

- 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
-