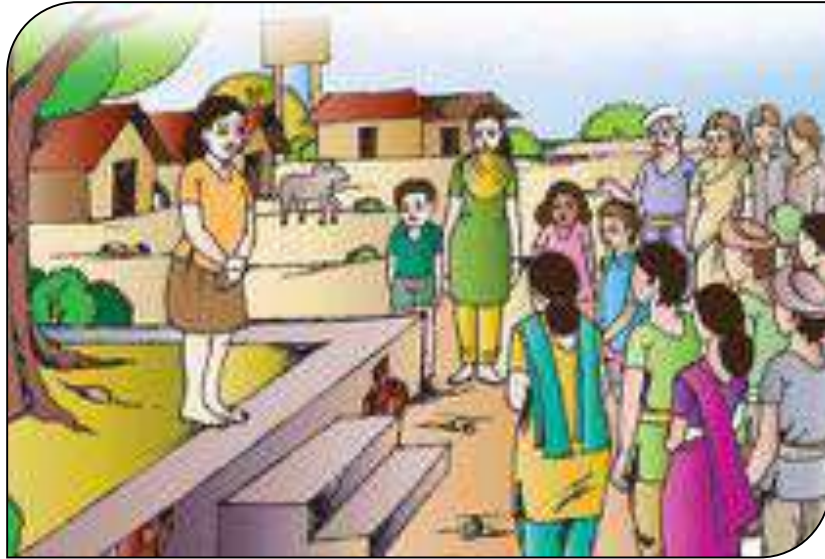
| SI. No | Name of the Scheme  | Entitlements in the Scheme  | Role of Gram Panchayat  |
|--------|---|---|---|
| 1      | Beti Bachao ,<br>Beti Padhao<br>Campaign                                  | A Government of India scheme to change the mind sets of the people towards girl child and to improve the Child Sex Ratio, It consists of campaigns and community mobilization for improving the Child Sex Ratio and girl child with education | Motivate and mobilize the AWW, ANM, ASHA, SHGs, youth groups for protecting and educating the girl child; make the Gram Panchayat girl child friendly with the help of VCPC; put up Guddha Guddhi Board with number of girls and boys born in current month and in current financial year organise Mahila Sabha and special Gram Sabha on issue of girls impact of reduced number of women, keep watch on ultrasound clinics, if any in the GP area and report a suspected case to the Police |
| 2      | Kasturba<br>Gandhi Balika<br>Vidyalaya                                    | Provides residential schools for girls belonging to the SC, ST, OBC, minority communities and families below the poverty line in educationally backward blocks  | Awareness generation and selection of beneficiaries, support to beneficiaries and linkages with other functionaries   |
| 3      | Ujjawala-<br>Comprehe-<br>nsive Scheme<br>for<br>Combating<br>Trafficking | Prevention of trafficking and providing support for rescue, rehabilitation, reintegration and restoration of victims of trafficking for commercial sexual exploitation  | Formation and effective functioning of the community vigilance groups to prevent trafficking; encourage and support formation of the Balika/ Bala Sanghas; awareness generation about the scheme; help for reintegration of trafficked child  |
| 4      | National<br>Child Labor<br>Project<br>(NCLP)<br>Scheme                    | The scheme focuses on the rehabilitation of children working in dangerous occupations and processes.  | Support the NCLP Society's task in implementation of the project; Monitor enrolment of children rescued from child labour and their admission to regular schools  |

## What have we learned?

- ✓ Children are vulnerable to multiple risks, threats and difficult situations.
- ✓ Child labour, child marriage, child trafficking, child sexual abuse, corporal punishment, neglect and abandonment, stigma and victimisation of children for committing offences or for crimes committed by their family elders or HIV infected or affected children are important problems to be addressed.
- ✓ For children who are victims of the above, there are various protection mechanisms at the district level which the Gram Panchayat can approach if there is a need.
- ✓ Gram Panchayats needs to play multiple roles ranging from prevention and sensitisation of all stakeholders in the GP area to vigilance against above and providing protection to child victims on its own or with the help from the district level bodies like CWC, police, DCPU.
- ✓ The Gram Panchayat should work in collaboration with VCPC and village level functionaries to make the Gram Panchayat child friendly.
- ✓ There are some key schemes for protection of children in the village and the Gram Panchayat needs to ensure that the entitlements reach to the deserving beneficiaries.







## Chapter 7

# Child Participation

Child participation means children and adolescents taking part in and influencing activities, processes and decisions concerning them.

Children have the right and the capacity to freely express their views and it is the duty of adults to listen to children's views and to facilitate their participation in all matters affecting them in the family, school and community. If children learn to participate today, they will be able to participate as citizens in the future. As they grow older, children should have more opportunities to participate in the activities of society, in preparation for adulthood. Child participation is a very important step towards the empowerment of the children who are vulnerable in various situations.

### Participation of children means.....



To Speak up and influence the decisions that affect them



To choose their beliefs and practice their religion and culture



To express thoughts through speech and creativity



To privacy and protection from attacks against their approach to way of life



To associate with organisations and groups



To access information crucial to their well being

#### Issues in participation

Often adults feel that children cannot participate. You might have heard excuses like.....

- ⊗ Children are too immature
- ⊗ Children do not know what they want
- ⊗ Children are impractical
- ⊗ Children can't take any responsibility
- ⊗ If we give them responsibility, children will spoil

#### Key factors that affect participation and choices of children:

- Poverty
- Caste or religion
- Gender
- Disability
- Emotional status of the child

### Haven't you seen

- young school leaders organizing the school annual day programmes,
- children talking clearly about social issues and,
- children organizing special Gram Sabhas?

**A**s a Gram Panchayat member, have you ever felt that if you were given more opportunity for participation while you were young, you could have been a better leader, a better organizer and a better public speaker now?

### Children's participation helps to

- Improve services that they get from schools, Anganwadis and Panchayats etc.
- Build children's knowledge, personal and social skills and a positive attitude towards citizenship and decision-making.
- Increase their self-esteem and self-confidence.
- Build a safer place for all children, reducing discrimination against vulnerable children.
- Build greater respect for the decisions of their peers. Children also start to

understand why a particular decision has been made by their adults.

In forums like Children's Gram Sabha, Balsabha, they come to know about active citizenship.

### 1. Children's participation in schools

If children participate in various school activities, they enjoy education. Two such activities for participation can be school clubs and school parliament.

#### A. School clubs

School clubs are composed of students, with teachers as advising members or patrons. Clubs focus on activities related to arts,



Sunita is a student of 9th class in village Balgarh. The Sarpanch of her village who was there as chief guest for the Children's Day celebration advised the school principal to start children's clubs and offered all needed support from the Gram Panchayat. Sunita's school has now following clubs:

- Eco Club
- Science Club
- Arts Club
- Agriculture Club
- Literary/ Readers Club
- Social Service Club

Every student is a member of one of these clubs and actively takes part in all club activities. Sunita's parents have encouraged her to join the Library Club. Thanks to the Sarpanch for this leadership!

science, and literary, vocational and social domains. School children join clubs to pursue their interests actively. There is no membership fee to join a school club.

Students of a particular club normally share a common interest and so are able to share ideas. It leads to improved participation of children in the varied activities in the school

### **B. School parliament**

In several schools, there is school parliament or students' parliament, an elected body of students in the school. Through the school parliaments, children learn civil and social skills, including leadership, participation, decision-making and communication. The school parliament can help students in the GP area to understand electoral processes and how democracy works.

## **2. Children's participation in governance**

Children form a big part of the village population but being children, they cannot vote, contest in Panchayat elections and are not members of Gram Sabha. That makes it

necessary to create an alternative forum for proper identification with details and addressing of the special problems and needs of children.

Their participation in governance can be ensured through platforms like children's Gram Sabha and Village level Child Protection Committee (VCPC).

### **A. Children's Gram Sabha**

The purpose of children's Gram Sabha is to strengthen democratic participation of children in the local planning process of the Gram Panchayat.

Children's Gram Sabha is a ward level group of 10-18 years old children to discuss and identify the gaps in child development, planning and implementation of programmes related to children and also to initiate child friendly development perspective in the GP area. Vulnerable children like girls, under privileged children from poor and marginalised families and differently abled children should be included in these forums.

## Lessons from Gram Panchayat Mala: special Gram Sabha for children

Gram Panchayat Mala in Thrissur district of Kerala has a track record of regularly organizing children's Gram Sabha twice a year since 2011. Children of 10-18 years of age come together under the leadership of the chairman of the welfare standing committee, concerned ward member and ICDS supervisor in all 22 wards of the Gram Panchayat to discuss and raise issues relating to their daily life including basic facilities, personal problems, gender discrimination, disability, child labour etc. The elected representative of the ward is the convener of the Gram Sabha. Anganwadi worker is given the responsibility of co-ordination of children's Gram Sabha. The meeting goes on for 3 to 4 hours, usually on Sundays or other holidays. The expenses for convening the Gram Sabha are met from the Gram Panchayat fund.

After an introductory session for 30 minutes on the activities of the Gram Panchayat for children, children are divided into 4-5 sub-groups to discuss one of the following themes:

- Services for children in the GP area
- Major health issues of children and suggestions
- Major education issues of children and suggestions
- Major protection issues of children and suggestions

The discussion points are presented in the plenary and suggestions are submitted to the Gram Panchayat for necessary follow up actions.

**The children of Mala GP are happy as their Gram Panchayat did not ask them to wait till 18 years to express their views.**

### **B. Child representatives in VCPC:**

As per the provisions of the VCPC, there should be two child representatives on the committee. For example, in Gram Panchayats of District Chandauli, Uttar Pradesh, the VCPCs have been constituted at the Gram Panchayat level and two child representatives, a boy and a girl above 14 years of age, are included in VCPC to participate in the discussions and contribute to the decisions of VCPC.

### **3. Child friendly public spaces**

Public spaces are those common spaces that

are accessible to all children irrespective of their social and economic background. These common spaces include play grounds, parks, libraries etc. To be child friendly, these places need to be accessible, safe and fear free.

Play grounds in the village serve as a place for recreation and sports. Both girls and boys should have access to the playgrounds in the village. All public play grounds used by children have to be levelled and cleared of stumps, stones, glass pieces, scrap metal, thorny bushes etc. Also, the place should be drain-free and waste-free. Fencing is desirable



to avoid the entry of cattle. The place should be protected from alcoholics, drug addicts, gamblers and anti-socials elements.

Playgrounds can be developed as part of Shramdan (voluntary labour) by the local youth, public-private partnership involving NGOs/CBOs in the area, or with the Gram Panchayat funds. Play grounds can also be developed through Rajiv Gandhi Khel Abhiyan, which aims at development of sports infrastructure at the level of Panchayats. The playground in the village can be built with the help of MGNREGA.

Under the Scheme for providing Grants to Rural Schools for Sports Equipment and Playground by the Ministry of Youth Affairs and Sports, the secondary and senior secondary schools in the rural areas are entitled to claim assistance of Rs.1.5 lakh for development of play field and purchase of sports equipments.

**Children's library and children's corner in the libraries:** Starting a library for children or adding a children's corner to the library will help to inculcate reading habits among children. Children's books, periodicals, comics, charts, maps, globes, educational toys, learning games, audio-visual materials, cable TV connection etc. can be provided in the library. Child friendly book racks, reading tables, stools, chairs etc. make these services user friendly for children. A children's committee can be constituted to manage the library.



## Role of the Gram Panchayat in ensuring child participation

Discussions on importance of child participation in Gram Sabha, Ward Sabha and at other common platforms will help in creating pro- child participation environment in the GP area.

Mentioned below are some specific roles of the Gram Panchayat to encourage child participation:

- Active involvement of ERs in organizing bal sabha, Bal Gram Sabhas and addressing the identified issues raised by children in such forums, is important for ensuring their say in decision making.
- The Gram Panchayat needs to ensure that the facilities like parks, pay grounds and libraries are well maintained and functional. The GP can seek community participation for the construction

and maintenance of the playgrounds and parks in the GP area. The Gram Panchayat should strictly ensure that the parks, play grounds and children's libraries are tobacco free.

- For developing children's corner in the library, the Gram Panchayat can approach the Raja Ram Mohun Roy Library Foundation (RRRLF), Kolkata for financial assistance.
- The Gram Panchayat can facilitate schools to observe special days of importance like Independence Day, Republic Day and children's day, etc. in the school. The Gram Panchayat can also organize various competitions amongst children e.g. sports competitions that would develop sense of healthy competitions amongst them.
- The Gram Panchayat should see to it that all the public places are non-discriminatory and any child irrespective of her/his caste, class, gender, and disability status can use these public spaces. The Gram Panchayat should also ensure that all the children's public spaces in the GP area are barrier free and accessible for the CWSN. To make these spaces disabled children friendly, ramp with hand rails can be constructed with the initiative and facilitation of the Gram Panchayat.

## What have we learned?

- ✓ Children have the right and the capacity to freely express their views and it is duty of the adults to listen to children's views and to facilitate their participation in all matters affecting them.
- ✓ School clubs and parliaments can be promoted as forums of child participation in the schools.
- ✓ Child participation in governance can be ensured through organising balsabha and children's Gram Sabha with active participation and encouragement from members of the Gram Panchayat.
- ✓ The Gram Panchayat has crucial role in creating and maintaining child friendly spaces like the playgrounds, parks and libraries for children.



## Chapter 8

# Child Friendly Gram Panchayat



Now that we have gone through all the chapters on child related issues and learned about role of the Gram Panchayat in ensuring these, do you think that your Gram Panchayat can become “a child friendly Gram Panchayat”?

**Let us first summarise what a child friendly Gram Panchayat is.**

**A Child Friendly Gram Panchayat is where**

- ✓ All the members of Gram Panchayat understand, implement, promote child friendly activities, develop action plans based on children's issues, develop services for children based on these issues and improve them if these already exist.
- ✓ Functionaries of various departments connected with children understand, implement and actively endorse child friendly activities. They also come forward to protect children, respect their opinions and never discriminate against them.
- ✓ Parents and care givers are aware of children's issues, patiently listen to them, encourage their active participation, protect and respect them and never discriminate against them.
- ✓ Children are happy, protected, respected, they have access to better healthcare, education, leisure and recreation, have a say in the matters concerning them and



are involved in the conduct of services or activities for them.

### What steps do we need to take for the realization of a child friendly Gram Panchayat?

Now that we have seen the roles of different groups for a child friendly Gram Panchayat, let us see what steps need to be taken to make the Gram Panchayat a child friendly Gram Panchayat.

#### Step 1: Sensitization on children's needs and issues

It is important to conduct regular awareness programmes for members of the Gram Panchayat, officials of the departments, village community, SHGs, parents, children to understand the needs and issues of children. These awareness programmes will help to make all these groups respond sensitively to children's needs and issues. Sensitisation and awareness programmes can be conducted with the help of trainers from the SIRDs, State Panchayat training centres and members of NGOs. Members of other Gram Panchayats who have successfully initiated good practices for child development in their Gram Panchayat, can also be invited as experts to share their experiences.

#### Step 2: Setting up goals for a child friendly Gram Panchayat

For setting up the goals for a child friendly Gram Panchayat, the Gram Panchayat must consult all the people mentioned above. An effective way to do this is to convene a special Gram Sabha. In such a Gram Sabha, we can identify all the things we need to consider to make our Gram Panchayat child friendly. Children of the GP area should also be consulted for setting the goals for their development in the GP area.

#### Step 3: Self-assessment

Once the goals for a child friendly Gram Panchayat are set, all these groups mentioned above, officials, parents, children and member of the Gram Panchayat should make their own assessments about the status of child friendliness in the GP area. For example, we can evaluate how child friendly the Anganwadi is and what all we need to do to make it child friendly in our GP area.

#### Step 4: Setting up action plan

An annual action plan has to be made on the basis of the assessment mentioned above. All the available resources need to be considered while making the action plan. It can be linked to the government programmes and schemes for children. It should also have activities for each goal set in the action plan. This action plan should be presented to and approved by the Special Gram Sabha. Based on action plan the Gram Panchayat can allocate funds or mobilize them from other sources.

#### Step 5: Implementation, monitoring and evaluation

The action plan will provide a structure to achieve the aim of a child friendly Gram Panchayat. It should be implemented with the support of children, parents, stakeholders and the community. The community, parents and children should be encouraged to get involved in the monitoring of the action plan. The action plan can be evaluated annually or bi-annually as decided by the Gram Sabha.

### Is your Gram Panchayat a Child Friendly Gram Panchayat?

A checklist given below is drawn up based on the discussion in the previous chapters. The Gram Panchayat can modify the check list based on local needs and priorities.

## Key Questions

1. How many pregnant women are registered in the GP area this year?
2. How many births are registered in the GP this year?
3. How many birth certificates are issued from the Gram Panchayat?
4. What is the immunization status (coverage percentage) of children of your Gram Panchayat?
5. Who do you think are the children likely to be missed out from immunization?
6. How many deaths of infants and children below 5 years of age were reported? What were the causes of these deaths?
7. Does your Gram Panchayat have regular and continuous drinking water supply in the Anganwadi and in the school?
8. Are there functional, "disabled friendly" toilets in schools and Anganwadis?
9. Are regular hygiene sessions conducted in the Anganwadi?
10. How many children of your Gram Panchayat are under-nourished?
11. Are all the children of 3-6 years of age in your GP area enrolled with the Anganwadi or other ECCE centres?
12. Do you have any programmes to ensure 100% pre-school education?
13. Are all the children from 6-14 years enrolled in school?
14. Do they attend school regularly?
15. Are all the CWSN in your GP area admitted in school or enrolled in some other learning programme?
16. Are there adequate, good quality, functional and barrier free infrastructure in schools and Anganwadis?
17. Do you have data on the number and details of the adolescents of your GP area?
18. Is there an AFHC in your Gram Panchayat? Do adolescents visit there regularly?
19. Are adolescents of the GP area availing the services of SABLA and SAKSHAM programmes?
20. Are there any children engaged in child labour in your GP area?
21. Is there a Village Child Protection Committee in your GP?
22. Does it meet and discuss regularly issues of children in the GP area?
23. Are there two child representatives in VCPC- a boy and a girl each who are above 14 years of age?
24. Is child marriage practiced in your GP area?
25. Has your GP achieved 100% registration of birth and marriages?

26. Have there been any cases of child sexual abuse reported in your GP area?
27. Is corporal punishment practiced in families and schools of your GP area?
28. Has your Gram Panchayat passed resolution for 'zero tolerance for violation of child rights'?
29. Are there any children's clubs or other participatory forums for the children of your GP area?
30. Do you have sufficient number of play grounds and parks in your GP area? Are they safe for children?
31. Are these places CWSN friendly?
32. Have any children from the GP area been linked with ICPS services through efforts of VCPC?
33. Do you consult with children before finalizing children's component in your GP plan?
34. Is there special focus on girl children and children from marginalised families?
35. What percentage of Panchayat fund is spent for children?
36. Are the children in your Gram Panchayat healthy and happy?



**Annexure 1**  
**Application for Anganwadi Centre**  
**(As per Supreme Court orders)**

To

CDPO

Block: \_\_\_\_\_

Date: \_\_\_\_\_

District: \_\_\_\_\_

Habitation: \_\_\_\_\_

Village: \_\_\_\_\_

State: \_\_\_\_\_

Panchayat: \_\_\_\_\_

Dear Sir/Madam,

Ref: Supreme Court order, in PUCL vs. Union of India &Ors. Civil WP No. 196/2001 dated 13 December 2006 states, "Rural communities and slum dwellers should be entitled to an "Anganwadi on demand" (not later than three months) from the date of demand in cases where a settlement has at least 40 children under six but no Anganwadi."

You would be aware of the above mentioned order of the Supreme Court, stating that anganwadis shall be sanctioned on demand, in cases where a settlement has at least 40 children under six but no Anganwadi. In our habitation there are \_\_\_ children under six years of age (list enclosed as Annexure) and there is no anganwadi centre. The population in our habitation is \_\_\_\_\_. The nearest anganwadi centre is \_\_\_ km away and caters to a population of \_\_\_\_\_.

The growth of children is not being monitored; children are not getting any supplementary nutrition or pre-school education because of the absence of an accessible anganwadi centre. Pregnant and lactating mothers and adolescent girls, also do not have any service available to them at the village level.

We request that an anganwadi centre, with an anganwadi worker and anganwadi helper, be sanctioned for our habitation, in accordance with the above mentioned order of the Supreme Court. This anganwadi centre should provide all the services of the ICDS programme including supplementary nutrition, nutrition and health education and pre-school education.

Thanking You,

Yours Sincerely,

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Cc: District Project Officer, ICDS; District Magistrate; Commissioners to the Supreme Court

List of children under Six Years (Annexure with the application)

| Sl. No. | Name of Child | Father's Name | Mother's Name | SC/ST/OBC /General | M/F | Age/Date of Birth |
|---------|---------------|---------------|---------------|--------------------|-----|-------------------|
|         |               |               |               |                    |     |                   |

## List of Abbreviations

|         |  |
|---------|--|
| AFHC    | Adolescent Friendly Health Clinics                     |
| AIDS    | Acquired Immune Deficiency Syndrome                    |
| ALMSC   | Anganwadi Local Monitoring and Support Committee       |
| ANM     | Auxiliary Nurse Midwife                                |
| ARSH    | Adolescent Reproductive and Sexual Health              |
| ASHA    | Accredited Social Health Activist                      |
| AWW     | Anganwadi Worker                                       |
| CBO     | Community-based organization                           |
| CWC     | Child Welfare Committee                                |
| CWSN    | Children with Special Needs                            |
| DCPU    | District Child Protection Unit                         |
| ECCE    | Early Childhood Care and Education                     |
| ER      | Elected Representative                                 |
| GP      | Gram Panchayat   |
| HIV     | Human Immuno-deficiency virus                          |
| ICDS    | Integrated Child Development Services                  |
| ICPS    | Integrated Child Protection Scheme                     |
| IEC     | Information, Education and Communication               |
| IEDSS   | Integrated Education for Disabled at Secondary Stage   |
| IGMSY   | Indira Gandhi Matritva Sahyog Yojana                   |
| JJB     | Juvenile Justice Board                                 |
| JSSK    | Janani Shishu Suraksha Karyakaram                      |
| KSY     | Kishori Shakti Yojana                                  |
| MGNREGA | Mahatma Gandhi National Rural Employment Guarantee Act |
| MLA     | Member of Legislative Assembly                         |
| MO      | Medical Officer  |
| MTC     | Malnutrition Treatment Centre                          |
| MWCD    | Ministry of Women and Child Development                |
| NCLP    | National Child Labour Project                          |
| NGO     | Non-Governmental Organization                          |
| NRC     | Nutritional Rehabilitation Centre                      |
| NRHM    | National Rural Health Mission                          |
| OBC     | Other Backward Classes                                 |
| OPV     | Oral Polio Vaccine                                     |
| PHC     | Primary Health Centre                                  |
| POCSO   | Protection of Children from Sexual Offences            |
| PTA     | Parent Teacher Association                             |
| RBSK    | Rashtriya Bal Swasthya Karyakaram                      |
| RCH     | Reproductive and Child Health                          |
| RKS     | Rogi Kalyan Samiti                                     |

|       |  |
|-------|--|
| RKSK  | Rashtriya Kishor Swasthya Karyakram                |
| SC    | Scheduled Caste                                    |
| SHG   | Self Help Group                                    |
| SJPU  | Special Juvenile Police Unit                       |
| SMC   | School Management Committee                        |
| SMS   | Short Message Service                              |
| SSA   | Sarva Shiksha Abhiyan                              |
| ST    | Scheduled Tribe                                    |
| TT    | Tetanus Toxoid                                     |
| UNCRC | United Nations Convention on the Rights of Child   |
| VCPC  | Village Child Protection Committee                 |
| VHND  | Village Health and Nutrition Day                   |
| VHSNC | Village Health, Sanitation and Nutrition Committee |
| WASH  | Water, Sanitation and Hygiene                      |
| WIFS  | Weekly Iron and Folic Acid Supplementation         |

## Acknowledgements

The book has been prepared through a consultative manner in which a number of people from various organizations have contributed. The nodal institute for the preparation of this book was Kerala Institute of Local Administration (KILA) where Dr. Peter M. Raj from Child Resource Centre and Ms. Beena Sivan were the main writers under the guidance of Dr. P.P Balan, Director, KILA. Elected representatives from PRIs of Kerala shared their experiences and inputs for the book. Mr. Anu David from Kerala is acknowledged for designing of the book.

Acknowledgements are also due to Mr. Gulshan Lal, Mr. V.C. Chaudhary and Ms. Meenakshi Rathore from Ministry of Women and Child Development, Mr. A.K. Nanda from National Commission for Protection of Child Rights, Mr. Shashank Shekhar from Delhi Commission for Protection of Child Rights and Ms. Aparna Dwivedi from Child Welfare Committee, Delhi for their valuable inputs.

The book has been enriched with valuable thematic contributions from Dr. Akila Rai, UNICEF, Chennai, Dr. K.R. Antony, Public Health Consultant at KILA, Ms. Heenu Singh from Childline India Foundation, Ms. Sangeeta M. from CRY, Ms. Anubhuti Patra from Railway Children India and Mr. Vikram Srivastava from Independent Thought.

This book has been developed under the Strengthening Capacities of Panchayati Raj Institutions (SCPRI) project supported by United Nations Development Programme (UNDP) in the Ministry of Panchayati Raj. Ms. Kiran Jyoti from SCPRI project coordinated this work and provided thematic inputs.

Inputs provided by Mr. Rajesh Sinha, Mr. Rishu Garg, Mr. Krishanu Bhattacharya, Ms. Polly Datta, Mr. Sandeep Sharma and Mr. Mohit Kumar of SCPRI project are also acknowledged. Acknowledgements are also due to Ms. Ritu Mathur from UNDP and Mr. Shibabrata Kar, National Project Manager, SCPRI for their continuous support in reviewing the content and structure of the book.





