



Child Friendly Spaces

A Practical Planning, Designing & Operationalization guide for Assam

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Foreword

Disasters undermine the key pillars of child rights; not only are the children most vulnerable to deaths and injury caused by disasters and conflicts but their well-being is jeopardized by the ensuing trauma, triggered by chaos, and the sudden loss of familiar environment. Age, coupled with physical and psychological immaturity make them dependent on the adult population, thereby compounding their vulnerability. Their exposure to disasters and conflicts has a severe impact on their physical and mental health, besides heightening their behavioral health disorders and contributing to their long-term learning deficits.

In Assam, the situation is precarious, given the state's location in a multi-hazard prone zone which renders a significant impact upon its population. The state is prone to floods, earthquake, storms and landslides among natural hazards besides having record in outbreak of ethnic conflicts. These shocks and stresses disproportionately affect children who remain the worst affected as many essential services impacting their health, nutrition, education, and social well-being are disrupted and they are further exposed to new risks amounting to abuse and exploitation.

The multiple risks emerging in the post disaster context, particularly for children, makes it imperative to set up an environment of care and protection for children which would inculcate positive coping strategies and facilitate speedy recovery. Establishing a safe environment would prevent a child from resorting to negative coping strategies or become victims of violence and abuse. "Child Friendly Spaces for Children in emergencies" was developed by ASDMA with technical support of UNICEF, Assam for implementation under NSSP, 2016. "Prepare design of child friendly spaces for emergencies in advance" is an action point to be taken up at the District level by the DDMA under the NSSP, 2016. To address all issues of children in emergencies, a detailed guideline is necessary to bring CFS in Assam at par with UN Standards and give a structured platform for engagement/participation of various stakeholders in CFS.

I am happy to present this guideline. It is designed to assist Disaster Management Staff and partners, in establishing and operating Child Friendly Spaces (CFS) in an emergency. This guide would specifically help rescue workers and staff in building CFS within temporary/permanent relief camps setup across the state. Besides dealing with Assam Specific Scenarios, it will guide users on low cost and effective material use for CFS construction. The Guidelines stand for a vision of India where all children and their teachers, and other stakeholders in the school community are safe from any kind of preventable risks due to natural hazards that may threaten their well-being during the pursuit of education. The guidelines also actively promote that educational continuity is maintained / resumed even in the immediate aftermath of a disaster so that children are physically, mentally and emotionally secure within their schools.


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Acknowledgement

On behalf of Assam State Disaster Management Authority (ASDMA), I would like to thank UNICEF for the technical support towards drafting of Child Friendly Spaces manual. I would like to thank all key stakeholders who have actively contributed towards this manual. Child Friendly Spaces would provide children with protected environments in which they participate in organized activities to play, socialize, learn, and express themselves as they rebuild lives. This manual from ASDMA will guide emergency response personnel and implementing partners in the rapid implementation of effective Child Friendly Spaces for children and immediately after an emergency such as natural disasters or situation of armed conflict.

Let us work together to address all issues of children in emergencies, where children affected by natural disasters or armed conflict can be provided with a safe environment, with integrated programming including play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports are provided.

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5/9/2022

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ACRONYMS

AE	-	Assistant Engineer
ANM	-	Auxiliary Nurse Mid-Wife
ASHA	-	Accredited Social Health Activist
BEEOs	-	Block Elementary Education Officers
BPM	-	Block Programme Manager
BSSAC	-	Block-School Safety Advisory Committee
CDPO	-	Child Development Project Officer
CDPO	-	Child Development Project Officer
CFS	-	Child Friendly Spaces
CMR	-	Child Mortality Rate
CPC	-	Children Protection Centres
CRCC	-	Cluster Resource Centre Co-ordinator
CSO	-	Clinical Support Officer
DCPU	-	District Child Protection Unit
DDMA	-	District Disaster Management Authority
DDSM	-	District Drugs Store Manager
DHS	-	Directorate of Health Service
DME	-	Director of Medical Education
DME	-	District Media Expert
DPM	-	District Programme Managers
DPMU	-	District Project Management Unit
DRDA	-	District Rural Development Agency
DSAC	-	District Support Advisory Committee
DSDO	-	Department of Social Justice and Empowerment
DSSAC	-	District School Safety Advisory Committee
DSWO	-	District Social Welfare Officer
DWSM	-	District Water & Sanitation Mission
DWSC	-	District Water & Sanitation Committee
EE	-	Executive Engineer
HE	-	Health Educator
HM/HT	-	Head Master/Head Teacher
IAG	-	Inter-Agency Group
ICDS	-	Integrated Child Development Services
IMR	-	Infant Mortality Rate
JDHS	-	Joint Directors Health Services
JE	-	Junior Engineer
KMC	-	Kangaroo Mother Care
LHV	-	Lady Health Visitor
MAM	-	Medium Acute Malnutrition
MDM	-	Mid-day Meal
MHRD	-	Ministry of Human Resource Development
MMR	-	Maternal Mortality Rate
MPW	-	Multi-Purpose Workers
NGO	-	Non-Governmental Organisation
NRC	-	Nutrition Rehabilitation Center
NSSP	-	National School Safety Policy

(ii)

PHED	-	Public Health Engineering Department
PRI	-	Patient Review Instrument
RBSK	-	Rastriya Bal Swasthya Karzyakram
RMSA	-	Rashtriya Madhyamik Siksha Abhijan
SAM	-	Severe Acute Malnutrition
SDMA	-	State Disaster Management Authority
SHG	-	Self Help Group
SW	-	Surveillance Workers
SWO	-	Social Welfare Officer
SWSM	-	State Water and Sanitation Mission
UNICEF	-	The United Nations International Children's Emergency Fund
VCPC	-	Village Community Participation Committee
VDP	-	Village Development Plan
VLCCC	-	Village Land Management and Conservation Committee
VLDP	-	Village Land Development Plan
VLMP	-	Village Land Management Plan
WIFS	-	Weekly Iron and Folic Acid Supplementation

Chapter-1: INTRODUCTION

Purpose of the Guideline

This guideline is designed to assist Disaster Management Staff and partners, in establishing and operating Child Friendly Spaces (CFS) in an emergency. This guide will specifically help rescue workers and staff in building CFS within temporary/permanent relief camps setup across the state. Besides dealing with Assam Specific Scenarios, it will guide users on low cost and effective material use for CFS Construction.

National School Safety Policy, 2016 (NSSP, 2016) was formulated by NDMA & MHRD, Govt. of India and has been enforced by Hon'ble Supreme Court of India. The National School Safety Policy Guidelines apply to all schools in the country – whether government, aided or private, irrespective of their location in rural or urban areas. They apply to all stakeholders involved in delivery of education to children in India. The Guidelines stand for a vision of India where all children and their teachers, and other stakeholders in the school community are safe from any kind of preventable risks due to natural hazards that may threaten their well-being during the pursuit of education. The guidelines also actively promote that educational continuity is maintained / resumed even in the immediate aftermath of a disaster so that children are physically, mentally and emotionally secure within their schools. The basic guideline on “Child Friendly Spaces (CFS) for Children in emergencies” was developed by ASDMA with technical support of UNICEF, Assam for implementation under NSSP, 2016. “Prepare design of child friendly spaces for emergencies in advance” is an action point to be taken up at the District level by the DDMA under the NSSP, 2016. In this context a basic guideline was developed by ASDMA & UNICEF, Assam for which is being currently implemented at the district level with effect from 15th July, 2018. In the year 2020, with the advent of a new disaster/epidemic in the form of COVID-19, a modified “SoP on Relief Camp Management” in the context of Flood & COVID-19 was notified by Govt. of Assam focusing on safety of children taking shelter in relief camps. This guideline made CFS an integral part of Relief Camp Management in Assam. However, to address all issues of children in emergencies, a detailed guideline is necessary to bring CFS in Assam at par with UN Standards and give a structured platform for engagement/participation of various stakeholders in CFS.

The Guideline

“Child Friendly Spaces (CFS) for Children in emergencies” is to be designed & implemented for providing children with safe spaces for learning and recreation, and protecting them from various threats and abuses during floods and other disasters by respective District Disaster Management Authorities. ASDMA with technical support of UNICEF, Assam has developed this detailed state level guideline which will replace the existing basic guideline notified on 5th July, 2018 and SoP on Child Friendly Spaces (as part of SoP on Relief Camp Management) notified on 8th June, 2020.

Criteria for CFS Setup

Child friendly spaces have to be operated for all relief camps having more than five child inmates.

Definition of Child Friendly Spaces

CFS can be defined as places designed and operated in a participatory manner, where children affected by natural disasters or armed conflict can be provided with a safe environment, where integrated programming including play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports are provided. The purpose of CFS is to support the resilience and well-being of children and young people through, structured activities conducted by community in a safe, child friendly, and stimulating environment.

Generally CFS refers to a relatively short to medium term programme response, and is very often operated from tents and/or temporary structures (i.e. in schools, under a tree or a vacant building). The strengths of CFS include flexibility, rapid start-up, scalability, low costs, adaptability to different contexts, and utility in mobilizing communities. If a CFS is well-designed, it has the potential of complementing other mechanisms needed to protect children in dangerous circumstances.

Need of CFS in Assam

The state of Assam is victim of recurring natural disasters such as flood & erosion, landslide, earthquake, etc. along with occasional manmade disasters such as armed conflict, communal violence, fire, etc. Children are one of the most vulnerable groups in these emergencies.

Children who have experienced armed conflict and natural disasters and their aftermath face multiple risks, such as threat to their lives, displaced from homes and communities or struggling to survive in post-disaster context. In these conditions, families are forced to cope with destroyed livelihoods, separation, security concerns. Thus the care and protection of children are crucial.

During an emergency, children's sense of well-being is jeopardized. They may be exposed to a sudden loss, to disruption in their routines, to frightening experiences. These circumstances require a significant amount of time for children to recover and for psychological wounds to heal. Often, with the ample and effective support and care, children eventually recover overtime. Many factors play into the recovery process. Personality, culture, spiritual beliefs, support systems, coping mechanisms, economic status and past experience all play a role.

Emergencies impact children physically, psychologically, and socially. In an emergency, children show many psychological symptoms, including withdrawal, anxiousness, fear, denial, anger, sadness, restlessness, and regression. They often experience sleeplessness, sadness, grief, shock, nightmares, bed wetting, and hyperactivity.

Although relief camp setups try their best to respond to needs of the affected children but it is only possible to address all the impacts of an emergency through a well-designed and participatory CFS programme.

Issues and Challenges in the state

The need of children is varied and various stakeholder meetings/workshops/field visits were conducted since 2018 to list out the child specific issues and challenges in relief camps.

Some of the issues highlighted in these multi-stakeholder discussions include:

Sector	Issues	Solution proposed
Health	<ul style="list-style-type: none"> ▪ High risk of communicable diseases by children in relief camps ▪ Major outbreaks occur due to use of raw water in emergency 	<ul style="list-style-type: none"> ▪ Standby Ambulance/Medical facility near camps ▪ Inventory of country boats with proper route mapping of waterways in vulnerable locations ▪ Proper listing of immunization for vulnerable groups ▪ Awareness generation for use of boiling water ▪ Inclusion of pre-natal care in relief camps
Education	<ul style="list-style-type: none"> ▪ Deprivation of Educational facilities and recreational activities 	<ul style="list-style-type: none"> ▪ Establishing an education corner in the CFS to engage children in learning activities. ▪ Providing school in a box/ bag for continuity of learning during any kind of disaster. ▪ Deploy teachers and volunteers in the CFS to engage children of different age through recreational and learning activities. ▪ Teacher training on continuity of learning in emergency
Protection	<ul style="list-style-type: none"> ▪ Abuse of Children ▪ Child Trafficking ▪ Child Labour 	<ul style="list-style-type: none"> ▪ Constitution of a child intrinsic committee to protect them from abuse ▪ DCPO unit, Labour department should engage SHGs for children needs ▪ Short term courses should be developed for livelihood ▪ Vigilance over incidents of trafficking/labour/abuse
Wash and Hygiene	<ul style="list-style-type: none"> ▪ Non-availability of enough potable water ▪ Non-availability of separate toilet facilities or a smaller number of facilities as per inmates 	<ul style="list-style-type: none"> ▪ Categorical survey and mapping of vulnerable groups, adults, lactating mothers and children as pre-disaster initiative and necessary supplies should be readied as per analysed data ▪ Construction of baby friendly toilet ▪ Rainwater harvesting should be made mandatory in schools and designated relief camps.
Food and Nutrition	<ul style="list-style-type: none"> ▪ Non-availability of enough food 	<ul style="list-style-type: none"> ▪ Create breastfeeding spaces as part of Child Friendly Spaces

	<ul style="list-style-type: none"> ▪ Poor community awareness on importance of exclusive breastfeeding practices for babies <6months old ▪ Poor community awareness on importance of diet diversity and continued breastfeeding for children less than 2yrs old. ▪ Risk of promotion of breastmilk substitutes and baby foods for under 2yrs children (Violation of IMS Act) 	<ul style="list-style-type: none"> ▪ Promote optimal infant feeding practices <ul style="list-style-type: none"> ○ Exclusive breastfeeding for first 6months of life ○ Age-appropriate complementary feeding for 6-23months children ▪ Prevent violation of IMS act
Psychological Support	<ul style="list-style-type: none"> ▪ Limited number of counsellors for emotional support 	<ul style="list-style-type: none"> ▪ Counsellors can be arranged from various sources like – NGOs, Schools Teachers, Religious Institutions, etc. ▪ Toll free numbers for telephonic support to people in extreme distress

An Overview of Disaster Damage statistics in Assam from 2014-2020 (Source: Flood Memorandum, ASDMA):

Year	Population Affected (in Lakhs)	Relief Camps	No. of Inmates in Relief Camps (in Lakhs)
2014	42.03	800	7.57
2015	36.67	984	6.76
2016	39.81	1388	6.53
2017	56.02	960	4.53
2018	13.22	366	2.49
2019	73.05	1357	5.35
2020	56.60	591	1.53

On an average approximately 4.97 Lakhs people take shelter in relief camps every year. As over 41% of the total population is under the age of 18 years, around 2.03 Lakhs children (average) live in relief camps every year. Under such grim circumstances, a well organised CFS is the need of the hour.

Overview of Assam relief Camps and existing facilities

Every year lakhs of people in the state are affected by Flood Disaster and relief camps are established to give support to affected families in the form of food and other supplies as well as giving shelter to the ones whose houses were devastated by flood. The normal life of the inmates halt for the period till flood recedes gravely affecting their economy and social development.

Although a neglected section, the children are the ones most affected as they are emotionally and socially more vulnerable. Moreover, the normal sequence of education halts subjecting them to an uncertain future. Disasters infuse confusion and fear in the minds of children. Moreover, Children are affected by Communal tensions, neglect by society, uncertainty of future besides medical issues, food and nutrition, etc. It is also challenging for the affected parents to support and care for them during disaster situations. Hence, if CFS is successfully implemented, it will provide children a mental and emotional support as well as continuing their education.

Target Audience

The guideline is designed for the following User sections & departments primarily engaged in rehabilitation of displaced children from disaster and replenishing their needs.

User Sections may include:

- Planners & Policy Makers
- Field staffs and supervisors
- Support Organisations

Key Departments & Stakeholders:

The Deputy Commissioner (Chairman, DSSAC) will report to ASDMA on the implementation of the CFS guideline in the District.

District-School Safety Advisory Committee (D-SSAC) & Block-School Safety Advisory Committee (B-SSAC) are the key stakeholders for implementation of CFS in District & Block through the stakeholders mentioned below.

1. Department of Revenue and Disaster Management (CEO-DDMA, PO-DDMA, CO, FO(DM), VLMCC)
2. Department of Education (IS/DEEO, DPM-SSA-CM, BEEO, CRCC, Teachers, SMC and SMDC members) as Nodal Organisation.
3. Department of Social Welfare (DSWO, DCPU, District and block coordinators for Poshan Abhiyaan, CDPO, ICDS Supervisor, VCPCs/VDPs, AWW, *State Child Protection Society (SCPS)/Special Juvenile Police Unit*) as Nodal Organisation
4. Department of Panchayati Raj and Rural Development (CEO-ZP, PD-DRDA, PRI representatives and Panchayat Secretary)
5. Department of Health and Family Welfare (JDHS, DPM-NHM, BPM –NHM, ANM, MPW and ASHA)
6. Department of Public Health Engineering (EEs, AEs, JEs , Swachata Preraks and other officials in WASH)
7. Home and Political Department
8. Food, Civil Supplies & Consumer Affairs Department
9. NGOs/CSOs/SHGs/Youth Clubs/Other voluntary organizations
10. Any other agency / organization/ Department deemed fit by Deputy Commissioner cum Chairman (D-SSAC)

Chapter-2: PLANNING AND DESIGN

The CFS can be established in an existing community infrastructure or temporary structures should be created using temporary shelter materials like tarpaulin, bamboo etc. and relevant arrangements shall be made in advance before the occurrence of the flood while planning and making arrangements for relief camps.

Reconnaissance Survey & Site Selection

A reconnaissance survey is very essential for selecting the best site for setting up the CFS. Few guidelines to be followed for selecting the best site include-

1. Identification of Location – Study to be conducted at Circle Level
 2. The CFS should be near/attached to existing Relief Camps/Health Facilities
 3. The area should be located above highest flood level (HFL) and dry with sufficient weather proofing
 4. Existing structure with hygienic environment can be selected for CFS
 5. Area selected should be safest available inside the campus. The CFS should be established in an area which is relatively safe from all possible natural and man-made hazards with active participation of affected communities for ownership and role sharing
 6. The CFS should be accessible to children and their families (both inside the relief camps and taking shelter elsewhere)
 7. The CFS should have water and latrine access
 8. The CFS location shall be accessible for all including Children/ person with disability/ arrangements to be made to make it accessible for other service providers and NGOs who will be participating in the activities
 9. The indoor play areas should promote all areas of child development (social, physical, intellectual, creative and emotional), and should, subject to availability, including areas that accommodate dramatic play, interactive play and education, art activities, gross motor skills activities and a quiet area.
 10. The size of the CFS should be sufficient for the number of expected beneficiaries and should have space for play, educational activities and other services. The CFS should have as large an outdoor play area as space permits, which allows sufficient space for team sport and other recreation activities. The available space should be sufficient to accommodate the primary CFS space, Kitchen and Toilet.
 11. The CFS area should be properly barricaded (i.e. with a fence or a barrier and strict vigilance) for safety and restrict access to unauthorized/inappropriate adults (i.e. Strangers, criminals)
 12. In conflict prone area additional checks should be done such as
 - a. Study of recent attacks on schools or public places
 - b. Safety of routes from Home/Relief centres to CFS
 - c. Cause of the conflicts and whether the proposed site is 100% secure
 - d. In places of ethnic/religious violence CFS should be provided only with sufficient protection measures from authority
 13. In areas prone to natural disaster, additional checks should be done such as
-

- a. Site should not be affected by recurrent flooding in case of flood hazard zones. District flood hazard maps & historical data along with suggestion from locals will help in decision making.
- b. If existing structure is selected, earthquake safety aspects should be considered
- c. The structure built should be sturdy enough to give protection from storm, lightening and rain.
- d. If the need arose, evacuation plans for children to safe zones should be kept into consideration

Basic/Compulsory Facilities in a CFS Structure

- ✓ Separate Medical Facility
- ✓ Epidemic Control Mechanisms (FACE Mask, Sanitizer, IECs)
- ✓ Sanitation/Toilet facilities
- ✓ Washroom/Hand-wash/Bathroom Facility
- ✓ Kitchen (Pre-existing preferred)
- ✓ Breastfeeding corner
- ✓ Age-appropriate food (fresh prepared, diverse food groups) provision for children
- ✓ Safe Drinking Water
- ✓ Fire Safety facilities
- ✓ Electricity/lighted area
- ✓ Dustbins
- ✓ Play and Education materials
- ✓ Counsellor engagement
- ✓ Register for Attendance
- ✓ Child ID Wrist Bands
- ✓ Engagement of In charge/Departmental Officials
- ✓ Printed Display/Wall hanging Instructions on Do's & Don'ts
- ✓ Display Wall - Name of CFS, Total No. of Children (M/F), Name of Department In-charge, Date of Initiation, Date of Closure, Name & Contact of Doctor attending and other vital information

*** Checklist of Facilities can be seen in Annexure-I

In all the interior layouts few basic items can be included viz.

1. Activity Area (Carpets, etc.) for children to play, draw or other group activities.
2. White/Black Board
3. Box (for safe keeping of all activity items, books, etc.)
4. Table (Optional)
5. Visual Media (helps to keep children engaged)
6. Benches & Tables (Optional)
7. Fire Safety Equipments
8. Trash cans/Dustbins

The above layout/facilities is the most minimalistic one and may change as per need or availability of materials/fund as well as availability of existing structure.

Note:

Pre-disaster preparedness is an important aspect of CFS. As such departments should be ready with essential items and stocks for immediate dispatch in the event of a disaster. A detailed list of such items are provided in Annexure-II

Services to be provided in the CFS

The following services should be made available in the CFS:

- a. Age specific food and nutrition services including promotion of breastfeeding; age-appropriate complementary feeding for 6-23months children; Screening for underweight and Severe Acute Malnutrition (Wasting) for under-five children, mid-day meals, hygiene training and other WASH promotion activities. Special care to be taken to not promote breastmilk substitutes, infant formula and infant foods for under-two years children to prevent violation of Infant Milk Substitutes act.
- b. Health and hygiene services including health check-ups, referral, immunization, minimum health care/nursing as needed.
- c. Recreation services including diverse activities, appropriate for girls and boys such as; free play, organised play, story-telling, dance, music, drama, singing, puppet-shows, Sports competitions etc.
- d. Education services including non-formal educational activities, Formal education, in lieu of schools, Pre-school services, Drawing and painting, life skill education etc.
- e. Psycho-social support services (in case of unaccompanied children, orphan children, or children who have lost their close ones or children in shock) including Peer-to-peer support, parental counselling Professional support, play therapy etc. depending upon the need
- f. Protection services including Information on child protection services for children and families such as family tracing, alternative care for separated children, juvenile justice, and social services, awareness generation on issues of protection during emergencies and prevention mechanisms, vigilance services by VDPs/ SJPU(Special Juvenile Police Units) etc.
- g. All implementable activities/services mandated under existing SAPTADHARA notification dated 20th December,2016 of the Education Department) like Gyan Dhara (Knowledge Band), Upasthapan Dhara (Presentation Band), Gaurav Dhara (Self-Esteem), Sukumar Dhara, Rang/Kala, Natya Dhara, Samaj Seva Dhara (Community/Social Service), Udbhaban Dhara (Talent).

Layouts

The design phase of the CFS is an opportunity for community and child participation. Not only can children and their families provide valuable input – on how to arrange the tents in a given area, for example – but once the design is complete, hopefully they can feel empowered, respected and included in their recovery efforts.

Constructing a CFS can involve setting up a few tents or building a more solid, elaborate structure. The construction of semi-permanent or permanent structure requires expertise; and, therefore the decision to build a structure should be given serious consideration. Again, all possible opportunities of adapting existing spaces should be explored to reduce the costs and to minimize the amount of time spent on building a structure. Communities can play a key role in this stage. Their involvement

can range from manual labour to quality control of materials and supplies. It is important to ensure that participation is voluntary and not forced.

A CFS can be as small as a tent to a school building depending upon the number of children of various age groups that is planned to be accommodated. But there should be sufficient space for various activities along with a disturbance free atmosphere. For sample layouts, **Annexure-III** should be referred.



The interior can be planned according to the types of activities and number of children and caretakers. The children participation is essential for this phase so that they have as sense of belonging to the place while enjoying group activities such as wall decorations, paintings, furniture planning, etc.

Chapter-3: DEPARTMENTAL/STAKEHOLDER SERVICES IN CFS

CFS is a multi-stakeholder setup and each department has a crucial role in successful implementation of the same. Effective co-ordination is essential for avoiding duplications, gaps, and ineffective use of scarce resources. Co-ordination between the protection, education, mental health and psychological and other sectors should be ensured at the very first stages of emergency to avoid duplication of assessments and activities.

To the extent possible, CFSs should be implemented through the community's own networks, people, and resources. Top down approaches by outside agencies should be avoided. Parents, grandparents, religious leaders, women's groups, youth groups, and others can be encouraged to become involved. Responsible students/teachers nearby affected areas can give voluntary service. It is essential for the community to take responsibility for children's well-being at the earliest, appropriate moment. Ideally, the community will lead the development of CFSs and experience a sense of ownership of them, with external agencies playing a facilitative role. This may be infeasible at the onset of the emergency, particularly if community resources have been disrupted or eroded, or if external partners have limited capacities for facilitating community ownership. However, it is possible to build community ownership by working in a phased approach in which communities assume increased responsibility for CFSs over time. For example, CFSs may be started in consultation with affected people in situations that do not permit high levels of community participation. Over time, the responsibility for the CFSs can be handed progressively over to the community. Building the skills of external agencies promoting community ownership may be a key part of this process. As responsibility is handed over to the community, it is important to define clearly the roles, responsibilities, and contributions of the community and the external agencies.

Sector-1: District Disaster Management Authority (DDMA)

The District Disaster Management Authority (DDMA) will be primarily responsible for collaboration with the various stakeholders, site selection and planning of various activities under CFS. They will follow the instructions laid down by the modified "SoP on Relief Camp Management" issued on 8th June 2020. The responsibilities of DDMA will include –

Site Selection

- Selection of best location for CFS from assessment of District Hazard Maps and Current flood/disaster scenario in the district.
 - Assessment of existing structure such as
 - Various relief camps set within the district
 - Undamaged schools/colleges
 - Community centres
 - Open Grounds
 - Check availability of access routes to the proposed places as well as site specific need assessment
-

- Check legal issues before setting up CFS in the proposed site

Distribution of responsibilities and ensuring Community Participation

Community participation can make CFS highly inclusive stimulating, participatory, and supportive environments

- District Team Plan comprising all stakeholders & community leaders for various responsibilities
 - Engagement of trained VLDP, VLMP, VLUP, VHSC Committee , Gaon Burhas, Aapda Mitras, NGOs, School Teachers, Senior Students, Volunteers, etc.
 - Involvement of ASHAs/AWW/ANMs with support from Health Department
 - Involvement of Mothers & Adolescent Group, Bal Sansad, Eco -clubs , Shishu Gaon Sabha and Women Gaonsabha.
 - Involvement of Nehru Yuva Kendras, Maina Parijat, etc.
 - Involvement & Engagement of Community in Planning process, execution, monitoring, evaluation as well as resource mobilization.
 - Engaging communities and schools to build a children database within the particular revenue circle/block.
 - Maintaining Transparency about all activities is essential to keep the confidence of community & stakeholders
 - Allotting resource persons from within the community and Identification of Volunteers/Responsible leaders from Community who can respond & co-ordinate during emergency. Defined responsibilities may be
 - Select Animators and CFS staff from the affected group, identifying natural helpers by asking to whom boys and girls go when they need help and support
 - Identify resources such as community networks and available suitable adults who can conduct activities
 - Select responsible person for security of proposed site & training materials (e.g. Tents, recreational materials, instructional items, etc.)
 - Involve parents and caregivers (including fathers and youths) in children activities, discussion groups, children care training, and workshops to make toys/materials for the centre.
 - Building a comprehensive responsibility checklist for stakeholders from various departments
 - Health
 - Nutrition
 - Education
 - Security
 - Psycho-Social Support
 - Recognition & Encouragement not only for children, but also the stakeholders extending their services
 - Ensuring safety at any cost
-

Awareness Generation & Training Activities

- Mass awareness generation among communities about the benefits of CFS
- Preparedness training & mock exercises
- Spreading awareness on issues of Child Health, Hygiene, Nutrition, Education & Safety, etc.
- Awareness through mass media such as newspapers, TV & SMS
- School level drama, painting, quizzes and other interactive exercises
- Promote peer-to-peer education as well as mentoring of smaller children by older children
- CFS can be made an ideal setup for information exchange where community people can go learn about the humanitarian intervention and available support and a resource where humanitarian workers can learn about the community.
- Basic Good Practices and Do's & Don'ts can be seen as per Annexure-VII & VIII respectively

Monitoring, Reporting and Evaluation of CFS Programs

CFSs should be monitored on an ongoing basis to track the development of the CFS and to identify gaps in the levels of community mobilization, quality of activities, safety, logistical support, etc. CFSs should be evaluated periodically by people who are experienced in monitoring, to determine whether the activities are producing meaningful improvements in the lives of the children. Key steps are to:

- Develop early in the project a monitoring and evaluation plan.
- Train selected CFS workers and staff how to monitor program activities effectively.
- Monitor via animators the registration of children, parental consent, children's informed consent, attendance, behaviour during the activities, follow-up of children who missed activities, activity planning and whether activities include girls as well as boys and highly vulnerable children.
- Monitor via agency staff the quality of the activities, animators' skill levels, adequacy of supplies and logistics supports, protection threats in the area, and the implementation of the code of conduct.
- Evaluate not only process (output) indicators such as the number of children who participate regularly but also outcome indicators such as children's psychosocial well-being that are contextually relevant, measurable, and developmentally appropriate.
- Use participatory methods of monitoring and evaluation that engage children and youth and invite community members' views.
- Whenever possible, collect sex- and age-disaggregated baseline and end-point measures of outcomes concerning changes in children's lives, and enable comparisons with other interventions or sites where no CFS had been implemented. To manage the ethical issues that can arise in making comparisons, consider strategies such as wait-list comparisons (e.g., compare girls and boys who participate in CFSs with children who have not had CFSs but are about to begin participating in CFSs).
- When possible, conduct inter-agency, collaborative evaluations, which can improve coordination and yield conclusions that apply more widely.
- Promotion of Child Protection Committee & Children Groups
- Refer success indicators and format as per Annexure-V

- District CFS Enumerators (qualification as per Annexure-VII) can support in proper documentation and monitoring of gaps

Phase out or transition in a contextually appropriate manner

- ✓ Develop in close consultation with the community and other stakeholders a phase-out or transition plan that links with broader recovery planning. Use a bottom-up approach that will support ownership and also transition of the CFS to the community. Ensure that the community is aware from the outset that a phase-out period and/or handover will take place, and provide information as soon as possible about when the phase out or transition will occur.
- ✓ Consider options such as closing down CFSs once schools re-open or transitioning CFSs into community resources such as early child development centres, women-friendly spaces, community centres, spaces for children's/youth clubs, literacy initiatives, or vocational training activities. It is appropriate to call these by names other than 'CFSs' in order to avoid confusion and recognize that emergencies require a distinctive way of working. These options should be decided with full collaboration of community stakeholders.
- ✓ Include budget considerations in planning the phase-out or transition.
- ✓ Enable communities to make key decisions about the transition of the CFS whenever possible.
- ✓ Engage children and youth in implementing the strategy.
- ✓ Adapt plans on the basis of the changing context.
- ✓ Preparedness by organizing community awareness meetings, mock drill & role play at various levels.

Sector-2: Health and Family Welfare Department

Health Services in CFS

Health Assessment

Health assessment is one of the primary tasks after setting a Child Friendly Space. Most of the children present in the camp suffer from various waterborne diseases primarily and their treatment and need analysis will be topmost priority.

- ✓ Assessment will be done through Team of doctors, nurses, paramedics available at nearest Health Facility and detailed for the purpose
- ✓ Mobile Health Vans with doctors/paramedics
- ✓ Engagement of Lady Health Visitor (LHV), Health Educator (HE), Multi-Purpose Workers (MPW), Vaccinators, Surveillance Worker(SW), Auxiliary Nurse Mid-Wife (ANM), Accredited Social Health Activist (ASHA) for the assessment

Basic health services to be provided

- ✓ Basic Health Check-up for common diseases
 - ✓ Prevention of Dehydration and Diarrhoea , Blood Loss, Severe Acute Malnutrition (SAM) and Medium Acute Malnutrition (MAM)
 - ✓ Immunization, Deworming, Weekly Iron and Folic Acid Supplementation (WIFS)
 - ✓ Sanitation and hygiene
-

- ✓ Availability of Sanitary Napkins

System and Mechanism to provide services: State to village level system

- ✓ State Level – Directorate of Health Service (DHS) , Director of Medical Education (DME), Mission Director-National Health Mission (MD-NHM)
- ✓ District Level – Jt. DHS, District Program Management Unit (DPMU), DDMA
- ✓ Block Level – Sub-division Medical and Health Officer (SDM & HO), Block Program Management Unit (BPMU), CFS Committee to be formed to monitor the Health Facilities in the CFSs.
- ✓ Village Level – ANM/ MPW/ ASHA/ Anganwadi Worker (AWW) Mechanism
- ✓ At village level ANM/ MPW/ ASHA/ AWW will be responsible for providing basic services.
- ✓ Rastriya Bal Swasthya Karzyakram (RBSK), Mobile Medical Unit (MMU) & Medical team will do the Health Check-ups
- ✓ SDM & HO will designate Nodal persons to the CFS Committee.
- ✓ SDM & HO will ensure the availability the drugs & other logistics and also monitor the same and responsible for timely reporting to District Administration.

Inter-departmental coordination

- ✓ Interdepartmental coordination will be done at state level, Dist. Level & Village Level through designated officials at the relevant level of the concerned depts. such as Education, Social Welfare, PHED, P&RD, etc. ASDMA and respective DDMA will act as coordinating agency.

Capacity Building

- ✓ At village Level- ASHA/AWW/ANM/MPW etc. to be trained properly to correctly assess the needs and be able to provide the basic health services.
- ✓ At block/ Dist. Level – Doctors, Nurses, Paramedics to be trained for prompt response and correct diagnosis.

Reporting & Monitoring

- ✓ ASHA/AWW in charge of a CFS will maintain proper record/Inventory of inmates/no of children in CFSs and details of their basic health needs and services provided.
- ✓ This will be reported through a format to be devised for the purpose to the block level / district level health functionary / facility.
- ✓ Doctors/Medical Officers at the health facility will evaluate the same and provide necessary guidance & advice in order to ensure proper monitoring and supplement the services as per necessity

Resource Mobilization for CFS

- Human resources: ASHA, MPW, ANM at village level along with doctors, nurses, paramedics etc.
SDM-HO -> MPW/HO/LSV
SDM-HO -> Block Community Mobilizer (BCM) -> ASHA/ANM
- Drugs/ Test kits: Availability of Drugs and other test kits.
District Drugs Store Manager (DDSM) -> Block Pharmacist -> ASHA

3. Infrastructure: MMU services, Road Ambulances, Boat Ambulances, Boat Clinics, 102 services, 108 services, Kangaroo Mother Care (KMC).

District Media Expert (DME)/District Program Manager -> Block Program Manager (BPM) -> Assistant Block Program Manager (BPM)

Sector-3: Social Welfare Department

Basic Services of department during disaster

- Ensure care and protection for children who lost their parents, as they can be easily targeted by traffickers during such periods
- Ensure facilitation of the cost of welfare schemes as well as financial assistance during and after disasters
- Social Welfare Dept. to ensure continuity of nutrition services including growth monitoring, screening for malnutrition, counselling on breastfeeding and complementary feeding behaviours.
- DSW to ensure early childhood education for children 3-6 years old and engaging with parent on responsive parenting
- Social Welfare Department to ensure the care & protection of physically challenged children during such times
- For both P/L and children, Adolescent Girls – immediate first-aid response as well as Health check-ups

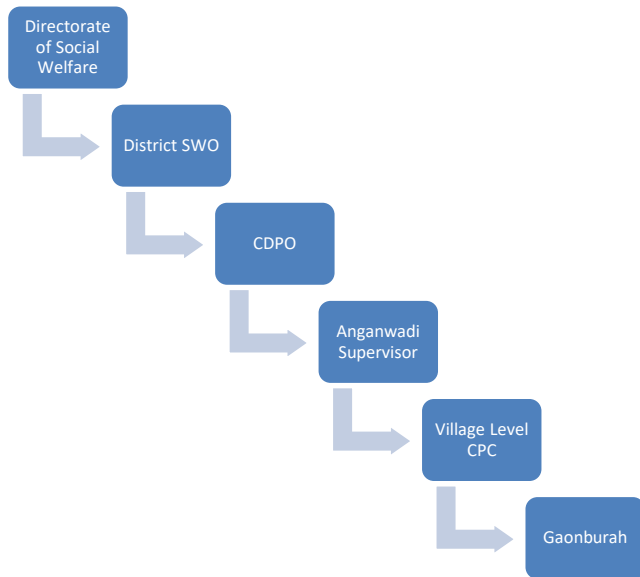
Nutrition Assessment

- ✓ Joint Needs assessment.
- ✓ Identify resource management at community level to assist themselves to meet immediate needs of drinking water, food (including age-appropriate complementary foods for children <2yrs), clothing & shelter
- ✓ Participatory co-ordination by DDMA's, IAGs, Social Welfare, Health, PHED, SWO, External Agencies, etc.

Basic Nutrition services to be provided

- For Children below 6 years
 - Safe drinking water
 - Hot Cooked Meal/ Ready-to-eat foods
 - For babies below 6 months
 - Only mother's milk (exclusive breastfeeding)
 - Need to provide sufficient food, mainly HCM or RTE to lactating mother also
 - For children 6m-23m
 - Freshly prepared meals using locally available foods; diverse food groups to be included
 - Drinking water and sufficient HCM or RTE
-

System and Mechanism to provide services: State to village level system



Inter-departmental coordination

- ✓ DDMA connecting departments with IAG

Capacity Building

- ✓ Training on Child Rights to Survival
- ✓ Logistic Support to CFS facilitators, CPC, Child Groups and assessment committee

Reporting & Monitoring

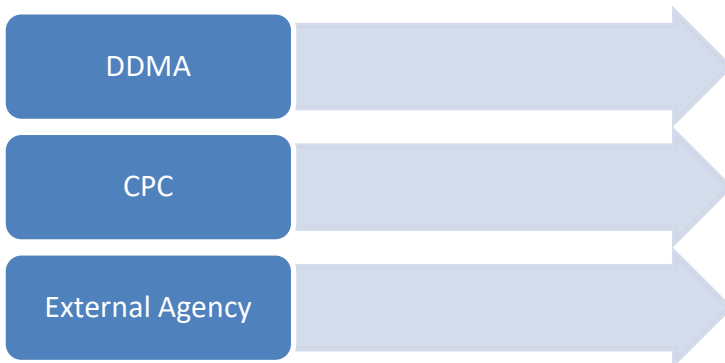
- ✓ Reporting



- ✓ Monitoring



- ✓ Evaluation



Resource Mobilization for CFS

- Local Community Contribution, PRI, External Agency, Food and Civil Supply, promotion of grain bank
- Co-ordination with Nutrition Rehabilitation Center (NRC) – For treatment of Severe Acute Malnourished (SAM) children
- Water ways services to access food and nutrition
- Promotion of Nutrition cum Kitchen garden

System and Mechanism to provide services: State to village level system**Sector-4: Protection Services/Measures in CFS*****Need Assessment***

Assessment will be done by local village community, NGO, etc. on the basis of different departmental data and past records.

Protection Issues & security services to be provided

- Security
 - Protection from miscreants, abduction and trafficking
 - Protection from subsequent hazards
 - Protection from Gender Based Violence (GVB)
- Health & Hygienic Issue
 - Safe & Healthy Food
 - Hygienic/Disease free Environment
- Social Issue
 - Gender Sensitiveness
 - Equality

System and Mechanism to provide services: State to village level system

- ✓ Form committees at – State, District, Sub-Division, Block, Panchayat & Village Level
- ✓ Rapid Action Plan
- ✓ Easy dissemination of issues from village to state level

Inter-departmental coordination

- ✓ Good Co-ordination between Departments and regular meetings between agencies involved

Capacity Building

- ✓ Capacity building from state level to village level providing training to various departmental officials, NGOs, local community, Teachers, etc.

Reporting & Monitoring

- ✓ Reporting & monitoring mechanism should be from village to state level through proper channel

Sector-5: Education Services in CFS***Need Assessment***

- ✓ Create sample need assessment format
-

- ✓ Disaster Management Committee at School Level with community members with inputs from District Disaster Management Authority & DEOC
- ✓ Mapping of Local Resources

Basic education services to be provided

- ✓ Deputation of Teachers
- ✓ School in box/bag
- ✓ Textbooks – Buffer stock for emergencies must be maintained
- ✓ Games & Sports equipment

System and Mechanism to provide services: State to village level system

A Quick response team to be formed involving teachers, SMCs CRCCS, HMS, BEEOS & this is to be linked to the DSSAC Nodal Officer, then to Nodal Officers in the Directorates & Secretariat

Inter-departmental coordination

The DSSAC will take the lead in engaging officials & experts from various departments

Capacity Building

Sensitization of parents, training of teachers, facilitators not only to address physical conditions but psychological factors as well

Reporting & Monitoring

A Quick response team to be formed involving teachers, CRCCS, SMCs HMS, BEEOS & this is to be linked to the DSSAC Nodal Officer, then to Nodal Officers in the Directorates & Secretariat

Resource Mobilization for CFS

- ✓ Counselling session for the transition
- ✓ Consultation with the Community

Sector-6: Psycho-Social Activities in CFS

Psycho-Social services to be provided

Need Assessment

Children needing special attention should be identified such as -

- ✓ Children who do not play/interact with their peers or show psychosocial distress
- ✓ Children who are separated, or at risk of being separated, from their primary caregivers
- ✓ Children who are heads of households, who are young mothers, or who take care of other children
- ✓ Children who have suffered or are at risk of experiencing physical harm
- ✓ Children who are involved in exploitative child labour
- ✓ Children with disabilities
- ✓ Children who are otherwise marginalized and lack access to support and services
- ✓ Children who are at risk of sexual exploitation or other gender-based violence, or who are at risk of early marriage

Specific Activities for Children

- ✓ Drawing – Dream Village
- ✓ Counselling – Individual, Group, Family
- ✓ Group Activity – Singing, Dancing, Drama, Games
- ✓ Fine Arts
- ✓ Identification of psychosomatic children
- ✓ Story Telling
- ✓ Audio – Visual Display
- ✓ Play Materials
- ✓ Educationist, Psychiatric and Counsellor

Resource Mobilization for CFS

- ✓ Health department can play a primary role in providing psychological care to children
- ✓ Doctors and psychologists from various govt. hospitals can help in severe cases
- ✓ ASHA/ANM members can give basic psychological care

Sector-7: Wash Services in CFS***Need Assessment***

Field level PHED functionaries (e.g. SA, Khalasi led by the concerned SO (PHE)) in consultation with local community under the supervision of PHED Authorities (SE, EE, AEE etc).

Basic wash services to be provided

- ✓ Provision of safe drinking water and safe water handling practice
- ✓ Sanitary Toilets (including separate toilet for boys and girls)
- ✓ Provision for safe disposal of sanitary pads
- ✓ Hygiene practices
- ✓ Waste Management and proper drainage
- ✓ Safe disposal of child faeces
- ✓ Displaying of WASH messages at strategic locations (Do's and Don'ts)

System and Mechanism to provide services: State to village level system

- ✓ Order is issued by Govt. entrusting responsibilities from state to village level (SWSM & DWSC) also providing Guidelines w.r.t
 - Capacity Development
 - Training and Orientation
 - Monitoring and Evaluation

Inter-departmental coordination

Through DWSM / DWSC

Capacity Building

- ✓ Awareness on WASH services in Child Friendly Space (CFS)
- ✓ Training and Orientation on WASH services
- ✓ Monitoring and Evaluation mechanisms
- ✓

- ✓ Activity oriented capacity development for all stakeholders at all levels, especially the students and teachers.

Reporting & Monitoring

- ✓ Data collection and reporting to appropriate level
- ✓ Compilation and Maintenance of a suitable Database.
- ✓ Suitable time formatted reporting

Resource Mobilization for CFS

- ✓ Separate Budget Provision
- ✓ Adequate Corporate Sector Responsibilities (CSR) support

Sector-8: NGOs and other Service Providers

Accessibility for NGOs and other Service Providers

- ✓ Preapproval of NGO engagement from district Authority
 - ✓ Liasoning officer for NGO
 - ✓ NGOs can take over CFS activities in pre-existing High Lands/Relief camps built under CSR activities, etc.
 - ✓ NGO should work under in charge of CFS
-

Chapter-4: RELIEF CAMP LEVEL SoP

(AS NOTIFIED ON 8TH JUNE 2020 IN SoP FOR RELIEF CAMP MANAGEMENT IN THE CONTEXT OF FLOOD AND COVID-19)

Phase	Actions to be taken at village level where relief camps are being identified	Responsibility
Pre-Disaster	<ul style="list-style-type: none"> Identify locations within the designated camp boundary or nearby where children can be engaged and supported following social distancing, personal hygiene, cough etiquettes and other COVID-19 precautionary measures 	Gaon Burah/Mondal with School Safety Focal Point Teacher, ANM, ASHA and AWW, SMC members and PRIs
	<ul style="list-style-type: none"> Create a database of children who will be supported in the identified CFS from the targeted villages to plan for the set up using social distancing 	School Safety Focal Point Teacher and AWW
	<ul style="list-style-type: none"> Identify existing IT assets (e.g., Television/Radio) in schools designated as camps) to use them for remote learning in camps 	
	<ul style="list-style-type: none"> Arrange and wherever feasible basic materials such as tents/tarpaulin, recreational and sports as well as education materials, desired number of masks for children, soaps for handwashing, GR as per norms for children to be provided through CFS with Revenue Circle Officer 	
	<ul style="list-style-type: none"> Identify and map pregnant women, lactating mothers, mal nourished children against identified camps and Child Friendly Space and share the information to camp-in-charge 	ANM, ASHA, AWW
	<ul style="list-style-type: none"> Conduct remote/ face to face (core camp team) pre-flood camp level meeting to plan for services in CFS as per COVID-19 guidelines 	Coordinated by Camp-in-charge
	<ul style="list-style-type: none"> Develop a short and simple routine of various activities to be conducted in the Child Friendly Spaces 	School Safety Focal Point Teacher and AWW
	<ul style="list-style-type: none"> Submit any requirement of tools and materials related to CFS to the Office of the BEEO/CDPO for onward sharing with RCO/SDO (Civil)/DDMA 	
	<ul style="list-style-type: none"> Develop/adapt teaching learning and recreational materials available with the school/ICDS centre for use in the CFS 	
<ul style="list-style-type: none"> Conduct mock exercises to test how social distancing and other COVID prevention measures can be maintained in child friendly spaces in the camp 	Coordinated by Camp-in-charge	

During Disaster	<ul style="list-style-type: none"> • Ensure space is available for child friendly space in the camp either in a separate room in the relief camp or in open space covered with tarpaulin for both shade and sitting 	Camp-in-charge
	<ul style="list-style-type: none"> • Ensure siting arrangement in a way that it ensures minimum 1-meter distance between two children 	CFS in-charge teacher and AWW
	<ul style="list-style-type: none"> • Register all children (0-19), pregnant women and lactating mothers taking shelter in the relief camp for providing services in the CFS 	
	<ul style="list-style-type: none"> • Ensure that the activity routine developed before the disaster is being executed with enough scope for educational and other activities with children following social distancing norms. The activities will include: 	
	<p>Age specific for and nutrition services</p> <ul style="list-style-type: none"> • Establish and make functional a breastfeeding corner where lactating mothers in the relief camp will be encouraged to feed their children (only 1 mother at a time) • Screen height and weight of children (0-6 years) following 1-meter distance and identify children who need additional attention • Provide take home ration to children and their mothers as per ICDS norms following 1-meter distance • Provide take home ration to school age children as per mid-day meals norm following 1-meter distance • Ensure no violation of IMS Act 	CFS in-charge teacher and AWW
<p>Health Services</p> <ul style="list-style-type: none"> • Conduct routine immunization services and other VHND activities following 1-meter distance between beneficiaries • Provide Counselling on age appropriate feeding including exclusive breast feeding and complementary feeding to pregnant and lactating mothers • Provide IFA syrup to children as per guidelines • Provide ORS packet as per-positioning for treatment of diarrhea • Conduct Antenatal checkups and provide IFA and calcium supplements to pregnant women as per guidelines • Conduct routine checkup and provide IFA and calcium supplements to lactating mothers as per guidelines 	ANM and ASHA	

<ul style="list-style-type: none"> • Provide health education on COVID related issues to children and their mothers • Provide sanitary protection support (culturally appropriate) to adolescent girls registered in the CFS 	
<p>Infection Prevention and WASH services</p> <ul style="list-style-type: none"> • Demonstrate hand washing steps to children and ensure handwashing with soap on hourly basis to children and women in the CFS. • Encourage and guide children to wash hands before and after use of toilet, before and after eating anything • Ensure that enough water and soap is available for handwashing near CFS and containers are disinfected/cleaned regularly • Ensure that children in CFS have access to safe drinking water and toilet as per guidelines • Ensure that everything that is frequently touched in the CFS is disinfected thrice daily • Educate children and women in CFS about infection prevention measures to be undertaken by them during their stay at camp and when they go back home 	<p>PHED Khallasi with Gaon Burah and Camp-in-charge</p>
<p>Education and recreational Services</p> <ul style="list-style-type: none"> • Organize children as per age group 3-6 years, 6-14 years and 14-19 years • Ensure attendance of children as per the defined age group • As per the pre-developed routine, conduct regular classes in a more generic and supplementary manner with special provisions for persons with disability • Engage children in quiz, knowledge test games, storytelling, story making and other such interactive activities which require less/no movement and can be done maintaining social distancing • Wherever feasible organize radio/television classes or classes through Diksha app among children • Facilitate physical activities which do not requiring touching one another and physical 	<p>All teachers (in case the relief camp is established in a school)</p> <p>CFS in-charge teachers and AWW</p>

<p>distancing can be maintained. School in a Box and Anganwadi in a box concepts shall be implemented as feasible</p> <ul style="list-style-type: none"> • Conduct painting, creative art, singing and such other activities to facilitate their engagement and support them in dealing with emerging stress • Observe children who are silent, in fear, shock or anxious and provide them individual care in ventilating their feelings • Provide appropriate and timely guidance to children on the existing and emerging scenario • Conduct life skills session with focus on adolescents • Ensure through regular monitoring of the attendance register that children remain accounted for 	
<p>Protection Services</p> <ul style="list-style-type: none"> • Account for any unaccompanied children in the camp • Educate children about their safety both online and offline safety during their stay in the relief camp • Share regarding the associated risks such as violence, trafficking and abuse that may happen during and after flood and in COVID situation • Provide information related to child protection services that are available to support in case of any such issues e.g., ChildLine, DCPU, JJB, CWC etc. • Support children in revealing any unwanted experience that they might have experienced in the camp and support them in reporting those. • Place a complain box in the CFS or in a strategic location in the camp and encourage children (particularly girls) to report any issue related to 	<p>CFS in-charge teachers and AWW</p> <p>Village Child Protection Committee (wherever existing)</p>
<ul style="list-style-type: none"> • Compile and submit daily report to camp-in-charge and DDMA on number of children as per age group, sex and disability status catered or provided services in the CFS. 	<p>CFS in-charge teachers and AWW</p>

Post Disaster

- Compile and submit a detailed report on CFS operation in the camp with summary of attendance, activities conducted etc
- Share observations and lessons learnt to BEEO's/CDPO's office for improvement of CFS in relief camps in future
- Based on lessons improve provisions in the designated camps for effective operation of CFS in future
- Ensure no violation of IMS Act

CFS in-charge teachers and AWW

Chapter 5: MENSTRUAL HYGIENE MANAGEMENT

Menstrual hygiene management (MHM) is an essential aspect of hygiene for women and adolescent girls between menarche and menopause. Despite being an important issue concerning women and girls in the menstruating age group MHM is often overlooked before, during and post-disaster responses. Menstruation is a naturally occurring physiological phenomenon in adolescent girls and pre-menopausal women. Women and girls in low income settings have low awareness on hygienic practices and lack culturally appropriate materials for menstrual hygiene management (MHM) practices. Menstruation and associated activities are surrounded by silence, shame and social taboos that are further manifested in social practices that restrict mobility, freedom and access to normal activities among adolescent girls.

Young adolescent girls tend to be less prepared for MHM and suffer from anxiety, apprehensions, fear and shame during their menses. In addition, pre-existing social taboos and cultural restraints during menstruation mean that managing menstruation is a greater challenge during disasters. Further, there is limited access to reproductive health services and safe menstrual hygiene materials during disasters. Menstrual hygiene needs are not only specific and pressing to women and girls in reproductive age but also require access to same management of the menstrual period, and care of basic reproductive health. In emergencies, the usual lifestyles of affected individuals change and they are confronted with additional stress that could worsen their physical and psychological well-being. Provision of fundamental human requirements such as shelter, food, clean water and medicines is prioritized; however other needs such as safe menstrual hygiene management that can have profound psychosocial impact if unmet are often neglected.

Good menstrual hygiene is essential for the health and dignity of girls and women. Discussions on menstrual hygiene are important for adolescent girls to clarify existing myths and misconceptions around menstruation. Improving menstrual hygiene is important from the point of view of personal comfort and increased mobility. It also reduces the likelihood of infections resulting from poor hygienic practices during menstruation. Providing girls with the knowledge and skills on maintaining menstrual hygiene improves school attendance among girls who may not attend school on those days or even drop out of school altogether. Menstrual Hygiene

Management (MHM) programming in emergencies involves adjustments and improvements to a range of sectoral interventions including Water Sanitation and Hygiene (WASH), Protection, Reproductive Health, Education, and Shelter. While some components are specific to menstruation (such as the provision of sanitary pads), most components of MHM programming are concerned with improving the safety, privacy and dignity with which women and girls can live in emergency situation.

How to promote Menstrual Hygiene?

Promoting menstrual hygiene is achieved through:

- a) Provision of health education to girls and women on menstruation and menstrual hygiene
- b) Increasing community action to improve access to clean toilets with water, both in the home and in schools
- c) Promoting the availability and use of sanitary products
- d) Enabling safe disposal of sanitary products.

Menstrual Hygiene can be promoted in the community, in schools and in Child Friendly Spaces during a disaster. It is best to start with adolescent girls although other women in the reproductive age group also benefit from the information and access to sanitary products. In the community, the ASHA, the Anganwadi Worker (AWW), and the members of women's self-help groups (SHGs) can make a substantial difference to menstrual hygiene practices in Child Friendly Spaces in relief camps during a disaster.

Why there need for MHM Awareness

- Menarche and menstruation are topics that are not discussed openly – leading to a lack of accurate information and education
- There is poor understanding of healthy menstrual hygiene practices, and the risk that poor menstrual hygiene poses to women and their reproductive health.
- Traditionally cloth, ash, sand, hay, and other material have been used by women, and there is low awareness of the risks that the use of these materials pose.

- Embarrassment and lack of effective options to ensure menstrual hygiene could lead to school absenteeism or even dropouts.
- Availability of sanitary napkins in rural markets is low, and there is embarrassment associated with purchasing them

MHM TOOLKIT	
Module	Activities
<i>Module 1</i> Menstrual Hygiene Management in Relief Camps	Checklist for Relief camps
<i>Module 2</i> Knowledge on menstruation	What is menstruation? Physical changes during puberty Fact sheet – menstruation Menstrual Cycle Calendar Fact sheet – myths and misconceptions
<i>Module 3</i> Mhm friendly toilets and washing areas	MHM friendly toilet MHM unfriendly toilet
<i>Module 4</i> Menstrual Hygiene Material and Disposal	Care and disposal of used menstrual material

THE HIERACHY OF MHM NEEDS

DIGNITY

Harmful cultural norms addressed; a supportive environment; access to information about puberty and reproductive health; engagement with boys & men



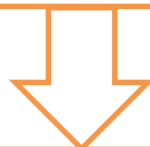
PRIVACY

Ability to privately manage menstruation including washing, dry and/or discretely discard disposable materials.



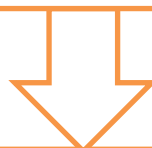
SAFETY

A secure environment; ability to access facilities of choice throughout the day and night



FACILITIES

Private female friendly toilets and washrooms at home and in public & institutional spaces



INFORMATION

Practical information on wearing, washing and disposing provided materials



BASIC MATERIALS AND SUPPLIES

Pads, underwear and soap

Conclusion

The MHM is a priority during floods—an annual occurrence in Assam—interventions in relief camps is vital during the disaster period. The first step could be a gender-sensitive response to MHM during emergencies; conversations around menstruation have to be normalized. Not only women and adolescent girls, but men too should be empowered to talk about menstruation without shame. The most effective step towards this is menstrual health education for communities and special orientation sessions for frontline humanitarian response workers as they can educate the women and adolescent girls in relief camps.

Chapter-6: SUGGESTED CFS DAILY PROGRAM SCHEDULE

Below is a suggestive program schedule for children of different age groups for activities to be conducted in the CFS. Refer to **ANNEXURE-VI** for Class I to VIII CFS program schedule if schools do not reopen for more than 3 weeks. For Young Children (3 to 6 years), the below mentioned CFS program schedule should continue, whereas for Adolescents (15 to 18 years/ Class IX to XII), the normal high school/college routine should continue.

The program schedule needs to be finalized at district level by DSW, JDHS, DEEO/IS and should be approved by Chairman, D-SSAC/ CEO, DDMA. Necessary customizations can be made at district level to make the program schedule locally appropriate. All materials required for activities shall be arranged from existing available resources with Anganwadi Centres and schools, till provisions are made. Necessary expenses related to creating temporary infrastructure (if required) shall be included in relief camp management costs.

Batch 1 – Young Children (3–6 years)		CFS Lead - Anganwadi Worker				
0900-1000	<ul style="list-style-type: none"> • Morning Assembly and prayer • Sensitization on Physical fitness, Hazards and Safety Issues • Attendance and Head count 					
1000-1030	Break (meeting parents, having snacks in relief camp etc.)					
1030-1130	Monday Pre-school education activities by AWW	Tuesday Hygiene education by ASHA	Wednesday Health/immunization session by ANM and ASHA	Thursday Pre-school educational activities by AWW	Friday Story-telling and non-formal education by AWW	Saturday Health session by ANM
1130-1230	Local games and activities					
1230-1330	Children are given lunch through camps/ Mid-Day Meal (MDM)					
1330-1500	Flexible class module as per need of children					
Batch 2 – Children (6 – 14 years)		CFS Lead- School teacher (LP/ME)				
0900-1000	<ul style="list-style-type: none"> • Morning Assembly and prayer • Sensitization on Physical fitness, Hazards and Safety Issues • Attendance and Head count 					

1000-1030	Break					
1045-1145	Monday School work (Social Science)	Tuesday School work (General Science)	Wednesday Community activities including WASH	Thursday (Mathematics)	Friday Literature (MIL/English)	Saturday Arts and crafts/life skills including resilience education
1145-1230	Cultural/other extracurricular activities					
1230-1330	Children are given lunch through camps/Mid-Day Meal (MDM)					
1330-1500	Flexible class module as per need of children					
Batch 3 – Adolescents (15 – 18 years)			CFS Lead - School teacher (ME/HS/HSS)			
0900-1000	<ul style="list-style-type: none"> • Morning Assembly and prayer • Sensitization on Physical fitness, Hazards and Safety Issues • Attendance and Head count 					
1000-1030	Break					
1030 - 1145	Monday School work (Social Science and life skills)	Tuesday School work (General Science)	Wednesday Community activities including WASH (emphasis on menstrual hygiene for girls)	Thursday (Mathematics and activities)	Friday Literature (MIL/English)	Saturday Arts and crafts/life skills including resilience education
1145-1230	Cultural/other extracurricular activities					
1230-1330	Children are given lunch through camps/ Mid-Day Meal (MDM)					
1330 - 1500	Flexible class module as per need of children					

Note:

Friday – Health Camps should be organised post-lunch.

Sunday – Sports/Quiz/Dance/Painting Competitions, Scout/Guide Camps, etc.

Annexure-I: Checklist for Facilities

Facilities	Yes	No	Action/ Comment
The CFS is enclosed on all sides and have a specific entrance through which people can enter and exit			
Latrines and hand washing facilities are accessible. If facilities are some distance away a mechanism is in place to monitor/accompany children's use of them			
Drinking water is available			
The environment is safe, free from hazards, clean and tidy			
There is a room for staff, parents and other visitors separate from those used by children.			
There is access to a space for the treatment of any injury or minor illness			
Proper facilities for waste disposal (rubbish/trash bins are provided)			
All measures have been taken to ensure accessibility for children with disabilities			
There is enough indoor and outdoor space for the children and activities			
There is a separate outdoor play area for infants and toddlers			
The indoor play areas have proper ventilation/air circulation			
There is a shaded area available			
There are no sharp edges on equipment			

Annexure-II: Suggested Materials and Supplies

Materials & Supplies

Hygiene supplies

- ❖ Garbage cans and bags
- ❖ Toilet paper
- ❖ Hand sanitizer
- ❖ Face Mask
- ❖ Hygiene wipes
- ❖ Soap
- ❖ Sponges
- ❖ Mop/bucket
- ❖ Hand towels

Security and Safety materials

- ❖ First aid kit
- ❖ Flashlight and batteries
- ❖ “Slow down, children at play” signs
- ❖ Fire extinguisher (within the area)
- ❖ Rubber gloves

Administration supplies

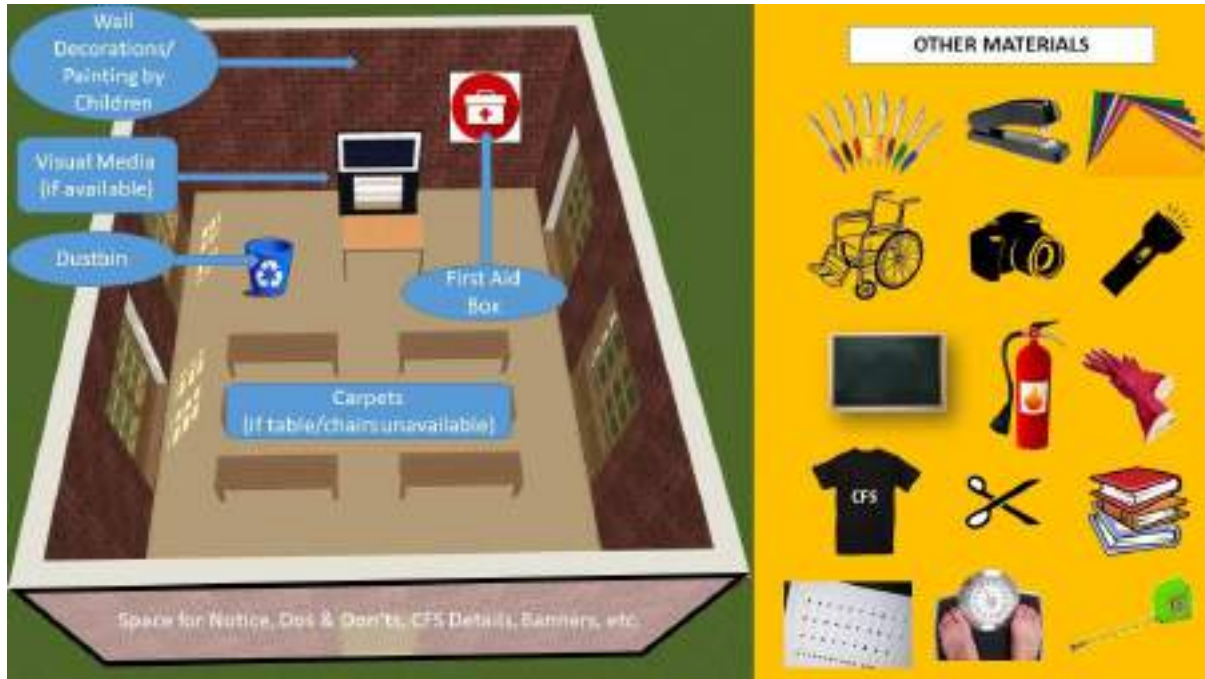
- ❖ Clipboards
- ❖ Monitoring and referral forms
- ❖ Disposable plastic ID bracelets and/or Polaroid
- ❖ Camera and film (for child check-in/check-out)
- ❖ Permanent markers
- ❖ Electric tape
- ❖ Glue
- ❖ Organisation T-shirts
- ❖ Scissors
- ❖ Name tag (for children and volunteers)
- ❖ Stapler and staples
- ❖ Pens

Special Items

- ❖ Tarpaulins for building CFS structure
- ❖ Support for Children with special needs
 - Wheel Chairs
 - Braille Books
 - Special Healthcare Equipment

*** Ensure all dangerous equipment is safely stored away from the children

CFS Interiors on a pre-existing Structure



Children ID card Samples

A) Children with Special Needs

CHILD IDENTITY CARD	
	SPACE FOR PHOTOGRAPH
Personal Details:	
Name :	_____
Nick Name (if any) :	_____
Type of Disability :	_____
I can (Please ✓ applicable)	
Ser <input type="checkbox"/>	Hear <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/>
Follow Sign Language <input type="checkbox"/>	Move <input type="checkbox"/>
Assistive Device:	_____
Can understand _____ language	
Height: _____	Weight: _____
DOB _____	Blood Group: _____
Birthmark/Distinguished features _____	
Conditions/Allergies: _____	
Medications: _____	
Contact Details in Emergency:	
Name:	_____
Relation:	_____
Address:	_____
Contact No:	_____

B) Normal Children

CHILD IDENTITY CARD	SPACE FOR PHOTOGRAPH
Personal Details	
Name: _____	
Nick Name (if any) : _____	
Height: _____	Weight: _____
DOB: _____	Blood Group : _____
Birthmark/Distinguished features _____	
Conditions/Allergies : _____	
Medications : _____	
Can understand _____ language	
Contact Details in Emergency	
Name: _____	
Relation: _____	
Address: _____	
Contact No: _____	

Annexure-III: Sample Plans of a Typical CFS

General Layout of a CFS

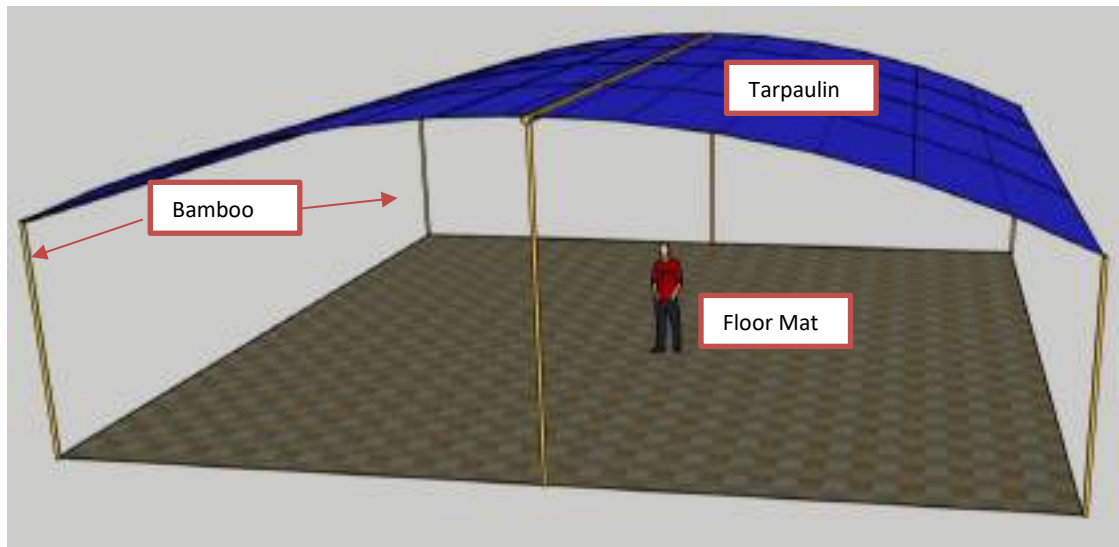


CFS Building Types

1. Tent Structure on ground (Low Cost)

Basic building materials needed:

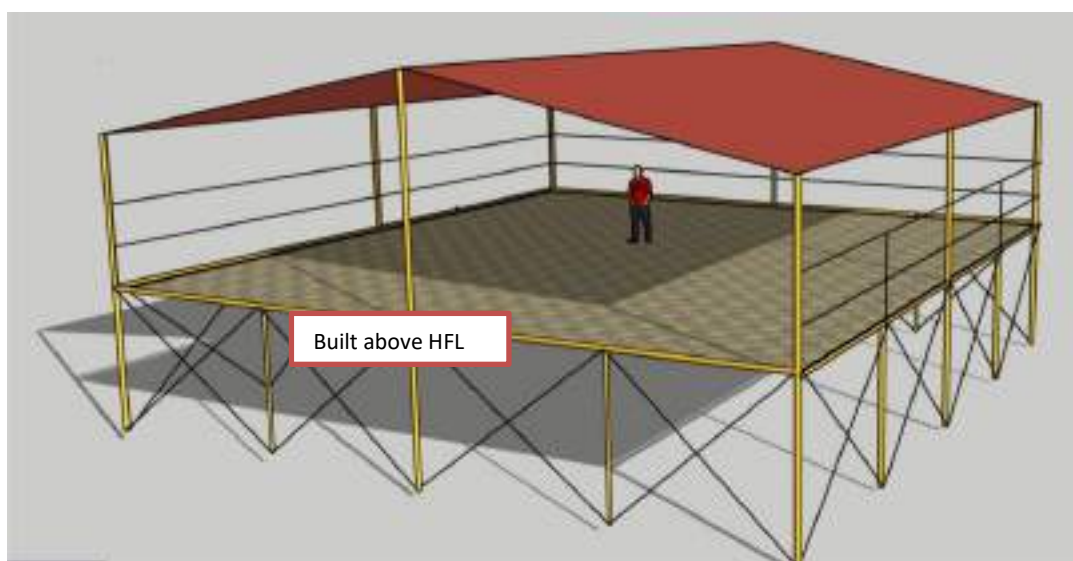
- a) Bamboo
- b) Tarpaulin
- c) Carpets (optional)
- d) Miscellaneous – Nails, Strings, etc.



2. Tent Structure for Flood plains (Low Cost)

Basic building materials needed:

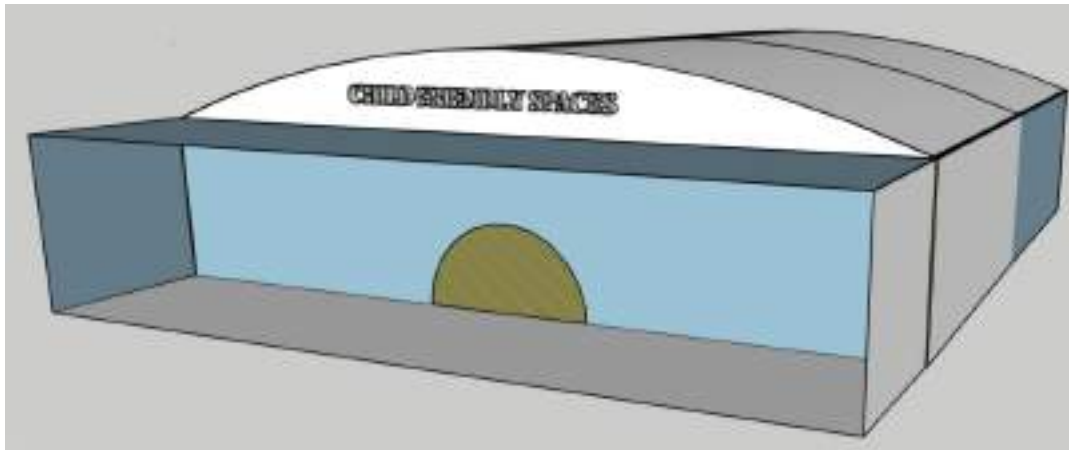
- a) Bamboo
- b) Tarpaulin
- c) Carpets (Optional)
- d) Miscellaneous – Nails, Strings, etc.



3. Readymade Tent Structure (Costly)

Basic building materials needed:

- a) Bamboo/Steel Poles (depending upon tent type)
- b) Readymade tents (commonly used by International NGOs/UN Organisations)



Annexure-IV: Comprehensive Needs Assessment Format

- 1. Check for children with disabilities and special needs
- 2. Check for Health aspects of Children
- 3. Check for Nutrition deficiency
- 4. Check for psychological trauma

Annexure-V: Checklist for Success Indicators of CFS

A checklist for possible indication of success of CFS

Sl. No.	Indication	Total	Success
1	No of children suffered from common diseases and cured		
2	No of children immunized/Deworming /IFA		
3	No of children provided counselling for mental health		
4	No of Adolescent counselled		
5	No of sanitary napkins distributed		
6	No of children practiced hand washed		
7	Infant Mortality Rate (IMR)		
8	Maternal Mortality Rate (MMR)		
9	Child Mortality Rate (CMR)		
10	Reduced occurrences of water borne or water related diseases (Reduction from previous year)		
11	Full participation of children & community, receipt of voluntary services from stakeholders/organizations, community ownership, etc.		

ANNEXURE- VI Menstrual Hygiene Management

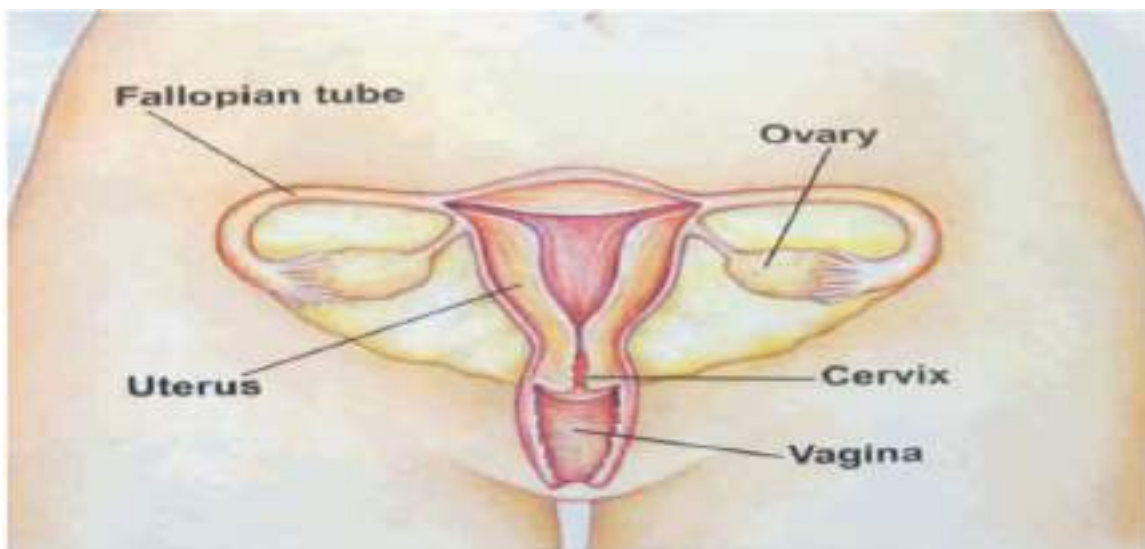
Checklist for Relief camps

MHM Elements in relief camps	YES	NO	REMARKS
Does the Relief camp provide information for girls on menstrual hygiene?			
Has the ratio of one toilet to 30 female pupils been met?			
Are there separate toilets for girls and boys?			
Are there Hand-Washing facilities with water and soap?			
Does the relief camp have a WASH/MHM schedule in place (for cleaning, filling up water facilities etc?)			
Do girls have access to hygienic toilets with washing facilities to manage their menstrual hygiene privately?			
Is there water & soap in girls' toilets?			

Does the relief camps provide for discrete disposal of used menstrual materials?			
Does the relief camp have a supply of emergency menstrual materials?			

What is menstruation?

- A natural bodily function and vital sign of good reproductive health
- Girls typically start to menstruate between ten and 18 years old
- Results in bleeding from womb (uterus) and through the vagina
- Usually occurs monthly for between two to seven days



Source: Kanyemba A (2011) *Growing up at school, a guide to menstrual management for school girls*. Zimbabwe: Water Research Commission, South Africa

Physical changes during puberty

- Breasts start to grow

- Hips start to get much rounder and/or wider
- Increased size of uterus, vagina, labia, clitoris
- Appearance of pubic hair
- Girls start menstruating or have monthly periods
- Changes in skin texture
- Chest broadens

Fact sheet – menstruation

Menstruation happens to each and every girl during puberty, usually between 10 and 18years. In some cases, it may start earlier than 10years
Menstruation is a normal or natural process by which girls bleed through the vaginal canal
Another term for menstruation is monthly period
The first menstruation is called menarche
The uterus is a body part which is shed during menstruation as menstrual blood
Every month the uterus grows a wall to prepare for menstruation
A girl bleeds every month after she begins her menstruation in the absence of pregnancy or illness
Menstruation usually occurs every 28 days. However, for some girls it can come earlier than 28days and for others later than 28days. The menstrual cycle sometimes irregular for the first and second year after menstruation starts.
Menstruating girls bleed between 2 to 7days with some lighter and heavy flows

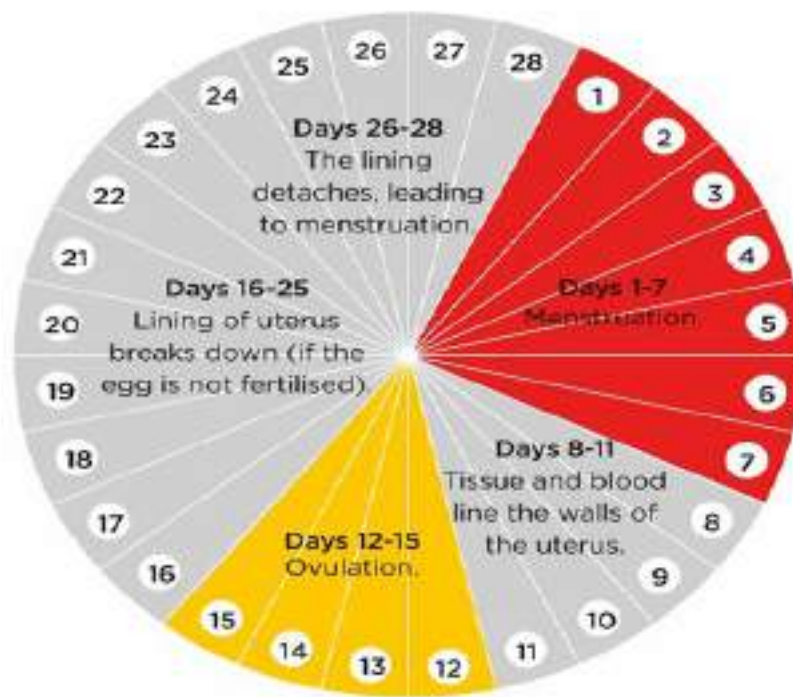
What does a girl experience during menstruation?

Some girls experience the following:

- Heavy or light blood flow
- Pain in the lower part of the stomach and/or lower back
- Emotional changes

The menstrual cycle

Days	Process
1-7	menstruation
8-11	tissue and blood line the walls of the uterus
12-15	ovulation
16-25	lining of uterus dissolves (if the egg is not fertilised)
26-28	the lining detaches, leading to menstruation
*Approx. every 28 days but may be 21-35	
*May be irregular, especially in first 1-2 year	



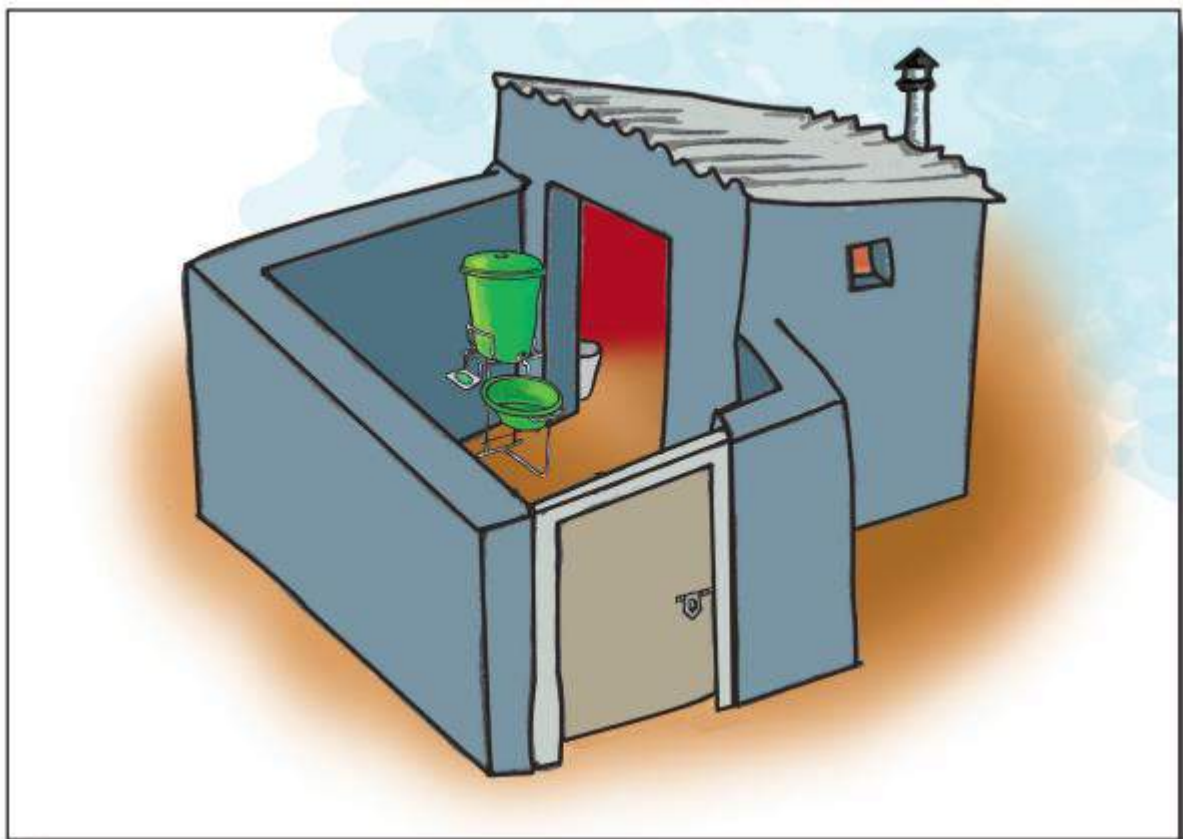
(Education, 2016)

FACT SHEET – MYTHS AND MISCONCEPTIONS

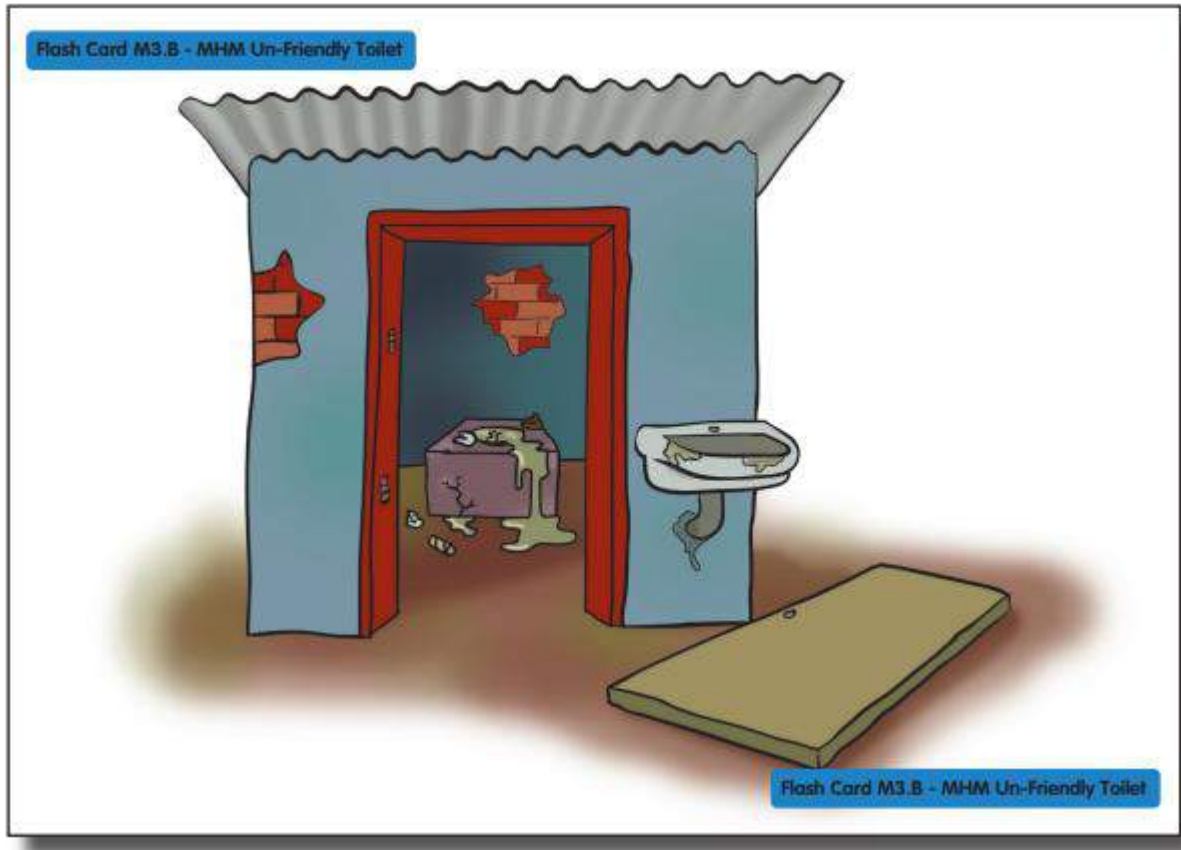
Myths & Misconceptions	Facts
Menstruating girls are unclean	Menstruation is a natural and healthy process
Disposal of used sanitary material in public places may lead to ritual activities that make girls bleed all of the time	A girl cannot menstruate continuously for life, unless she has a serious illness or infection. Girls can only menstruate for 2-7 days a month. It is still important to dispose used materials safely to keep a clean and healthy environment
Disposal of used sanitary materials by burning or burying leads to infertility	Infertility has nothing to do with burning because menstruation is a sign of fertility. Burning used sanitary materials is the safest way to dispose them
Menstruating girls should not eat certain foods such as yogurt or vegetables, or drink cold water, etc	Menstruating girls need to eat iron-containing foods such as vegetables, fruits, yogurt, etc. to replace iron lost due to bleeding. Girls should continue to drink water to replace the lost fluids and not be thirsty
Menstruating girls should not cook	Girls can cook food while on their menses. Practicing good hygiene when handling food is important.
Starting menstruation means you are ready to marry	Menstruation is an important stage in a girl's growth. It does NOT mean a girl is ready for marriage. It's a process of growing up but it doesn't mean that girls are ready for marriage or getting pregnant
Taking a bath during menstruation causes infection or infertility	Taking bath when having a period is necessary. It actually prevents a girl from

	infection and keeps her clean, fresh, and smelling good
Menstruating girls smell	Menstruating girls do not smell. The smell will only occur when the sanitary napkin has been worn for a long time without changing. This can be done if schools are able to support the girls in practicing safe menstrual hygiene management
Girls should not exercise or move around during menstruation to avoid the menses taking many days	Girls moving around have nothing to do with the length of menses! Actually, when girls remain active while on menses, it keeps them healthy and relieves menstrual cramps

MHM friendly toilet



MHM unfriendly toilet



CARE AND DISPOSAL OF USED MENSTRUAL MATERIAL

Disposable sanitary napkin or pad

Usage:

- Pad should be placed comfortably on the pant in a position to properly collect blood
- Pad should be changed after a few (4-6hours) hours to avoid staining and bad smell. If blood flow is heavy change the pad often

Disposal:

- Pads should be burnt after use or wrap in piece of paper and throw in dustbin
- At school, pads should be thrown in a bin and the school will burn the used pads

- Throwing pads in the pit latrine can make the pit fill up quickly
- Throwing pads in a flush toilet can cause blockages in the pipes

Cloth Material

Usage:

- Cloth should be folded into a long thick layer and placed in the elastic of a pant
- Cloth should be changed every few hours (4-6hours) depending on the blood flow. If stayed for a long time it presents a bad odor

Disposal:

- Cloth should be washed with soap and water after use and hanged in sunlight
- At school, girls should carry a little plastic bag where they can put their used cloth after a change. The cloth can be washed at home

Tampon

Usage:

- Tampons should be inserted in the vagina with the string hanging out.
- The string helps you pull out the tampon when it's full
- A tampon should be changed every few hours (4-6hours) depending on the blood flow.

Disposal:

- Tampons should be burnt after use or wrap in piece of paper and throw in dustbin
- At school, throw tampons in the bin and the school will burn used tampons

Menstrual cup

Usage:

1. Wash your hands thoroughly.
2. Apply water or a water-based lube to the rim of the cup.
3. Tightly fold the menstrual cup in half, holding it in one hand with the rim facing up.
4. Insert the cup, rim up, into your vagina like you would a tampon without an applicator. It should sit a few inches below your cervix.
5. Once the cup is in your vagina, rotate it. It will spring open to create an airtight seal that stops leaks.

Disposal:

To take out a menstrual cup, just follow these steps:

1. Wash your hands thoroughly.
2. Place your index finger and thumb into your vagina. Pull the stem of the cup gently until you can reach the base.
3. Pinch the base to release the seal and pull down to remove the cup.
4. Once it's out, empty the cup into the sink or toilet

Cup aftercare

Reusable menstrual cups should be washed and wiped clean before being reinserted into your vagina. Your cup should be emptied at least twice a day.

Reusable menstrual cups are durable and can last for 6 months to 10 years with proper care. Throw away disposable cups after removal.

Annexure VII: Suggestive Program Schedule for Long Duration

In case the schools do not reopen and there is loss of three consecutive academic weeks due to any disaster, the following schedules can be followed for CFS for the children belong to Class I to V and Class VI to VIII. Prioritised school curriculum content needs to be introduced in the CFS in order to assist the children in catching up with the loss of academic days.

CFS Schedule for Class I to V Children									
Time / Day	9 – 9.15 AM	9.15 – 10 AM	10 – 10.45 AM	10.45 – 11.30 AM	11.30 AM – 12.15 PM	12.15 – 12.45 PM	12.45 – 1.15 PM	1.15 – 1.45 PM	
Monday	Prayer/ Morning Assembly	Science	Language	Soc. Sc.	Mathematics	Recess (Mid-Day Meal)	Art Ed.	Work Ed.	End the day with singing “O Mur Apunar Desh” by the children.
Tuesday		Mathematics	Soc. Sc.	Science	Env. Sc.	Recess (Mid-Day Meal)	Language	MHM Ed.	
Wednesday		Soc. Sc.	Mathematics	Language	Science	Recess (Mid-Day Meal)	Art Ed.	Env. Sc.	
Thursday		Language	Science	Mathematics	Soc. Sc.	Recess (Mid-Day Meal)	Work Ed.	Env. Sc.	
Friday		Env. Sc.	Soc. Sc.	Science	Mathematics	Recess (Mid-Day Meal)	Art Ed.	Work Ed.	
Saturday		Co/Extra Curricular Activities: <ul style="list-style-type: none"> Disaster Preparedness Trainings & Mock Drills Physical Education 			<ul style="list-style-type: none"> Games Period for Children Parents – Teachers Meeting on 	Recess (Mid-Day Meal)	End the day with singing “O Mur Apunar Desh” by the children.		

	<ul style="list-style-type: none"> • Art Competition • Essay Competition 	performance of CFS Activities	
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CFS Schedule for Class VI to VIII Children									
Time / Day	9 – 9.15 AM	9.15 – 10 AM	10 – 10.45 AM	10.45 – 11.30 AM	11.30 AM – 12.15 PM	12.15 – 12.45 PM	12.45 – 1.15 PM	1.15 – 1.45 PM	
Monday	Prayer/ Morning Assembly	Language	Soc. Sc.	Science	Mathematics	Recess (Mid-Day Meal)	Work Ed.	Art Ed.	End the day with singing “O Mur Apunar Desh” by the children.
Tuesday		Soc. Sc.	Science	Mathematics	Env. Sc.	Recess (Mid-Day Meal)	MHM Ed.	Language	
Wednesday		Mathematics	Language	Soc. Sc.	Science	Recess (Mid-Day Meal)	Env. Sc.	Art Ed.	
Thursday		Science	Mathematics	Language	Soc. Sc.	Recess (Mid-Day Meal)	Env. Sc.	Work Ed.	
Friday		Soc. Sc.	Science	Env. Sc.	Mathematics	Recess (Mid-Day Meal)	Work Ed.	Art Ed.	
Saturday		Co/Extra Curricular Activities: <ul style="list-style-type: none"> • Disaster Preparedness Trainings & Mock Drills • Physical Education • Art Competition • Essay Competition 				<ul style="list-style-type: none"> • Games Period for Children • Parents – Teachers Meeting on performance of CFS Activities 	Recess (Mid-Day Meal)	End the day with singing “O Mur Apunar Desh” by the children.	

Additional CFS units must be set up for the teachers and other facilitators to conduct sessions for children belonging to different grades conveniently. Refer to the suggested temporary structures for CFS to set up additional CFS units.

Annexure VIII: District CFS Enumerators

Purpose of Position

To conduct interviews and participatory activities in Relief Camp to determine the effects of the CFS program for children.

Major Responsibilities

- Conduct high quality interviews with primary caregivers and children 10 years and older using smart phones
- Actively engage participants and community members in participatory activities (i.e. PRM, focus group discussions, etc.)
- Work with team to document lessons learned from work
- Actively participate in all aspects of training and data collection
- Abide by ethical guidelines in the collection and storage of data
- Perform other duties as assigned

Qualifications

- Reads and writes Assamese
- Has basic knowledge and belief in child protection issues
- Is comfortable to work with children
- Has good communication and facilitation skills
- Can work as a member in a team
- Has general knowledge about smart phones
- Preferably holds a degree in psychology, social science or teaching

Annexure IX: Good Practices in CFS Environment

1. Good Practices of Child Protection

- ✓ CFS must be protective, clean, safe and inclusive of all children.
- ✓ Good protection practices should be developed together with the children.
- ✓ For example, a poster with unaccepted behaviours in the CFS can be developed by the children and posted in the class.
- ✓ Activities should respond to the needs of all children. Busy children are easier to manage.
- ✓ NO form of corporal or emotional punishment should be exercised or tolerated.
- ✓ Positive discipline should be implemented.
- ✓ An atmosphere of collaboration and support should be established in the CFS through the prevention of conflicts and the promotion of mutual understanding among children and all the people working in the CFS.
- ✓ A focal point where confidential issues can be reported should be established together with a sound referral system.
- ✓ Children should never be left unsupervised.
- ✓ More than one adult, and possibly of the opposite sex, should oversee the supervision of children.
- ✓ Adults and children should be aware of the CFS child-protection practices and be encouraged to challenge and report any inappropriate conduct.
- ✓ Children should be encouraged to report incidents and behaviours.
- ✓ Teachers and caregivers must listen carefully to children.
- ✓ Suspicions, allegations or cases of abuse must be reported immediately.
- ✓ Soldiers and weapons must always be kept out of the CFS premises.
- ✓ Confidential records on the basic data of the children should be compiled.
- ✓ Daily attendance of children must be recorded. It helps to keep track and follow up on absentees.
- ✓ Children must be kept away from:
 - fires, stoves, ovens, cooking pots, hot foods, boiling water, steam, hot fats that can cause toxic fumes or burn the children if accidentally spilled sharp tools like scissors and knives and broken glass that can cause cuts windows, tables and stairs that can cause tumbling
 - objects such as small pieces of toys, coins, buttons, plastic bags or nuts that can cause choking harmful liquids like paraffin, insecticide, bleach and detergents that can cause poisoning
 - electric appliances or wires that can cause electric shocks

2. Good Practices in Personal Hygiene

- ✓ Children should be encouraged to wash their hands and face with soap or ash regularly, especially before eating and after they have been to the toilet.

- ✓ Children should be discouraged to put their hands in their mouth or to eat food and drink water contaminated with soil.
- ✓ Children's nails should be kept short, so that dirt cannot pile underneath.
- ✓ Children's hair should be washed regularly with soap or ash, as it helps prevent head lice and scalp infections.
- ✓ Parents and caregivers should 'potty train' children and properly dispose of children's faeces to reduce the risk of contamination.
- ✓ Children should be encouraged to brush their teeth regularly.
- ✓ Children should be encouraged to keep their clothes clean. It is a good practice to use bibs and overalls when children play and eat to protect their clothes.
- ✓ Parents and caregivers should be encouraged to wash children's clothes with soap regularly and if possible iron them, as it prevents the contamination of parasites (little animals that can be harmful to humans) through the skin
- ✓ Parents and caregivers should be encouraged to bathe children with clean water and soap regularly

3. Good Practices in Food Hygiene

- ✓ Feeding bottles or teats should not be used to feed children unless they are cleaned each time with boiling water. Clean or use a cup instead.
- ✓ All utensils and plates should be washed immediately after use and be kept covered. This helps keep flies away and reduces contamination.
- ✓ Dirty towels should not be used to dry plates and utensils because their use increases the risk of contamination.
- ✓ Towels for drying dishes and cutlery must be used only for this purpose, and they must be washed thoroughly every day and dried in the sun.
- ✓ All surfaces where food is served must be cleaned before and after eating, not to attract flies and increase the risk of contamination.
- ✓ Food and water must be kept in covered containers to protect it from flies and dirt.
- ✓ Refuse water must be dried or brushed away because it attracts flies and mosquitoes.
- ✓ Dirty water should not be disposed in the kitchen sink or where food is handled.
- ✓ Waste/garbage containers should be kept in designated areas away from children and be disposed of regularly.

4. Good Practices in Sanitation

- ✓ Human faeces, including children's faeces, must be disposed of in designated toilets/latrines designed to prevent the water contamination.
- ✓ The CFS toilets/latrines must always be kept clean and covered to prevent contamination through flies. Tip: sprinkle fire ash on faeces to reduce bad odours.
 - Latrines/toilets should be adapted and designed for the use of children, for example with the provision of easily washed chairs to fit the latrine/toilet pit-hole.
 - Latrines/toilets should have good ventilation.

- Hand washing should be provided near the latrines/toilets to facilitate hand washing practices
- Places for hand washing should be adapted and designed for the use of children, for example they should be at the right height for children to reach water and soap.
- The CFS and areas where children play must always be kept clean.
- Food and safe water supplies must be stored away from toilets/latrines and garbage.

5. Good Practices to Keep Water Safe

- ✓ Safe water must come from a safe source. The WASH team can advise on how to make sure that drinking water is safe.
- ✓ Safe water must be kept in a safe place/area where it is unlikely that it can be contaminated.
- ✓ Safe water must be kept in safe, clean containers dedicated only for this purpose.
- ✓ It is a good practice to have a designated person in charge of the management of safe water in the CFS.
- ✓ Safe water should not be touched with hands or with objects that have not been safely cleaned. It is a good practice to keep one dedicated ladle for accessing safe water, to prevent contamination.
- ✓ Safe water containers should always be kept covered.

Annexure X: DO'S AND DON'TS**1. Do's and Don'ts of Child Friendly Spaces/Environments**

DO	DON'T
✓ Coordinate with the government and other agencies that implement CFSs, especially protection, psychosocial, education, and other relevant coordination groups.	⊗ Set up CFSs as a single agency without coordinating with other agencies and the government.
✓ Take an integrated approach that includes non-formal education, protection, and psychosocial supports.	⊗ Make CFSs recreational and psychosocial supports only since protection and education needs also warrant attention.
✓ Regular WASH practices everywhere, every time & facilitation as well as proper maintenance of WASH infrastructures	⊗ Negligence on WASH practices or usage of faulty infrastructure
✓ Engage communities, parents and girls and boys in all key decisions regarding CFSs, encouraging their ownership of CFSs in all phases of work.	⊗ Set up CFSs as services, treating community people as beneficiaries.
✓ Build on existing resources such as community groups, parents, cultural songs, and natural helpers such as youth leaders and women whom children seek out for support. Initially, teams can be mobilized to visit communities and animate groups of children for a few hours each day.	⊗ Select and recruit CFS animators and staff from outside the affected group only or use only materials and activities imported from outside
✓ Make CFSs accessible and inclusive for girls and excluded children such as those with disabilities and tailoring activities to meet their distinctive needs and capacities.	⊗ Assume that because the CFS is open to all children it is therefore accessible and inclusive.
✓ Ensure that all staff and animators understand and adhere to an appropriate code of conduct.	⊗ Have CFS workers sign a code of conduct that they do not understand or care about.
✓ Make CFSs physically, culturally, and developmentally appropriate, providing adequate space for small groups to conduct different activities simultaneously	⊗ Design CFSs to look like a place of worship or to display colours used by parties to an armed conflict.
✓ Listen and be supportive to children who have particular concerns, making referrals for children who need specialized services.	⊗ Force children to draw or talk about their difficult experiences.

✓ Ensure that the timing and nature of activities are compatible with daily routines of girls and boys and family members.	⊗ Predefine the kinds and timing of activities without careful consultation with girls and boys and community members.
✓ Organize separate CFS sessions or activities for girls and boys of different age groups, such as 0-7 (or 0-3, 4-7), 8-12, and 13-18 years.	⊗ Organize CFSs only for children 4-10 years or only for boys
✓ Provide in the CFS appropriate equipment, including materials for play, first aid items, cleaning materials, etc. Use locally available and environmentally friendly materials where possible.	⊗ Focus excessively on manufactured toys or forget to maintain equipment.
✓ Keep the number of children who participate in CFSs manageable at a time.	⊗ Encourage or allow so many children to participate that CFSs cannot be supportive and stimulating
✓ Provide ongoing training, follow-up, and capacity building for animators and staff	⊗ Offer a one-off training and assume that animators and staff are well prepared as a result
✓ Draw on existing assessment data, include questions on CFSs in coordinated needs assessments, and, where necessary, conduct a dedicated assessment before establishing CFSs to determine that they are needed, safe, and appropriate to the context.	⊗ Assume that CFSs are appropriate interventions in all contexts.
✓ Organize psychosocial support for national and local CFS workers who have been affected by the emergency.	⊗ Assume that all national and local workers or children need counselling or therapy. Only severely affected people, who are a small minority of the population, need such specialized mental health services.
✓ Monitor and evaluate CFSs, and use the information to learn from experience and improve program quality.	⊗ Neglect evaluation or conduct an evaluation only to please donors.
✓ Develop early on with the community an exit or transition strategy.	⊗ Continue CFSs indefinitely or allow CFSs to compete with schools.

2. Do's and Don'ts in Psychological Support

DOs	DON'Ts
What teachers and caregivers should do	What teachers and caregivers should NOT do
✓ Do recognize your limits, and avoid situations that can cause more stress to you and the children	⊗ Don't be ashamed to say when you feel overwhelmed and stressed and ask for help.

✓ Do plan and implement learning activities that stimulate expression and support through play and art	⊗ Don't keep concerns about children to yourself, always share them with your colleagues or designated personnel
✓ Do encourage children to express their feelings and emotions freely and without judgement- verbally or through play	⊗ Don't force or pressure children to talk about their feelings, experiences or drawings before they feel ready or safe to share
✓ Do ask children questions about their drawings, games and stories in a sensitive and respectful way	⊗ Don't use or tolerate aggressive and abusive language and behaviour
✓ Do pay attention to what children verbally and non-verbally communicate	⊗ Don't judge or score what children say or make when sharing their experiences
✓ Do refer children who show prolonged and intense symptoms of trauma to a specialist	⊗ Don't provide specialized psychosocial support to children - ONLY certified and experienced professionals can do this
✓ Do establish a supportive, safe and trusting learning environment	⊗ Don't ignore your own needs to feel safe and supported

3. Do's and Don'ts in Child Protection

DOs What teachers and caregivers should do	DON'Ts What teachers and caregivers should NOT do
⊗ Do take any allegation or concern regarding the abuse or maltreatment of a child seriously	⊗ Don't address suspicions, allegations and cases of child abuse on your own directly with the perpetrator. You can put the child and yourself in danger
⊗ Do listen to children with sensitivity	⊗ Don't leave children unsupervised
⊗ Do implement good practices of child protection at all times	⊗ Don't judge or comment on what children say
⊗ Do challenge behaviours and attitudes that you feel are abusive towards children inside and outside the CFS	⊗ Don't ask leading questions like, "did he touch your leg?" Encourage children to talk about the events through open questions like, "and then what happened?"
⊗ Do handle sensitive information with confidentiality	⊗ Don't promise children that you will keep what they tell you confidential
⊗ Do teach children how to keep safe and say NO when they feel adults or older children behave inappropriately	

4. Do's and Don'ts for Trainers

DOs What teachers and caregivers should do	DON'Ts What teachers and caregivers should NOT do
⊗ Do prepare the agenda, the venue, the materials and the contents of the training in advance.	⊗ Do prepare the agenda, the venue, the materials and the contents of the training in advance.

<p>⊗ Do ask the trainees for their feedback on the agenda.</p>	<p>⊗ Don't impose the agenda on the trainees. Give the trainees time to understand the agenda. Make sure the trainees understand what is expected from them during training.</p>
<p>⊗ Do delegate roles and responsibilities to the trainees. Proper delegation is a sign of good management.</p>	<p>⊗ Don't take all the tasks upon yourself. You will not have enough energy and time to fulfil everything on your own.</p>
<p>⊗ Do use participative approaches but be firm once the agenda is set. The success of the training requires the efforts of all participants</p>	<p>⊗ Don't allow trainees to ignore the agreed upon timetable and agenda. Waiting for people and frequent changes of the agenda cause delays and frustration.</p>
<p>⊗ Don't allow trainees to ignore the agreed upon timetable and agenda. Waiting for people and frequent changes of the agenda cause delays and frustration.</p>	<p>⊗ Don't use disrespectful language or aggressive behaviours towards the trainees.</p>
<p>⊗ Don't use disrespectful language or aggressive behaviours towards the trainees.</p>	<p>⊗ Don't assume that teaching and training is neutral. As people with values and beliefs, trainers always transmit something related to them when teaching and training.</p>

Annexure-XI: Case Studies

FEW CFS SETUP AROUND THE WORLD

1. Baby tents, child-friendly spaces spread out in Yolanda-hit areas



Figure 1: Source: <https://sponsorship.worldvision.org.ph/>

World Vision and UNICEF, two child-focused organizations, set up baby tents and child-friendly spaces specifically for new mothers and children in typhoon-hit Tacloban City, Northern Cebu, and Iloilo.

2. Rohingya Refugees Myanmar



Over 7, 00, 000 Rohingya refugees fleeing from serious human rights violations in Myanmar have arrived in Cox's Bazar district since August 2017. They join some 2, 00, 000 Rohingya who had fled to Bangladesh in previous years.

Child Friendly Spaces were setup to protect t children from gangs and trafficking.

Figure 2: Source: <http://jrsg.org>

3. Helping Burundian Refugee Children Access Their Rights in Tanzania



Figure 3: Over 13,000 children benefitting from child-friendly spaces in the Nygarugusu, Nduta and Mtendeli refugee camps across Northwest Tanzania

Source: <https://stories.plancanada.ca>

4. Youth Creating Safe Spaces for Children in Nepal



Figure 4: Source: restlessdevelopment.org

The earthquakes and numerous aftershocks in Nepal left many children and young people at risk, and put a halt to the entire education system. This could have a serious impact on literacy rates in the country, which had previously reached 98% in 2013 from 83% in 2010. The risk of trafficking and exploitation became greater for girls, many of whom were made homeless by the quake and could not go to school.

Restless Development, in partnership with UNICEF, created Child Friendly Spaces (CFS) in temporary relief camps, for more

than 350 children in Lalitpur and Kathmandu. These spaces provide a friendly environment where affected children can continue to learn.

Young, local volunteers have been trained by Restless Development to successfully run the CFS, using resources such as early child development kits, recreation kits and other educational materials. Our young volunteers also use non-formal education techniques, including games, to help the children feel safe.

5. Child-Friendly Spaces in Uganda



Figure 5: Source: <https://www.worldvision.org>

South Sudanese children from World Vision's Child-Friendly Space in Bidi Bidi Refugee Settlement act silly after drawing their dreams inside the classroom. A partial — an online community of artists — partnered with World Vision to enable children living in the settlement to tell their stories through art.

6. Child-Friendly Spaces for Syrian refugees in Lebanon



Figure 6: Source: <https://www.worldvision.org> (2017 World Vision/photo by Laura Reinhardt)

Teacher Rita Cholakian plays games with her young students at World Vision's early childhood education center.

the centre is an oasis of fun, affirmation, and learning.

This UNICEF-funded and World Vision-started project reaches about 200 refugee children from ages 3 to 6 with educational activities that prepare them for formal schooling. In colourfully decorated classrooms staffed by attentive teachers and assistants, the kids learn basics in Arabic and English — numbers, days of the week, months, seasons, colours. They also learn good hygiene practices, problem-solving, and social skills. They sing, do art projects, play outside, and eat snacks.

Although the children are too young to remember Syria and Iraq, many are exposed to deprivation and violence in the informal tent settlement, and some of them have experienced child labour. The

7. Child-Friendly Space in Bangladesh & Myanmar



Figure 7: Source: <https://www.worldvision.org> (2018 World Vision/photo by Annila Harris)

including 1-year-old Shahera, for malnutrition. Shahera was found to be underweight. Her mother received a referral note from WYCFS staff for one of the nearby health centers, where Shahera was given nutrition packets and placed on a feeding plan.

More than 2,300 Myanmar refugee children in Burmapara, Bangladesh, regularly attend World Vision's Child-Friendly Spaces. They get the opportunity to express themselves, learn, and play with other children in sessions led by trained facilitators.

World Vision also facilitates Women and Young Children Friendly Spaces (WYCFS) in Burmapara. These spaces cater to the needs of pregnant and lactating mothers and children under five. Trained facilitators screen little ones,



Figure 8: Kids pictures at a 'Child Friendly Space' managed by Save the Children.

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