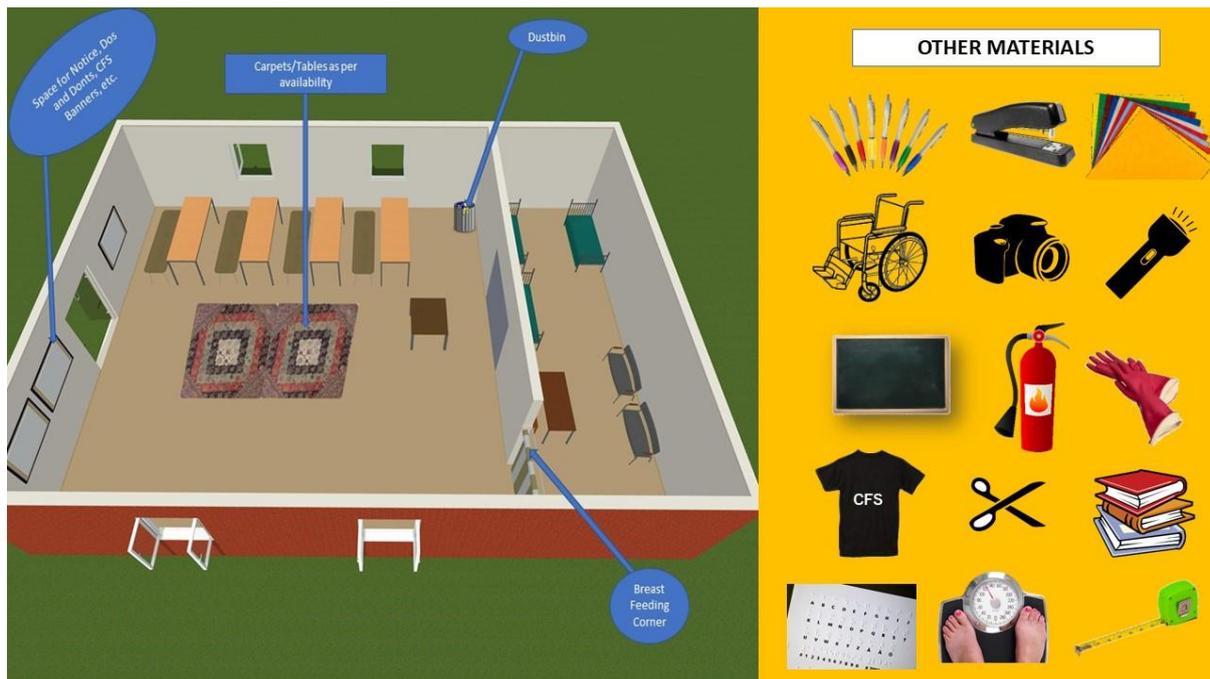


can range from manual labour to quality control of materials and supplies. It is important to ensure that participation is voluntary and not forced.

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