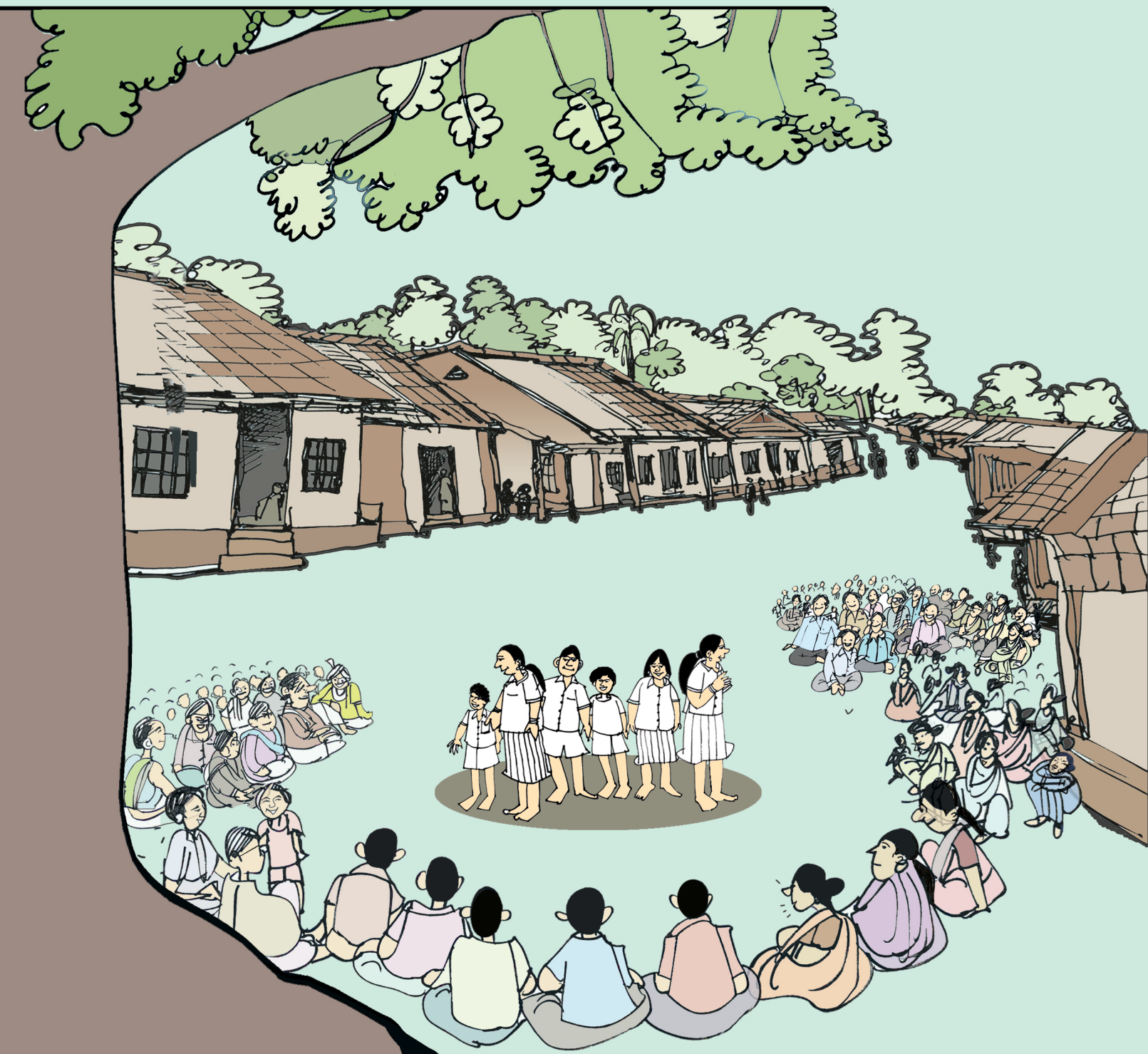


Child-Friendly Local Governance

Documenting Good Practices from India



Developed by Child Rights Resource Unit (NIRDPR-UNICEF-CRRU)
Centre for Gender Studies & Development (CGSD)
National Institute of Rural Development and Panchayati Raj
Ministry of Rural Development, Government of India
Rajendranagar, Hyderabad - 500 030, India



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Child-Friendly Local Governance

Documenting Good Practices from India

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Foreword

India has an exemplary system of local self-governance for many years now. Year after year, efforts are being made to strengthen the structures within that system by giving greater autonomy to the Panchayati Raj Institutions (PRIs). Recently, during India's fight against the COVID-19 pandemic, it was under the leadership of these PRIs that the frontline workers such as ANM and ASHA workers, Anganwadi workers, etc., displayed great resilience and demonstrated courage for timely and efficient delivery of services for all sections of society, even in the time of chaos.

Self-sufficiency and a spirit of participation and coexistence is the basic essence of the Panchayati Raj system. Hence, it is pertinent that all voices come together and are heard for making the villages self-sufficient units that can run autonomously. Just like men, women and the elderly, children too are an intrinsic part of society and their needs and rights should be given equal priority. Including children's voices and giving them an equal share in partaking in decision-making will not only strengthen governance but also ensure that India receives future-ready citizens.

Various Panchayats in India have been trying to incorporate the spirit of participation and democracy through adopting child-friendly approaches in governance. A positive stimulus towards this end has come from the Ministry of Panchayati Raj (MoPR), Government of India that has instituted since 2012 a special award titled 'Child-friendly Gram Panchayat award' in recognition of the good work being done by GPs in achieving the holistic development of their children. The award seeks to incentivise high-achievers in the domain of Child Friendly Local Governance (CFLG) and can be seen as a medium for creating awareness towards such practices, thus raising the level of commitment of all stakeholders.

As an attempt to document some of the good practices, and replicable learning from the efforts made by the GPs for adopting child-friendly approaches, this study goes a long way and makes a positive beginning towards documenting good practices from direct field experiences at the GP level. It is hoped that its learnings will be widely disseminated and organisations working on child rights issues as well as the divisions concerned within the Ministry of Panchayati Raj (MoPR) will learn from the findings and share them with various stakeholders.



(G. Narendra Kumar)

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At the very outset, we would like to thank UNICEF India for the collaboration that enabled us at the Centre for Gender Studies and Development (CGSD) to set up the Child Rights Resource Unit (CRRU) at NIRDPR, Hyderabad. This documentation exercise is a product of this collaboration.

We would like to specifically thank Mr. Soumen Bagchi, Social Policy Specialist, UNICEF India for his valuable advice and the constant handholding support that he has extended during the entire duration of this documentation exercise. It was due to his able leadership and constant encouragement despite challenges faced, that we at CRRU, were able to access our primary respondents in the various GPs across India. We would like to thank each one of his State team members Ms. Ananya Goswami in Assam, Mr. Shafqat Hussain in Rajasthan, Ms. Veena Bandyopadhyay in Madhya Pradesh, Mr. Bal Paritosh Dash in Chhattisgarh, Mr. Onkar Nath Tripathi in Jharkhand, Mr. Sugata Roy in Kerala, Mr. Tejbir Soni in Gujarat and Ms. Anuradha Nair in Maharashtra, who came forward to enable us reach the relevant respondents in the GPs through helping us establish the GP level contacts.

We would also like to take this opportunity to thank the heads of SIRDs at Telangana and West Bengal for providing us with GP leads in these States.

Finally, and most importantly, we would like to thank all our primary respondents in the 10 GPs for their participation in this study. This documentation would not have been possible without their valuable insights and experiences from practicing child-friendly local governance. I thank them for taking time out despite their extremely busy schedules and talking to us.

Let me end by thanking all my team members at NIRDPR, particularly Dr. N.V Madhuri for her guidance and support, Mohammad Sajid and Praveen Pattipaka from CGSD and Anagha Mariya Jose from Centre for Wage Employment & Livelihoods (CWE&L) for helping me conduct the interviews in the local language for Telangana and Kerala, respectively. I really appreciate the support extended.

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List of Abbreviations

ANM	-	Auxiliary Nurse and Midwife
AWC	-	Anganwadi Center
AWW	-	Anganwadi Worker
CFLG	-	Child Friendly Local Governance
CGSD	-	Centre for Gender Studies and Development
CRRU	-	Child Rights Resource Unit
CWE	-	Centre for Wage Employment
CSO	-	Civil Society Organisation
CWC	-	Child Welfare Committee
GP	-	Gram Panchayat
GPDP	-	Gram Panchayat Development Plan
KILA	-	Kerala Institute of Local Administration
MoPR	-	Ministry of Panchayati Raj
NIRDPR	-	National Institute for Rural Development and Panchayati Raj
NGO	-	Non-Governmental Organisation
SIRD	-	State Institute of Rural Development
SMC	-	School Management Committee
UNCRC	-	United Nations Convention on Rights of the Child
VHSNC	-	Village Health Sanitation and Nutrition Committee
VDO	-	Village Development Officer
WASH	-	Water, Sanitation and Hygiene

Executive Summary

This documentation exercise was a challenging yet interesting process. While the COVID-19 pandemic made it difficult for the field team to visit the 10 GPs that have been covered in this exercise, it provided us with an opportunity to interact with various stakeholders through telephonic interviews and understand their experiences of child-friendly local governance in a new light during and after the pandemic. As a result, the interactions gained new perspectives on how necessary it is for a GP to adopt child-centric and child-safe policies and practices. The discussions with the GP Sarpanchs and frontline workers led us to understand that if a GP is already working within a child-friendly framework for village-level planning, it will perhaps be better prepared to deal with emergencies such as the COVID-19 pandemic.

The documentation tries to capture 10 GPs from 10 States in India and some of the replicable good practices discovered in each of them. The table below provides a quick glance of the GPs that have been detailed as case studies in this document.

State	District	GP Name	Key driver for CFLG
Telangana	Warangal Rural	Gangadevipally	Committee-based focused approach
Madhya Pradesh	Neemuch	Bharbhadiya	Issue-based focused approach
West Bengal	South 24 Parganas	Paratap Aditya Nagar	Child and Gender responsive GPDP planning
Chhattisgarh	Kabirdham	Kanhabhaira	Women-led SHGs and child welfare committee
Jharkhand	Bokaro	Bundu	Community-based monitoring system
Maharashtra	Chadrapur	Bhatala	Active Bal Panchayat
Assam	Dibrugarh	Borpathar	Educated community and their active participation
Gujarat	Chotaudepur	Pachisgam	Targeted action for critical issues
Kerala	Kannur	Peravoor	Holistic approach towards child welfare through convergence
Rajasthan	Tonk	Dardahind	Self-driven and solution-oriented approach

It is hoped that the case studies will provide some fresh insights on how local governance functions at the grassroot level and how some of the GPs have taken that extra step to ensure that children's issues are given primacy and no child is left behind from the realm of development and opportunities.

Child-friendly Local Governance: Documenting Good Practices from India

Introduction

Gram Panchayats (GP) are the smallest unit of development action and lie at the very base of the local self-governance structure in India. As per the provisions under Article 243 of the Indian Constitution, it is mandated that a Gram Sabha may exercise such powers and may perform such functions that is necessary for the overall development of the Gram Panchayat. Since children are also equal citizens of this country and have rights that are inseparable and inalienable, it is necessary that children's issues and concerns are provided an equal weightage in the overall developmental agenda of the Gram Panchayat. The UN convention on the Rights of the Child (UNCRC) has broadly given children 4 sets of rights: survival, development, protection and participation. Hence, it is pertinent that children's welfare issues pertaining to their access to these basic rights - right to education, health, play, sanitation, nutrition and protection against neglect and abuse - are met and addressed in the context of any planning that takes place at the GP level.

Child-friendly Local governance (CFLG) can be defined as a strategic frame for the realisation of child rights at the local level¹. The prime purpose of such a framework is to ensure that child-friendly practices are adopted in the village and that children are included as key stakeholders for any development work that takes place in the village. This necessitates Gram Panchayats to be sensitive to children's needs and involve children in the process of development thinking and planning. Gram Panchayats can make use of collective action, and through adopting a child-friendly approach to development, they can take the first step towards realising the spirit of true democracy, both in idea and in practice.

As a signatory to the UNCRC since 1989, India is committed to work for the welfare of

¹. Child friendly Local Governance: Concepts and Methodology, KILA Journal of Local Governance: 2016

its children within the rights-based approach. This effectively means that Indian policymakers have to make conscious attempts towards understanding children's issues and draft policies that strategically takes cognizance of improving the situation with regard to children's access to various services pertaining to health, nutrition, education, shelter and protection. In this context, local governments can be powerful tools for helping realise these rights for children. With the right intention and knowledge, child-friendly local governance can thus be made a reality.

While both the concept of CFLG and its use and implementation are perhaps relatively new, there are few committed States who have worked relentlessly towards including this approach in their planning and have succeeded. The State of Kerala is one such example that has successfully experimented with democratic decentralisation and incorporated people's participation in local level planning. Kerala's concerted efforts towards bringing in children's voices through innovative structures and practices such as Children's Gram Sabha, working groups on child development and many other special committees and groups have succeeded in keeping children's matters at the forefront of their planning process.

Following Kerala's successful experiments and good practices, several other States too have tried to follow suit and to ensure that CFLG can become a reality. Another positive impetus towards this end has come from the Ministry of Panchayati Raj (MoPR), Government of India that instituted since 2012 a special award titled 'Child-friendly Gram Panchayat award'² in recognition of good work being done by GPs in achieving holistic development for their children. The award seeks to incentivise high-achievers in the domain of CFLG and can be seen as a medium for creating awareness towards such practices, thus raising the level of commitment of all stakeholders. This award can be seen as an effective stimulator and it is hoped that it will lead to the creation of a conducive environment for focusing on child-

² Child Friendly Gram Panchayat Award Guidelines, Ministry of Panchayati Raj, GoI

centric plans.

The following study aims to document few such good practices in CFLG that have emerged across India. The good practices have been documented in the form of case studies and aims to highlight the innovative strategy that worked best for bringing child-centric issues at the forefront of planning and action for the respective GPs.

Methodology

For collecting the data and information related to the various GPs for good practices in CFLG, a mixed method approach has been used. Since the study was designed prior to the countrywide lockdown due to the COVID-19 pandemic in March 2020, the initial methodology had a bigger sample size (20 GPs and 10 stakeholder interviews/GP). However, due to the restrictions mandated by the COVID-19 pandemic that prevented the team from travelling to the field for direct data collection, a number of changes had to be made and the sample size too had to be reduced. The present study consists of case studies from 10 GPs in 10 States of India. The documentation is in the form of case studies and due focus has been given to capture any replicable innovations or good practices adopted by the GP that has given it the status of being a Child-Friendly GP.

As a first step, desk-based literature review of child-friendly local governance was undertaken. The literature review also involved scanning past records and looking through good practice documentation done by MoPR as well as other relevant government bodies and research institutes in India. Here, particularly GPs with a known record of child-friendly practices were identified and included in the initial shortlisting. Alongside, GPs that have received the Child-Friendly GP award in the past two years were also included in the final list of shortlisted GPs for documentation.

Thereafter, specific discussion guides with open-ended questions were developed for various stakeholders - school-teachers/Headmasters, anganwadi workers, ANM/ASHA

workers, Sarpanch/Panchayat Secretary and Child welfare committee members. The purpose of these interviews was to understand the service delivery mechanism at each level in the context of access to basic services for children- health, nutrition, education, play, WASH, protection and participation and gaining insights on any innovative practices that may have been adopted at each level for making the GP child-friendly.

Finalising the modalities for conducting the telephonic interviews was the biggest challenge. In this context, the research team is grateful for the support extended by State SIRDs (Telangana and WB) and UNICEF's State Head offices (Jharkhand, MP, Chhattisgarh, Kerala, Assam, Rajasthan, Maharashtra and Gujarat) who helped us reach out to the relevant stakeholders in these States through State-level Panchayat representatives. Despite the delays and challenges faced, care has been taken to ensure that the data collection methods are both transparent as well as rigorous. The telephonic interviews were recorded with due verbal permission and later transcribed for the purposes of analysis and documentation.

Case Study 1: Gangadevipalli GP, Warangal District, Telangana

Village profile:

Gangadevipalli is a small Gram Panchayat with approximately 360 households with a total population of 1400 people, located almost 15 kilometres away from the district headquarters at Warangal. It is part of the Machapur Village Panchayat in Geesugonda Mandal of Warangal Rural district, in the Indian State of Telangana.



Image 1: Gangadevipalli GP in Warangal Rural

The village has a long history of good governance at the local level and villagers give credit to the able leadership of the village heads along with the willingness of the village level functionaries to converge and cooperate for the overall betterment of the village. A multitude of factors have actually come together to make the village what it is today.

Demographic details

S.No.	Key Features	
1	GP name	Gangadevipalli
2	Mandal name	Geesugonda
3	District name	Warangal Rural
4	Total number of households in the village	360
5	Total number of children in the village 0-6 years 7-18 years	282 Total:74 (G:38; B:36) Total:208 (G:94; B:114)
6	Total number of Govt. schools	2 (1 Primary School; 1 High School)
7	Total number of Anganwadi centres	1
8	No. of dropouts in the village	0
9	No. of playgrounds/parks in the village	1
10	Children's Libraries/Reading rooms if any	0

Key child-friendly features in the GP

- Gangadevipalli has steadily recorded 100 per cent enrolment among children with zero dropouts and have taken special steps to improve the situation of both the Upper Primary as well as Higher Secondary government schools.
- All the village, children, including some from neighbouring villages, are enrolled in the local government school and parents encourage children to opt Govt. school than private schools in the vicinity.
- The village has a specially formed committee known as the 'Pathshala Parirakshana Committee' (School Safeguarding Committee) for supervising all school and education related matters.
- The village has no recorded cases of child marriage or child labour during the last 10 years.
- Children's issues are actively monitored and supervised including those for health, nutrition and immunisation through Gram Sabha meetings where such issues are always in agenda for discussion



Image 2: A board at the village entrance depicting convergence with Bala Vikasa, an NGO that has helped the GP in becoming a 'Model Village'

Gangadevipalli: A model village

The success of Gangadevipalli as a high performing GP began as early as 1995 when it earned the status of being a special Panchayat with an all-women membership in the Gram Panchayat along with the then Sarpanch who was also a woman. The village is known for its people-centric approach where the village leadership ensures that all villagers participate and cooperate in resolving development-related matters in some way or the other. Since its recognition as a special Panchayat, the villagers have been working hard to make it a model village as a result of which in 2007, this village received the *Nirmal Gram Puraskar* for their exceptional work in making it a village with 100 per cent toilets in all households and installing a fluoride-free water purification plant through convergence with local NGOs.

The GP has adopted a unique approach for resolving issues at all levels, big or small, through setting up committees or task forces that are responsible for supervising matters related to any specific issue at the village level. At present, the village has a total of 26 committees and almost 50 per cent of the families residing in the GP are part of some

committee or the other depending on their skills, interests and strengths. The committees play an important role in the day-to-day affairs of the village and have earned the respect of being called a 'Model Gram Panchayat'.



Image 3: GP Statistics displayed on the wall of the Panchayat Office

The ex-Sarpanch of the village, Mr. Rajamouli shared that they consider their overall approach to problem-solving the biggest reason for their success. All the committees work through a high level of convergence. Every Gram Sabha meeting has a pre-set agenda and discussion points are organised on the basis of priority. Reportedly, economic and health issues take primacy. However, social and environmental issues and overall lifestyle of people in the village are kept in mind. Mr. Rajamouli shared that it is their participatory spirit to problem-solving involving all villagers that has helped them achieve the status of a Model Village. "Happiness of all is our mantra," he stressed.

In this context, convergence is achieved through regular meetings and monitoring the work being done by the different committees. Along with the government programmes and schemes, their villages also have a very active presence of NGOs and civil society organisations. Organisations like Bala Vikasa, Lions Club of Ekashila and Rotary Club have come in through fund and development support for various progressive activities in the village. The KCR govt. had awarded the village for Gram Jyoti Programme and provided them a fund support of Rs. 10 crore for undertaking various developmental activities.

Focus on children's issues

In terms of the issues with regard to children, the ex-village Sarpanch (also the present Vice-Sarpanch) Mr. Rajamouli shared that early child marriage usually by the age of 14-15 years, eve-teasing and differential treatment of girls and boys have been some of the issues that required attention.

The approach adopted for bringing focus on these issues was through initiating direct talks on these issues during the Gram Sabha meetings. Mr. Rajamouli shared that as a conscious approach, they have dedicated sessions on each of these issues and discuss them through live examples. The purpose of such discussions is to highlight the ill-effects of these practices. In some cases, individual counselling was also done through home visits to ensure that parents understand the value and importance of equal treatment for girls and boys in their lives. For child marriage, he shared that while so far most of the cases in the last 20 years have been averted through counselling and direct action, they do not hesitate to seek legal recourse wherever necessary. They consider early marriage as an evil and target this issue very seriously.

Education for all children and their enrolment was also a focus area of the GP and a campaign to improve the infrastructure of the government school was initiated in 2015. Ms. Jyothirmayi Nallimela, School Headmaster, ZP High School, Gangadevipalli, shared that in

2015 when she was appointed Headmaster of this school, it only had 5 rooms and 60 children from Grades 6 to 10. Since it was a Telugu-medium school, not many parents from the village were interested in putting their wards in this school. “There is a high demand for English-medium education in this area and hence most of the children were in the neighbouring private English medium schools,” she shared. This was a serious cause of concern and hence the first thing they decided to do was to ensure that children are enrolled in the village school. Towards this end, the village head (at that time Mr. Rajamouli) decided to set up a committee by the name Pathshala Parirakshana Committee (School Safeguarding Committee) that would look after the school affairs and work towards increasing the enrolment. The committee took the matter into its own hands and advised the villagers who were also parents of wards to inform people about admitting their wards in this school. Around the same time, the Chief Minister visited the village to check progress on the development work and a request for giving the school an English-medium status was made. That same year, the school became an English-medium school as per the mandate of the Telangana State. Simultaneously, an additional fund was provided to the school for adding more rooms to accommodate new enrolments. A number of infrastructural changes were made that included construction of 7 new rooms including library room and science labs. Gradually, by 2018, the school had a total of 150 students from Grades 6 to 10. With increasing enrolments and the additional infrastructure, parents have seen the benefits of putting their children in this school and now by choice they admit their children here. This, according to Ms. Jyothirmayi, was the biggest change that she has witnessed over the years.

Convergence and integration on service delivery for children

For the child-centric approaches, the village has ensured that there are no reported dropouts and that all children are enrolled and studying in school. They monitor this aspect closely and make sure that no child is out of the education system.

In this context, Ms. Jyothirmayi shared that the biggest strength of development with regard to children's issues has been due to the unity displayed by the villagers and the active participation of the village leadership in the form of the Sarpanch. "They may have their own political differences, but they always come together for village-related matters," she stated. The School Safeguarding Committee, for instance, was set up in 2015 but is still active and looks after the school-related issues and matters. The present Sarpanch is also a part of the committee and has continued to work with the earlier members.

The convergence at the level of various committees is therefore the biggest reason for the smooth functioning of affairs. An additional advantage has been with regard to the 'Model Village' status that has helped the village gain monetary support from various quarters, including a number of NGOs who have taken keen interest in support the development work in this village.

Lessons learned from Gangadevipalli and replicable good practices on CFLG:

- **People-driven approach:** The people-driven, community-centric approach adopted by Gangadevipalli in the form of 26 committees set up for addressing various issues at the GP level makes for a replicable good practice. By ensuring that at least one member from each family is part of some committee, they have ensured that ownership and displayed how cooperation is the key to successful management of affairs for local governance. What is even more wonderful is the way the ZP school too has already replicated the system internally and formed student sub-committees for handling school affairs. Headmaster Jyothirmayi shared that "inspired by the system of 26 village committees for handling affairs, we too decided to have sub-committees for students and made children responsible for school's cleanliness, attendance, water and sanitation management and discipline."
- **Focus on children due to women heads:** As mentioned earlier, Gangadevipalli has

had a woman head (Sarpanch) for consecutive two terms since 1995. Along with this, they also had an all-women membership in the Panchayat. As a result, along with women, children's issues too have received due primacy. The women shared that equality of opportunity for both men and women is at the heart of their development approach. When women are made heads and political representatives, they are bound to focus on issues that touch them closely, and hence children have always been the focus of all development related work.

- **Education first:** The committee that works specifically for looking after the school affairs has succeeded in stopping children from moving away to private schools. Instead, with the improvement in school's infrastructural resources as well as conscious steps such as raising awareness amongst parents about school facilities, attendance improvement campaigns, etc., have led to a steady increase in school's enrolment and attendance rates.
- **Leadership and good intention:** The participatory approach followed by the village leadership is at the heart of all development work that is being done in Gangadevipalli. What seems to have been the starting point of good work is the good intention and leadership.
- **Convergence and integration on ground:** Yet another good practice adopted by the village leadership is with regard to the openness to converge with different departments and sectors. It is well understood and acknowledged by the leadership at the centre that holistic development is only possible through convergence and cooperation. Hence, despite the 26 committees on various issues including one on alcohol prohibition, environment, mothers' committee, loan recovery committee and so on, the stakeholders do not shy away to come together on matters that require joint action.

Case Study 2: Bharbhadiya GP, Neemuch District, Madhya Pradesh

Village profile:

Bharbhadiya is a relatively small GP with a total population of 4026 persons, located in Neemuch block of Neemuch district in the central Indian State of Madhya Pradesh. The village has a high population of residents (almost 95 per cent) belonging to the SC/ST and backward classes. Most of the families in the village are involved in agricultural activities. The village has had a young and educated woman head (Mukhiya) since 2015 who has been actively participating in promoting issues focusing on women and children.

The village has a total of four anganwadi centres as area-wise the village is big and scattered. The village also has two schools - one each for primary and higher secondary education.

Demographic details:

S. No.	Key Features	
1	GP name	Bharbhadiya
2	Mandal name (Block)	Neemuch
3	District name	Neemuch
4	Total number of households in the village	2050
5	Total number of children in the village	2013
	0-6 years	1500
	7-18 years	513
6	Total number of Govt. schools	2 (1 Primary School; 1 High School)
7	Total number of Anganwadi centres	4
8	No. of dropouts in the village	0
9	No. of playgrounds/parks in the village	1
10	Children's Libraries/Reading rooms if any	1

Key child-friendly features in the GP:

- The village had a history of malnutrition. However, due to the sincere and concerted efforts of the village leadership along with cooperation of various key actors, the village was been able to overcome the situation with respect to malnutrition and was declared malnutrition-free in 2018-19.
- The GP has also taken steps to make education available and accessible to children of all ages. A new higher secondary building was constructed in the GP in 2018-19. The village also has four anganwadi centres covering all children in the age group of 0-6 years.
- The village also has a large playground for children and a library too has been constituted within the higher secondary school premises as the villagers consider both play and leisure-time reading as important aspects for a child's overall development.
- The village has three committees to handle various development related aspects in the village. Out of these, a dedicated Education Committee looks after the matters related to school affairs.



Image 4: Newspaper coverage of Bharbhadiya winning the national child-friendly Gram Panchayat award

Bharbhadiya: an ideal village

Bharbhadiya has long enjoyed the status of being an 'Adarsh Panchayat' (Ideal GP) owing to their commitment towards improving the village and has been adopted by various MLAs in the region time and again for undertaking and supporting development related work. The face of the village infrastructure has undergone a lot of changes over the last 4-5 years. Improving the water and sanitation related matters through construction of a new water tank, rebuilding the banks of an old lake in the village as well as ensuring its regular cleaning and upkeep have been some of the activities that were undertaken. In addition to this, a number of buildings such as the new High School building along with a new playground were also constructed and completed in 2019.



Image 5: A Gram Sabha meeting in progress in Bharbhadiya

Targeting malnutrition

The village got its new head in the form of a young and committed woman Sarpanch Ms. Hansa Jatav who began her term with identifying the number of malnourished children in the village. "I was aware that malnutrition is a problem in my area and wanted to change that," she shared.

As a first step, she decided to find out the exact number of children who suffer from malnutrition and conducted a woman's group meeting in the presence of AW workers and the ANM worker in the area. A proper counting was done after measuring children's Body-Mass Index (BMI) and a register was maintained and regularly monitored and updated. It was found that nine children were critically suffering from malnutrition and many others needed constant support and care.



Image 6: Immunisation in progress during a camp at the GP's Healthcare sub-centre

As a plan of action, it was decided that parents need to be involved and should be counselled as there was a clear lack of interest and awareness on the problems related to malnutrition. The village has a total of four AW centres. So as a next step, centre-wise meetings were organised where parents (both mothers and fathers) were called upon and counselled by the ASHA and ANM worker. Alongside counselling, providing nutritious supplements was also something that had to be added to children's regular diet. For this, an innovative new process was thought of whereby laddoos (sweets) made out of jaggery and other nutritious things available locally, were produced on a mass scale and distributed. This proved to be a successful strategy as children liked the taste of sweets and consumed it without any trouble.

Convergence for targeting malnutrition

As an approach what worked well in targeting malnutrition was also the collaboration between the different actors who came together in making this happen. The head's good intention along with the action she took for bringing together collaborators such as AW workers, ANM worker as well as various households proved to be a good practice. "I received good support from all the AW workers and it is because of their help that I have succeeded in ensuring that all children are immunised and their records are properly maintained," shares Kusumlata Shiv, ANM worker in Bharbhadiya who has played a key role in this process.

Therefore, for a successful approach, it is important to converge and cooperate and this was clearly demonstrated in the approach used by the Sarpanch in Bharbhadiya.

Yet another good practice was leading the campaign to end malnutrition like a mission. Towards this end, the Sarpanch spent Rs.1 lakh for installing a loudspeaker in the village centre that was used for direct messaging to people to disseminate information on nutrition related facts and sending out reminders for important dates for immunisation, vaccination, etc. This, the Sarpanch shared, has been a good practice as it enabled them to make major announcements and has proved useful in a lot of ways.

Focus on children's issues

In Bharbhadiya GP, the villagers have always focused upon children's issues and with a woman head since 2015, such issues have taken primacy. Ms. Hansa ensures that all the basic services related to health and nutrition, education, play and protection receive due importance and are carefully monitored. She stressed that "since children are our future, it is our prime responsibility to focus on their development in such a way that they can grow up healthy and educated."

The Education Committee constituted specially to look after the matters related to school's infrastructural development has been doing a good job. A playground was also

constructed along with the new Higher Secondary school building and a host of play and sports activities are conducted round the year to encourage children to participate in extra-curricular activities along with regular studies.



Image 7: Birthday celebrations in progress at an Anganwadi Centre in the GP

The village also has a separate Women and Child Welfare Committee and its members are made responsible for overseeing and supervising various activities such as the timely distribution of mid-day meals in schools, timely immunisation and vaccination camps, distribution of necessary iron and other supplements for pregnant women and adolescent girls, etc. The committee members meet at least once a month and check progress on planned activities and discuss issues if any.

Lessons learned from Bharbhadiya and replicable good practices on CFLG:

- **Targeted intervention:** Targeted intervention as a strategy for an issue that was seen to be critical is clearly a replicable good practice that we learn from Bharbhadiya GP. Their commitment to root out malnutrition was taken up on a mission mode and converted to reality through convergent efforts at all levels. From door-to-door campaigns to conducting regular health checkup and screening

camps to disseminating health-related information through loudspeaker, everything was done to ensure that large-scale awareness is generated on this issue.

- **Think and plan local:** Looking for and finding local solutions to problems is another good practice that stands out in the way malnutrition was targeted in Bharbhadiya. Since children were suffering from malnutrition and some were displaying aversion to eating regular nutritious meals, locally made laddoos (a form of Indian sweet) were produced as a supplement consisting of nutritious nuts, seeds, jaggery and other ingredients and added to children's daily diet. This ensured that children were consuming something regularly that helped improve the nutrition deficiencies in them.

Case Study 3: Pratapaditya Nagar GP, South 24 Pargana, West Bengal

Village profile:

Pratapaditya Nagar GP is a part of the Sundarban Delta and one of the largest and most populated GPs of Kakdwip Block located in South 24 Pargana district of West Bengal. The GP has a total population of 32,949 covering over 8500 households. This is a semi-urban GP spread across an area of 43.35 sq. kilometres comprising 21 Gram Sansads. River Kalnagini encloses this GP on three sides.

The economy is largely agricultural and most of the households are involved in farming and fishing. The GP also has a high percentage of population that has migrated in from the nearby areas. Due to its semi-urban characteristics, a number of other commercial activities too are undertaken in this GP.

The GP won the 'Model Gram Panchayat Development Planning (GPDP)' Award in 2018-19 for their planning and implementation of activities in an organised and convergent manner. In their planning, they have taken extra care to include child and gender-responsive elements while designing the budget. Their GPDP planning process is being used as a case-study for larger sharing and dissemination.

Demographic details:

S.No.	Key Features	
1	GP name	Pratapaditya Nagar
2	Mandal name (Block)	Kakdwip
3	District name	South 24 Pargana
4	Total number of households in the village	8504
5	Total number of children in the village	9206
	0-6 years	3884
	7-18 years	5322
6	Total number of Govt. schools	28
7	Total number of Anganwadi centres	44
8	No. of dropouts in the village	0
9	No. of playgrounds/parks in the village	5
10	Children's Libraries/Reading rooms if any	2

Key child-friendly features in the GP:

- The GP has undertaken a child and gender-responsive GPDP planning exercise in 2018-19, and as a result have a transparent and inclusive system of local level planning and administration.
- The GP follows a practice of conducting two annual Bal Sabhas that include child representatives aged between 6-18 years from all the 21 Sansads. The main purpose of the Bal Sabha is to hear out children's perspectives on matters that are of importance to them. The Bal Sabha is also used as a platform for disseminating important messages related to environment, health, hygiene and child protection.
- Apart from the Bal Sabhas conducted annually, the GP also has smaller *para* (local level) Bal Sabhas or children's groups that meet up once a month and discuss issues related to matters that are important to them.
- All the secondary schools in the GP have a dedicated Children's Cabinet that follow the system of democracy. The school has an elected Prime Minister along with heads of different ministries such as Food, Health, Sports and so on. The children heading these ministries are made responsible for all matters and issues concerning that specific ministry.
- The village follows the system of convergence on ground where children too are made a part of the planning process. During the GPDP planning exercise, representatives from the Bal Sabhas were also actively involved to ensure that children's voices do not go unheard.
- Health and nutrition too are matters that are taken seriously and given primacy. The GP has adopted a number of innovative practices for ensuring that there are no cases of malnutrition and children's health-related data is regularly updated.

Pratapaditya Nagar: a planning-oriented model GP

Pratapaditya Nagar GP can be credited for being one of the most organised and planned GPs in West Bengal. Despite the large population and spread of the GP, it has succeeded in achieving many feats in terms of reduction of malnutrition as well as ensuring that all children are in school and learning. The GP follows a system of inclusion in planning and uses a people-led approach whereby decisions are made together in an open and transparent manner.



Image 8: A special session organised by the Panchayat Samiti for analysing Gender and Child responsive budget for GPDP 2021-22

The *Upa-Prodhan* (Vice-Headman) of the GP shared that “it is not just about building good roads and improving the ponds. Villages are about people and hence we strive to improve the livelihoods and lifestyle of families residing here.” The villagers have been involved in understanding Gram Panchayat Development Planning (GPDP) and have attending trainings organised by Govt. of WB to ensure that proper planning at all levels is undertaken.

The GP also has a mini local-level structure to ensure systematic planning and flow of information at all levels. At the basic level are *para-baithaks* (small congregational meetings) to understand the local level issues. This is followed by the Sansad Sabhas which are held twice a year with representatives from all the 21 Sansads that make up this GP. Finally, at the top level is the Panchayat meeting which takes place every month and issues from all the different segments are brought in for discussion.

The GP also has a dedicated website that provides all the ground level information of every aspect of community life- health, education, nutrition, women and SHGs, livelihoods and so on.

Focus on children's issues through children

Some of the main child-related concerns in the GP were with respect to migrating children who dropped out of school, child marriages as well as child trafficking. The Panchayat has been particular in following up these issues since a long time. As an approach, they decided to create Bal Sabhas with the intention that children will meet up and report on cases that they come to know of along with discussing matters of importance. This approach has been quite successful as children have become extremely aware and do self-reporting on cases related to child marriage, dropouts, etc.

The Vice Headman shared that “children in our villages are extremely aware of the ill effects of social practices such as child marriage and trafficking. Hence, they come up and inform us. This makes our work easy. We immediately intervene when we come to know of such cases.” The Bal Sabha is also a forum for generating awareness and instilling some good practices. ‘Sabuj Abhiyan’ (Green Campaign), for instance, was an awareness campaign that was organised by Bal Sabha children from various schools in the GP who came together and planted trees as part of conserving and protecting the environment.



Image 9: Children from the Bal Sabha during 'Sabuj Abhijan' or Green campaign

Regarding the issue of child trafficking, the GP has intervened through some active steps where BPL families were identified and livelihood options were generated to ensure that poverty does not become the reason for a child to be sent away from home. The present village head is a woman and both she and the vice-head shared that often they heard of cases where children were sent away to nearby towns for earning. “When people do not get food to eat, they are forced to take this route. Hence, we decided to target the root cause of this issue which is poverty,” shared the Sarpanch. The Panchayat has actively identified families who are living under dire conditions and have consciously created livelihood options for them like starting a small poultry or fishing in the nearby pond and so on. The initial investment money for helping build such livelihood options is provided by the Panchayat from its own funds or through funds available under specific schemes. Reportedly, child trafficking has reduced considerably and an indicator for this is the increased enrolment and retention rates of children in school.



Image 10: A newly constructed children's park in the GP

An integrated and convergent approach towards child development

Pratapaditya Nagar GP has adopted an integrated approach to village-level planning and development to root out some major issues and challenges. An example of their integrated planning was shared by one of the ANM workers in the village who has been working in this GP since the past five years. She shared that the GP is very regular with conducting meetings and stresses a lot on generating awareness among people. Recently, vector-borne diseases like dengue and malaria were on the rise and a special meeting was called upon to discuss this issue. Representatives from almost all departments besides healthcare were also present at the Panchayat office. An integrated programme involving Village Health Sanitation and Nutrition Committee (VHSNC) functionaries along with healthcare sub-centre worker was designed to target this issue. As a first step, areas experiencing problems like water-logging were identified. The roads and potholes were fixed in a planned manner. The areas in the vicinity of schools were specially targeted and cleaned up. Garbage collection and disposal were also supervised and done under vigilance.

As a result of this planned intervention, the number of reported cases of malaria and dengue started to decline. The ANM worker also reported that due to the GP's focus on awareness generation, a lot of people have voluntarily gone for door-to-door distribution of leaflets and pamphlets for informing people about health-related issues.

Yet another good and innovative practice adopted by the GP with regard to ensuring and tracking children's health in the age group of 0-6 years is by way of 'Baby Shows'. The Panchayat organises Baby Shows once a year which is like a health screening camp with a twist. The idea is to checkup babies in a non-threatening and playful way. Children in the age group of 0-6 years are invited to the camp along with their parents and their body-related vital statistics are taken and recorded. Their immunisation records are checked and updated and all of this is done through songs and games so that children do not feel scared of being at a healthcare centre. The ANM worker shared that in her 10-year career as a healthcare worker, this is the most innovative approach she has seen and learnt.



Image 11: Children during the innovative 'Baby Show' event

Lessons learned from Pratapaditya Nagar and replicable good practices on CFLG:

- **Gender and child-centric approach to planning:** Use of gender and child-responsive planning and budgeting at local level enables good governance. Pratapaditya Nagar GP has been a forerunner in such planning and has successfully demonstrated the results. The GP, despite being large in terms of population and area, managed its affairs well and kept women's and children's issues in the forefront.

- **Focus on Child Participation:** Pratapaditya Nagar has also succeeded in demonstrating the importance of 'child participation' for good governance. Both the structures in the form of 'Bal Sabhas' in the 21 Sansads and 'Children's Cabinets' in schools demonstrate their faith in the decision-making powers of children. By creating such structures and ensuring that they work well, they have entrusted children with responsibilities and are ensuring that they grow up to become responsible citizens with a sense of good governance.
- **Adopting Innovative Practices:** The innovative practice of organising 'Baby Shows' in a fun and engaging manner for conducting the regular health checkups for young children is something that can definitely be made a replicable practice and should be adopted by other GPs. Health checkups can be anxious moments for both parents as well as young children. However, through introducing an element of fun in it, this GP has ensured that it becomes child-friendly and non-threatening.

Case Study 4: Kanhabhaira GP, Kabirdham District, Chhattisgarh

Village profile:

Kanhabhaira is a small GP located in the Kawardha Block of Kabirdham district in the Central Indian State of Chhattisgarh. The village has a total of 450 families and a population of around 1800.

At present, the village has a male Pradhan (village Head) and a female Upa-Pradhan (Vice-Head). Mainly being an agricultural village, people are engaged in farming and other farming activities. The village has had a history of dropouts and malnutrition and these main problems required immediate attention.

Demographic details:

S. No.	Key Features	
1	GP name	Kanhabhaira
2	Mandal name (Block)	Kawardha
3	District name	Kabirdham
4	Total number of households in the village	450
5	Total population	1800
6	Total number of children in the village	305
	0-6 years	116
	7-18 years	189
7	Total number of Govt. schools	2 (Primary and Higher Secondary)
8	Total number of Anganwadi centres	3
9	No. of dropouts in the village	7
10	No. of playgrounds/parks in the village	1
11	Children's Libraries/Reading rooms if any	0

Key child-friendly features in the GP:

- The village has a dedicated Child Welfare Committee that supervises and looks after all matters related to children's education, health and nutrition.
- The village school has an active Bal Sansad or Children's Cabinet that operates along the principles of democracy.

- The village has 12 actively run women-led Self-Help Groups (SHGs) on various livelihood generation activities. The women from these SHGs are extremely active and take up supervisory roles in looking after matters related to child welfare.
- To fight malnutrition the GP has been hosting regular screening and checkup camps for children of all ages and this too is supervised by the members of the Child Welfare Committee.

Kanhabhaira: A small but well-organised GP

In terms of area and population, Kanhabhaira is not much and this perhaps is one of the main reasons for it being a close-knit and well-functioning community. In 2011 the village only had a population of 1100. The population now is at 1800 in 2020 indicating a slow and gradual increase. The GP has an active Panchayat and performs its role as per the rules and provisions. There are separate committees for supervising the service delivery of all aspects in the village.

Focus on children's Issues

Before 2010 there was not much focus on education and there were quite a few dropouts in the village. Seasonal migration too was common and children used to move out to neighbouring towns and villages along with their families. Ever since the implementation of the Right to Education Act (RTE) in 2010, things with regard to education began to change. The Primary School Headmaster who has been in this village since 2008 shared that there was a trend for parents preferring private schools over govt. school in the village. As a result, there was less focus on developing the village school. However, things began to improve after the RTE Act. "I met up the Sarpanch and together we decided to take some concrete steps in this regard and increase the school's enrolment", he said.



Image 12: Primary school children during an immunisation camp with the Healthcare worker

As a first step parents were made aware of the importance of good quality education that is free and compulsory for all. The Headmaster along with the school teachers and some like-minded parents started going door-to-door and informed parents about the RTE provisions regarding free and good quality education. This proved to be fruitful. In 2015, the Panchayat took the decision of merging Saraswasti Shishu Mandir which was a small pre-primary school in the village with the govt. Primary school. Through the merging of these schools, people's participation and support to the process was demonstrated. Around the same time, the School Management Committee (SMC) too was set up which included parents as well as teachers and children. Parents played a key role in bringing new enrolments and discouraging admissions to private schools in the vicinity. Parents even contributed monetarily and with their support four new support teachers were kept in the school for a period of two years.

Malnutrition was another issue that was common in the village. This was addressed through setting up the Child Welfare Committee with women members as well as AW workers and ANMs. Together, a plan was charted out and a survey was conducted to identify the number of children suffering from malnutrition. Thereafter, a number of steps were taken to specifically address the families on a case-by-case basis. By 2018, the village had no cases of malnutrition and all the children are regularly checked and their health records are closely maintained and monitored. The primary healthcare sub-centre has a total of seven GPs under its supervision. The sub-centre in-charge shared that out of all the GPs that come under his supervision, Kanhabhaira is the most active and regular in terms of health checkups and immunisation drives. “They do not miss the dates and are always ahead in organising the health screening camps for children. Even their school is very active and the Headmaster calls on me regularly for conducting camps for their children,” he said.



Image 13: A screening cum immunisation camp at an Anganwadi center in Kanhabhaira GP

Lessons learned from Kanhabhaira and replicable good practices on CFLG:

- **Women-led Child Welfare Committee:** At Kanhabhaira, the biggest lesson learnt comes from the way women have owned up the responsibility of taking initiatives and supervising the key activities related to child welfare. The committee has largely drawn its members from the 12 women SHGs that are present in the village. This is a good practice and easily replicable and will go a long way in ensuring both child and gender-focused planning at the grassroots level.
- **Education first:** Kanhabhaira has also demonstrated the importance of focusing on children's education. From a time when the GP had dropouts and a low attendance and retention rate to the present times when the GP has zero dropouts, surely there has been some commendable work and progress. Implementing the provisions with regard to the RTE Act and generating awareness amongst parents has been a crucial step in this direction.

Case Study 5: Bundu GP, Bokaro District, Jharkhand

Village profile:

Bundu is a small GP located in Peterwar block of Bokaro district in the Indian State of Jharkhand. Bundu is located 20 km away from the block headquarters and has an area of about 301 hectares. Bundu is mainly an agricultural village but a lot of commercialisation has also taken place as a result of which some small industries are also set up in its vicinity, giving the GP a modern town-like appearance.

Bundu has been a part of the Jharkhand's 'Smart Gram' programme and is one of the five GPs that have been specifically selected for the purpose of development and digitization since 2015.

Demographic details:

S.No.	Key Features	
1	GP name	Bundu
2	Mandal name (Block)	Peterwar
3	District name	Bokaro
4	Total number of households in the village	1000
5	Total population	3500
6	Total number of children in the village 0-6 years 7-18 years	351
7	Total number of Govt. schools	4 (3 Primary and 1 Middle)
8	Total number of Anganwadi centres	7
9	No. of dropouts in the village	0
10	No. of playgrounds/parks in the village	2
11	Children's Libraries/Reading rooms if any	0

Bundu- A 'smart' village

Bundu is one of the five select GPs in Jharkhand that had been chosen by the State to be

included in its programme for converting certain GPs into 'smart villages'. The primary aim of the programme called 'CM Smart Village' was to empower the villagers and the Panchayat administration to become self-reliant and increase the use of technology and digitization in their village's management related work.

Bundu has been awarded the 'Panchayat Sashaktikaran Puraskar' in 2017 for their exemplary performance in improving and strengthening the system of local governance for which they received a prize money of Rs. 8 lakh to be used for furthering the development work in the GP. Bundu has taken a number of progressive and innovative steps to achieve the status of becoming a smart village.

The village leadership in the form of its present Sarpanch Ajay Kumar Singh, who has been leading the change process since 2010, shared that the village faced a number of socio-economic and cultural problems earlier. The main weapon for unleashing the process of change was through involving people and ensuring they take responsibility and are made accountable for managing village affairs in a way that focuses on access to all basic services and amenities for everyone alike. For this purpose, Bundu has designed a unique committee-based monitoring system that is made up of common people from all walks of life. The 'Salahkaaraaur Nigrani Samiti' (Suggestion and Vigilance Committee) meet on the second Thursday of every month to discuss issues that require immediate attention and action. The committee comprises members from schools and anganwadis, healthcare centre, public distribution system, women SHGs as well as advocates and retired senior persons from the village.

Of the many innovative practices adopted by the Panchayat functionaries in the village, e-ration card and e-payment are some of the digitized services that are available for the villagers. Another innovative service is the provision of an 'Anaj Bank' which is a practice started by the Panchayat where people, who receive ration as per their ration card status, deposit a certain percentage of their ration in the 'Anaj Bank' to be used in case of any

emergency such as community functions like weddings and death ceremonies, etc. The Sarpanch shared that due to the presence of the Anaj Bank, their village did not face any difficulty during the period of lockdown due to COVID-19. They were self-sufficient in terms of availability of wheat and foodgrains.



Image 14: The Sarpanch during a Thursday meeting with Vigilance Committee members

Focus on children's issues

With regard to education in the village, till some years back the biggest problem was high absenteeism and low retention. The village headman along with the school teachers and Headmaster shared this issue at one of their regular Thursday meetings. It was brought to the notice of the committee members that many parents were making their children miss school so that they can help them in household activities or send them off for agricultural work, cattle-grazing etc.

As a first step, parents were counselled and door-to-door visits were made to inform them about the importance of education. However, when things did not improve despite the repeated counselling and talks, , the committee decided to take a harsher step. 'Upasthiti

Nahi to ration nahi' or 'No ration without attendance' was pronounced as the new mantra which effectively meant that those households where children were missing school for undue reasons will not be given any ration from the village PDS. Soon, parents started taking this seriously and it was observed that children's regularity to school improved and there was a steady decline in the rate of absenteeism. Today, the GP has zero dropouts and the school functions as per the provisions of the RTE and has an active SMC for monitoring school-related matters.

The Sarpanch has also kept an annual reward system for children who are regularly attending school. Such children are given an award in the annual day function of the school. This is yet another way of ensuring that children are regular and feel incentivised for attending school.

Alongside education, the village has also specifically focused on young and adolescent girls and instituted 'Pad Banks' in all the schools and Anganwadi centres. These pad banks are repositories of sanitary napkins that can be used by young girls and adolescents as per their requirement during menstruation. The girls are also made responsible for maintaining the pad banks and are required to refurbish them by donating sanitary napkins on special occasions like their birthdays.



मुख्यमंत्री स्मार्ट ग्राम
बुंड़ू, पेटरवार

पांच पंचायतों के स्टूडेंट्स के लिए

निःशुल्क कोचिंग योजना

बुंड़ू पंचायत भवन, पेटरवार, बोकारो

पंचायत क्षेत्र के दशम कक्षा के विद्यार्थियों को समुचित मार्गदर्शन हेतु विशेषज्ञों द्वारा निःशुल्क कोचिंग क्लास हेतु इच्छुक विद्यार्थी तत्काल पंजीयन कराएं।

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बुंड़ू, पेटरवार, सदमाकला, चरगी, ओरदाना पंचायत हेतु योजना

Image 15: Free coaching centre run by the GP at their Panchayat Office

Yet another child-focused innovative approach adopted by the school is with respect to encouraging the continuation of higher education for both girls and boys. It was brought to the notice of the Panchayats that while there are zero dropouts till Grade 10, often children who are unable to clear their matriculation exams discontinue their education beyond Grade 10. To rectify this situation, the Panchayat decided to set up a free coaching centre for remedial education to enable children appear again for their matriculation exams. The centre has teachers drawn from the govt. schools as well as neighbouring Panchayats who come to teach here at a nominal fee that is given by the Panchayat from their own funds. Children from four neighbouring Panchayats too come to attend this free coaching centre. This is a unique initiative demonstrating convergence at the level of local governance with the neighbouring Panchayats for something that is collectively seen as important for children.

Targeting malnutrition through convergence

Bundu also faced the problems of malnutrition, sanitation and cleanliness-related issues. For effectively targeting these issues, the Salaahkaar committee took a decision to closely monitor the way the healthcare sector workers were operating and also decided to involve the women-based SHGs to participate. The Thursday community meetings were mandated for everyone to attend and a monthly update on all counts including the number of immunisations done, number of children suffering from malnutrition, number of health checkups done in the schools, etc., was done.

Alongside, immunisation camps were closely monitored and supervised to ensure that all children were attending the camps and parents were aware about the date of immunisation. One day prior to the camp, ANM workers started visiting the homes, sending reminders to parents and families. This way, it was ensured that no one misses getting their children immunised. For malnutrition, close supervision and individual counselling were done for the families to ensure they are aware of the right kind of nutrition and food intake

that should be given to children. A number of general awareness camps were also held to raise the community level awareness on nutritious food, the importance of consuming green vegetables and proteins, etc. One such recurring event is the celebration of the 'Rashtriya Poshan Maah' or the 'Nutrition Month' every year in September. This is a community level event organised jointly by the AWWs and healthcare workers for generating awareness amongst children, parents, lactating and pregnant mothers regarding the importance of eating healthy food and the need for timely immunisations for their children.



Image 16: Community members displaying nutritious food items during the event organized for celebrating the 'Poshan Maah'

Children's participation in all community-level activities

Bundu ensures that children are active participants in all the activities in the village. The village schools also have an active children's cabinet with children taking responsibility of various aspects of maintaining school's infrastructure and ambience. The Headmaster of the Primary School shared that children are made responsible for maintaining the school's

playground and upkeep of the greenery on the premises. Every year a new cabinet is selected, and depending upon the interest of the children, they are given the responsibility of heading a particular ministry such as sports, cleanliness, MDM, discipline and so on.

For generating awareness on sanitation and hygiene, children had organised a rally in the village in 2018. The idea behind this rally was to inform people about the need for keeping their surroundings clean and warding off unnecessary water-borne and air-borne diseases. Children walked the village on foot holding up banners and shouting slogans that were prepared by them.



Image 17: Children taking out a rally in the village to spread awareness on WASH

Children were also a part of the Poshan month in September 2020 and organised the event with the help of their teachers. Such involvement of children in everyday village affairs is a good practice and demonstrates the trust that the villagers place in their children's ability to take decisions and act for the welfare of the community.

Lessons learned from Bundu and replicable good practices on CFLG:

- **Community-based Monitoring system:** One of the most unique and innovative structures put in place by the Bundu GP is their system of community-based monitoring. The 'Salaahkaraaur Nigrani Samiti' that draws its members from all levels of service delivery at the village-level along with retired elderly people that meets once every month for a stocktaking process is a commendable effort in terms of regular monitoring. This also ensures accountability as there is at least one representative from all services in the committee- Anganwadi workers, ANMs, school teachers, PDS worker and so on. Such a structure is also a demonstration of collective participation and a sense of trust and faith which is the cornerstone of the spirit behind local self-governance.
- **Locally thought solutions:** The presence of the Nigrani committee has led to the innovation of local solutions to problems. For instance, while the 'No ration without attendance' may sound like a harsh step for ensuring children's attendance in school, it did succeed in making parents appreciate the importance being given to education in their community.

Good and committed leadership: For any idea to succeed it is pertinent that there is the presence of persons with good intentions at the helm of affairs. Bundu's Sarpanch is one such person. His intention to integrate child and gender rights is demonstrated in the host of steps that have been taken in the village to ensure that children and women are participating actively in village affairs.

Case Study 6: Bhatala GP, Chandrapur District, Maharashtra

Village profile:

Bhatala GP is located in the Warora Block of Chandrapur district in Maharashtra. Spread over an area of 789 acres, the GP has a population of around 1623 people with 402 households. Warora is the nearest town to Bhatala located approximately 20 km away.

Demographic details:

S.No.	Key Features	
1	GP name	Bhatala
2	Mandal name (Block)	Warora
3	District name	Chandrapur
4	Total number of Households in the Village	415
5	Total population	1627
6	Total number of children in the village 0-6 years 7-18 years	
7	Total number of Govt. schools	2 (1 ZP and 1 Primary)
8	Total number of Anganwadi Centres	2
9	No. of dropouts in the village	
10	No. of playgrounds/parks in the village	
11	Children's Libraries/Reading rooms if any	

Bhatala: A truly 'child-friendly' Panchayat

Bhatala is perhaps one of the first GPs in Maharashtra that decided to adopt a child-friendly Panchayat administration ever since UNICEF initiated its programme there in 2016. The current Sarpanch, a motivated young woman who has just completed her first term of serving as the Panchayat head, shared “when I began my term in 2015, I did not know anything about what a child-friendly Panchayat is supposed to be. However, at the end of 5 years I feel proud to have taken some concrete child-focused initiatives in the village. Children are the future of tomorrow and I understand that it is essential and our responsibility to focus on their all-round development.”

Child-related matters started getting primacy ever since UNICEF began its programme named 'Bal Snehi' in Bhatala with the intention of making it a child-friendly Panchayat. UNICEF had a dedicated team of trainers who regularly came to the village for holding discussions with the Sarpanch and other important members. In 2016, a three-day training was organised by UNICEF, which was attended by Manisha Kamble, the Sarpanch, where she admittedly learnt about issues related to children and their rights for the first time. She was inspired by the training and decided to initiate a micro-level planning to make her village child-friendly in terms of service delivery and overall infrastructure.

Towards this end, it was decided to conduct a baseline survey as a first step to understand the situation related to infrastructure and other services with a special focus on children. An in-depth needs assessment exercise was undertaken, where children's voices were also included through *baithaks* (discussions) with children of all age groups at schools and in the parks. Children were encouraged to share their views on several things and their demands were written down and documented.

The needs assessment exercise revealed the gaps in the system and soon after, a step-by-step plan was devised to include children's needs and perspectives as part of the overall GP development plan. At this juncture, a *Niyantran Samiti* (Vigilance Committee) was also set up and entrusted with the responsibility of looking after matters related to children and child rights in the GP. This committee consisted of teachers, AW workers, ASHA workers, healthcare workers as well as parents of the children .

Focus on children's issues

When the reorientation of Bhatala GP towards making it a child-friendly Panchayat began in 2016, it was realised that children need to play a proactive role in the process and their active participation is going to play a vital role in making the GP truly child-friendly. In 2017, the first Bal Panchayat was formed in Bhatala through a proper democratic process.

Children in the age group of 14-18 years participated in the elections and voted their first 9-member Bal Panchayat committee.

This proved to be a huge success. The Bal Panchayat Sarpanch is a 19-year old young girl named Ashwini who has now completed 3 years in this position. The Bal Panchayat committee meets once every month to discuss the issues that are highlighted in the Bal Sabha that is held prior to the committee meeting. Along with the 9-member committee, five sub-committees with five members each have also been constituted for looking after specific issues pertaining to education, health, nutrition, child protection and environment.

अ.क.	सदस्याचे नांव	पद
१	कुमारी.अश्विनी दिलीप गायकवाड	सरपंच
२	कुमार. आतिष दिवाकर तुमसरे	उपसरपंच
३	कुमारी.तनुश्री रंजन कांबळे	सदस्या
४	कुमार.शुभम नथ्यु सोनुने	सदस्य
५	कुमारी.आचल सुरेश सोनुने	सदस्य
६	कुमारी. पायल विनोद दाते	सदस्या
७	कुमार.आदित्य सुरेश कुंडलकर	सदस्य
८	कुमारी.मयुरी हनुमान सोनुने	सदस्या
९	कुमार.सम्यक राहुल गौरकार	सदस्य

सावर्जनिक निवडणुक दिनांक:-३१/०७/२०१७
सरपंच/उपसरपंच निवडणुक दिनांक:-३१/०७/२०१७

Image 18: List of 9-committee members of the Bal Panchayat, Bhatala

In terms of issues that have been resolved, the Bal Panchayat members were able to unravel and tackle the issue of malnutrition in the GP with the active support of the GP Sarpanch. During the need assessment exercise and door-to-door visits, it was found that there were 17 children suffering from malnutrition in the GP. A three-day training-cum-

awareness camp on malnutrition was thus organised in 2017 by UNICEF attended by 30 people comprising members of the Bal Panchayat as well as *Nigrani Samiti*. This training helped people to understand the importance of the right diet and created awareness with regard to issues and myths surrounding health and nutrition. After the training, the children from the health sub-committee of the Bal Panchayat started monitoring the health-related information of the 17 children through regular home visits and held discussions with the family on the right diet for them. Today, the village has no cases of malnutrition.



Image 19: Children attending the Bal Sabha

The Bal Panchayat has also been specifically vigilant in bringing down absenteeism as children attend school regularly and parents have stopped sending them to fields. Child labour too was an issue a while ago. However, now with the active presence of the Bal Panchayat, villagers have become aware and avoid engaging children in any labour-intensive work at the cost of their education. The Bal Sarpanch also shared an instance of the committee exercising vigilance to stop a child marriage.

Mass Sensitisation through Events like 'Bal Snehi Mela'

The Sarpanch shared that the village environment with respect to focusing on children

was not very favorable initially. The Panchayat committee members too felt it unnecessary to spend Panchayat funds on children. However, despite the internal dissent, the Sarpanch was highly motivated and wanted to continue the good work that had been initiated as a result of UNICEF's presence in the village.



Image 20: Children enjoying a game of tug-of-war during the Bal Snehi Mela

Hence, she decided to organise a mass awareness-cum-sensitisation carnival dedicated to children. A Bal Snehi Mela was organised in 2018 and the event was entirely self-funded by the Sarpanch along with a few other like-minded people in the village. A number of games, sports events and activities for children of all age-groups were organised as a part of the Mela. Eminent people from the GP and Panchayat members along with the members from Bal Panchayat shared their views on stage regarding the importance of focusing on child rights. The event was a huge success and generated a high level of awareness. It turned successful in sensitising the masses regarding children's issues.

Lessons learned from Bhatala and replicable good practices on CFLG:

- **Setting up of an active Bal Panchayat:** One of the essential pillars of child rights is 'child participation'. By setting up an active Bal Panchayat created through the democratic process of elections, Bhatala GP has demonstrated their commitment to upholding child rights. This is indeed a good practice and hopefully this will have a spillover effect on the neighbouring GPs.
- **A dedicated leadership:** The Sarpanch of Bhatala GP has demonstrated an exemplary interest and understanding for child rights and taken some concrete steps to ensure that the GP is truly child-friendly in all respects. The setting up of Bal Panchayat, the special *Nigrani Samiti* for monitoring matters related to children and organising events like Bal Snehi Mela are instances of her dedication towards this cause.

Case Study 7: Borpather GP, Dibrugarh District, Assam

Village profile:

Borpather GP, located in Dibrugarh district of upper Assam, is a relatively well developed and large GP spread across 20 sq. kilometres area with a population of 9,700 people. The literacy rate in the GP too has always remained high and the Sarpanch shared that the people in the GP, both males and females, are literate.

Demographic details:

S. No.	Key Features	
1	GP name	Borpather
2	Mandal name (Block)	Borpather Mandal
3	District name	Dibrugarh
4	Total number of households in the village	2418
5	Total population	9700
6	Total number of children in the village	
	0-6 years	286
	7-18 years	310
7	Total number of Govt. schools	9
8	Total number of Anganwadi centres	18
9	No. of dropouts in the village	0
10	No. of playgrounds/parks in the village	7
11	Children's Libraries/Reading rooms if any	3

Borpather: A child-centric GP with conscious parents

Due to the high literacy rate in the GP, Borpather has since long been a well-organised structure. People are aware of children's needs and rights, and they actively participate in ensuring special attention to children and women and focus on children's education.

The GP has a total of nine government schools and 18 anganwadi centres. The GP Sarpanch shared that for the purpose of better care of young children, a number of new anganwadi buildings are now being constructed. Work of few buildings has already been

completed while others are underway. The GP also has a number of additional child-friendly facilities such as playgrounds and libraries in sufficient numbers to ensure that all children have access to learning as well as recreation.



Image 21: A newly constructed anganwadi centre in the GP

Focus on children's issues

No to Child Labour: The GP has always been active as far as matters related to child welfare are concerned. The only issues in the past were child labour and high absenteeism as few children were engaged to help their parents in the tea gardens. However, this too was taken up seriously and many parents have been counselled through personal visits. The Sarpanch shared that in the last four years, there have been no cases of child labour and that they have ensured that the tea gardens are child labour-free through active campaigning and awareness generation at the GP level. The School Management Committee played an active role in this and ensured that parents send their wards to school regularly and no one stays back for work at home.

One of the anganwadi workers shared that most of the villagers in this GP are literate and as a result, they are generally sensitive and aware of the need to focus on children's age-

appropriate needs. This particular AW centre organises monthly *Matribhut* programmes where mothers come and share their experiences with children at home. They talk and discuss child care issues and there is an active exchange of child-rearing activities and ideas. This is a unique feature of the anganwadi centres in Borpather and qualifies to be a replicable good practice. The AW worker shared that the *Matribhut* programme has helped in creating an atmosphere of trust and cooperation in the community where parents are willingly partaking the responsibility of not only looking after the needs of their children but also trying to understand them better.



Image 22: Children inside the anganwadi centre

Active VHSNC: Unlike most of the other GPs in India, Borpather has a very active Village Health, Sanitation and Nutrition Committee (VHSNC). An ASHA worker in the GP shared that the VHSNC meets regularly for updates on the health issues in the village, and organising cleanliness drives and immunisation campaigns. The VHSNC has many senior members along with Panchayat and anganwadi members. As a result, there is a good amount of convergence on ground and there are synergies in action as far as service delivery is concerned.

The VHSNC also organises regular events and health and nutrition days are celebrated.

During such events, it is ensured that children from schools and anganwadis too come forward and participate along with parents and other community members. The VHSNC meetings are held on the first Monday of every month and prior to the meetings, an agenda is set and circulated. For ensuring that these meetings are productive, a new topic for in-depth discussion is picked and action points are prepared for follow-up on the issue.

Zero Malnutrition: There have been no reported cases of malnutrition in the village in the past five years. The VHSNC along with the support of healthcare workers, the ASHA and ANM makes sure that regular home visits are being made to check the newborns' height and weight. Proper food and nutrition related guidance is also regularly provided during these home visits. The visits are closely monitored and recorded. The ASHA worker shared that it is due to the good rapport that she has developed in the community over the years that provides her support. "Most of the villagers are literate and parents are sensitive and aware," she added. This has helped in making Borpather truly child-centric and child-friendly.



Image 23: Teachers and school children during a tree planting drive in the Primary School

Lessons learned from Borpather and replicable good practices on CFLG:

- **The successful *Matribhut* programme:** In Borpather what truly stands out and can be a replicable good practice is the way parents participate in looking after their children and in understanding their needs. The *Matribhut* programme where mothers and fathers come to the anganwadi centre once every month to discuss things related to their children's developmental needs is exemplary. Through this initiative, parents have demonstrated their intent to participate in their children's holistic development.
- **Active and synergetic work through committees:** At Borpather GP, the various committees such as School Management Committee, the VHSNC, etc., work actively and in sync. There is active communication between the various committees and as a result, work on ground happens seamlessly. Zero malnutrition and zero dropout rates among children are indications of active cooperation of actors and stakeholders on ground.

Case Study 8: Pachisgam GP, Chotaudepur District, Gujarat

Village profile:

Pachisgam GP, located in Chotaudepur district of Gujarat, has a population of 2200.

Demographic profile:

S.No.	Key Features	
1	GP name	Pachisgam
2	Mandal name (Block)	Pachisgam
3	District name	Chotaudepur
4	Total number of households in the village	550
5	Total population	2200
6	Total number of children in the village	245
	0-6 years	118
	7-18 years	127
7	Total number of Govt. schools	3
8	Total number of anganwadi centres	2
9	No. of dropouts in the village	0
10	No. of playgrounds/parks in the village	2
11	Children's Libraries/Reading rooms if any	2

Pachisgam: A 'transformed' GP

The story of Pachisgam tells its transformation from being a GP with low people's participation to one that boasts of practicing good local governance spearheaded by an active citizenry and able Panchayat. The village Sarpanch shared that no cases of child marriage or child labour were reported in the GP in the past five years and parents took very active interest in matters related to child welfare.

Reportedly, the situation here has changed through active political campaigning by the ward members to awaken the masses and make them stakeholders in all decisions that were made in the village. "Earlier, the Gram Sabha meetings were irregular and villagers showed little interest in attending them," shared the Sarpanch. It was felt that there was a lack of

energy at the local governance level. To change this situation, door-to-door visits were planned and people were made aware of their rights and the need to be active participants for their GP's growth. Banners were displayed and people were sent the agenda prior to Gram Sabha meetings. Gradually, there was a shift in attitude of villagers, who started showing interest and attending the GS meetings regularly.



Image 24: A Gram Sabha meeting in progress

Today, Pachisgam can be called a transformed GP where people are active participants who willingly participate in GS meetings and take up responsibilities given to them. The Sarpanch shared that several monitoring sub-committees have been formed where both men and women from the village are now a part.

Focus on children's issues

Targeting Malnutrition: In the past, the GP had the issue of malnutrition and children's immunisation records were often found to be incomplete. One of the GP's healthcare worker shared that women mostly preferred to deliver their babies at home and institutional

deliveries was not the norm. To change this situation, an awareness campaign was initiated where anganwadi workers joined forces with health workers (ASHA/ANM) and together they went door to door informing families about the benefits of safe institutional deliveries and childcare practices along with timely immunisation for children.

Locally developed sensitisation materials in the form of posters, pamphlets and



Image 24: A poster developed for raising awareness on child health and need for timely immunisation

booklets were developed in Gujarati and distributed. The Panchayat took active part and provided fund support for developing the IEC materials for this campaign. Immunisation camps were also organised to ensure that all children are inoculated and that their records are updated and maintained. Today, the GP does not have a single case of malnutrition and all children are routinely immunised.

Cleanliness drive: Yet another campaign that was widely supported by the people in this GP was the 'Swachhata Abhiyan' or cleanliness drive. The ASHA worker shared that the village premise used to remain dirty in the past and there were many open drains. No one ever took care of cleaning or covering them. It was by the new Panchayat in 2015 that a cleanliness drive was launched and villagers actively participated in it ensuring that the village surroundings are not only clean but there is positive messaging about the need to maintain hygiene in everyday life.



Image 25: A wall painting depicting maintenance of clean toilets at home and school

As a result, a number of walls in the village were painted with pictures and messages related to maintaining hygiene and cleanliness. The schools too became a part of this drive and children were active participants. The school vicinity as well as AW centres was specifically focused for cleanliness. Dustbins were installed at various places for putting a stop to littering and open disposal of garbage.

Lessons learned from Pachisgam and replicable good practices on CFLG:

- **Need for active and participating villagers:** As shared by the Sarpanch, Pachisgam's transformation from a non-active GP to an active and participating GP

with villagers interested in partaking responsibilities is something to learn from and replicate. It tells us how a GP can become truly child and women-friendly only if the people come forward and are willing supporters and players in the process of governance. The Sarpanch and other Panchayat members had to employ specific methods like door-to-door visits and campaigning through banners and posters for sensitising people and calling out their attention to important matters. This approach has worked and now the GP is visibly child-friendly.

- **Targeted action for critical issues:** In Pachisgam, children's education has always been focused upon and all children in the GP are reportedly enrolled in the three government schools and two anganwadi centres as per their age. With regard to issues that required attention, malnutrition and immunisation were the two key concerns. These were taken up in a targeted campaign mode through convergence on ground between the key service providers as well as the Panchayat as the lead. Today, the GP is malnutrition-free and all the children are routinely immunised.

Case Study 9: Peravoor GP, Kannur District, Kerala

Village profile:

Peravoor is a small GP located in the northern district of Kannur in northern Kerala. The GP is extremely fertile and paddy cultivation is the most common agricultural activity. The GP also has a very high literacy rate.

Demographic profile:

S.No.	Key Features	
1	GP name	Peravoor
2	Mandal name (Block)	Peravoor
3	District name	Kannur
4	Total number of households in the village	
5	Total population	35422
6	Total number of children in the village	35369
	0-6 years	10642
	7-18 years	24727
7	Total number of Govt. schools	3
8	Total number of anganwadi centres	24
9	No. of dropouts in the village	0
10	No. of playgrounds/parks in the village	5
11	Children's Libraries/Reading rooms if any	4

Peravoor: A 'child-centric' GP in spirit and in practice

Kerala has had a long history of successful positioning of local self-governance. It is one of the few States in India where the structures of the Panchayati Raj system are extremely well-established and functioning. It therefore comes as no surprise that Peravoor GP too seems to represent a small, well-functioning and child-friendly unit almost as a representation of the State's commitment to child-friendly policies.

While Peravoor has always tried to focus on children and women, an incident in 2015 changed the course of things and definitive action was taken to ensure that all children are

looked after and given primacy. The ex-Sarpanch of the GP is a woman who came to power in 2015 and has recently completed her tenure in 2020. She shared that, in 2015, after becoming the GP Sarpanch, a photograph of a tribal child eating food from a garbage bin became viral and was shared all over the local media. The Government of Kerala took notice demanding explanation from the Sarpanch and the GP administration was asked to look closely into this matter.

“This incident was an eye-opener for me and I decided to change the plight of tribal children who are perhaps still out of the realm of development,” shared the ex-Sarpanch. An initiative named Project *Thudikott* was launched. Under this project, a number of facilitators were enrolled for each tribal hamlet in the GP. It was the task of these facilitators to work closely with the tribal children. As a routine, every day the facilitators woke the children up, fed them nutritious food that was arranged in coordination with the anganwadis and put them in the school bus specially arranged by the State Tribal Welfare Department. Within a short span of six months, the tribal children who were part of the project, became comparable to other regular students in all aspects - health and well-being, educational outcomes as well as sports and athletics. The dropout rate in the GP became zero and there were no reported cases of malnutrition. Project *Thudikott* was a huge success and it was through this initiative that tribal children were integrated with the mainstream system of schooling in this area.

Focus on children's issues

The GP's ex-Sarpanch also shared another incident where she experienced personal transformation and became more resolute in bringing about positive changes in the GP. She shared that, in 2017, she had attended a child-friendly governance meet held in Gwalior. Since she belonged to Kerala, she was requested to share her experiences and some of the initiatives that have been adopted in her GP. This was the first time she was able to address

such a large gathering and found it extremely motivating. She also gained a lot through listening to other's experiences and good practices. This unique experience has stayed with her and was the reason for her to continue doing the good work.



Image 26: Ex-Sarpanch Ms. Jiji Joy, sharing her experiences during a child-friendly GP meet organised by the Ministry of Panchayati Raj, in Gwalior, in 2017

Some child-focused initiatives in Peravoor GP that are closely monitored are as follows:

Active SMCs: The GP has a total of three government schools and all the schools have active SMCs. It is mandatory for them to meet once every month and the follow-up action points are shared in the Gram Sabha meetings. The SMC members also decide the school menu and monitor it closely to ensure children are getting the proper nutrition through their daily diet.

Formation of Bal Panchayats: They started the process of Bal Sabhas with the help of Kudumbashree (State poverty alleviation programme since 1997), who were the first to initiate this process in all the GPs of Kerala. A total of 16 Bal Sabhas was formed and convened in all the wards in the GP in 2017. Later that year, representatives from the wards were selected and through a democratic process of election, a nine-member Bal Panchayat committee was formed. Round the year, the children belonging to various sub-committees organise awareness generation events around issues related to the environment, child rights, sports, etc.

An inclusive school curriculum: The schools have a unique curriculum where children, in addition to their core subjects, also learn a number of co-curricular and sports activities. Every school has volleyball, football, *kalari* (local martial arts) and yoga as part of their curriculum. Holistic development of children is the focus and great attention is given to



Image 27: School children learning swimming in a backwater stream as part of school curriculum

physical development through sports and athletics. During summers, swimming is also undertaken as an activity and children are consciously taught how to swim. For this purpose, check dams and streams in the region are temporarily converted to spaces where children can learn to swim. There are vegetable gardens and agricultural patches in every school to enable children learn the rudimentary and traditional ways of cropping techniques. The seeds are provided by the State agricultural department. Most of the schools use the crops grown within the school premises for mid-day meals. It was shared by the ex-Sarpanch that

since rice is their staple crop, paddy cultivation was also introduced as part of the agricultural curriculum in most schools.

Active VHSNCs: The GP has 16 VHSNCs looking after the health and sanitation matters in the 16 wards of the GP. The members convene once every month to discuss important matters. One interesting initiative by them, as shared by the GP's health inspector, is the concept of the 'water bell' in schools. Through a WHO study, it was found that children's water intake is not sufficient and this leads to dehydration related complications in the body. As a result, the VHSNC decided to introduce a special bell at regular intervals reminding children that it was time to have water. The idea has been adopted in all schools.

Panchayat accountability for Child welfare: Peravoor GP, like most other GPs in Kerala, has committed to spend at least 5 per cent of their funds towards the welfare of children. Towards this end, the Panchayat in collaboration with Kudumbashree has formed a number of children's clubs like the library club, the eco club, sports club and so on for the personal growth of children. A number of events and competitions are organised by these clubs to ensure that children are constantly engaging at the community level and participating and contributing as active citizens.



Image 28: A newly constructed modern anganwadi Centre in the GP

The GP also has a standing committee in every ward called the Jagrita Samiti that is dedicated to looking into the matters of children, women and the elderly. It is a seven-member committee consisting of elected ward members, anganwadi teacher, one police officer, ASHA worker, social workers as well as advocates. Any pressing matter that needs escalation can be directly taken to this committee for resolution.

Lessons learned from Peravoor and replicable good practices on CFLG:

- **A committed and dedicated leadership:** Just like Bundu GP in Jharkhand and Pratapadityanagar in West Bengal, Peravoor too demonstrates the need for a committed and well-intentioned leadership at the helm of administrative matters. Here, the ex-Sarpanch was a motivated person who wanted to bring about positive change. Her passion for making the GP truly child-friendly led her to initiate some innovative programmes like the *Thudikott* initiative for tribal children and introducing sports and co-curricular activities like cropping and agriculture in the school curriculum for holistic development of children. Her personal desire to learn more about innovation in this area is remarkable and can be seen in her participation in events and activities on child-friendly local governance.
- **Adopting a holistic approach towards children's welfare:** Peravoor presents a good practice in how a GP can integrate children's issues with all aspects of the GP's overall growth and development. For instance, through introducing cropping and agriculture as part of children's regular school curriculum, the GP is not only ensuring that children learn about their traditional agricultural practices but also ensuring they participate and contribute to village affairs. Weaving education into everyday life practices is an inclusive and holistic approach to learning and it contributes positively towards creating naturally responsible citizens.

- **Finding local solutions:** Since Kerala is a tropical region that receives heavy rainfall and experiences flooding, there have been incidences of children drowning while trying to reach their home. One of the reasons for introducing 'swimming' as part of the school curriculum was to ensure that all children learn how to swim to avert mishaps like drowning. In Peravoor, the ex-Sarpanch took this issue seriously and decided to convert the backwaters and other available water bodies like check dams to be used as spaces for learning swimming. This is an innovative good practice and depicts how relying on local solutions may sometimes work best for a problem.
- **Inter-departmental Convergence:** Kerala's State supported Kudumbashree Mission is a celebrated programme that works towards alleviating poverty at all levels. Due to Kudumbashree's wide network that connects all GPs, there is a well-established system of inter-departmental convergence on ground that is well-equipped to handle emergencies and issues of all kinds. The *Thudikott* project for tribal children in Peravoor GP is an example of such convergence, where the tribal children were supported by not only the State-appointed facilitators and the local anganwadis for meals but also transport to schools was managed and supported by the State Tribal Department.

Case Study 10: Dardahind GP, Tonk District, Rajasthan

Village profile:

Dardahind is primarily an agricultural GP located in Tonk district of Rajasthan. It has a population of 4844 and is spread over an area of 1724 hectares. The village is primarily agricultural in nature and most of the population is engaged in farm and cattle rearing related activities.

Demographic profile:

S.No.	Key Features	
1	GP name	Dardahind
2	Mandal name (Block)	Dardahind
3	District name	Tonk
4	Total number of households in the village	984
5	Total population	4844
6	Total number of children in the village 0-6 years 7-18 years	344 1187
7	Total number of govt. schools	1
8	Total number of anganwadi centres	3
9	No. of dropouts in the village	0
10	No. of playgrounds/parks in the village	2
11	Children's Libraries/Reading rooms if any	1

Dardahind: A self-driven solution-oriented GP

Dardahind stands as a unique case in point as it is a GP that has demonstrated not just unity amongst its population but has also come up with long-term solutions to problems that had hampered children's growth and progress in the past.

Being a primarily agricultural community, Dardahind GP has had the issue of children helping their parents in agricultural activities. As a result, there was high absenteeism and dropout in the village. The farming families in the community used to make the children

responsible for supervising cattle grazing and looking after the crops to ensure that they are protected from stray animals. In 2015, after the new Panchayat was elected, this issue was taken up in the Gram Sabha meeting. The Panchayats decided that there was a need to create a committee to put a check on issues related to children to make Dardahind a child-friendly GP in all respects.

Soon after, a Panchayat level Child Protection Committee with Sarpanch as the chairman and Village Development Officer (VDO) as the secretary was constituted. The committee also had members such as the School Principal, Ward Panchas, ANM, AWW and one male and female social worker along with two children. The prime aim of the committee was to discuss issues related to children's welfare and take definitive action to improve the situation. The committee met twice every month on fixed dates. The VDO of Dardahind shared that the committee held regular meetings with parents and talked to them about the importance of education for their children. Many such sessions were organised for the parents to sensitise them on children's issues.



Image 29: A local newspaper reporting the self-driven effort of Dardahind GP

However, stray animals destroying the crops was also a serious issue that required a conclusive solution. Dardahind produces seasonal *sarson* (mustard) crop. The dried mustard pods called *todi* is used as a good fuel and is often in high demand from brick kiln owners. Hence, it was mutually agreed by the villagers that the *todi* pods will be sold to big buyers and the money received will be used for Panchayat development activities. Towards this end, in 2018, the villagers formed a *Todi* Committee and collectively sold off the dried *todis*. The village was able to garner an amount of Rs.50 lakh from the sales. Later in the year, the money was utilised for fencing the GP's agricultural perimeter running to some 35 kilometres.

This was the first time that such a long stretch of fencing was undertaken in any GP in the district. The fencing helped in guarding all crops against stray animals. Children, who were earlier made responsible for watching out the fields at the cost of their play and learning, were relieved of this responsibility. This innovative solution was also an inspiration and a replicable good practice for many neighbouring villages who followed the suit. A part of the money raised was also utilised for building additional classrooms in the Govt. Senior Secondary school in the GP.

Linking people to child-welfare schemes

Due to the poor education and gender equality statistics in the State, the Government of Rajasthan had initiated a number of schemes to drive the State's progress in ensuring equal opportunities for all children irrespective of their class, caste, gender or disability status. Dardahind has been proactive in linking the needy people to these schemes. Supportive schemes such as the Guru Govalkar scheme for educational infrastructure construction and the Paalanhaar Yojana that covers orphaned children are two such schemes that stand out.

The GP Sarpanch shared that the people of Dardahind are extremely motivated and

strive towards bringing about positive change. Under the Guru Govalkar scheme, 70 per cent of fund support for school infrastructure is provided by the Government. However, the remaining 30 per cent is required to be raised by the community. The senior secondary school Headmaster shared that earlier the school building was small and the space constraint of classrooms was a problem. This issue was raised and discussed in the Gram Sabha meeting and people understood the need for a good and comfortable infrastructure for their children. As a result, the village *Todi Committee* decided to raise the remaining 30 per cent for accessing the benefits under this scheme. Now, the school has a proper compound, a building with multiple classrooms, toilets and a playground.

The Panchayat is also vigilant in identifying the needs of the very poor and marginalised people in the community. Accessing the Paalanhar scheme, the State has successfully secured coverage for orphaned children. The caretakers or guardians of such children are provided a monthly financial support that is used for such children, including their education and medical costs if any.

Active NGO collaboration for securing child rights

Like many other GP's in Rajasthan, Dardahind too had the issue of gender-based inequalities as a result of which girls' education was not encouraged and they were often married off at an early age. The Sarpanch decided to take up this matter seriously and since 2016 in close collaboration with UNICEF India, the 'Laado Pariyojana' was initiated. This programme focused on improving the situation of young and adolescent girls in the GP. Under this programme, a number of mass sensitisation rallies led by adolescent girls were organised. UNICEF formed *Kishori Samooh* (adolescent girls' group) in all the villages in the GP that met every week to share and discuss their problems. The programme also supported many meritorious adolescent girls for higher education through scholarships. One such girl was sent to Jaipur for pursuing her Master's degree from the State University. Emphasising

the need for girl's education and putting a complete stop to early marriage, the *Laado Pariyojana* was a huge success and in 2018 Dardahind was declared as a 'Child-marriage free GP'.



Image 31: Certificate issued by the State Child Protection Committee and UNICEF declaring Dardahind GP as be 'Child-Marriage Free'

Lessons learned from Dardahind and replicable good practices on CFLG:

- **Self-driven and solution-oriented approach:** Just like some other GPs discussed earlier, Dardahind too is another good example of a GP that is self-driven and has tried to find local solutions to problems. It has demonstrated that where there is a will there is a way. Children's loss of learning hours as a result of absenteeism from school due to their responsibility and the need for guarding the fields from stray animals was an issue that the Panchayat took up seriously. The fencing of the village border was the only possible solution. However, arranging funds was a huge challenge. The GP did not wait for the next round of Panchayat funds to arrive. Instead, they devised an apt solution by using their local resources, and through the sale of the dried *todi* pods, they raised more than enough money for the fencing.

- **Proactive approach towards child rights:** Dardahind is a good example of how the GPs can successfully garner funds and resources for children's welfare. The Panchayat in discussion with the villagers has adopted a proactive approach in identifying suitable schemes that can be accessed for the benefit of children. In addition to this, the Panchayat has also been proactive in cooperating with organisations like UNICEF that work in a focused manner to improve the situation on ground. In accessing the benefits accruing from the '*Laado Pariyojana*', the GP has demonstrated its positive disposition towards the welfare of children in the community.



Image 32: Meritorious secondary level girl students in the GP with their new bicycles received as part of the support extended under the '*Laado Pariyojana*'

- **Inter-sectoral convergence for smooth service delivery:** Dardahind is also a good example of a GP that worked collaboratively. The GP's Child Protection Committee has representation from all sectors such as the school, healthcare workers and anganwadi workers. Children too are a part of the committee to represent their views. Such an inclusive approach is crucial for effective decision-making and by successfully resolving matters of importance through the committee, Daradahind GP has warranted an effective and inclusive mechanism for service delivery.

Child-friendly Local Governance: Key Lessons Learned

This documentation exercise was an eye-opener in many ways. It unraveled the immense capabilities stored within the local self-governance system in India and provided insights on how child-friendly local governance can be achieved and made a reality through good intention and effective leadership.

What could have been some of the key drivers of change for an effective child-friendly local governance? What are some of the replicable good practices? Some lessons learned from this documentation exercise are summarised below:

- **Sound leadership and good intention:** Most of the case studies lead us to believe that an effective and efficient leadership is one of the key drivers for desired change in any community. Whether it was Gangadevipalli GP in Telangana or Bundu GP in Jharkhand, it was observed that the leadership in the form of the village head is a crucial factor for ensuring that children's issues are included in planning and given primacy. It is through the path charted out by a visionary leader at the helm of affairs that communities can be steered towards progressive thinking and action. A Sarpanch (village head) with good intentions and the right attitude will always make inclusive plans and work for the betterment of all communities including women and children.
- **Women leaders and participation:** Yet another interesting conclusion was the impact of women's participation on village affairs or the lack of it. It was noticed that wherever women led matters of governance or had a unanimous voice and representation, children's issues related to health and education received attention and primacy. During the interviews, it was noted that while male village heads spoke

more about the construction of infrastructural units such as building extra classrooms in schools, anganwadi centres, better roads, etc., women heads spoke about matters that would transform the socio-cultural ethos of the villagers through organising campaigns and holding one-to-one discussions with households. Women being directly responsible for children in their families tend to give importance to matters directly related to women and children when in a governing position. It was noticed that women's active involvement and participation in village affairs has a direct impact on the focus laid on children's affairs.

- **Finding local solutions and innovations:** An interesting and satisfying trend in these child-friendly GPs was their allegiance to local knowledge and practice. When faced with problems, these GPs not only displayed the spirit of community practice through discussions but also often came up with localised and cost-effective solutions. For instance, in Bharbadiya GP in Madhya Pradesh, providing locally made nutritious *laddoos* to children for improving their nutritional intake was a good solution and is a replicable good practice. These laddoos, made up of a combination of nutritious seeds and nuts, are very effective in giving the body the requisite amount of nutrition. A similar approach has been adopted in Kerala where a powder made out of local herbs and roots called *Balamrithamis* was given to underweight children. In Dardahind GP in Rajasthan, raising money for village funding by selling dried *todi* pods is another good example of utilising local ideas and practice. India is a country of diversities and has a huge wealth of local knowledge. These examples tell us how villages can be made self-sufficient and effective in their governance through the use of local ideas and practice.

- **Children's participation:** One of the most important pillars of child rights is the children's right to participate. It is essential that children be given a voice and be allowed to express their demands. Most of the case studies listed above have a component of child participation, thereby making the GP truly child-friendly. Either directly through structures such as Bal Panchayats like in Peravoor GP, Kerala and Bhatala GP, Maharashtra or through active children's platforms like the Kishori Samoocha in Dardahind GP, Rajasthan, children have demonstrated the strength of their decision-making capacities. These children have directly fought against evils like child labour and child marriage and have succeeded in bringing down the dropout rates and malnutrition. It is necessary to not only share such good practices for better learning but also for replication.
- **Convergence for service delivery:** The basic structure of the local self-governance system in India rests upon people's cooperation and efficient collaboration. Just like any other service in the village system, children's services too are often interdependent. Education, healthcare facilities, timely immunisation drives and mid-day meals are all inter-related and require the convergence of several actors for smooth functioning and service delivery. Government of India also has certain special schemes and provisions for children and these may vary from place to place. It is therefore essential that there must be an effective and efficient convergence of actors on ground to ensure that children's needs are given primacy and met in a timely and efficient manner.

Annexures

Annexure 1

Panchayat-level IDI for Best Practices documentation Panchayat Functionary

1. Interview date: Date ____ Month ____ Year ____
2. Name of the Panchayat Functionary
3. Designation: _____
4. Age: Gender:
5. Location: State _____ District _____ Block _____
Gram Panchayat _____
6. Name of the Panchayat Office:
7. Interview Start time: _____
8. Interview End time: _____

Personal Profile:

[To capture the interviewee's brief background]

1. Since how long have you stayed in this GP? ____ months/years

Probe: *Where did you live before this?*

Will you continue living here in the near future?

Would you ever want to move out? If yes, why?

2. Does your family live with you in this GP?

3. How many members are there in your family?

Name	Age	Gender	Relation

4. How many children are there in your family?

Name	Age	Gender	Grade

5. What are your educational qualifications?

Probe: From where did you complete your schooling?

What is your highest qualification?

Where did you receive it from?

6. Are you a full-time Panchayat functionary? Yes/No

Probe: If No, what is your other profession?

How much time do you devote to Panchayat activities in a week?

7. Is any other member in your family also a part of the Panchayat Samiti?

Probe: If yes, who is it and what role does he/she play?

8. Did you voluntarily choose to become a Panchayat member?

Probe: If yes, what was the motivation behind it?

9. Can you describe your duties as a Panchayat functionary? Kindly elaborate.

10. How regularly are children's issues made an agenda for discussion in Panchayat meetings?

Probe: What are some of the key issues raised as far as children are concerned?

About children's issues at the GP:

[To understand what are the good practices followed at the GP level with regard to children's issues in general and what role does the Panchayat play in that]

1. What are some of the forums for discussing children's issues in this GP?

Probe: *Are the SMCs active and discuss children's issues?*

Are there active Bal Panchayats/Samitis where children discuss their own issues?

Are there active parents' forums where child issues are taken up?

2. Can you think of any children's issue that was made a priority for intervention at the GP-level in the last two years?

Probe: *what was the issue?*

Where and why was it raised and discussed?

How was it resolved? What was done and by whom?

Was there convergence at any level of the GP for responding to that issue?

What were the levels of convergence (school, anganwadi, CWC, VHSND)?

3. What kind of children's issues/cases/problems come to the Panchayat for resolution?

Probe: *Can you think of any pertinent children's issue that was brought to the Panchayat in the last one year?*

How was it dealt? Was it resolved?

What was the intervention made as a response to the issue?

4. Does the Panchayat converge with any NGOs/SHGs for resolving or working for children's issues in the village?

Probe: *Can you give any examples between Panchayat and NGO convergence on ground?*

Can you think of any projects where the two collaborated and worked together?

5. What are the other forums/divisions/departments that the Panchayat converge with to ensure that child rights legislations are followed in the GP?

Probe: *Do you work in convergence with anganwadis and schools for children's education issues? Give examples*

Do you work in convergence with the VHSNC for health and nutrition related issues in the GP? Give examples.

Do you work in convergence with the CWC in the village for resolving cases related to child protection? Give examples.

6. Can you specifically share some good practices that have been followed to improve the situation with regard to children's issues in the village at the Panchayat level?

Probe: *Kindly elaborate with examples*

7. Are you satisfied with the way this GP has progressed and developed over the years?

Probe: *Is yes, what are some of the key child-focused initiatives that the GP has adopted?*

Who do you think are the key people who have brought the GP to this level?

What would you say are few best practices that the GP follows and that others should replicate?

If no, what are the issues that continue to persist?

Who should be approached for making those changes? What should be done?

Annexure 2

School-level IDI for Best Practices Documentation Headmaster

1. Interview date: Date ____ Month ____ Year ____
2. Name of the Teacher
3. Age: Gender:
4. Location: State _____ District _____ Block _____
Gram Panchayat
5. Interview Start time:
6. Interview End time:

Personal Profile:

[To capture the interviewee's brief background]

1. Since how long have you stayed in this GP? ____ months/years

Probe: *Where did you live before this?*

Will you continue living here in the near future?

Would you ever want to move out? If yes, why?

2. Does your family live with you in this GP?
3. How many members are there in your family?

Name	Age	Gender	Grade

4. How many children are there in your family?

Name	Age	Gender	Relation

5. What are your educational qualifications?

Probe: From where did you complete your schooling?

From where did you complete your highest degree?

Teaching Profile:

[For understanding his/her experience in leading school affairs in the GP and the child-centred approaches that have been used to develop the school into a child-friendly space]

1. Since how many years have you been a Headmaster in this school?

2. What did you do before joining this school?

Probe: Did you teach in some other school in another location?

Have you ever done any other job other than the teaching profession?

3. Why did you choose teaching as a profession?

Probe: What do you enjoy the most about this profession?

Would you like to continue this job or look for any other, if you get an opportunity?

4. Are there any changes that have been made to the school's infrastructure ever since you took over as Headmaster? Kindly elaborate with examples.

Probe: Was the physical space modified and made more child-friendly?

What were the new things added?

How was the decision to make these changes taken?

How were the funds arranged?

Did the village Panchayat or any other body in the local governance play a role in making these changes?

Was there involvement of any NGO or grassroots organisation in bringing about the change?

5. Have there been any innovative changes brought to education pertaining to teaching methodologies, etc., that you introduced during your time as Headmaster?

Probe: *Were any new methods/techniques used for classroom transactions? Kindly elaborate.*

Was anything specifically done to upgrade the level of students who are falling behind (special classes, etc.)

School profile:

[For understanding what makes this school child-friendly and what are some of the best practices followed within the school space]

1. What are some of the best things about your school?

Probe: *Would you say that the school has one of the best infrastructures in the region?*

Would you say the school has very low/zero dropouts?

Would you say children's academic performance is one of the best in the region?

2. Can you specifically talk about some successes that the school has witnessed over the past 2 years?

Probe: *Has the school won any awards in the past two years for innovation?*

Has the school demonstrated excellence in any field?

Have the teachers been facilitated for any exceptional contribution in the field of teaching-learning or sports?

3. How would you rate your school on the following elements for 'child-friendliness'?

Scale: 1. Very poor 2. Poor 3. Good 4. Very good 5. Excellent

- a) Infrastructure-
- b) Play and sports-
- c) Mid-day meals-

- d) Teachers' interaction with pupils-
- e) Teacher-parent association (SMC)

4. Do children attend school regularly?

Probe: *Would you say the school has high or low absenteeism?*

Do the teacher or school check on children missing school for a long time?

What is the approach used to ensure all children are attending regularly?

5. Are there any dropouts or children that have left school mid-session? If yes, what are some of the reasons for dropping out?

Probe: *What is the school's approach to arrest drop-outs?*

What are the methods that the school uses to ensure 100% enrolment?

6. Does the school hold any child participation events?

Probe: *If yes, what are those? [share with examples]*

Do children initiate changes within school?

Are their views counted and executed? Give examples

7. Are the school monitoring committees (SMC) formed and active within school?

Probe: *How regularly do they meet?*

What kinds of issues are taken up/discussed in the SMC meetings?

Can you share any example where some change suggested by the SMC members was implemented?

How active are the parents in responding to children's welfare issues within school?

8. Are there any NGO's or grassroots organisations in the GP that have supported school-level improvements in infrastructure?

Probe: *What kind of support was received from them?*

What changes were made? Give examples.

9. Has there been the involvement of NGOs for any other purpose in the school development apart from infrastructure?

Probe: *If yes, what kind of support have they provided?*

10. Are you satisfied with the way the school has progressed and developed over the years?

Probe: *Is yes, what are some of the key child-focused initiatives that the school has adopted?*

Who do you think are the key people who have brought the school to this level?

What would you say are few best practices that this school follows and that other schools should replicate?

If no, what are the issues that continue to persist?

Who should be approached for those changes? What should be done?

Annexure 3

Anganwadi-level IDI for Best Practice documentation AWWs

1. Interview date: Date ____ Month ____ Year ____
2. Name of the AWW
3. Age: Gender:
4. Location: State _____ District _____ Block _____
Gram Panchayat _____
5. Name of the anaganwadi Centre:
6. Interview Start time: _____
7. Interview End time: _____

Personal Profile:

[To capture the interviewee's brief background]

1. Since how long have you stayed in this GP? ____ months/years

Probe: *Where did you live before this?*

Will you continue living here in the near future?

Would you ever want to move out? If yes, why?

2. Does your family live with you in this GP?
3. How many members are there in your family?

Name	Age	Gender	Grade

4. How many children are there in your family?

Name	Age	Gender	Relation

5. What are your educational qualifications?

Probe: *From where did you complete your schooling?*

From where did you complete your highest degree?

Work Profile as AWW:

[For understanding his/her experience in the AWC in the GP and the child-centred approaches that may have been used to develop the AWC into a child-friendly space]

1. Since how many years have you been working as an AWW?

2. What did you do before joining this AWC?

Probe: *Did you work in some other AWC in another location?*

Have you ever done any other job before this?

3. Why did you choose to become an AWW?

Probe: *How did you hear about this role?*

Reason for joining?

4. Did you receive any special training prior to joining this centre?

Probe: *If yes, what kind of training was it and what was the duration?*

Was there any specific skill-building that was done during the training?

5. What are your duties as an AWW?

Probe: *Can you please elaborate your daily routine?*

What are some of the specific things that you are responsible on a regular basis?

6. What are some of the best things about your job?

Probe: *What aspects of your work do you like the most?*

Is there anything that you do not like or feel should be someone else's responsibility?

7. Has there been any specific innovations or changes that you have made or suggested for an improvement of services at the AWC?

Probe: *What were those changes or suggestions?*

Were they implemented?

About the AWC

1. How long has this AWC existed in the GP?

2. Are there any other AWCs in this GP?

Probe: If yes, how many?

3. How many children in the age-group 0-6 years are registered in this AWC?

4. How many mothers (pregnant or lactating) are registered in this AWC?

5. In terms of quality of services provided, how would you rate the following in your AWC? On a scale of 1 to 5, 1 being 'very poor' and 5 being 'excellent'

i. Supplementary meals to children

ii. Play materials at the centre for children

iii. Infrastructure and facilities (toilets, clean drinking water, kitchen, space for children to play, learn and take rest)

iv. Counselling services for pregnant and lactating mothers

6. Have any specific infrastructural changes been made to the AWC in the last two years?

Probe: *If yes, what are those changes?*

Who was instrumental in making those changes?

7. Are the AWC issues/problems if any, discussed at the Panchayat or any other forum outside this space?

Probe: *If yes, what are the other forums?*

Who takes the issues to that forum?

What has been the response to resolving issues?

8. What is the degree of parental involvement in children's care in the village?

Probe: *Do both parents visit the centre for tracking children's progress?*

Do parents attend any special sessions on issues on care and nutrition?

Would you say parents are aware and take interest in learning about child development?

9. Are there any NGO's or grassroot organisations in the GP that have supported AWC-level improvements in infrastructure?

Probe: *What kind of support was received from them?*

What changes were made? Give examples.

10. Has there been the involvement of NGOs for any other purpose in the school development apart from infrastructure?

Probe: *If yes, what kind of support have they provided?*

11. Are you satisfied with the way this AWC has progressed and developed over the years?

Probe: *Is yes, what are some of the key child-focused initiatives that the AWC has adopted?*

Who do you think are the key people who have brought the AWC to this level?

What would you say are few best practices that this AWC follows and that other centres should replicate?

If no, what are the issues that continue to persist?

Who should be approached for those changes? What should be done?

Annexure 4

Health and Nutrition-level IDI for Best Practice documentation ASHA worker/ANM

1. Interview date: Date ____ Month ____ Year ____
2. Name of the ASHA/ANM worker
3. Age: Gender:
4. Location: State _____ District _____ Block _____ Gram Panchayat
5. Name of the Village Health Sanitation and Nutrition Centre (VHSNC):
6. Interview Start time: _____
7. Interview End time: _____

Personal Profile:

[To capture the interviewee's brief background]

1. Since how long have you stayed in this GP? ____ months/years

Probe: *Where did you live before this?*

Will you continue living here in the near future?

Would you ever want to move out? If yes, why?

2. Does your family live with you in this GP?
3. How many members are there in your family?

Name	Age	Gender	Grade

4. How many children are there in your family?

Name	Age	Gender	Relation

5. What are your educational qualifications?

Probe: From where did you complete your schooling?

Do you have a nursing degree/diploma?

From where did you receive it?

6. Are there any specific courses you pursued to become an ASHA/ANM worker?

Probe: From where did you do the course?

7. What are your duties as an ANM/ASHA worker? Kindly elaborate in detail.

8. Do you in your role as an ASHA/ANM worker converge with other people in the village?

Probe: If yes, who all do you coordinate with? (AWW, ANM, Panchayat members, or any other)

What are the purposes for which you coordinate with these people?

9. Would you say there is cooperation at the GP-level for services related to children's health and nutrition-related issues?

10. Can you talk about children's general health, nutrition and immunisation situation in the GP?

Probe: Are all children regularly immunized according to their age-appropriate schedules?

How aware and responsive are parents in the GP towards their children's health needs?

About children's healthcare and nutrition issues at the GP:

[To understand what are the good practices followed at the GP level with regard to monitoring children's health and nutritional status]

1. Is there an active VHSNC in the GP?

Probe: *If yes, when was it first formed?*

Is it a separate unit or merged with AWC?

Do you work closely with the VHSNC?

Do you have to report regularly to the VHSNC?

2. Are all the children (up to 18 years of age) registered at the VHSNC?

Probe: What is the process of registering children?

Would you say it is an easy and swift process?

3. What is the level of participation by Panchayat members in the VHSNC activities?

Probe: *Do you take the issues, if any, related to health, immunisation and sanitation to the Panchayat members for support and discussion?*

Are children's health, immunisation and morbidity issues discussed during the Panchayat meetings?

Has there been any instance where the Panchayat has contributed to the VHSNC in any form? Kindly elaborate.

4. What kind of monitoring and tracking of children's health status is being done by VHSNC in this GP?

Probe: *How regularly is the information updated?*

Who is responsible for tracking and updating the information?

Have there been any innovations in the process of monitoring, capturing and tracking such data?

5. Are there any NGO's/INGOs or grassroots organisations running any health and nutrition support programme in this GP?

Probe: *If yes, since when have they been running it?*

Which organisation is it?

6. Would you say that the organisation has done good work and the GP has benefitted from the support?

Probe: *If yes, what has been the biggest contribution?*

Why do you think the programme was a success?

7. Is the Village Health Sanitation and Nutrition Day (VHSND) celebrated in the village?

Probe: *When was the last time it was celebrated?*

What kinds of activities are done on that day?

Is there participation by all villagers?

8. Were there any specific awareness campaigns or health checkup camps organised for children during VHSND?

Probe: *Was there any specific issue that was focused upon for creating awareness amongst villagers?*

What were the camps held for?

9. Would you say that there is enough awareness at the GP level regarding the need to focus on children's health and nutrition? If yes,

Probe: *What are some of the steps taken to raise awareness amongst parents?*

What are the steps taken to raise awareness amongst Panchayat members?

10. Can you specifically share some good practices that have been followed to improve the situation with regard to children's health and nutrition in the village?

Probe: *Kindly elaborate with examples*

ABOUT UNICEF

UNICEF works in the world's toughest places to reach the most disadvantaged children and adolescents – and to protect the rights of every child, everywhere. Across more than 190 countries and territories, UNICEF does whatever it takes to help children survive, thrive and fulfill their potential, from early childhood through adolescence.

The world's largest provider of vaccines, UNICEF supports child health and nutrition, safe water and sanitation, quality education and skill building, HIV prevention and treatment for mothers and babies, and the protection of children and adolescents from violence and exploitation. In India, UNICEF is dedicated to advancing the rights of all girls and boys, especially the most disadvantaged. They work across India to save children's lives, help them fulfil their potential and defend their rights.

According to their Mission Statement:

- UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.
- UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children.
- UNICEF insists that the survival, protection and development of children are universal development imperatives that are integral to human progress.
- UNICEF mobilises political will and material resources to help countries, particularly developing countries, ensure a "first call for children" and to build their capacity to form appropriate policies and deliver services for children and their families.
- UNICEF is committed to ensuring special protection for the most disadvantaged children - victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities.
- UNICEF responds in emergencies to protect the rights of children. In coordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children and those who provide their care.
- UNICEF is non-partisan and its cooperation is free of discrimination. In everything it does, the most disadvantaged children and the countries in greatest need have priority.
- UNICEF aims, through its country programmes, to promote the equal rights of women and girls and to support their full participation in the political, social and economic development of their communities.
- UNICEF works with all its partners towards the attainment of the sustainable human development goals adopted by the world community and the realisation of the vision of peace and social progress enshrined in the Charter of the United Nations.



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