



TRAINING MODULE ON RISK INFORMED AND CHILD CENTRED GRAM PANCHAYAT DEVELOPMENT PLANNING

BUILDING RESILIENCE THROUGH LOCAL GOVERNANCE SYSTEM



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A pilot initiative under child - centred DRR program in West Bengal



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BUILDING RESILIENCE THROUGH LOCAL GOVERNANCE SYSTEM

Supported by: UNICEF, West Bengal

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Contents

Abbreviations.....	5
Section- I	
Introduction.....	6
1.1 Background	7
1.2 Role of PRIs in Disaster Management	4
Section-II	
About the Training Module.....	8
2.1 Objectives of the Training Module:	8
2.2 Process Adopted for Module Development.....	8
2.3 Module Design	6
2.4 Eligibility of the Resource Persons/Trainers:.....	11
Section-III	
Key components of the Training Module.....	12
3.1 Making the GP Development Plan Child Friendly & Risk informed.....	12
Need for Child Friendly & Risk Informed GPDP.....	14
Development Needs of Children.....	15
Child-specific issues	15
3.2 Development of Risk informed Child Development Plan.....	18
Risk informed Child Development Plan as sub-plan of GPDP	19
Key components of Risk informed Child Development Plan:	19
3.3 Child Friendly & Risk informed GPDP: Planning, Integration & Monitoring Process	29
Functioning of the Gram Panchayats in West Bengal: an overview.....	30
The role of Upa-Samiti members in preparation of Action Plan for Children.....	30
Review of Plan	31
Section-IV	
Capacity building of GP representatives & Monitoring of Child Development Plan	31
4.1 Capacity building of Upa-Samiti Members.....	32
4.2 Monitoring of post-plan implementation of Child Development Plan	32
References.....	33

Abbreviations

ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CSN	Children with Special Need
DDMA	District Disaster Management Authority
DRR	Disaster Risk Reduction
Goi	Government of India
GoWB	Government of West Bengal
GPDp	Gram Panchayat Development Plan
ICDS	Integrated Child Development Services
ICPS	Integrated Child Protection Scheme
IEC	Information Education Communication
LCD	Liquid Crystal Display
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MDM	Mid-Day Meal
NGO	Non-Government Organisation
NHM	National Health Mission
NLM	National Livelihood Mission
OBC	Other Backward Caste
PEO	Panchayat Executive Officer
PMAY	Pradhan Mantri Awas Yojana
P &RD	Panchayati Raj & Rural Development
PwD	People with Disability
PRI	Panchayati Raj Institutions
RKVY	Rashtriya Krishi Vikash Yojana
SBM	Swachh Bharat Mission
SC	Schedule Caste
SDMA	State Disaster Management Authority
SHGs	Self-Help Groups
SIPRD	State Institute of Panchayati Raj & Rural Development
SMC	School Management Committee
SSA	Sarva Sikshya Abhiyan
ST	Schedule Tribe
PDS	Public Distribution System
WBSDMA	West Bengal State Disaster Management Authority

Section- I

Introduction

1.1 Background

The state of West Bengal is vulnerable to natural calamities like flood, cyclone, hail storm, thunder squall, drought, landslide, erosion and sometimes to earthquakes. However, floods and cyclonic storms occur almost every year in different parts of the state and cause huge loss of life and property.

To address the disaster situations, Government of West Bengal has developed its own Disaster Management Policy and Manual in order to adopt a comprehensive approach to disaster management. It has established systems, structures and resources for reducing disaster risks and responding to disasters in the state. The State has formed state Disaster Management Authority under the Chairmanship of Hon'ble Chief Minister and District Disaster Management Authority at district levels for effective disaster management. Block Development Officer as the head of the Block administration plays a very significant role in implementation of disaster management operations like preparedness, prevention and mitigation. The State Relief Commissioner and District Magistrates are conferred with special powers to deal with emergency situations created by disasters¹.

Despite all these measures, disasters in the past have affected the poor and socially weaker sections the most. Marginalised groups based on age, gender, disability, caste, ethnicity, religion, and class are particularly vulnerable to disaster risk. Age is one of the critical elements to increase disaster vulnerability. For instance, children were affected the most in past disasters in India due to their specific vulnerabilities owing to their age, capacity and specific needs.

¹Source: West Bengal State Disaster Management Policy & Framework & Disaster Management Manual, Dept. of Disaster Management, Govt. of West Bengal

Introduction

1.2 Role of PRIs in Disaster Management

The role PRIs at district, block and GP is very crucial for disaster management. Due to its proximity to the community, the GP as an institution of local self-governance can play a distinct role in the whole cycle of disaster management. The Panchayati Raj Act, 1973 of West Bengal, in Sec. 19 (1) has mentioned that GP shall function as a unit of self-government to achieve economic development and secure social justice for all. It has grouped the duties of GP into obligatory, other and discretionary functions to cover a number of welfare activities.



In this context, the GP can play an important role to mainstream disaster risk into its development planning. It will help them to reduce disaster risks and sustain the development gains. This necessitates that the GPs develop a Child Friendly and Risk Informed Gram Panchayat Development Plan (GPDP).



For this to happen, capacity building of GP level officials and elected representatives is very much essential to develop their understanding on child friendly & Risk Informed GPDP and the process to develop it.

Phase I: Pre-Disaster Phase – Prevention, Mitigation & Preparedness

Local authorities should work in close co-ordination with and provide all assistance to relevant government departments, under the overall guidance of the district magistrates or State Relief Commissioner.

Phase II: Impact Phase - Emergency Relief Measures

Local authorities of municipal corporations, municipalities, zilla parishads, Panchayat Samities, Gram Panchayats etc, would follow appropriate guidelines and procedures in undertaking emergency relief measures and relief activities, under the overall supervision and direction of the State Relief Commissioner or the district magistrates

Phase III : Post-Disaster Phase – Reconstruction & Rehabilitation

Local authorities will conduct detailed damage assessment and carry out the reconstruction and rehabilitation activities in accordance with the policies and guidelines specified by the authority.

Source: *West Bengal State Disaster Management Policy & Frame Work, Department Of Disaster Management, Government of West Bengal.*

Section- II

About the Training Module

The training module is developed with a view to build the capacities of grassroots PRI members, Pradhan and Upa-Pradhan for preparing a Child Friendly & Risk Informed GPDP. The module has explained child related risks, their specific needs and the ways to prepare a participatory action plan to reduce the risks of children in the event of any disaster.

2.1 Objectives of the Training Module

- To enhance the knowledge of Gram Panchayat representatives, Pradhan and Upa- Pradhan on child specific needs and their vulnerability in pre-, during and post-disaster situations;
- To develop understanding on key components of Child Friendly and Risk Informed GPDP;
- To build the capacities of elected representatives of GP to prepare Child Friendly & Risk Informed GPDP;

2.2 Process Adopted for Module Development

The training module was developed in consultation with relevant officials at district, block and GP levels and the elected representatives of the GP. Following steps were followed while developing the training module:

1. Training need assessment of GP representatives;
2. Community level interactions to understand the nature of disaster impact on children and their needs in pre-, during and after disasters.

2.3 Module Design

The module is designed for a one day training schedule to offer advance knowledge and practical skills for main streaming child friendly and child-centered risk reduction into GPDP. The one-day training module is divided into four key sessions with specific contents in it.



About the Training Module

TRAINING MODULE

Theme	Content	Methodology	Materials/Aid	Duration
Opening session	Registration			30 minutes
	Objectives of the session: <ul style="list-style-type: none"> • To welcome the participants into the learning event • To orient on the objectives of the training programme • To get the participants introduced to each other • Reflecting on the expectations of the participants 			
	<ul style="list-style-type: none"> • Inauguration • Introduction to the training and its objectives • Self-Introduction • Expectation from the participants • Setting rules and norms of the training session 	<ul style="list-style-type: none"> • Lecture • Welcome Message • Structured Game 	Copy of the Module	1hour
Child Friendly and Risk Informed GPDP	Objectives of the session: <ul style="list-style-type: none"> • To improve understanding of the participants on Child Friendly and Risk Informed GPDP • To clarify the need for making GPDP child friendly and risk informed • To strengthen understanding on meaning of a child, their needs and vulnerabilities in pre, during and after disasters. 			
	<ul style="list-style-type: none"> • What is Child Friendly & Risk Informed GPDP? • Need for Child Friendly & Risk Informed GPDP • 14th Finance Commission Award and the GPDP as an opportunity to mainstream child-related risks • Understanding the needs of children and child-specific vulnerabilities 	<ul style="list-style-type: none"> • PPT • Interactive Discussion • Group Work 	LCD projector Flip Chart, White Board and Marker	1hour 30 Min
Risk Informed Child Development Plan as sub plan Activities of GPDP	Objectives of the session: <ul style="list-style-type: none"> • To build understanding on key components of GP Level Plan of Action for Children • To develop understanding on role of GPs in reducing risks of children in pre-, during and post-disaster situations. 			

About the Training Module

Theme	Content	Methodology	Materials/Aid	Duration
Risk Informed Child Development Plan as sub plan Activities of GPDP	<ul style="list-style-type: none"> Key Components of the Plan of Action for Children Role of GP in addressing survival, development, protection and participation needs of children. 	<ul style="list-style-type: none"> PPT Interactive Discussion Group Work 	LCD projector Flip Chart, White Board and Marker	1hour
Break				
Risk Informed Child Development Planing Process	Objectives of the session			
	<ul style="list-style-type: none"> To build understanding on steps of planning to prepare Action Plan for Children To build role clarity of each stakeholder for preparation of the Action Plan. 	<ul style="list-style-type: none"> The steps of Planning: Risk informed Child Development Plan Introduction to the participatory tools to assess hazard, vulnerability and capacity 	<ul style="list-style-type: none"> PPT Interactive Discussion Group Work 	LCD projector Flip Chart, White Board and Marker
Integration of Risk informed Child Development Plan into GPDP and monitoring of its implementation	Objectives of the session:			
	<ul style="list-style-type: none"> To build understanding on the process of integrating child related action plan into GPDP To develop understanding on monitoring process to ensure effective implementation action plan on children as sub-plan of GPDP 	<ul style="list-style-type: none"> Integration of Plan of Action for Children into GPDP: the process Post-plan monitoring of the implementation of action plan for children 	<ul style="list-style-type: none"> PPT Interactive Discussion Group Work 	LCD projector Flip Chart, White Board and Marker
Evaluation/ feedback & vote of thanks	Objectives of the session:			40 Min.
	<ul style="list-style-type: none"> To capture feedback from the participants to further improvise the training methodologies and contents Learning, suggestions and feedback from the participants in the evaluation format and vote of thanks 			20 Min.

N.B.: This is indicative schedule. The SIPRD / Trainers may customize the schedule according to the need and local context.

About the Training Module

2.4 Eligibility of the Resource Persons/Trainers:

- The Resource Persons/Trainers should have practical experience and a good conceptual understanding on disasters and its impact on children, child-specific needs in pre-, during and post-disaster situations.
- The Resource Persons/Trainers should have understanding on the functioning of Grassroots PRI and the planning process.
- The Resource Persons/Trainers need to have sound understanding on participatory tools for planning.
- The Resource Person/Trainers should use vernacular language as far as practicable during the training sessions.



Section- III

Key components of the Training Module

3.1. Making the GP Development Plan Child Friendly and Risk Informed

The requirement of Gram Panchayat Development Plan (GPDP) has provided ample scope for the GPs to make their plan child friendly and risk informed. By preparing a child friendly and risk informed GPDP, the GPs would be able to respond to the needs of the most vulnerable segment of the population i.e. children both during and after disasters.

Key Child Friendly Indicators

- All births registered within 21 days and children receiving the birth certificate
- All deliveries attended by a skilled person
- All children exclusively breastfed for at least six months
- All children (0-2 yrs) are fully immunised
- Children with diarrhoea using ORS and receiving care for acute respiratory illness
- All children completing primary school with basic learning competencies
- Reduction in underage marriage
- No child involved in hazardous or exploitative labour
- All households using iodized salt
- All households with access to improved water sources
- All members of the family washing hands with soap before eating and after defecation
- All households have access to adequate sanitation facilities
- Pregnant women receiving ante- and post natal support
- Schools, health centres and ICDS centres meeting “child-friendly” criteria
- Promotion of positive behaviours

Need for Child Friendly & Risk Informed GPDP

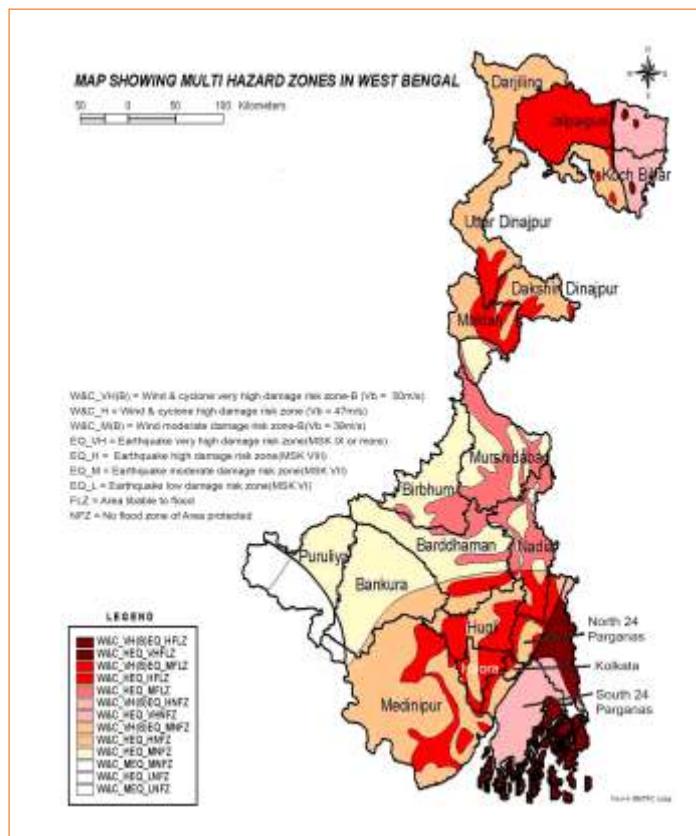
It has been learnt in major disasters of India such as Tsunami in Andaman & Nicobar Islands, Tamil Nadu, Puduchhery, Andhra Pradesh (2005), Bhuj Earth Quake of Gujarat (2001), Kosi Flood in Bihar (2008), Cyclone Aila in West Bengal (2009), Flood in West Bengal (2017) and the most recent Flood in Kerala (2018) that development planning must incorporate the risks reduction features to sustain the development gains. Therefore, disaster is often viewed as development failure.

Key components of the Training Module

West Bengal is prone to different kinds of disasters. Floods are the most common and widespread of all natural disasters and can occur anywhere in the state. As West Bengal lies along the Bay of Bengal, it is exposed to cyclone related hazards and cyclones have caused substantial damage in the past. In addition, there have been other natural calamities, such as high tidal wave, droughts, earthquakes, landslides etc. Districts in the western part of the state such as Purulia, Bankura, parts of Paschim Medinipur and Birbhum are drought prone and landslides are common phenomena in the district of Darjeeling. Though the frequency of earthquake is low, but northern districts are affected due to earthquakes in Sikkim and Nepal region.



All these disasters have restricted the economic and social developments of affected districts. The loss of income earners through death or injury, destruction of productive assets has affected the individual households. Also health, education and sanitation infrastructure were affected in disasters and restricted the access of people to various services under social sectors.



Key components of the Training Module

Given the scenario, the Gram Panchayats need to consider the risks of the most vulnerable segment of the population i.e., children (UNCRC² has defined child as every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier) while preparing the GPDP. The UNCRC has grouped the rights of children into four categories such as **survival, development, protection and participation**. The GPDP therefore, need to respond to the specific needs of children falling under above four categories in pre, during and post disaster situations. By doing so, the GP would be able to ensure the holistic growth and development of its children.

Development Needs of Children

Based on UNCRC, the needs of children can thus be broadly classified into the following categories:

- Survival Needs
- Developmental Needs
- Protection related Needs
- Participation related Needs

However, the above mentioned needs vary with age and situations. The needs and situation of children changes at different stages of development. Therefore, it is also important for the GP to understand different phases of a child less than 18 years of age. The following stages of growth and development of children should be factored in the GPDP:

- Pre-natal stage (during pregnancy)
- Infancy (below 1 year)
- Early Childhood (1-5 years)
Childhood (6-10 years)
- Adolescence (10-19 years). Adulthood varies from child to child. Some children get maturity earlier)

²The United Nations Convention on the Rights of the Child (abbreviated as the CRC or UNCRC) is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. The UN General Assembly adopted the Convention and opened it for signature on 20 November 1989. It came into force on 2 September 1990. India ratified UNCRC on 11 December 1992.

Key components of the Training Module

Stages	Needs			
	Survival	Development	Protection	Participation
Pre-natal	✓		✓	
Infancy	✓	✓	✓	
Early Childhood		✓	✓	
Childhood		✓	✓	✓
Adolescence	✓		✓	✓



The needs of children at different stages are also different at the time of disaster or disaster like situations. Again the needs of children of a similar age-groups may differ in any emergency situations based on their socio-economic conditions, gender, physical and mental health, among others. For instance, children from poor, scheduled cast, schedule tribe families have different needs in the context of disasters. The orphaned, single parent children of women headed households need special attention. The vulnerability of girl children falling within either of the above mentioned categories becomes higher or multiplied during and after disasters. It is therefore, important for the GPs to identify those children and incorporate their specific needs in the GP level action plan for children.

Child-specific issues

Some of the child related issues need separate attention by the GPs. The issues are more aggravated during and in the aftermath of disaster situations due to specific vulnerabilities associated with children. The child related services and programme might get affected during and after disasters. Therefore, the GPs need to identify specific issues related to children for preparing an action plan to undertake preventive and mitigation measures to reduce disaster risks of children.



Key components of the Training Module

Following are some of the key priorities under survival, development, protection and participation needs of children:

Survival	Development
Reduction in maternal and child mortality rates, particularly neonatal mortality, with special focus on girl child Adequate nutrition, safe drinking water, sanitation and hygiene	<ul style="list-style-type: none"> • Early Childhood Care and Education for all children of 3-6 years • Reduction in drop-out rates at elementary level • Improved access to schooling of children with special needs (visually, hearing, orthopedically and mentally impaired or having learning disabilities). • Adequate infrastructure in all schools • Availability of adequately trained teachers at elementary level as per Right to Education (RTE) Act norms. • Opportunities for the adolescents • Facilities and opportunities for children's play and recreation.
Protection	Participation
<ul style="list-style-type: none"> • Birth registration for all children • Elimination of all forms of child labour • Prevention of trafficking of children and adequate measures for rescue, rehabilitation and reintegration of those who are trafficked • Reducing incidences of early marriage especially among girls • Reduction in crimes against children, especially sexual offences • Care and services for destitute, abandoned and orphaned children without parental care. 	<ul style="list-style-type: none"> • Access to adequate age appropriate information regarding rights and entitlements of children, various schemes and programs. • Creating an enabling environment and opportunities for children to ensure their active involvement in all matters concerning them.

Key components of the Training Module



Note on key terminologies

Child labour refers to employment of children in any work for the purpose of earning money. Child Labour (Prohibition & Regulation) Act 1986 prohibits employment of children below 14 years in any hazardous occupation and regulates work situation for children from 14-18 years.

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

Child sexual abuse is an abuse of child for sexual gratification by an older or more powerful person. Prevention of Children from Sexual Offence (POCSO) Act, 2012 provide protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography.

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

Key components of the Training Module

3.2. Development of Risk informed Child Development Plan

Risk informed Child Development Plan as sub-plan of GPDP

Disasters are caused as a result of the combination of exposure to hazard, the conditions of vulnerability and inadequate capacity or measures to reduce the risks. For instance, flood due to heavy rain has the potential to cause loss of lives and property; takes the shape of a disaster when the government and local self-governance structure fail to take adequate measures to reduce the risks of its vulnerable population and infrastructures or respond in a timely manner.

Disaster Risk Reduction (DRR) is therefore, considered as an integral part of development planning to lessen the impact of disasters. In this context, integration of child related disaster risk into GPDP is important to lessen the impact of disasters on children. The GPDP has to be child friendly and risk informed to protect the rights of children during disasters. In order to make the GPDP child friendly and risk informed, the GPs should follow the following few steps:

- a. Preparation of Risk Informed Child Development Plan
- b. Integration of child related risk reduction measures into the GPDP
- c. Approval of Child Friendly & Risk Informed GPDP in the Gram Sabha

Note on key terminologies

Hazard: A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage. The interface of hazard and vulnerability is disaster. Hazard has the potential to be a disaster.

Vulnerability: The characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard.

(Comment: There are many aspects of vulnerability, arising from various physical, social, economic, and environmental factors).

Capacity: The combination of all the strengths, attributes and resources available within an organization, community or society to manage and reduce disaster risks and strengthen resilience. Capacity may include infrastructure, institutions, human knowledge and skills, and collective attributes such as social relationships, leadership and management.

Disaster risk: The potential disaster losses, in lives, health status, livelihoods, assets and services, which could occur to a particular community or a society over some specified future time period.

Disaster Risk Reduction (DRR): DRR focuses on reducing disaster risks triggered by natural hazards. It aims at reducing hazards, vulnerabilities and exposure on the one hand while enhancing capacities on the other.

Key components of the Training Module

Key components of Risk informed Child Development Plan

In order to prepare a Plan of Action for Children, the GP needs to identify the gaps with relation to survival, development, protection and participation needs of children. The Plan of Action for Children should be guided by the following key considerations:

- a) Be informed by desegregated data on gender, age and disability
- b) Be gender-sensitive, as boys and girls have separate needs
- c) Participation of children and young people in the implementation, monitoring and review of the plan of action
- d) Services important for children with relation to their Survival, Development, Protection and Participation.
- e) Considering all risks appropriate to the context, through a multi-hazard, locally-informed approach

A situation analysis should be done under the following key areas to develop action plan for reducing disaster risks of children:

a) Survival Need

Survival of the new born and infant depends largely on the quality of care provided to mothers during pregnancy, delivery of the child in health institutions, post-natal care, early breast feeding, immunization, access to safe drinking water, sanitation and hygiene. The Gram Panchayats can play a crucial role to make the communities, including the families, aware of the above mentioned aspects for the survival of the new born and the infants and to reduce their risks. The following matrix explains the key activities, information required for planning and the role of GP under the survival need.



Key components of the Training Module

Steps	Activities	Key information required for Planning/Role of GP
I	Situational Analysis	<p>Following information needs to be collected:</p> <ul style="list-style-type: none"> • No. of new born and their registration • No. of pregnant women and their registration • No. of children not covered under immunization • No. of malnourished children in different categories • No. of institutional deliveries • No. of deliveries under the supervision of skilled birth attendants • No. of tube wells (both functional and defunct) and the quality of water • No. of houses without individual latrines • No. of households without access to safe drinking water • No. of uncovered drains in the GP • No. of ICDS centers and schools needs repairing
II	Opportunity Mapping	<p>The GP will identify existing resources for planning in the event of any disasters.</p> <ul style="list-style-type: none"> • Safe houses and buildings for shelter • Cyclone/flood shelters, concrete buildings and other strong structures • Safe evacuation routes • Existing health facilities • Identification of motivated volunteers
III	Action Points for the GP	<p>Pre-disaster (<i>prevention, mitigation and preparedness measures</i>)</p> <ul style="list-style-type: none"> • Awareness generation of people on the issues of child survival in ward meetings and Gram Sabha • To ensure registration of pregnant women and new birth in the GPs • To monitor the immunization sessions • Follow-up with the Rogi Kalyan Samiti (RKS) regarding availability of vaccination, proper storage and distribution, • Follow-up for appointment of vacant positions such as ANM, ASHA, Medical Officers and staff of PHC

Key components of the Training Module

Steps	Activities	Key information required for Planning/Role of GP
	Action Points for the GP	<ul style="list-style-type: none"> • To stay alert on the outbreak of any communicable diseases and bring to the notice of health functionaries • Ensure the supply of safe drinking water in ICDS centers and Schools • To ensure the promotion of safe habits and hygienic practices at ICDS centers and Schools • To take initiatives on water quality tests • To take steps for collection of garbage, segregation and its disposal especially before monsoon. • To ensure elevation of tube wells above the normal flood level to prevent contamination of water in case of floods. • Damage assessment of child related infrastructure like ICDS center, Schools etc. to resume basic services <p>During/Post-disaster (response, rehabilitation & reconstruction measure)</p> <ul style="list-style-type: none"> • Rescuing children on a priority basis to safe shelters/places • To make provision for basic food, clothing and cooking implements, medicines for children • Child-centric relief provision to improve the health & nutrition status of children • To ensure the medical needs of pregnant women and infants • To resume the services of ICDS, Village Health & Nutrition Day for continuing health check-ups for children • Organising health camps for children

b) Development Need

Every child has a right to develop physically, mentally and emotionally. These opportunities need to be created at family and society and institutions level. For the overall growth and development of a child, caring environment, good nutrition, health and education are crucial. The GP has an important role to play to ensure the overall growth and development of children in the GP. The following matrix explains the key activities, information required for planning and the role of GP under the development need.

Key components of the Training Module

Steps	Activities	Key information required for Planning/Role of GP
I	Situational Analysis	<p>Following information need to be collected:</p> <ul style="list-style-type: none"> • No. of Pre-primary school age going children • No. of children enrolled in pre-school • No. of drop-out children from pre-school • No. of elementary school (6-14) age going children • No. of children enrolled in schools • No. of drop-out children at elementary level • No. children enrolled in secondary and senior secondary schools • No. of drop-out children from secondary and senior secondary schools • No. of children with Special Needs (CWSN) both school going, out of school and drop-outs • No. of schools and ICDS centers with RampsNo. of school buildings/ICDS centers with risks for children • No. of ICDS centers and schools needs repairing
II	Opportunity Mapping	<p>The GP will identify existing resources for planning in the event of any disasters.</p> <ul style="list-style-type: none"> • Safe houses and buildings for shelter • Cyclone/flood shelters, concrete buildings and other strong structures • Safe evacuation routes • Existing health facilities • Identification of motivated volunteers
III	Action Points for the GP	<p>Pre-disaster (prevention, mitigation and preparedness measures)</p> <ul style="list-style-type: none"> • Awareness generation of people on the issues of child survival in ward meetings and Gram Sabha • To ensure registration of pregnant women and new birth in the GPs • To monitor the immunization sessions • Follow-up with the Rogi Kalyan Samiti (RKS) regarding availability of vaccination, proper storage and distribution, • Follow-up for appointment of vacant positions such as ANM, ASHA, Medical Officers and staff of PHC

Key components of the Training Module

Steps	Activities	Key information required for Planning/Role of GP
III	Action Points for the GP	<ul style="list-style-type: none"> • To stay alert on the outbreak of any communicable diseases and bring to the notice of health functionaries • Ensure the supply of safe drinking water in ICDS centers and Schools • To ensure the promotion of safe habits and hygienic practices at ICDS centers and Schools • To take initiatives on water quality tests • To take steps for collection of garbage, segregation and its disposal especially before monsoon. • To ensure elevation of tube wells above the normal flood level to prevent contamination of water in case of floods. • Damage assessment of child related infrastructure like ICDS center, Schools etc. to resume basic services <p>Post-disaster (response, rehabilitation and reconstruction measure)</p> <ul style="list-style-type: none"> • To ensure the regularity of mid-day meals even during holidays/vacations in case of drought • Child-centric relief provision to improve the health and nutrition status of children. • To ensure the regularity of ECCE services and functioning of schools • To ensure toilets of the flood/cyclone shelters are cleaned and disinfected



Section- I

Key components of the Training Module

c) Protection Need

Child protection means protecting children from abuse, exploitation, neglect and violence of any form. There are various social norms and practices which put the children at risk of child protection issues. The following matrix explains the key activities, information required for planning and the role of GP under the protection need.

Steps	Activities	Key information required for Planning/Role of GP
I	Situational Analysis	<p>Following information need to be collected:</p> <ul style="list-style-type: none"> • No. of children (less than 14 years and 14-18 years) those who are employed and the nature of their employment • No. of children migrating with their families • No. of children (both boys & girls) married before prescribed legal age • No. of missing/trafficked children in the GP
II	Opportunity Mapping	<p>The GP will identify existing resources for planning:</p> <ul style="list-style-type: none"> • No. of institutions for protection of children • Names of authorities/officials responsible for protection of children at various levels and their contact details.
III	Action Points for the GP	<p>Pre-disaster (<i>prevention, mitigation and preparedness measures</i>)</p> <ul style="list-style-type: none"> • To ensure mainstreaming of drop-out and never enrolled in age appropriate classes through awareness campaign • To rescue the children from hazardous work situations • Linking the households having child labours with livelihood schemes and programmes. • Linking the school drop-out adolescent girls with skill development programme. • Tracking the children who migrate out along with families for work Registration of migrant labours

Key components of the Training Module

Steps	Activities	Key information required for Planning/Role of GP
III	Action Points for the GP	<ul style="list-style-type: none"> To encourage registration of marriages to monitor the age of the girls and boys being married To support preventing, rescuing and rehabilitation of victims of child marriage Display of childline No., Contact No. of Child Marriage Prohibition officer, Contact No. of Police, Contact No. of CWC members etc in prominent places of the GP To take sensitization drive against child marriage, child labour, child trafficking etc. To take sensitization drive against child marriage, child labour, child trafficking etc. <i>During/post-disaster (response, rehabilitation & reconstruction measure)</i> To ensure safe space for children for their in-door play and recreation in flood/cyclone shelters Rescuing of children engaged in hazardous work Tracking of missing and trafficked children and reintegrating them into their families Producing the children in need of care and protection before the Child Welfare Committees constituted at district level under Integrated Child Protection Scheme



Key components of the Training Module

Note on Scheme, Institutions and Officials for Child Protection

Integrated Child Protection Scheme (ICPS): is a Centrally Sponsored Scheme of Government – Civil Society Partnership under Ministry of Women & Child Development to help secure the safety of children, with a special emphasis on children in need of care and protection, juveniles in conflict or contact with the law and other vulnerable children.

Child Welfare Committee (CWC): CWC is constituted in every district to provide support to children in need of care and protection, who don't have parental or any other support. The CWC is a statutory body to ensure immediate care, protection and long term rehabilitation of children. A child victim of abuse, a destitute or an abandoned child needs to be produced before CWC. The CWC gives direction to child care functionaries considering the best interest of the child.

Juvenile Justice Board (JJB): A child accused of committing an offence need to be produced before the JJB. The aim of JJB is to hold children culpable for their offence and reform them through counseling and child friendly treatment.

Special Juvenile Police Unit (SJPU): SJPU is a unit of police at district level for handling cases of children in a child friendly manner. In every police station, atleast one police officer is designated as child welfare officer to deal with cases of children.

District Child Protection Unit (DCPU): The DCPU is formed under Integrated Child Protection Scheme (ICPS), Ministry of women & Child Development, Govt. of India for child protection in every district.

Child Marriage Prohibition Officer (CMPO): There is designated CMPO at sub-district level for reporting of the incidence of child marriage and to take appropriate actions for preventing child marriages, producing the victims before CWC for rehabilitation.

Childline (1098): Childline helpline No: 1098 is an outreach service operating at district levels to support the children in distress, need and care.



Key components of the Training Module

d) Participation Need

Children have the right to participate in accordance with their age and freely express their views in matters affecting them at family, society and institutions. It is the responsibility of the adults to create an enabling environment for children to actively participate in the decision making process. The GP has an important role to play in this regard to create an enabling environment and space for children to express their views freely and influence decisions having direct implication on their lives. The following matrix explains the key activities, information required for planning and the role of GP under the protection need.

Steps	Activities	Key information required for Planning/Role of GP
I	Situational Analysis	<p>Following information need to be collected:</p> <ul style="list-style-type: none"> • No. of child cabinets formed at schools • No. of members in the child cabinet (boys and girls) • No. of meetings organised by the child cabinet and what are the topics discussed therein
II	Opportunity Mapping	<p>The GP will identify existing resources for planning:</p> <ul style="list-style-type: none"> • No. of schools with child cabinet • No. of institutions where the scope for children's participation can be created
III	Action Points for the GP	<p>Pre-disaster (<i>prevention, mitigation and preparedness measures</i>)</p> <ul style="list-style-type: none"> • To maintain a data base of young children and adolescents of the GP • To ensure the active participation of children in preparation of plan of action children in the GP • To facilitate the interface between the children's collective and the GP level Child Protection Committees (under ICPS) <p>Post-disaster (<i>response, rehabilitation & reconstruction measure</i>)</p> <ul style="list-style-type: none"> • To encourage reporting of cases with relation to child abuse, child marriage, missing children, child labour and child trafficking through Village Child Protection Committee.

Key components of the Training Module

Notes on Child Participation

Children's participation is an informed and willing involvement of all children including those who are differently abled and those at risk, in any matter concerning them either directly or indirectly. Article 12 of UNCRC has mentioned about children's right to participation.

The following should be ensured for active participation of children in the preparation of GP Plan of Action for Children:

- Children should able to freely express their views and opinions and treated with respect.
- The roles and responsibilities of all involved (children, adults and other stakeholders) are clearly outlined and understood before the planning exercise.
- Children should be provided with relevant information to develop 'Plan of Action for Children'.
- The adults involved in the planning exercise to support the children are sensitised on working with children, clear about their roles and willing to listen to children.



Key components of the Training Module

4.1 Child Friendly & Risk informed GPDP: Planning, Integration & Monitoring Process

Functioning of the Gram Panchayats in West Bengal: An Overview

The West Bengal Panchayati Raj System is governed by the West Bengal Panchayat Act, 1973. Under Sec. 32A of the act, each Gram Panchayat has constituted standing committees called Upa-Samitis. There are following five Upa-Samitis constituted at the Gram Panchayat:

- a) Artha O Parikalpana Upa-Samiti
- b) Krishi O Prani Sampad Bikas Upa-Samiti
- c) Siksha O Janasasthya Upa-Samiti
- d) Nari, Sishu Unnayan O Samaj Kalyan Upa-Samiti
- e) Shilpa O Parikathama Upa-Samiti

Each Upa-Samiti has the Pradhan and Upa-Pradhan as ex-officio member except for Artha O Parikalpana Upa-Samiti and 1 to 3 members elected from the members of Gram Panchayat depending upon the total no. of members of the GP. Also the Upa-Samitis consist of Government Officials as members and others related with the functions of Upa-Samiti.

As per the West Bengal Government order vide No. 3595- PN/O/I/1A-1/2003 dated 8/12/2003, Upa-Samitis of the Gram Panchayat deal with the subjects as given in the table below.

Sl. No.	Upa-Samiti	Subject Matter
1	Artha O Parikalpana Upa-Samiti	Finance, budget, accounts, audit, taxation, resource mobilization, establishment, office management, preparation of Gram Panchayat plan, implementation, monitoring and evaluation of P & RD Programs, preparation of resource inventory and data base of Gram Panchayat Planning, disaster management, management of hat, bazar and ferry of Gram Panchayat, coordination of works assigned to different Upa-Samitis and any other work not entrusted with any other Upa-Samiti.
2	Krishi O Prani Sampad Bikas Upa-Samiti	Agriculture, Horticulture, Irrigation, Animal Resources Development, Fisheries, Watershed Development, Cooperation, Provident Fund for Landless Agricultural Labourer.
3	Siksha O Janasasthya Upa-Samiti	Literacy campaign, Sishu Siksha Karmasuchi, Madhyamik Siksha Karmasuchi, Primary Education, Mass Education, Rural Library, Public Health, Sanitation, Rural Water Supply, Rural Dispensaries and Health Clinics, Family Welfare Program.
4	Nari, Sishu Unnayan O Samaj Kalyan Upa-Samiti	Self-Help Groups, Swarna Jayanti Gram Swarojgar Yojana, Integrated Child Development Scheme, National Social Assistance Program, all other programs relating to women and child development.
5	Shilpa O Parikathama Upa-Samiti	Cottage and Small Scale Industries, Rural Artisans, Infrastructure Development, Indira Awas Yojana, Rural Roads & Housing Construction.

Key components of the Training Module

The role of Upa-Samiti members in preparation of Action Plan for Children

The GP Facilitating Team (constituted for the purpose of facilitating GPDP process) will coordinate and guide the preparation of action plan for children. Nari, Sishu Unnayan O Samaj Kalyan Upa-Samiti will carry out the planning process in each Gram Sansad with the support of youth club members, women SHG members, teachers and members Village Child Protection Committees (constituted under Integrated Child Protection Scheme). The timing of the planning process should suitably be decided based on the disaster profile of the GP to reduce the disaster risks. The Upa-Samiti should carry out the tasks as mentioned in the table below to develop the plan of action for children:

Step	Key Tasks	Sub-activities
Step-1	Environment Generation	The Pradhan will write to all the GP members, NGOs, working in the locality, community based organisations regarding the Risk informed Child Development Plan as sub-plan of GPDP.
Step-2	Preparatory Meetings	Preparatory meetings will be organised at the Gram Panchayat level for the preparation of the plan and its key components. At GP level, the Pradhan will appeal to all GP members, line department functionaries, NGO representatives, Youth club and SHG members, teachers, ANM, ICDS workers and ASHA to participate in each stage of the planning process. He will also explain the key components of the plan. Responsibilities will be given to the Sansad members to carry out the process in their respective Gram Sansad.
Step-3	Situation Analysis	Nari, Sishu Unnayan O Samaj Kalyan Upa-Samiti members alongwith the members of youth club, Village Child Protection Committee, SHG, adolescents and the Sansad member will assess the situation of children with relation to their survival, development, protection and participation needs in both normal and disaster situations
Step-4	Consolidation of the findings of Situation Analysis	After the situation analysis of all the Sansad, the Nari, Sishu Unnayan O Samaj Kalyan Upa-Samiti will assess the situation of children on different parameters with the help of available secondary information and consolidate it.
Step-5	Prioritisation of needs and development of Action Plan	The Nari, Sishu Unnayan O Samaj Kalyan Upa-Samiti will prioritise the needs of children falling within the areas of survival, development, protection and participation. The Upa-Samiti will also map the resource envelop, scope of convergence with flagship programme i.e., MGNREGS, ICDS, ICPS, MDM, PDS, SSA, RMSA, RKVY, SBM, PMAY, NHM, NLM etc., available human resources to prepare a realistic action plan. After prioritisation of needs and mapping of resource envelope, the Upa-Samiti will develop the action plan by considering the following aspects

Key components of the Training Module

Step.	Key Tasks	Sub-activities
		<ul style="list-style-type: none"> • Key concerns of children (in all stages of disasters) • Gaps in infrastructure • Shortfall in service and how to resume services in the event of any disaster • Deficiencies in human resources • Cost and Cost-less development
Step-6	Integration of risk informed child development plan with the GPDP	The Pradhan and the GP members will examine the action plan based on its merit and the availability of resources with the GP and would then incorporate the Sub-plan activities into the GPDP for its approval in the Gram Sabha.

Review of Plan

Every year the Plan would be reviewed and updated along with the GPDP. The Nari, Sishu Unnayan O Samaj Kalyan Upa-Samiti will coordinate the process of updation and renewal of risk informed Child Development Plan and its integration with the GPDP every year.



Section- IV

Capacity Building of GP Representatives & Monitoring of Child Development Plan

4.1 Capacity building of Upa-Samiti Members

The SIPRD will be the nodal institution to build the capacities of Upa-Samiti members on key components of Child Friendly & Risk Informed GPDP and the use of participatory tools to assess Hazard, Vulnerability and Capacities of People. The Hazard, Vulnerability, and Capacity Assessment will gather information about past patterns of hazards, present threats/vulnerabilities (children and infrastructure) and the capacity of the community in terms of available resources to cope with the adverse effects of a disaster. The possible participatory data gathering tools are given in the table below.

Hazard Assessment	Vulnerability Assessment	Capacity Assesmenter
<p>A. Historical profile or time line can make community members understand how hazards have changed over time; which hazards have happened in the past.</p> <p>B. Seasonal Calendar helps to visualize the time, frequency and duration of common hazards.</p> <p>C. Key Informant Interview some members of the community, especially the elders and long time residents will have a better recall of the community's history of hazards and disasters.</p>	<p>A. Social/Resource Mapping can be made to locate the "elements at risk", thereby helping community members in visualizing these.</p> <p>B. Transect walk can provide opportunity to ask more detailed questions on physical/material vulnerability.</p> <p>C. Focus Group Discussions will help understanding the vulnerability of children and their specific needs during and after disasters.</p>	<p>A. Resource Mapping can show all resources in the community that can be used to prevent and reduce risk of disaster.</p> <p>B. Focus Group Discussions will help understanding the capacities of communities and the resources at their disposal to cope with disasters/disaster like situations.</p>

4.2. Monitoring of post-plan implementation of Child Development Plan

The GP Facilitating Team shall monitor the implementation of the action plan for children to assess the following:

- Whether the activities related to children are implemented in right direction?
- Whether the time schedule is maintained?
- Whether the standards and quality is maintained?

The GP Facilitating Team will submit its findings along with corrective measures on a quarterly basis to be placed before the GP meetings.

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