A Note on CRC and Status of Children

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Background and History of the Convention on the Rights of the Child (CRC)

In November 1989, the governments of the world came together at the UN General Assembly to adopt the UN Convention on the Rights of the Child (CRC). They promised to ratify it, and to implement its provisions, for the good of children all over the globe. By September 1990, ratifications by many countries sufficed to make the CRC an international statute. Today, it is the most widely ratified convention in UN history. It contains 54 articles and is a comprehensive instrument which sets out rights that define universal principles and norms for children. The CRC covers all children under the age of eighteen, regardless of sex, colour, language, religion or region. Alongside the CRC, India is also a signatory to the MDG.

The Government of India ratified the CRC on 11th December 1992. It ratified the Optional Protocol to the CRC on the sale of children, child prostitution, and child pornography on 16th August 2005. The Indian government ratified the Optional Protocol on the involvement of children in armed conflict on 30th November 2005.

Overview of Periodic Reporting Procedures

The CRC is monitored through a system of reporting by State parties to the Committee on the Rights of the Child. After ratifying the CRC each State party is required to submit an initial report to the Committee. Thereafter progress reports have to be submitted every five years. In 1997 India submitted its first national report to the Committee on the Rights of the Child. At the UN special session on children in 2002 it was agreed to formulate a National Plan of Action (NPA) in order to achieve set commitments for children by the end of 2003. India however did not submit its NPA till 2005.

The First Periodic Report was submitted in 2001. In 2004 the Committee on the Rights of the Child issued its Concluding Observations on the First Periodic Report. The next periodic report is already due in July 2008.

The CRC expressly gives NGOs a clearly determined role in monitoring its implementation. The Committee on the Rights of the Child invites individual NGOs or national coalitions or networks of NGOs to submit parallel/alternative reports on the implementation of the convention in a particular

country. The Committee is of the view that national coalitions of NGOs working for children allow for more effective monitoring and implementation of the convention at the national level. Reporting to the Committee provides NGOs an opportunity to bring concerns about the status of children to the international legal body responsible for monitoring the implementation of the Convention. A recent Alternative Report – '2003 Citizens' Alternate Review and Report on India's Progress towards CRC Realization' - was developed by the Indian Alliance of Child Rights in partnership with several other NGOs working on various issues affecting children along with the FORCES contribution on ECCD.

Outline of discussions and comments emanating from the First Periodic Report (2001)

The Government of India has taken legislative, institutional and administrative steps to uphold the rights of children as laid down by the CRC. The National Commission for Protection of Child Rights was set up in 2007 and a National Charter for Children was proposed. The National Initiative for Child Protection was launched in 2000 and since then the 'Child line Service" is available in many Indian states. This service has been initiated by the government to help children who are suffering from neglect, abuse, and exploitation. It is a 24 hour free phone service for children in distress. It can be accessed by dialing 1098 either by a child in difficulty or by an adult acting on her/his behalf.

Progress in the field of child health and nutrition has however been very slow. According to the First Periodic Report (2001) submitted by the Government of India, the IMR in 1999 was 70 per 1000 live births and this decreased to 68 per 1000 live births in 2000. The report revealed that almost 95 out of every 1000 children die before the age of 5. This is only 15 children less than in 1990.

According to the First Periodic Report, ICDS reaches out to 4.8 million expectant and nursing mothers and 30 million children (under 6 years of age) among disadvantaged groups. The National Prophylaxis Programme for prevention of blindness caused by Vitamin A deficiency and control of nutritional anaemia among mothers and children, are two direct interventions integrated in ICDS.

A positive step in the field of legislation related to children in the age group of 0-6 years was the amendment of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 in order to strengthen its provisions for promoting breast feeding. The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, was amended in 2003 so as to improve the lopsided sex ratio.

Some General Observations of the UN Committee on Rights of the Child

In its Concluding Observations (2004) on the First Periodic Report the Committee on the Rights of the Child expressed its concern at the decrease of funds allocated to social services. The Government of India expenditure (plan and non-plan) on social sectors (health, education and family welfare,

water supply, sanitation etc.) as a ratio of total expenditure has marginally decreased from 11.26% in 1997-98 to 10.72% in 2000-01.

The Committee on the Rights of the Child also expressed its concern at the slow increase of budget allocations for education.

The Committee on the Rights of the Child expressed serious concern at the unavailability and/or inaccessibility of free, high quality primary health care; the slow decline in IMR; the worsening of MMR; the low immunization rate, the high incidence of low birth weight babies; the high number of children with stunting, wasting or those who are underweight; the prevalence of micro-nutrient deficiencies; and the low rate of exclusive breastfeeding.

The Committee welcomed the establishment of toll free child lines but expressed concern about the slow pace of establishment and expansion of these child lines in all districts of the country. It was further concerned that calls for help and support from children to these child lines do not always receive an adequate response. This is owing to the lack of capacity of existing services.

The Concluding Observations of the UN CRC Committee expressed concern at the rising number of children infected and/or affected by HIV/AIDS and the discrimination experienced by these children in society and in the educational system.

The Committee on the Rights of the Child recommended that the government should take all necessary measures to adopt, in consultation with all relevant partners, including the civil society, a new Plan of Action for Children that covers all areas of the Convention, includes the Millennium Development Goals, and fully reflects "A world fit for children". In addition, the Committee recommended that the government should expedite the adoption of the National Charter for Children and make sure that the Charter adopts a child-rights-based approach and covers all the principles of the Convention.

Health and Education

As per census 2001, the country has approximately 17 crore children in the age group of 0-6 years. Services under the Integrated Child Development Scheme cover only 3.41 crore children (as on 31.3.2004), which is only 22% of the total children in that age group. The ICDS, which came into being in 1975, is the largest and single most important programme catering to the health, nutritional and educational needs of 0-6 age group. In addition, the Scheme envisages effective convergence of inter-sectoral services in the anganwadi centres. The coverage of settlements is however inadequate despite the Supreme Court order of December 2006 that directs government to universalize ICDS. There are about 11lakh operational anganwadis in the country, compared with an estimated 14 lakh required for universal coverage.

These political and legal obligations present a real opportunity to press for universalization in the near future. At the same time developments like the 86th amendment in the Constitution of India in 2002 has effectively released the state from its obligation to provide education for children

under the age of 6 years by detaching them from the state's binding legal commitment to Education for All and Universal Elementary Education.

A UNESCO report reveals that only 29 percent of pre primary age children are enrolled in education structures in India. The approximate figures of covering about more than 3 crore children by pre schooling initiatives under ICDS and other private initiatives, leaves aside a large segment of about 2.6 crores in the 3-6 years population bracket unattended for pre-school activities. The uncovered and unreached children are from both urban and rural areas.

The Education Commission (1966) had recommended a target of investing 6% of national income from the public exchequer in education by 1986. This goal has not been realized so far. The First Periodic Report stated that only 3.6% of the GNP is invested in education (1997-98). According to the Alternate Report out of this 3.6% less than 1.5% is allocated for primary education. A quick review of young children's access to early childhood care and development programmes in the country tells us that less than 1% of the total education budget is allocated to early childhood programmes and even when health expenditures are included, the allotment is small.

The Alternate Report on India's Progress towards CRC Realization (2003) pointed out that an IMR reduction is reported for 1999-2000, however, NMR and MMR have continued to stagnate at high levels and neonatal deaths accounted for 62% of all infant deaths. It also pointed out that one third of all babies were born with low birth weight and over 40% of children below 5 were stunted. According to the report there was high prevalence of malnutrition among children below 3 years of age, especially in the rural areas and among disadvantaged groups. This was decreasing slowly at the rate of 0.8% per year. Shocking as these figures are, NFHS III (2005-2006) has revealed that the IMR in India is as high as 57%. According to NFHS III in the 0-3 age group 38.4% children are stunted (too short for age), 19.1% are wasted (too thin for height) and 45.9% are underweight (too thin for age).

Status of the Girl Child

The negative bias against the girl child in Indian society is reflected in the widespread use of sex determination tests, prevalence of female foeticide /infanticide and a sex ratio that is unfavourable to women. Gender discrimination leads to malnutrition amongst girl children and the incidence of anaemia is high among them. According to the First Periodic Report, out of the 12 million girls born in India every year, 3 million or 25% do not survive to see their fifteenth birthday. A third of these deaths take place in the first year of life and it is estimated that every sixth female death is directly a result of gender discrimination. Major gains in female life expectancy have accrued mainly in the older age group. The sex ratio in 2001 was 933 females per 1000 males. Without discrimination the ratio should have been approximately 1050/1000. In other words the problem of the 'missing girl child' is widely prevalent in India.

In its Concluding Observations on the First Periodic Report the Committee on the Rights of the Child noted the 2003 amendment to the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, but remained deeply concerned that the sex ratio in the

age group of 0-6 years has worsened over the past decade. The Alternate Report pointed out that the implementation of existing laws is weak. The sex ratio is falling in spite of the PNDT Act because neither State Governments nor the Central Government has taken appropriate measures to control misuse of sex selection procedures. In spite of the recognition of the discrimination faced by the girl child and the programmes initiated by the government to address this issue, the alarming widening of the gender gap in the infant survival and the female/male sex ratio for the 0-6 age group in the Census clearly shows that this is an area that will need more focus and attention.

The Status of the young child among marginalized and excluded sections of society

With regard to the status of children belonging to tribal, minority and marginalized communities the Alternate Report pointed out that despite affirmative measures to ensure non-discrimination, social indicators such as health and education show that children of lower socio-economic status continue to be disadvantaged. The report also asserted that one reason for missing on goals related to the fulfillment of child rights was that the hardest to reach children had still not been reached. The Committee on the Rights of the Child expressed concern at the situation of children belonging to minorities and primitive tribal groups. Anxiety was also expressed over their limited access to social services, including health care, immunization and education as well as the violation of their right to survival and development and to be protected from discrimination.

Status of Children with Disabilities

According to the India Human Development Report (1999), the size of the population suffering from various forms of disabilities in the 0-4 age group was 8.1 million. The report stated that the incidence of various kinds of physical disability (impairments related to visual, auditory, vocal and locomotor systems) among the population in the age group of 0-4 years was 2042 per 100,000 in 1999. The gender disparity in the incidence of disabilities among children was 0.87. With regard to the status of children with disabilities the First Periodic Report stated that children with disabilities face unequal opportunities for survival and development. In many cases, they are denied access to health care and education.

The Alternate Report pointed out that research has shown that 50% of disability in India is due to preventable causes. The report stated that most Indian children are disabled due to poverty and its various correlates such as protein malnutrition, iodine deficiency and Vitamin A deficiency. According to the India Human Development Report (1999) physical disability is much higher among the SCs in the 0-4 year's age group that is 2058 children with disability per 100,000.

In its Concluding Observations on the First Periodic Report of the Government of India, the Committee on the Rights of the Child expressed concern at the limited facilities and services for children with disabilities and at the limited number of teachers trained to work with such children. The Committee recommended establishing a comprehensive policy for children with disability. It also recommended that the State should reinforce its efforts to develop early detection programmes

to prevent disabilities and to assist children who suffer from the same. The Alternate Report also put forward the recommendation that State governments should take up prevention campaigns for various disabilities just like they undertook the campaign to eradicate polio, which has been quite a successful venture.

The Young Child in India (2002-07) – A Review of Recent Reports

Major Failures of the Tenth Plan Period (2002-2007)

- The IMR continues to be unfavourable. According to the Mid Term Appraisal of the Tenth Five Year Plan the IMR was 58 per 1000 live births in 2005.
- The Under Five Mortality Rate still remains very high at 77 per 1000 live births (SRS 2004).
- The MMR is still staggering at 301/100,000 live births (The Registrar General and Census Commissioner, 2006).
- The number of underweight children under 3 years of age remains alarming at 45.9% (NFHS III, 2005-06).
- Prevalence of anaemia in young children aged 6-35 months increased from 74.2% (NFHS II, 1998-99) to 79.2% (NFHS III, 2005-06).
- Only 23.4% children are breast fed within one hour of birth (NFHS III, 2005-06).
- The child sex ratio in the 0-6 age group has gone from bad to worse. The child sex ratio (age group 0-6 years) in India was 945 in 1991 and decreased to 927 in 2001.
- Universalization and improvements in quality of the ICDS programme have still not been achieved.
- The level of birth registration in India continues to be very low.
- The percentage of GDP invested in health care continues to be low and primary health care facilities are still rather inadequate.

Recommendations for the Eleventh Plan by the Working Group on Children*

- *A rights based approach* towards child health, nutrition, education, survival, development, protection and growth.
- *Age specific interventions* keeping in mind the varying requirements of children in different age groups – 0-6 months, 6 months to 3 years and 3-6 years.
- *Institutional arrangements* – maternity entitlements, crèches and child care arrangements and institutionalized support for "infant and young child feeding".
- *Convergence between core programmes* such as the ICDS, NRHM and the SSA.
- *Decentralisation and Community Action* – These could be facilitated through the involvement of PRIs in the functioning of Anganwadi centres and the empowerment of ASHA health workers in the villages.
- *Universalization with quality* should be the overreaching goal for ICDS in the 11th Plan. This would include raising the number of Anganwadis to a minimum of 14 lakhs (with priority to disadvantaged groups), extending all ICDS services to all children under six and all eligible women and improving the quality of services.

- *Focus on Children under the age of three* – ICDS should give greater priority to children in the 0-3 age group. This would include providing adequate incentives to ASHAs for relevant services such as home-based neonatal care, breastfeeding and nutrition support.
- *Two-worker Model* – Ensuring that every Anganwadi has two Anganwadi workers along with the Anganwadi helper so as to provide adequate care and effective pre-school education for children aged 3-6 years.
- *Anganwadi cum Crèches* – 10% of all Anganwadis should be converted to Anganwadi-cum-creches. This would mean that these centres are open full time, both the workers are present all day and are given additional training on running a crèche.
- *Nutrition Programmes* – For children in the age group of 3-6 years, the Supplementary Nutrition Programme (SNP) should be based on hot, cooked nutritious meals along the same lines (and with the same financial norms) as the "mid-day meal" scheme in primary schools. For younger children, it should be based on "take-home rations" (THR) combined with nutrition counselling.
- *Infant and young child feeding* – Infant and young child feeding counselling and support should be recognized as one of the core services with a clear budget head in both ICDS and NRHM.

'Strategies for Children Under Six – A Framework for the 11th Plan' (June 2007)

ICDS: What the FOCUS Report Says

According to the FOCUS (Focus on Children Under Six, December 2006) report the state of Indian children is nothing short of a 'humanitarian emergency'. Few countries have worse indicators of child development. The average Indian child gets a poor start in life. Even before birth, she or he is heading for disaster on account of poor ante-natal care and maternal under nutrition. After birth, life continues to be precarious. About one third of all new born babies in India weigh less than the acceptable minimum of 2.5 kilograms. About half of children below three years of age are undernourished, more than half are deprived of full immunization and a large majority suffers from anemia. A substantial proportion of children (about one tenth) never reach the age of five. Millions of Indian children sink into a dreadful trap of under nutrition and ill health during the first six years of life.

The FOCUS survey was conducted in May-June 2004 in six states - Chhattisgarh, Himachal Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and Tamil Nadu. According to the survey, broadly speaking, Himachal Pradesh, Maharashtra and Tamil Nadu are 'active' as far as ICDS is concerned but Chhattisgarh, Rajasthan and Uttar Pradesh are 'passive' states in the context of ICDS services. In Chhattisgarh and Uttar Pradesh most anganwadis did not have a location of their own and were situated in the home of the anganwadi worker or helper. In Chhattisgarh, Rajasthan and Uttar Pradesh growth charts were found to be missing or poorly maintained in most cases, and even basic immunization services left much to be desired . Pre-school education activities were virtually non-existent in Chhattisgarh and Rajasthan. In Uttar Pradesh there were frequent interruptions in the supply of supplementary food. The FOCUS survey revealed that Uttar Pradesh, Rajasthan and Chhattisgarh have stuck to a 'minimalist' implementation of central guidelines with regard to ICDS.

In contrast Himachal Pradesh and Maharashtra had relatively well functioning ICDS services and better indicators of child well being. In these states essential maternal care was well integrated in the ICDS routine. These states were also found to have less oppressive gender relations and relatively active participation of women in the economy and in society. In Maharashtra immunization services were well integrated with ICDS and Himachal Pradesh had a fairly active educational component in ICDS.

Universalization of ICDS is one of the core commitments of the Common Minimum Programme (CMP) of the UPA Government. The CMP clearly states: "The UPA will also universalize the ICDS scheme to provide a functional anganwadi in every settlement and ensure full coverage for all children". However the FOCUS report highlighted the fact that the effective coverage of ICDS remains quite limited. Barely one fourth of all children under six are covered under the supplementary nutrition programme. Universalization thus still remains a distant goal, let alone universalization with quality. Low allocations combined with gross underutilization of funds further undermine the resource base of ICDS. In the Union Budget for 2006-2007, the allocation for ICDS was around Rs. 4000 crores – much less than one rupee per child per day.

NORTHERN CONSULTATION
ON THE STATUS OF THE YOUNG CHILD

National FORCES organised a regional consultation with the view to develop an alternate report on the status of the young child for the UN Convention on Rights of the Child (UNCRC). The northern consultation was the first in the series of consultations that were held on 18th and 19th February 2008 at Sahbhagi Shikshan Kendra, Lucknow. Participants came from northern and western states viz Delhi, Punjab, Haryana, Gujarat, Rajasthan, Himachal Pradesh, Jammu and Kashmir, Maharashtra, Uttar Pradesh and Uttarakhand which included state partners of FORCES as well as organizations/ individuals working on children's issues. (Also see list of participants).

18th February, 2008 (Day 1)

Session I: Introduction and Opening Remarks

Session I started with the welcome note by Mr. Sandeep Khare and Mr. Ramayan Yadav of Vigyan Foundation (U.P. FORCES). Mr. Khare clarified that the discussion would be focused on the status and condition of 0-6 year old children for the purpose of preparing the alternate report for the UNCRC. He urged those present to share their experiences with regard to policy implementation. This was followed by a round of self-introduction by all participants. Opening remarks were addressed by Ms. Savitri Ray and Dr. Vasanthi Raman of National FORCES.

Ms. Savitri Ray (National Coordinator- FORCES) extended a warm welcome to all the participants and provided them with a brief introduction to the FORCES network. She explained that FORCES with the support of Plan International has taken on the responsibility of preparing an alternate report on Early Childhood Care and Development (ECCD) for the UNCRC. The aim of this report is to highlight the importance of ECCD in the overall development of the child in India. Ms. Ray elucidated the broad themes that the report would focus on –

- Health and Nutrition
- Early Childhood Education
- The Situation of the Girl Child
- The Social Economy of Care
- An overall review of the Policies and Programmes of the Government of India, including broad budgetary trends both at the Central and State levels with specific focus on the trends emerging in the last five years

Ms. Savitri Ray discussed the poor status of the young girl child in the spheres of health, nutrition and education. She drew attention to the problem of the adverse Child Sex Ratio in India.
Dr. Vasanthi Raman (National Convenor- FORCES) clarified the content of the proposed report. The report would consist of two parts –

- A brief review and status report on the state of the young child in India which will be submitted to the UNCRC and will conform to its guidelines.
- A comprehensive report on the status of the young child in India, which will be used for advocacy amongst grassroot organisations and policy makers.

Dr. Raman stated that the preparation of a report for the UNCRC was a good platform for meeting various people working at the ground level on issues related to ECCD and collating their experiences in order to develop a national level comprehensive report on the status of the young child in India. She drew attention to the issues of globalisation, cutback in social services, increasing poverty and inequality and the sorry state of child care in the country. She stressed on the need to provide an accurate picture of the status of the young child in India in the context of the current scenario.

Session II: Overview of the Convention on the Rights of the Child (CRC) Chair – Dr. Rashmi Sinha (Director, Mahila Samakhya)

Dr. Rashmi Sinha (Mahila Samakhya, Uttar Pradesh) stressed on the poor status of the girl child by raising the pertinent question of whether the girl is included in the term 'child'. She highlighted the issues of female foeticide and infanticide as well as the extreme neglect of the girl child. Mother's milk feed daughters for 3 months in comparison to 1-2 years for sons. Dr. Sinha pointed out that health check-ups carried out by Mahila Samakhya have revealed that the haemoglobin levels of girl children are usually as low as 3-4% and many of them are underweight and malnourished. She argued that girls face 'extreme negligence accompanied by extreme vigilance'. They are uncared for and neglected but at the same time parents are watchful and alert to protect them from male attention. Dr. Sinha drew attention to the shockingly low child sex ratio in Shahjahanpur district of Uttar Pradesh, which was just 561 girls per 1000 boys in 2001. She also drew attention to the fact that in Bulandshahar district of Uttar Pradesh, brides are purchased from Orissa. Technology is being used to kill the girl child even before she is born. Dr. Sinha pointed out that a recent study has shown that even the foetus in the mother's womb experiences pain. She argued that girls continue to face violence after they are born. She asserted that young girls face the maximum violence within the environs of the school and this prevents their proper growth and development. Dr Sinha argued that the alternate report must have a special focus on the girl child and delve deeper into what constitutes the everyday life of the girl child in India.

Ms. Savitri Ray (FORCES National Coordinator) made a presentation on the CRC and the Status of the Child in India. She discussed the background and history of the UNCRC and provided an overview of periodic reporting procedures. She elaborated on the action taken by the government in the tenth plan period and the observations of the UN Committee on the Rights of the Child. Ms.

Ray discussed India's dismal performance in achieving the Millennium Development Goals. She elucidated the current status of the child in India by discussing child health, mortality, malnutrition, education, birth registration and the child budget. She also spoke about the status of the girl child, the status of the young child amongst marginalized sections of society and the status of children with disabilities. Ms. Ray highlighted the major failures of the tenth plan period and discussed the working group's recommendations for the eleventh plan. She concluded her presentation by stressing on the need to highlight the issue of ECCD in the CRC reporting process.

Session III : State Reports (Uttar Pradesh and Uttarakhand)
Chair – Dr. Rashmi Sinha

Ms. Shubhra Tandon (CREATE, Uttar Pradesh) provided an overview of the effectiveness of State level policies and programmes in Uttar Pradesh with a special focus on the functioning of Anganwadi centres in the state. She highlighted the sorry state of Anganwadi centres in Uttar Pradesh. She pointed out that there are 1, 38,372 Anganwadis in the state of Uttar Pradesh. 30% of these Anganwadis are based in the house of the Anganwadi worker. There are 78,003 operational Anganwadi centres as opposed to 1, 38,000 sanctioned Anganwadi centres in Uttar Pradesh. A positive aspect of Anganwadi centres in Uttar Pradesh is that these centres are equipped with drinking water and sanitation facilities. With regard to the functioning of the Supplementary Nutrition Programme (SNP) in the Anganwadi centres of Uttar Pradesh, Ms. Tandon asserted that food is supplied to Anganwadi centres for only 6-8 months in a year. Vitamin A and Iron Folic Acid are often not available as part of the SNP. Hot cooked meals have been introduced for 3-6 year old children and this has led to an increase in attendance. Hardly any health and nutrition education is provided by Anganwadi centres and awareness about the benefits of breast feeding is very low in Uttar Pradesh. Immunization cards are not maintained and the non-availability of immunization services is quite widespread. Growth monitoring of children is not a regular feature of the Anganwadi centres and growth records are incomplete in most cases. Payments of Anganwadi workers are often delayed. The quality of training provided to Anganwadi workers ranges from moderate to poor and training programmes are not held on a regular basis. In Uttar Pradesh, most parents of 0-6 year old children view Anganwadi centres as panjeeri distribution centres or 'panjeeri kendras' and the acceptability of Anganwadi workers as child care functionaries is limited. Panchayat committee members are not aware of how they can contribute to the betterment of health, nutrition and education services provided by Anganwadi centres. In Uttar Pradesh around 30% of ASHA (Accredited Social Health Activists) workers are not performing their duties. ICDS run state level schemes in Uttar Pradesh include – Kishori Shakti Yojana, Balika Smridhi Yojana, Mothers Committee, National Progress of Adolescent Girls and Bima Yojana.

Mr. Rajdev Chaturvedi (Gramin Punarnirman Sansthan, Uttar Pradesh) presented a case study based on the findings of a social audit of health services carried out by the Centre for Health and Social Justice in five districts of Uttar Pradesh – Chandauli, Mirzapur, Banda, Muzzaffarnagar and Barabanki. The social audit revealed that the selection process for ASHA workers is not transparent and most of them belong to higher and dominant castes. Most ASHA workers are involved in polio

programmes and assist the ANM in carrying out these programmes. They are trained only for two-three days and they seldom work on improving maternal health. The audit also revealed the poor level of implementation of Janani Suraksha Yojana (JSY) scheme in the five selected districts. In these districts 99% births take place at home and 80% women do not receive any pre-natal check-ups. It also revealed the poor condition of health care services in the selected districts. The health sub-centres were in bad shape and their cleanliness and hygiene levels were found to be very low. Community health cells lacked adequate staff and basic facilities such as clean water supply. One important recommendation that was made as a result of the audit was that there should be better coordination between the ASHA, ANM and Anganwadi worker and they should have weekly meetings. Another recommendation was that primary health centres and sub-centres should be provided with adequate maintenance grants and clean drinking water supply; and these centres should maintain cleanliness.

Dr. Pundir (Himad, Uttarakhand) made a presentation on the status of the young child in Uttarakhand. There are 13 districts in Uttarakhand and the total population of the state is around 85 lakhs. The population of 0-6 age group in the state is around 6 lakhs. The child sex ratio is worse than the overall sex ratio in Uttarakhand. The overall sex ratio is 964 females per 1000 males as against the CSR which is only 906 girls per 1000 boys. The IMR in Uttarakhand is approximately 50 per 1000 live births. Dr. Pundir asserted that as a consequence of the coming up of ICDS centres there had been a decline in the care of children within the house. He also pointed out that SHGs and Panchayats were not getting involved in the monitoring of Anganwadi centres in Uttarakhand. Dr. Pundir stressed that a discriminatory attitude towards SC/ST children was very noticeable in the way these children were made to sit separately during the distribution of midday meals in Uttarakhand. He emphasized the adverse impact of displacement on young children. He drew attention to the problem of the displacement of families and several young children due to the construction of a power project near Badrinath. These families along with young children were forced to live in tents and caves for a year.

Discussion – Following observations were made with regard to the above presentations and some issues were also raised during the discussion

Dr. Rashmi Sinha (Mahila Samakhya, Uttar Pradesh)

- Mahila Samakhya's work is focused on the girl child and especially on the adolescent girl. It runs BAL Kendra in areas where Anganwadis do not exist. These are not crèches and they do not cater to the 0-3 age group.
- Mahila Samakhya is also involved in awareness generation, training, monitoring and facilitating the provision of maternity entitlements. It has nearly one lakh women participants and a staff of about 1500 people in the 17 districts of Uttar Pradesh.

Mr. Denny John (Institute of Public Health, Mumbai, Maharashtra)

- In Uttar Pradesh, Bihar and Rajasthan the BPL eligibility norm under the JSY scheme has been waived off.

Ms. Indrani Mazumdar (Centre for Women's Development Studies, Delhi)

- There is a need to delve deeper into the issue of whether or not NGOs should take charge of running ICDS centres. There have been several instances of failures at the level of implementation whenever ICDS centres have been run by NGOs. The government should not be allowed to withdraw from its duty of running ICDS centres and the trend towards the NGOisation of these centres should to be opposed.

Dr. Pundir (Himad, Uttarakhand)

- In Uttarakhand ICDS workers have established their own union and used it to raise certain demands.
- There is a need to rethink the basic principles of both the NRHM and ASHA scheme.

Ms. Mridula Bajaj (Mobile Creches, Delhi)

- As a network working towards improving the status of the young child in India, FORCES must take a stand on the use of IVF technology and sex selection before conception.

Mr. Rajdev Chaturvedi (Gramin Punarnirman Sansthan, Uttar Pradesh)

- The ASHA workers scheme was launched with the view that these workers would act as activists to improve health conditions. However ASHA workers have become mere agents for government programmes such as sterilization. ASHA workers are paid very low wages and in most cases they are not aware of their responsibilities.

Session IV: Theme based presentations from Uttar Pradesh, Gujarat, Rajasthan and Jammu and Kashmir
Chair – Mr. Sandeep Khare (Vigyan Foundation, U.P. FORCES)

Ms. Shachi Singh (Ehsaas, Uttar Pradesh) discussed the issue of child protection and the work done by Ehsaas in this sphere. Ehsaas has been instrumental in forming a State level NGO Consortium on Child Protection known as 'Children First'. It has also launched a first of it kind 'Child Tracking System' for tracking the growth and development of children from birth till the age of 18 years. This kind of system is much needed in a scenario wherein the level of birth registration is low (the rate of birth registration in Uttar Pradesh is around 54%), where street and working children remain unaccounted for and there is no authentic data regarding trafficked and missing children. Ms. Singh pointed out that the Uttar Pradesh government has developed a state action plan for children, but the government is in denial with regard to the problems in the functioning of the ICDS. There are 40 institutions under the Juvenile Justice Act in Uttar Pradesh and the ratio of staff to children (1 staff for every 2.5 children) is quite good, but monitoring is very poor. Ms. Singh drew attention to the fact that children were staying in 'jail like' observation homes. She revealed that Ehsaas had conducted home placement camps to restore children who have run away from home to their families. Ms. Singh highlighted the problem of teenage pregnancies among the street children of Uttar Pradesh. The children of teenage mothers do not even receive proper immunization.

Ms. Singh suggested that the alternate report must not confine itself to fault finding; it must also document success stories and best practices so that these can be replicated. She asserted that making children a priority agenda for the government was a big challenge for people working on issues related to ECCD.

Ms. Naish Hasan (Member- Tehreek and Bharatiya Muslim Mahila Andolan) discussed issues related to Muslim children. She argued that discussions about muslims in India were restricted to Syed, Shaikh and Pathan muslims, very little was said and done for Dalit muslims. Ms. Hasan stressed on the myths harbored by the government about muslim people. These include myths such as muslim children do not go to schools, they only go to madrasas. However, only 4% of children in the whole of India go to madrasas. Muslim children are often involved in zardosi and chikan work. They are kept as bonded workers against a sum of Rs. 5000. They are unable to pay back this money for many years and in the process they loose out on a regular childhood. Muslim women prefer not to go to hospitals to deliver their children because they are often insulted for producing many children. When Muslim children try to benefit from certain schemes they are often ridiculed and asked about the number of siblings they have. This has an adverse effect on the psyche of these children. Muslim children are often very afraid of the police because even teenagers run the risk of being picked up by police vans. Ms Hasan argued that the government should follow a policy of positive discrimination towards muslim children and there should be separate schemes specially designed for these children.

Ms. Naz Raza (Tehreek) pointed out that a common myth associated with Muslims was that they do not get their children immunized. She was very critical of the WHO form for immunization that has a section on 'Muslim refusal'. But often in reality there is more number. of Hindus who refuse immunization.

Ms. Shachi Singh (Ehsaas, Uttar Pradesh) argued that the WHO form had a separate section on 'Muslim refusal' because there were a higher number of cases of polio amongst Muslims.

Mr. Amit Bajpai (Pratham, Uttar Pradesh) discussed the findings of the 2007 Cross Country Educational Study to throw light on the almost defunct educational component of the ICDS scheme in Uttar Pradesh. He pointed out that only 2% of 0-6 year old children go to Anganwadis in the state. The teaching-learning component is missing from most Anganwadis. In 2007 46% of class I students had a 'nothing' level in reading and 48% had a 'nothing' level in maths. 66% children were not able to recognize English capital letters. The enrolment levels of children had increased but the attendance levels remained very low. There was a clear rural-urban divide in terms of school infrastructure. There is talk about recruiting 80,000 teachers in rural Uttar Pradesh, but 21 wards in Lucknow do not even have a single government school. 54 primary schools have been allotted computers but these schools do not have electricity supply. According to a government survey 6891 children are out of school in Uttar Pradesh. But according to a survey carried out in areas under Pratham (this amounts to about one third of Lucknow) more than 15,000 children are out of school. There is an urgent need for community land in urban areas to construct more government schools. There is

also a need for a strong linkage between Anganwadis and primary schools so that the drop out rate can be reduced with immediate effect

Ms. Shachi Singh (Ehsaas, Uttar Pradesh) drew attention to the shocking fact that in Lucknow there is a school that has no building and runs in a graveyard. She argued that all government programmes are targeted towards rural areas and urban areas are getting neglected in the process. In the eleventh plan there is a provision for allocation of five rooms for primary schools. But this provision cannot be implemented in the urban areas where there is extreme shortage of land. At the same time private schools cannot replace government schools in urban areas because they only cater to children belonging to the more well off sections of society.

Mr. Arvind Shukla (Nidan, Rajasthan) discussed the 'completely dormant' status of ICDS in Rajasthan. Mr. Shukla pointed out that in Rajasthan Anganwadi workers had no clear understanding of their duties and responsibilities. They also lacked basic knowledge about immunization services. Mr. Shukla argued that Anganwadi centres had become mere storage centres in Rajasthan.

Mr. Sandeep Khare (Vigyan Foundation, U.P. FORCES) emphasized that the issue of the privatization and commercialization of child care services should be elaborated upon in the alternate report. The poor condition of 0-6 year old children in urban areas should be highlighted. ICDS workers should be made permanent workers and their appointment on a contractual basis should be done away with. 0-6 year old children should not be considered as beneficiaries of child care services. Instead these services should be viewed as their right.

Ms. Juhi Tyagi (Aman Trust, Jammu and Kashmir) drew attention to the need to focus on both supply as well as demand side issues in the provision of child care services through ICDS.

Ms. Chinmayi Desai (Saath, Gujarat) made a presentation on a project run by Saath wherein the organization runs 191 Anganwadi centres in 23 wards of Ahmedabad and caters to 5730 children. Ms. Desai argued that NGO involvement in running ICDS centres was crucial in order to explore the full potential for new innovations in service delivery. Over the past four years Saath has encountered certain problems in running Anganwadi centres. These include low educational levels of Anganwadi workers, overburdening of workers with too many responsibilities, lack of training for workers and poor and delayed payments to them. Saath's interventions include training and skill building of Anganwadi workers as well as improving the infrastructure of the Anganwadi centre and ensuring its proper maintenance and upkeep. Saath has introduced a nominal fee to be paid by parents in order to ensure their involvement and participation in their children's education in Anganwadi centres. The results of an assessment of Saath's interventions will be out in March. However Ms. Desai argued that the experiences till now have showed that monetary contributions made by the community (fees) make community participation a reality. Her presentation sparked off a discussion on –

- Whether NGOs should take charge of running Anganwadi centres?

- Should monetary contributions by the community be used as a measure to improve community participation in running Anganwadi centres?

Mr. Sandeep Khare (Vigyan Foundation, U.P. FORCES) argued that the government should not be allowed to withdraw from its duty of providing child care services. Government accountability is decreasing as NGOs are moving forward to provide more and more services.

Ms. Indrani Mazumdar (CWDS) argued that community participation is important but such participation need not necessarily be elicited through monetary means.

Dr. Pundir (Himad, Uttarakhand) argued that taking monetary contributions from the community amounts to making people buy services and this gives a boost to privatization of services.

Dr. Vasanthi Raman stressed that community participation should be mobilized by non-monetary means by involving Panchayats and SHGs in the running and monitoring of Anganwadi centres.

Ms. Juhi Tyagi (Aman Trust, Jammu and Kashmir) discussed the specific problems faced by children in a conflict zone. 38% of the total population of Jammu and Kashmir consists of children. According to UNICEF there were 1, 00,000 orphans in the state in 1999. Only 6 orphanages are run by the government in Jammu and Kashmir. The government spends rupees 15 per month per child on children in orphanages. 73% orphans have to leave school because of poverty. The provisional census carried out in 2001 revealed that there were 20,000 widows in the state. 70% of these widows were in the age group of 19-45 years and had young children. Poverty forces children of widows to drop out of school and take up child labour. Normally schools run for around 210 days in a year in India. However schools in Jammu and Kashmir are not able to run for more than 60 days in a year due to indefinite strikes. If a family member is killed by security forces the family has to prove that he/she was not a militant in order to access any benefits. This often makes it difficult for widows and children of men killed by security forces to benefit from the ex-gratia amount of one lakh rupees provided by the government. Living in a conflict zone also affects the basic right to survival of many children. Children are killed in large numbers when there are attacks on schools and when they are used as human shields. Camps for internally displaced people in Jammu and Kashmir do not have any special facilities for children.

Children in Jammu and Kashmir suffer from several mental health problems such as panic, phobia and catastrophic stress. However childhood depression is the most common of these problems. Childhood depression is extremely high amongst orphans. However there is only one psychiatric hospital in the state where even children as young as 6 years old are given electric shocks. The Child Guidance Centre run by Aman Trust caters to mental health problems of 5-14 year old children through counselling, play therapy and psychotherapy. The situation of children in Jammu and Kashmir shows that there is a need to take mental health problems of children more seriously and introduce programmes to address this problem.

19th February, 2008 (Day 2)

Session V: State level theme based presentations from Himachal Pradesh, Maharashtra, Delhi, Punjab, Haryana Uttar Pradesh
Chair – Ms. Mridula Bajaj (Mobile Crèches, Delhi)

Dr. Richa Minocha (Jan Abhiyan Sansthan, Himachal Pradesh) made a presentation on the young child in Himachal Pradesh with a specific focus on nutritional and educational status and traditional health care practices. Himachal Pradesh has undergone a revolution in primary education and has achieved near universal enrolment, but there is a lot to be desired in terms of quality of education. Education for the girl child has been made free in the state at all levels. There has been a decline in the gender gap between boys and girls, and the social gap between children belonging to the general population and SC/ST children in the state. The enrolment rate of girls in government schools has increased and one of the reasons for this is that more and more boys are being enrolled in private schools. Research studies have shown that there is no discrimination between male and female children with regard to nutritional status. Several traditional health care practices for infants and 1-6 year olds are prevalent in Himachal Pradesh. The maternal mortality rate is higher in Himachal Pradesh (456) compared to the neighbouring states of Haryana (436) and Punjab (369). After 1971 not even a single census in has shown a sex-ratio in favour of females.

In the absence of relaxed norms for opening Anganwadi centres a significant population living in remote areas is not benefiting from the ICDS scheme. A large number of children of migrants from Nepal and Bihar are out of school. The State has identified 29,122 children with special needs and 2216 of them are out of school. The fact that 54% of the out of school children are girls merits greater attention. A team has been constituted to work closely with the textbook development process to ensure elimination of gender bias in the textbooks. With the objective of relieving girls of sibling care responsibilities during school time, 2766 Early Childhood Care and Education Centres (ECCE) have been started in convergence with ICDS. These centres have been set up in hitherto undeveloped eligible areas in accordance with the norms for hilly areas followed by ICDS.

Mr. Vinod Kanathia (Adi Gram Samiti, Haryana) discussed the observations and experiences from Adi Gram Samiti's work with Anganwadi centres in Mewat district of Haryana. This district is predominantly inhabited by Muslims. The anganwadi workers have to maintain six registers – birth and death register, survey register, attendance register, three separate registers for children of different age groups (6-18 months, 18-36 months and 36 months to 3 years), immunization register, children's weight register and *'Ma ki awaaz'* register. In addition to these six registers anganwadi workers also have to maintain a daily diary of all their activities. Maintaining six registers and a diary takes up most of the time of anganwadi workers. These workers receive low salaries and are not very motivated to work. Hot cooked meals are also not provided to 0-6 year old children in Anganwadis.

The schemes for children's education in Haryana include – The ICDS scheme, Bachpanshala scheme, Child Care Centre scheme and the National Programme for Education of Girls at Elementary Level. The Bachpanshala scheme was started in 2003 to prepare children for primary education. There are 800 Bachpanshalas in Haryana and the Haryana government spends Rs. 25,000 per annum on each one. The Bachpanshala teacher is educated up to 12th standard and is paid a salary of Rs. 1000. There is a provision for the appointment of a helper in Bachpanshalas but no helpers have been appointed so far. Haryana has 652 Child Care Centres for 3-6 year old children. These run only for 8 months in a year and the salary of the child care workers at these centres is very low.

Mr. Denny John (Institute of Public Health, Mumbai, Maharashtra) made a presentation on ICDS Services and the Janani Suraksha Yojna (JSY) scheme in Maharashtra. A community based quantitative survey in 8 street dwellings of Mumbai and Thane, covering 33 randomly selected women street dwellers (either pregnant or having children less than 6 years of age) revealed that only 1 out of 33 women was aware of the Anganwadi programme and received services from it. The study threw light on the minimal coverage of illegal slums, migrants, street children and homeless populations by the ICDS programme. The major recommendations of the study include identifying the number and location of additional Anganwadis required in each ward to achieve universalisation, ensuring that all sanctioned ICDS projects that are not "operational" are made effective immediately and moving towards universal coverage in a time-bound manner. Other recommendations include initiating mobile Anganwadis at construction sites, setting up ICDS kiosks at railway and bus stations, developing concrete indicators for monitoring Anganwadi centres and establishing a system of community based monitoring of centres. Some recommendations for improving the implementation of the JSY scheme include scrapping of BPL status as an eligibility norm for benefiting from the scheme and the use of voucher based systems. All these recommendations have been submitted to the ICDS Commissioner of Maharashtra.

Ms. Sudeshna Sengupta (Mobile Creches, Delhi) made a presentation on the review process for developing an alternate report for the UNCRC. Mobile Crèches will be coordinating the preparation of an alternate report for children under six in the state of Delhi. The inputs of this report will be incorporated into Citizen's Collective and FORCES' Shadow Report. Certain key issues that the review process must include are - health and development, protection, education, foeticide/ implementation of the PCPNDT act, status of birth registration, child budget, status of street children and status of children belonging to marginalised groups and migrants.

Ms. Abha Pandit (Voluntary Health Association, Punjab) discussed the issues of female foeticide and low sex ratio in Punjab. The child sex ratio in Punjab is alarmingly low at just 793 girls per 1000 boys. In the district of Fatehgarh Sahib the sex ratio is as low as 754. VHA's experience in Punjab shows that acquisition of land is the major reason for female foeticide in the state. A study conducted by VHA has revealed that among the landed community of Jat Sikhs only one son is preferred in order to avoid problems of land division. Thus female foeticide is a legal issue as well as an issue of gender discrimination. A major finding of the UNFPA study (Delhi, September 2005) titled 'Sex Selection, Abortion and Fertility Decline' is that repeated abortions are leading to a decline in

fertility levels. Another finding is that the sex ratio amongst Sikhs is lower than the sex ratio amongst SCs.

In Punjab more efforts are being made to improve birth registration and comparatively fewer efforts are being made to put an end to sex selective abortions. The sex ratio figures for Punjab are questionable since many births are registered twice in the state. The rate of female foeticide can be reduced by tightening the legal noose and by ensuring better implementation of the PCPNDT act. Under the PCPNDT act in the first raid on a sex determination clinic the clinic is sealed and in the second raid prosecution of those found guilty takes place. This is a weakness of the PCPNDT act.

In Punjab VHA is running crèches for 0-6 year old children with the sponsorship of the Central Social Welfare Board.

Professor M.M.A. Faridi (BPNI, Uttar Pradesh) discussed issues related to breast feeding and child survival. Reducing neonatal mortality is one of the goals of the MDGs. WHO data shows that if mothers breastfeed their children for a year child deaths can be reduced by 13%. Mortality of newborn infants can be reduced by 22.3% if mothers breastfeed their children within one hour of birth. 6% of child deaths can be avoided if proper complementary feeding is started after 6 months of age. A total of 20% of child deaths can be avoided if breastfeeding and complementary feeding are carried out at the proper time. Breastfeeding is also beneficial to mothers since it reduces the risk of breast cancer by 40%.

Dr. Neelam Singh (Vatsalya, Uttar Pradesh) made a presentation on the status of birth registration and female foeticide in Uttar Pradesh. Less than 57% births are registered nationally. According to a U.S. journal *Lancet* 5 lakh girls are lost every year due to sex selection. The percentage of birth registration in Uttar Pradesh ranges between 30%-50%. At the state level officers for registering births and deaths are appointed on an adhoc basis. At the block level there is a need for 52,000 officers for registering births and deaths, but at present there are only 9000 such officers. Uttar Pradesh has not published its statistical reports since 1995. There are several barriers to the effective utilization of the Registration of Births and Deaths Act. An important demand side problem is the low utility of registration and birth certificates due to use of alternate/proxy documents for proving birth and claiming benefits. Problems on the supply side include the absence of adequate number of staff, lack of staff training and ineffective monitoring. The lack of a proper monitoring mechanism is the major reason for the high rate of female foeticide.

Discussion

Ms. Mridula Bajaj (Mobile Crèches, Delhi) added the following issues in the presentation of MC:

- Protection and survival
- Pre-school education
- Data and information about crèches
- Programmes, policies and schemes for children under 3 years of age

- Maternity Entitlements
- The issue of the care of children which is distinct from the issue of child health
- The problems of urban India
- The role of NGOs – should NGOs take charge of running Anganwadi centres?
- Sensitizing the government on the importance of issues related to ECCD

Mr. Rajdev Chaturvedi (Gramin Punarnirman Sansthan, Uttar Pradesh)
- There is an urgent need to improve the quality of services provided under the ICDS scheme. The government needs to be made accountable for the provision of good quality services.

Mr. Denny John (Community Health Hospital, Maharashtra)
- Community monitoring systems should be developed to ensure better provision of child care services.

Session VI : Open Discussion
Chair – Dr. Vasanthi Raman (FORCES -National Convenor)

Mr. Sandeep Khare (Vigyan Foundation, U.P. FORCES)
- There is under reporting with regard to urban areas in the census data. A large number of urban poor remain uncounted in the census data.
- There is widespread duplication of birth registration data and often the data is misleading.
- There should be 100% coverage of 0-6 year old children by the ICDS scheme.
- Good quality services should be provided by skilled full time (as opposed to contractual) workers under the ICDS scheme.

Mr. Denny John (Institute of Public Health, Mumbai, Maharashtra)
- The National Urban Health Mission will be launched on 1st April 2008. FORCES must make sure that the young child is well represented in it.
- Communities must be empowered to participate in ensuring the proper delivery of health and education services under the ICDS scheme.
- There is a need to provide health management training to medical practitioners.
- A health tax should be imposed to increase public funding for public health services.
- The denial of care to migrants and street children in public hospitals is a very serious issue that needs to be addressed immediately.
- Indebtedness as a result of medical expenses is on the increase.
- Low access to essential medicines is a major problem.

Ms. Shubhra Tandon (CREATE, Uttar Pradesh)
- Folic acid is essential for reducing the risk of deformities in newborn infants. For the past two years folic acid pills are not being distributed to pregnant mothers at Anganwadi centres in Uttar Pradesh.

Ms. Savitri Ray (FORCES National Coordinator)

- A demand should be placed before the government to set aside 1% of the budget for 0-6 year old children.

Dr. Richa Minocha (Jan Abhiyan Sansthan, Himachal Pradesh)

- There should be greater flexibility in budget heads for government programmes.
- The two child norm propagated by the government is working against the girl child.

Ms. Juhi Tyagi (Aman Trust, Jammu and Kashmir)

- The issue of mental health problems of young children must find mention in the alternate report.

Session VII: Concluding Remarks and Vote of Thanks

Concluding Remarks – Dr. Vasanthi Raman (National Convenor- FORCES)

There are some gaps in our knowledge about certain issues related to 0-6 year old children. These issues are as follows:

- Budgetary allocations
- Survival issues of 0-3 year old children
- Mental health problems of children in conflict zones
- Data about urban poor and the problems faced by them
- Data on children with disabilities
- Data and information on children of migrant workers
- Data and information on orphanages and crèches
- Problems and issues related to the medium of instruction (language) in Anganwadi centres in different states/regions of India
- The coverage of Anganwadi centres, space available at these centres, working conditions in the centres and the payment of salaries to Anganwadi workers
- Crimes against children such as child trafficking
- Disaster affected children. Does the government have any specific policies for 0-6 year old children in its disaster management plans?
- The integration of traditional medicines and health care practices into the modern health services delivery system.

Vote of Thanks – Ms. Savitri Ray (National Coordinator- FORCES)

Ms. Savitri Ray thanked all those present for participating in the consultation and sharing their knowledge and experiences. She also expressed her appreciation to the participants for making detailed and informative presentations. She urged them to contribute actively in the preparation of the alternate report for the UNCRC. Ms Ray also thanked Plan International for extending its support to the FORCES network.

Programme

18th February 2008

10.30 -11.00 a.m.	Tea and Registration
11.00 -11.30 a.m.	Welcome & opening remarks- Dr. Vasanthi Raman, Ms. Savitri Ray, National FORCES/ Mr. Sandeep Khare,Convenor, UP FORCES
11.30 a.m.-12.00 p.m.	Session - I: Overview of the CRC & Status of the Child in India – Ms. Savitri Ray Chair-Dr. Rashmi Sinha (Mahila Samakhaya, Lucknow)
12.00 noon- 1.00 p.m.	Session - II: State reports (Ms. Shubhra Tandon, CREATE, Mr. Rajdev Chaturvedi, GPS, Uttar Pradesh & Dr. D. S. Pundir, Himad, Uttarakhand)Chair-Dr. Rashmi Sinha
	- Lunch -
02.00 - 03.30 p.m.	Session - III: Theme based presentations (Uttar Pradesh & Rajasthan) Chair – Mr. Sandeep Khare
	- Tea -
03.45 - 05.00 p.m.	Session continues...State presentations – Gujarat and J&K

19th February 2008

09.00 -11.15 p.m.	Session - I: State level theme based presentations from Himachal Pradesh,Haryana, Delhi, Maharashtra Chair – Ms. Mridula Bajaj (Mobile Crèches, Delhi)
	- Tea Break -
11.30 a.m. - 01.00 p.m.	Session continues...Presentations from Punjab, Vatsalya and BPNI
	- Lunch -
02.00 - 03.30 p.m.	Session - II: Open Discussion Chair – Dr. Vasanthi Raman (National Convenor - FORCES)
03.30 - 04.00 p.m.	Session - III: Concluding Remarks Dr. Vasanthi Raman, National Convenor, FORCES Vote of Thanks- Ms. Savitri Ray, National Coordinator, FORCES
	- Tea & Departure -

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EASTERN CONSULTATION ON
THE STATUS OF THE YOUNG CHILD

12th March, 2008 (Day 1)

Welcome Note and Opening Remarks

Ms. Savitri Ray (National Coordinator) extended a warm welcome to all the participants and provided them with a brief introduction to the FORCES network. She explained that FORCES with the support of Plan International has taken on the responsibility of preparing an alternate report on Early Childhood Care and Development (ECCD) for the UNCRC with the aim of highlighting the importance of ECCD in the overall development of the child in India. Ms. Savitri Ray argued that children under 6 are nobody's focus. The government must be made aware of the urgent need to focus on 0-6 year old children. Ms. Ray elucidated the broad themes that the alternate report will focus on –

- Health and Nutrition
- Early Childhood Education
- The Situation of the Girl Child
- The Social Economy of Care
- An overall review of the Policies and Programmes of the Government of India, including broad budgetary trends both at the Central and State levels with specific focus on the trends emerging in the last five years

Dr. Vasanthi Raman (National Convenor) clarified the content of the proposed report. The report will consist of two parts –

- A brief review and status report on the state of the young child in India which will be submitted to the UNCRC and which will conform to its guidelines.
- A comprehensive report on the status of the young child in India, which will be used for advocacy amongst grassroot organisations and policy makers.

Dr. Raman pointed out that FORCES is an 18 year old network and the only network in India which works for 0-6 year old children. She said that the preparation of a report for the UNCRC was a good excuse for meeting various people working at the ground level on issues related to ECCD. Their experiences need to be collated in order to develop a national level comprehensive report on the status of the young child in India. Such a report can be used for internal advocacy. Dr. Raman pointed out that the alternate report for the UNCRC would have a special focus on marginalized

children. She drew attention to the issues of globalisation, cutback in social services, increasing poverty and inequality and the sorry state of child care in the country. She stressed on the need to provide an accurate picture of the status of the young child in India in the context of the current scenario. Dr. Raman pointed out that prior to the Eastern Consultation in Ranchi, a FORCES Consultation had been held in Lucknow and the third and final Consultation would be held in Chennai in April. She pointed out that the main aim of these consultations was to include the voice of the grassroots in the alternate report.

Session I: Overview of the Convention on the Rights of the Child (CRC) and Status of the Young Child
Chair – Ms. Nirali Mehta (ECCD Advisor, Plan International)

Ms. Savitri Ray made a presentation on the CRC and the Status of the Child in India. She discussed the background and history of the UNCRC and provided an overview of periodic reporting procedures. She elaborated on the action taken by the government in the tenth plan period and the observations of the UN Committee on the Rights of the Child. Ms. Ray lamented India's dismal performance in achieving the MDGs. She elucidated the current status of the child in India by discussing child health, mortality, malnutrition, education, birth registration and the child budget. She also discussed the status of the girl child, the status of the young child amongst marginalized sections of society and the status of children with disabilities. Ms. Ray highlighted the major failures of the tenth plan period and discussed recommendations of the working group for the eleventh plan. She concluded her presentation by stressing on the need to highlight the issue of ECCD in the CRC reporting process.

Session II: State Reports (Jharkhand and Bihar)
Chair – Ms. Nirali Mehta (ECCD Advisor, Plan International)

Mr. Kumar Katyayani (Pratham, Jharkhand) made a presentation on Pratham's experiences in early reading based on the Annual Status of Education Report (ASER) 2007. According to ASER for rural India as a whole over 95% of children aged 6-14 are enrolled in school but have very poor mathematical and reading abilities. In Jharkhand 30.3% of children aged 3 years, 26.5% of children aged 4 years, 9.6% of children aged 5 years and 4.5% of children aged 6 years are not enrolled in any school. Pratham runs the Shishuvachan programme for 4-6 year olds. This programme aims at laying a strong foundation for reading, literacy and arithmetic for children in Balwadis. Under this programme a child learns to recognize words and letters and develops oral skills through "gap shap" about a book. Picture cards and early reading books are used as tools for developing reading, writing and oral skills of young children. The Shishuvachan programme was implemented in ICDS centres in Pune, where it was successful in preparing young children for primary school.

Ms. Sachi Kumari (Chhotanagpur Sanskritik Sangh, Jharkhand FORCES) made a presentation on the status of the young child in Jharkhand. She pointed out that 23372 Anganwadi centres had been sanctioned in Jharkhand out of which 22608 were operational and 764 were not effective.

There are 193 PHCs, 374 additional PHCs and 4462 health sub-centres in Jharkhand. High incidence of anaemia, low birth weight and diarrhoea are the major problems affecting 0-6 year old children in the state. The delivery of midday meals in Jharkhand is very poor and only 4.6% teachers are aware of the UNCRC. Jharkhand has no state level action plan for children.

Dr. Sunita Katyayan (BPNI, Jharkhand) made a presentation on "The Right to Life – Breastfeeding to Reduce Infant Morbidity and Mortality". Dr. Sunita argued that breastfeeding is a part of the right to life and therefore is an essential human right. Breast feeding reduces infant morbidity and mortality. Exclusive breast feeding for the first 6 months and continued for 6-12 months can prevent close to 15% of under 5 deaths. Initiation of breast feeding within the first hour of birth can cut down 22% of all newborn deaths. Several studies have shown that the easy availability of the many substitutes to breast milk has led to a decline in breast feeding and an increase in infant mortality. Risk of incidence of diarrhoea and pneumonia, mortality due to diarrhoea and pneumonia as well as all causes of mortality in the first five months increases manifold if a child is not breastfed. Nestle entered the World Health Assembly in the last minute as a result of which the resolution to prohibit the marketing of breast milk substitutes was changed to a much milder recommendation to prohibit the promotion of such substitutes. The infant's right to be breastfed (a biological necessity) is more important than the mother's right to make choices (a social convenience). According to NFHS III (2006-7) only 10.9% of children lower than 3 years of age are breastfed within one hour of birth in Jharkhand. Increase in breastfeeding in the state can lead to an improvement in the overall status of child health and nutrition. In the country as a whole there is a clear trend towards a steady increase in initiation of breastfeeding within an hour of birth over the NFHS I (1992-93), NFHS II (1998-99) and NFHS III (2005-6) time periods. In India malnutrition is an emergency which costs the nation 4% of its GDP. Breastfeeding can reduce the incidence of malnutrition and secure a child's right to life.

Dr. Rahmat Fatima (Sankalp, Bihar) made a presentation on the status of early childhood education (ECE) in Bihar. There are 80,211 Anganwadi centres in Bihar and they cater to 34,76,350 3-6 year old children. 6,880 Balverg's (pre-school centres) are run in the blocks with low female literacy under the SSA scheme which allows for innovative programmes. These Balverg centres cater to 3,49,848 children. In total 42,54,283 0-6 year old children remain uncared for in Bihar. Balverg centres are run by local workers who receive regular trainings. Annually 31,500 children are transited to school from these centres. The ceiling of rupees 15 lakhs on ECE under SSA, neglect of the pre-school component of ICDS, lack of teaching-learning materials, inadequate training for anganwadi workers and helpers are some of the problems and issues confronting the delivery of ECE under the ICDS scheme in Bihar. The ECE component of ICDS can be strengthened by undertaking capacity building of anganwadi workers and helpers and providing adequate teaching-learning materials to the anganwadi centres.

Discussion

Following issues and questions were raised with regard to the above mentioned presentations.

Mr. Kumar Rana (Pratichi Trust, Kolkata) asked *Mr. Kumar Katyayani (Pratham, Jharkhand)* to elaborate on his statement that private school enrolment in the 6+ age group had decreased.
Ms. Indrani Mazumdar (CWDS, Delhi) explained that building construction in government schools and increase in the number of teachers in these schools had led to an increase in enrolment in government schools. As a result of which there had been a comparative decline in enrolment in private schools.

Ms. Mazumdar enquired about the medium of instruction in Pratham's pre-school education programmes. She asked whether tribal children in Jharkhand were taught using tribal languages as the medium of instruction.

Mr. Kumar Katyayani answered that Hindi was the medium of instruction for all children in Jharkhand covered by Pratham's educational programmes.

Mr. Ramesh Mandal (CLAP, Orissa FORCES) asked *Ms. Sachi Kumari (Chhotanagpur Sanskritik Sangh, Jharkhand FORCES)* whether Protection Officers under the Protection of Women from Domestic Violence Act (2005) had been appointed in Jharkhand.

Ms. Sachi Kumari answered that in addition to carrying out their duties related to child care and education, Anganwadi workers were also functioning as Protection Officers in Jharkhand.

Dr. Sreelekha Ray (VHA, Tripura) enquired about the status of the Childline programme in Jharkhand.

Ms. Sachi Kumari replied that due to the lack of funds the Childline programme in Jharkhand was in an almost defunct state.

Session III: State Reports (Jharkhand, Tripura, Orissa)
Chair – Dr. Vasanthi Raman (National Convenor)

Mr. Heera Lal Gupta (Trust for Community Development and Research (TCDR), Jharkhand) discussed the status of the young child in Jharkhand. He argued that the lack of political will was a major hindrance to securing child rights and improving the status of the child in Jharkhand. The state of Jharkhand was created in 2000 but till date child rights do not find any mention in the agenda of any political party of Jharkhand. Panchayats do not exist in Jharkhand and there is a denial of the rights of people in the state. The trend of budget allocation is such that the money spent on education is decreasing. ICDS supervisors are nowhere to be seen. CDPO's are required to manage two districts but they cannot be spotted in any of the two districts. Juvenile Justice Boards do not exist in every district. There is a nexus of black marketing of the nutritious food meant for distribution amongst young children in Anganwadis. The nutritional levels of SC children and children belonging to Santhal and Munda tribes are particularly low. Everything in Jharkhand is under process and the dominant attitude is one of "kaam chal raha hai". There is a lack of monitoring of child care functionaries in the state. The Jharkhand government announced that midday meals will be provided

to children till class VIII and these meals will consist of eggs and pulao. However this has not been implemented as yet. The quality of the midday meals is so poor that children have fallen ill and even died after consuming them. For the past three years the money allocated for the ICDS scheme and midday meals in Jharkhand has not been fully utilized. There are seven crèches (palna ghars) in Jharkhand and all seven of them are being rented out for commercial purposes. The media has played a negative role by choosing to highlight the negative aspects of the functioning of the ICDS scheme and ignoring its positive impact. It is very difficult to improve the status of the young child in Jharkhand in the absence of a political will to work towards improvement.

Discussion

Some important issues and questions were raised with regard to *Mr. Heera Lal Gupta*'s presentation.

Mr. Kumar Rana (Pratichi Trust, Kolkata) asked *Mr. Heera Lal Gupta (TCDR, Jharkhand)* to talk about some positive points with regard to the status of children in Jharkhand.

Mr. Heera Lal Gupta pointed out that in Jharkhand citizen's initiatives to improve the status of the young child were highly motivated.

Ms. Sachi Kumari (Chhotanagpur Sanskritik Sangh, Jharkhand FORCES) argued that though the general scenario with regard to young children was disappointing there were a few bright sparks in Jharkhand. Some government officials were carrying out their duties and responsibilities with utmost sincerity even though CDPOs are changed almost every month and new District Commissioners are appointed once in 6 months in Jharkhand.

Dr. Sreelekha Ray (Voluntary Health Association, Tripura) made a presentation on the status of the young child in Tripura. The state has a total population of 35 lakhs. According to NRHM records the total number of Anganwadi centres in Tripura is 7234. Approximately 75% of these centres are active and 25% are dormant. Anganwadi centres are run in own/rented donated houses. They are equipped with blackboards, books, teaching materials and mats for children to sit on. There are arrangements to provide cooked food (khichdi) for 300 days in a year to each child. Anganwadi centres are equipped with weighing machines but most of them are non functional and the growth records of children are not properly maintained.

A study carried out by VHA in Tripura in 1994 revealed the surprising result that communities give higher priority to education than to health even though the health status of children is very low and many children die of malnutrition and diarrhoea. In the rural areas of Tripura Anganwadi centres are the only providers of pre-school education and parents of young children are wholly dependent on these centres in the absence of any other government or private providers of pre-school education. According to the parents Anganwadi centres provide moderate quality of education and there is a need to improve the quality of education provided by them. The delivery of services by Anganwadi centres in urban and semi-urban areas is more regular than the delivery of services by Anganwadi centres in rural areas. Regular monitoring of Anganwadi workers and helpers can

help to improve the delivery of services by Anganwadi centres and thereby improve the status of the young child in Tripura. Panchayats are directly involved in monitoring the functioning of Anganwadi centres in Tripura.

There are 76 PHCs in Tripura and all of them are functional even though they are facing a shortage of medical staff and equipment. As on January 2008, 4449 Accredited Social Health Activists (ASHAs) were selected in Tripura and training was imparted to them. Most of these ASHA workers are now working on the field.

30% of the total population in Tripura consists of tribals and there is lesser discrimination against the girl child amongst tribal communities. However discrimination against the girl child is very predominant amongst the non tribal population which constitutes 70% of the total population of Tripura. Forty four institutions in Tripura (government/private) are equipped with ultrasound facilities and all of them are registered under the PCPNDT Act. No case against sex determination has been filed so far in the state.

Dr. Sreelekha Ray suggested that the ICDS scheme should have specific recommendations with regard to the feeding of solid food to children who have completed six months of age. This will help to combat the widespread problem of mild mental retardation amongst young children.

Mr. Pramod Kishore Acharya (CLAP, Orissa FORCES) made a presentation on the status of the young child in Orissa. Out of the 36.8 million inhabitants of Orissa, around 14.3 million live below the poverty line. According to the latest Economic Survey of the Government of India, Orissa is the poorest state in the country with the highest number of people living below the poverty line. Children in the age group of 0-6 years constitute 14% of the total population of Orissa. The sex ratio for 0-6 year old children is higher in tribal districts than in non-tribal districts. Only 14% of all live births are registered in Orissa. The average duration of exclusive breast feeding in Orissa is 2.3 months as against the WHO recommendation of 6 months exclusive breast feeding. 19 out of 30 districts of the state are considered as high and very high malnutrition prevalence zones by the Women and Child Development Department of Orissa. The major causes of concern with regard to the status of 0-6 year old children in Orissa are as follows:

1. High Infant Mortality
2. High incidence of child death due to malnutrition
3. Poor access to health care facilities in the rural pockets of Orissa
4. High rate of female foeticide
5. Lack of focus on early childhood education in Anganwadi centres
6. Urban slum children are deprived of ICDS services
7. Low level of birth registration
8. Large-scale displacement of families, particularly tribal families, in the name of development through industrialization.(Examples - Tata Steel Plant at Kalinganagar, POSCO Plant at Kujanga)
9. Cases of child selling and child sacrifice

Discussion

Some important issues and questions were raised with regard to the above mentioned presentations.

Ms. Indrani Mazumdar asked *Mr. Pramod Kishore Acharya (CLAP, Orissa FORCES)* the reason behind the increase in malnutrition rates in Orissa. Was the increase a result of poor policies? She highlighted the need to dwell on policies instead of merely concentrating on programmes. Ms. Mazumdar argued that there was a need to analyze government policies with regard to health services.

Mr. Sajjad Majeed (Lohardaga Gram Swarajya Sansthan) pointed out some positive aspects with regard to the status of the young child in Jharkhand. He argued that the Mobile Medical Unit for remote areas was a very good health initiative. He asserted that the number of ICDS centres in Jharkhand had almost doubled in the past few years. Mr. Sajjad also pointed to the decline in the percentage of anemic children (aged 6-35 months) in Jharkhand from 82.4% in NFHS II (1998-99) to 77.7% in NFHS III (2005-6).

Dr. Vasanthi Raman highlighted the importance of looking at the bigger picture. She argued that the status of the young child must be analyzed within the context of the current scenario of increasing globalization and privatization. Dr. Raman asserted that the privatization of health and education services is a very dangerous trend. The government should not be allowed to withdraw from its duty of providing early childhood care and education services. It should be made accountable for providing these services.

Ms. Indrani Mazumdar drew attention to the increasing trend towards favouring Public-Private Partnership (PPP) in government circles.

Mr. R.E. Hussain (Micronutrient Initiative, Jharkhand) asserted that in the term 'Public-Private Partnership', 'private' refers to not just NGOs but also to the corporate sector. He argued that whilst implementing PPP we must draw the line somewhere or the other by limiting the boundaries of PPP.

Mr. Kumar Rana (Pratichi Trust, Kolkata) argued that in no country in the world have basic facilities like health and education been successfully provided by any other agency other than the state.

13th March, 2008 (Day 2)

Session I: State level theme based presentations (West Bengal and Madhya Pradesh)
Chair – Dr. Sreelekha Ray (VHA, Tripura)

Mr. Ashutosh Pradhan (CWDS Action project- Jhargram,Medinipur ,West Bengal) Ms. Balika Sardar and Ms. Gita Mudi (Nari Bikash Sangha, Bankura) briefed on their activities . NBS is an organization

of poor rural women operating in the Bankura and Purulia districts of West Bengal. NBS runs 13 crèches for children of working mothers. These crèches cater to children belonging to SC, ST and OBCs and children belonging to BPL families. The crèches run by NBS meet the care, nutrition and early education needs of young children and prepare them for primary school. Each crèche is visited by a doctor thrice a month and de-worming tablets, iron tablets and multi-vitamin tablets are provided to children on a regular basis. Children are also provided tiffin with khichdi, suji, rice, chhola-muri etc. Crèches are managed by crèche mothers who are provided training in child care, pre-school education and health care. Crèche mothers maintain an attendance register, food register, stock register, cash book, health chart, doctor's register, mother's meeting register, visitor's notebook and daily diary.

Mr. Ashutosh Pradhan , Ms. Kapumoni Soren and Ms. Niyati Patra (Mahila Sarvik Bikash Sangha, Jhargram) discussed the work being done by Mahila Sarvik Bikash Sangha in Jhargram, West Bengal. Mahila Sarvika Bikash Sangha is a rural women's organization that works towards achieving social justice. Its activities are spread over 17 villages and a total population of 5030 people.

In the project area of Sarvik Bikash Sangha there are 8 Anganwadi centres. Five out of eight anganwadi centres do not have any physical infrastructure and are run under trees or in courtyards. Out of a total of 8 Anganwadi Sahayikas (one for each Anganwadi centre) 5 do not belong to the villages in which their anganwadi centres are located.. The food provided at the centres is of such poor quality that many times people feed this food to their cows.

Ms. Pritilata Guha (Supervisor, Medinipur Urban ICDS Project) made a presentation on 'ICDS in West Bengal - Problems, Experiences and Suggestions'. The micro-level problems with regard to the functioning of the ICDS programme in Medinipur include lack of infrastructure, political interference and low levels of awareness about the importance of early childhood care and development. Cultural notions regarding the diet of pregnant and lactating mothers and not feeding colostrums to newborn children affect the health and nutrition of both mothers and young children. Most mothers are unable to benefit from government schemes like *Janani Suraksha Yojana* because institutional deliveries are few and a large number of births take place at home.

In West Bengal Khichdi (cooked food) is prepared with rice, pulses and oil. It is given to pregnant and lactating mothers as well as young children in the Anganwadi centres. The quantity of rice and pulses is fixed by the government as follows –

Severely malnourished children (6-72 months)	– 290.24 paise per head per day
Children not suffering from malnutrition (6-72 months)	– 216.60 paise per head per day
Pregnant and Lactating Mothers	– 250.24 paise per head per day

On the basis of her experience Ms. Guha argued that in Medinipur immunization services in rural areas were better than immunization services in urban areas. Rural areas have the necessary health related infrastructure such as PHC's and health sub centres. Health personnel such as ANMs are very active in rural areas and they work in coordination with ICDS centres. However urban

areas in Medinipur have very skeletal health infrastructure and personnel as a result of which many children do not receive immunization services.

In West Bengal most Anganwadi centres are established in areas dominated by the higher castes. The tribal, marginalized and needy populations often remain deprived of ICDS services. Ms. Guha made some suggestions for improving the services provided by Anganwadi centres. These were as follows –

1. The government should construct buildings for Anganwadi centres.
2. There should be no political interference in the process of recruitment of Anganwadi workers.
3. Funds for the Supplementary Nutrition Programme should be increased so that a wide variety of nutritious foods can be provided to children at Anganwadi centres.
4. Funds for basic equipment for furnishing Anganwadi centres (chairs, tables, etc.) should be increased.
5. Refresher trainings should be organized for Anganwadi workers and helpers.
6. Weighing scales and growth charts should be sanctioned to all Anganwadi centres.
7. The complicated procedure of calculation of supplementary nutrition should be simplified.
8. Special efforts should be made to increase the outreach of Anganwadi centres to children belonging to tribal and minority groups.

Mr. Biplab Kumar Saha (Child Development Project Officer, Khadagpur ICDS Project, West Bengal) discussed the status of ICDS services in West Bengal. Currently there are 86,500 Anganwadi centres in West Bengal. The ICDS scheme caters to 1 crore 11 lakhs (56 lakhs male and 55 lakhs female) 0-6 year old children in West Bengal.

The problem of lack of infrastructure is the biggest difficulty facing the functioning of the ICDS programme in West Bengal. 90-95% Anganwadi centres of West Bengal are run in open spaces or private houses. Only 5-10% Anganwadi centres have their own building. Buildings for Anganwadi centres are most often constructed by Gram Panchayats or Zila Parishads. Very few Anganwadi centres have toilets and drinking water facilities.

Poor community participation in the functioning of Anganwadi centres is another problem facing Anganwadi centres in West Bengal. Mothers' attendance at parents meetings is very low. Other problems include the inadequate supply of teaching learning materials and supplementary nutrition, irregular supply of micronutrients, lack of proper referral services, failure to maintain growth charts, overburdening of anganwadi workers with multiple tasks and lack of monitoring and supervision by CDPOs, Gram Panchayats and community members.

The Positive Deviance Programme has been introduced in 8 out of 29 ICDS projects in west Medinipore This programme aims at increasing mothers' mobility and their participation in improving the functioning of Anganwadi centres.

Mr. Saha gave some suggestions for improving the services provided by Anganwadi centres. These were as follows:

1. Anganwadi centres must have their own building with basic facilities such as cooking arrangements, drinking water and toilets.
2. Training should be provided to Anganwadi helpers.
3. There should be no political interference in the process of recruitment of Anganwadi workers and helpers.
4. Anganwadi workers should not be overburdened with multiple responsibilities.

Discussion

Some important issues and questions were raised with regard to the above mentioned presentations.

Mr. Sajjad Majeed asked *Mr. Biplab Kumar Saha* about the state of ASHA workers in West Bengal. He also enquired about the existence of any convergence between the ICDS programme and other departments such as the health department.

Mr. Biplab Kumar Saha answered that ASHA workers have started working in West Bengal since the past two months. He also said that there was some convergence between the ICDS programme and health department in West Bengal. Convergence between ICDS and education was still at a nascent stage.

Mr. Pramod Kishore Acharya asked *Ms. Pritilata Guha about* the level of community participation in ICDS centres in rural areas of West Bengal. He also asked her to give an estimate of the number of urban ICDS centres in West Bengal.

Ms. Pritilata Guha said that community participation in ICDS centres in rural areas of West Bengal was better than community participation in ICDS centres in urban areas of the state. She pointed out that in recent times Beneficiary Committees had been constituted to supervise and monitor the functioning of Anganwadi centres in rural areas. There was one beneficiary Committee for each Anganwadi centre. Ms. Guha also stated that there were more than 40 urban ICDS centres in West Bengal.

Mr. Kumar Rana (Pratichi Trust, West Bengal) discussed the problems in the functioning of the ICDS programme in West Bengal. Pratichi Trust works on issues of primary health, education and gender equality. It also carries out research on these issues. The Trust operates in 6 districts of West Bengal – Bankura, Burdwan, Midnapore, Murshidabad, Jalpaiguri and North and South 24 Parganas. Pratichi Trust runs 28 Anganwadi centres in these 6 districts and covers rural, urban as well as tribal areas.

The population of 0-6 year old children in West Bengal is around 1 crore 14 lakhs. It constitutes approximately 14% of the total population of the state. Hunger due to lack of food is a major

problem in West Bengal. The ICDS centres in West Bengal provide very poor quality of food to young children. The Shishu Shiksha Kendras (primary education centres) run by Panchayats do not provide any food to children. The midday meal scheme has changed people's views about the ICDS programme. Parents' aspirations with regard to children's education have increased since the introduction of the midday meal scheme.

The coverage of the ICDS programme in West Bengal is increasing steadily. Some problems facing the effective functioning of the programme in the state are as follows:

1. Lack of infrastructure.
2. Regional imbalances in ICDS coverage from block to block and district to district.
3. Anganwadi workers are overburdened with multiple responsibilities.
4. Neglect of the pre-school education component of the ICDS programme.
5. Lack of monitoring and supervision.

Mr. Kumar Rana gave some suggestions for improving the functioning of the ICDS programme in West Bengal:

1. Universalisation of the ICDS programme.
2. Improvement in the quality of services provided by the ICDS programme.
3. Popularization of the ICDS programme through spreading awareness about the importance of the 0-6 year period in the life cycle.
4. The working conditions of Anganwadi workers and the quality of ICDS services can be improved by working in coalition with ICDS workers' union.
5. The recruitment process for Anganwadi workers should be modeled on the recruitment policies followed by the Sarva Shiksha Abhiyan.
6. Mothers' committees should be formed for the monitoring and supervision of Anganwadi centres.

Mr. M. L. Sharma (Mahila Chetna Manch, Madhya Pradesh) made a presentation on the statistics related to the status of the young child in Madhya Pradesh. There are 59,324 Anganwadi centres in Madhya Pradesh and they cater to a population of 551 million people. There are 1192 PHCs, 8874 health sub centres and 229 CHCs in the state. Madhya Pradesh has the highest tribal population in India. The phenomenon of dowry is very widespread in Madhya Pradesh and the rate of female foeticide is also very high in the state.

Mr. Sharma provided statistics about the population break up, literacy rate, birth rate, death rate, infant mortality rate, sex ratio, and child feeding practices, anemia amongst children, child immunization and malnutrition with regard to Madhya Pradesh.

Discussion

Mr. M.L. Sharma pointed out that in recent times the Anganwadi workers recruited in Madhya Pradesh were all graduates and post graduates. He argued that there were likely to be improvements

in the pre-school education component of Anganwadi centres in Madhya Pradesh in the near future.

Dr. Sreelekha Ray pointed out that it cannot be assumed that graduate and post graduate women prove to be better pre-primary teachers for young children than women who have studied up till class 10.

Session II: Open Discussion
Chair – Ms. Savitri Ray (FORCES- National Coordinator)

Ms. Savitri Ray laid down the important findings from the various presentations as well as the major gaps in the discussion in the two day consultation. She pointed out that there are gaps in our knowledge about certain issues related to 0-6 year old children. These issues include:

1. Issues related to dalit, tribal and marginalized children
2. Issues related to the girl child
3. Issues related to children with disabilities
4. Data on the young child
5. Issues related to pre-school education

Some of the important findings from the various presentations made during the course of the two day consultation are as follows:

1. Parents give more priority to children's education than to their health
2. The difficulty in improving the status of the young child in Jharkhand in the absence of a political will to work towards improving ICDS service delivery
3. Protection Officers under the Domestic Violence Act exist only on paper and some times Anganwadi workers have to carry out the functions of Protection Officers in addition to their duties related to child care.
4. The media has played a very negative role by highlighting only the negative aspects of the functioning of the ICDS programme and overlooking its positive impacts.
5. There is a general agreement against Public Private Partnership and the government's withdrawal from provision of basic services (health and education) amongst all those participating in the consultation.

Ms. Indrani Mazumdar pointed out that the discussion during the course of the consultation had been entirely programme based. She highlighted the importance of analyzing government policies and their impact. Globalization and privatization are linked to government policies and their impact upon child care and education services. The current agrarian crisis in India is also linked to government policies. This crisis is leading to increasing numbers of farmers' suicides and this is having an adverse impact on young children. The Indian government has launched the ICDS programme, which is the largest programme in the world for 0-6 year old children. But at the same time the government's policies are not laying a foundation for improvement in the status and condition of young children.

There should be more convergence between existing programmes for early childhood care and development with the aim of ensuring maximum coverage and not merely redistributing resources.

There are approximately 18 lakh Anganwadi workers in India. NGOs need to work towards building the capacities of these workers so that their manpower can be appropriately utilized. The exploitative and discriminatory approach towards ICDS workers as well as the overburdening of these workers with multiple tasks must be opposed in the alternate report.
The alternate report must contain an analysis of the government's budgetary allocation for early childhood care and development.

The content of early childhood education (issues related to the curriculum) have not been discussed in the consultation.

Problems and experiences with regard to the implementation of the PCPNDT Act have not been discussed in the consultation.

Mr. Kumar Rana argued that each Anganwadi centre should have a third Anganwadi worker in addition to an Anganwadi worker and helper.

Ms. Nirali Mehta pointed out that in the budget for 2008 a 20% increase in the ICDS budget has been announced. But at the same time the honorarium for Anganwadi workers has also been increased by Rs. 500. Thus the 20% increase in the budget will be completely utilized in paying the salaries of Anganwadi workers.

Mr. Rahul Mehta argued that children of seasonal migrants and disaster affected children must find mention in the alternate report. Anganwadi centres lack facilities required to meet the special needs of children with disabilities.

The Jharkhand government has not formulated any state guidelines with regard to the implementation of the NREGA.

Mr. Mokhtar-Ul Haque pointed out that the NREGA provides for crèches for young children, but it does not lay down any rules and regulations with regard to their basic infrastructure or the services that they should provide.

Mr. Sanjiv Kumar drew attention to the issue of the condition of children in times of crisis such as floods in Bihar. He argued that child abuse and trafficking generally increase in times of crisis.

Mr. Pramod Kishore Acharya asserted that a law needs to formulated to secure the early childhood care and education rights of all young children.

Ms. Nirali Mehta drew attention to the important issue of the medium of instruction (language) that should be employed for early childhood education.

Mr. Kumar Rana pointed out that in some cases wherein the Anganwadi worker belongs to a village other than the village in which she teaches children, the worker and the children are unable to understand each others language.

Dr. Sreelekha Ray drew attention to the problems related to educating children, posed by several tribal languages which do not have their own script.

She pointed out that in Tripura children of migrants from Bihar are admitted to government schools because these schools are the most affordable. However these schools use English and Bengali as the medium of instruction as a result of which the children are unable to understand what is being taught in class.

Mr. Ramesh Mandal highlighted the issue of the large organ trading racket in Orissa which was being carried out in the guise of sacrificing children to a deity for religious reasons.

Ms. Indrani Mazumdar pointed out that issues related to deserted children, urban street children, existing crèche facilities, NREGA provisions for child care and corporal punishment must be included in the alternate report.

Vote of Thanks – Ms. Savitri Ray (FORCES- National Coordinator)

Ms. Savitri Ray thanked all those present for participating in the consultation and sharing their knowledge and experiences. She thanked the participants for making detailed and informative presentations. She urged them to contribute actively in the preparation of the alternate report for the UNCRC. Ms Ray also thanked Plan International for extending its support to the FORCES network and Mr. Mokhtar-Ul Haque (Jharkhand FORCES) for providing organizational support.

Programme

12th March, 2008

10.30 - 11.00 a.m.	Tea and Registration
11.00 - 11.30 a.m.	Welcome & Opening Remarks Mr. Mukhtar Ul Haque, Ms. Savitri Ray, Dr. Vasanthi Raman
11.30A.M-12.00 P.M	Session - I: Overview of the Convention of CRC and Status of the Young Child Ms. Savitri Ray, National Coordinator, FORCES Chair: Ms. Nirali Mehta, Plan International
12.00 noon - 1.30 p.m	Session - II: State Reports (Jharkhand and Bihar) Ms. Sachi Kumari, Jharkhand FORCES Mr. Kumar Katyayani, Pratham, Jharkhand Dr. Sunita Katyayan, BPNI, Jharkhand Dr. Rahmat Fatima, SANCALP, Bihar Bihar FORCES Chair: Ms. Nirali Mehta, Plan International
	- Lunch -
2.30 -3.30 p.m.	Session – III: State Reports (Jharkhand, Tripura, Orissa) Mr. Heera Lal Gupta, TCDR, Ranchi Dr. Sreelekha Ray, VHA, Tripura Mr. Pramod Kishore Acharya, CLAP, Orissa FORCES Chair: Dr. Vasanthi Raman, National Convenor, FORCES
	- Tea -
03.45 - 05.00 p.m.	Session continues

13th March, 2008

09.30 -11.15 a.m.	Session - I: State level theme based presentations West Bengal and M.P. Mr. Ashutosh Pradhan, CWDS, Medinipur Project, Jhargram Ms. Balika Sardar and Ms. Gita Mudi, Nari Bikash Sangha, Bankura Ms. Kapumoni Soren and Ms. Niyati Patra, Mahila Sarvik Bikash Sangha, Jhargram Ms. Pritilata Guha, Supervisor, Medinipur Urban ICDS Project West Bengal Mr. Biplab Kumar Saha, CDPO, Khadagpur ICDS Project, West Bengal Mr. Kumar Rana, Pratichi Trust, West Bengal Mr. M. L. Sharma, Mahila Chetna Manch, M.P. Chair: Dr. Sreelekha Ray, VHA, Tripura

- Tea Break -

11.30 a.m. - 01.00 p.m. Session continues

- Lunch -

02.00 - 03.30 p.m. Session - II: Open Discussion
Chair: Ms. Savitri Ray - National Coordinator, FORCES

03.30 - 04.30 p.m. Session – III: Vote of Thanks
Ms. Savitri Ray, National Coordinator, FORCES

- Tea & Departure -

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SOUTHERN CONSULTATION ON THE STATUS OF THE YOUNG CHILD

11th April, 2008 (Day 1)

Southern Regional Consultation Meet for Alternate NGOs Report for Status of the Young Child was organized by National FORCES and Tamil Nadu FORCES, with the support of Plan International.

The meet was held in Chennai from April 11 to April 12, 2008. Participants were mainly from all the southern states such as Karnataka, Andhra Pradesh, Kerala and Tamil Nadu. Union Territories like Puducherry and Andaman & Nicobar were also represented.

Dr. K. Shanmugavelayutham from TNFORCES started the proceedings with a warm welcome address. Though it was brief, in a nutshell he had highlighted the need and purpose of the meet.

Inaugural Address

The welcome address was followed by an inaugural address by the Chief Guest Dr. Sathish Kumar, State Representative, UNICEF, Chennai. In his inaugural speech, Dr. Sathish Kumar emphasized the need for the objective estimation of child status. It is needless to mention the endeavours of UNICEF for children. In his address, Dr. Kumar recalled the discussion held in the 2004 consultation meet. He mentioned that CRC should meet once in every five years to monitor the progress and the status of children. The outcome or report as a result of these consultations should include in-depth discussions on crucial issues in the field of Young Child concerns. Concluding observations that emerge from the in-depth discussions should be adopted to create wide scale publicity with regard to child status. He suggested in fact that this awareness would rather help in monitoring the Government and NGOs to take corrective actions with regard to child progress. He raised concern that at times even valid points were not being addressed in such consultations. The chief guest also expressed concern over the apathy of political leaders towards important observations with respect to child status. Despite the mushrooming bloom in the number of NGOs their impact is yet to be realized. This was the observation noted by him. He said that the status of children in the field of education particularly in the field of childcare is not known to anybody. Hence it needs lot more attention to improve the status of children. In his brief note, the facts such as awareness related to exclusive breast feeding, concerns over lack of sanitation, high level of malnutrition, low level of consumption of iodised salt and lack of focus by ICDS on these factors were pointed out. He also urged to take individual and institutional action to respond to Early Child Care challenges with full capacities in order to achieve optimum level of development of children.

Dr Kumar also mentioned that inadequate interaction with child remedial actions is carried out in order to rehabilitate children in juvenile homes. Life threatening challenges like HIV/AIDS,

discrimination of HIV/AIDS affected person and stigma towards HIV infected children, high incidence of maternal mortality are to be addressed without fail. CRC provides ample opportunity to formulate broad frame work. He ended his note by referring to the article 2,3, 6,12 which deals with violation of Rights.

Dr. Kumud Sharma, Vice-Chairperson CWDS, New Delhi in her overview shared observations that had emerged in the earlier consultations. She pointed out that the purpose of this Third Regional consultation is to get voices for below 6 children concerns. Issues like insecurity and malnutrition are to be given high priority. She also mentioned that last Two Regional Consultations emphasized the need for 'Universalization with Quality of Child Care Services'. Dr. Kumud in her speech suggested some measures for lessening the burden of Anganwadi workers in terms of reducing the ratio of Anganwadi workers versus number of children, more budgetary allocation for ICDS, better wages for ICDS workers and so on. Her suggestion were basically taking into consideration the backward status of children, what best remedial measures could be taken in terms of facilitating the ICDS functionaries who in turn would take care of children. So the approach is to facilitate care givers, enhance their structure and capacities to obtain desired results in terms of better status of children. She also pointed out there has been no strong lobby to take these issues forward. Hence she highlighted the need for broad awareness and wide publicity for concerns regarding early childhood care. She also said that issues related to child care are getting complex and complicated. Grim realities like missing girl children, extreme negligence of girl children were also being highlighted to understand the implications of girl child discrimination. Her important suggestions included more coordination between Anganwadi, Health Workers, periodic review of policies, programmes, more involvement of local bodies like Panchayati Raj institutions for better functioning of Anganwadi.

Savitri Ray (National Coordinator, National FORCES)
She presented an overview on CRC and Status of children. She mainly covered the background and history of the Convention on the Rights of the Child (CRC) where mentions were made of India's first contribution to the CRC in 1997. The First Periodic Report was submitted in 2001 and in 2004 the Committee on the Rights of the Child issued its Concluding Observations on the First Periodic Report. The next periodic report is due in July 2008.

She also lamented on the status of health and education. The Education Commission (1966) had recommended a target of investing 6% of national income from the public exchequer in education by 1986. This goal has not been realized so far. The First Periodic Report stated that only 3.6% of the GNP is invested in education (1997-98). According to the Alternate Report out of this 3.6% less than 1.5% is allocated for primary education. A quick review of young children's access to early childhood care and development programmes in the country tell us that less than 1% of the total education budget is allocated to early childhood programmes and even when health expenditures are included, the allocation is small.

Ms Ray cited the example of Supreme Court order (dated 13 December 2006) which directs governments to universalize ICDS by December 2008. These political and legal obligations present a real opportunity to press for universalization in the near future. At the same time developments

like the 86th amendment in the Constitution of India in 2002 have effectively released the state from its obligation to provide education for children under the age of 6 years by detaching them from the state's binding legal commitment to Education for All and Universal Elementary Education.

A UNESCO report reveals that only 29 percent of pre primary age children are enrolled in education structures in India. The approximate figures of covering about more than 3 crore children by pre schooling initiatives under ICDS and other private initiatives, leaves apart a large segment of about 2.6 crores in the 3-6 years population bracket unattended for pre school activities. The uncovered and unreached children are from both urban and rural areas.

The Alternate Report on India's Progress towards CRC Realisation (2003) pointed out that an IMR reduction is reported for 1999-2000, however, NMR and MMR have continued to stagnate at high levels and neonatal deaths accounted for 62% of all infant deaths. According to the report there was high prevalence of malnutrition among children below 3 years of age, especially in the rural areas and among disadvantaged groups. This was decreasing slowly at the rate of 0.8% per year. Shocking as these figures are, NFHS III (2005-2006) has revealed that the IMR in India is as high as 57. According to NFHS III in the 0-3 age group 38.4% children are stunted, 19.1% are wasted and 45.9% are underweight.

On Status of the Girl Child she added that the negative bias against the girl child in Indian society is reflected in the widespread use of sex determination tests, prevalence of female foeticide/ infanticide and a sex ratio that is unfavourable to women. She also mentioned about the First Periodic Report that says of 12 million girls born in India every year, 3 million or 25% do not survive to see their fifteenth birthday; a third of these deaths take place in the first year of life and it is estimated that every sixth female death is directly due to gender discrimination.

She also shared the findings of Focus report where Tamil Nadu has emerged with an outstanding record of active state involvement in the provision of health and nutrition services. It was the first state to introduce cooked midday meals way back in 1982, almost 20 years before the Supreme Court nudged other states in the same direction.

Session I: Moderator: Mr. Philip Abraham, Consultant, P.A.D.C, Thirunelveli
Presentation on Status of children in Kerala: Mr. Baby Paul

His presentation was divided into three parts. The first part dealt with issues at national level. He touched upon major concerns like girl child discrimination and child abuse. But the major focus was on 'Early child care education'. Various impediments like poor infrastructure, lack of facilities for play and recreation were cited as obstacles in accessing education which resulted in large drop out of children from ICDS centres. Issues like non implementation of constitutional rights with regard to Early Childhood education, absence of freedom of thought for children, gender discrimination, caste discrimination, sexual exploitation of children and so on were attributed for the backwardness of ECE. Structural impediments such as caste, gender and lack of political will in facilitating constitutional rights with regard to education were attributed for backward status of children with respect to development indicators.

The second part of the presentation included discussion on development indicators specifically on children at state level. Kerala has always been on the apex with respect to any development indicators. However, 2001 census reflects some lapses on the part of the state with regard to important indicators. For instance, he pointed out the drop in the sex ratio in Kerala (2001 census), indicating possibility of illegal sex selective practices. He also mentioned that female foeticide is becoming common practice in Kerala, the State known for its impressive level of women status and nearly 100 % women literacy and gender equity in various other indicators.

With respect to nutritional standards of Adivasi children, the situation is found to be appalling. Mr. Paul also pointed out the practice of consuming 'Ayurvedic medicines' as a nutritional supplement to improve intelligence in children. The distance of Anganwadi centres from adivasi habitations, the non availability of proper roads, medium of teaching in non tribal language were cited as major reasons which make children feel difficulty in having access to education. He also blamed the rapid expansion of private schools and the exorbitant fee structure which have made the entire education system more and more a far fetched reality to common people particularly for adivasi children. His suggestions to enhance child status were:

- Anganwadi centres should function whole day.
- Universal coverage of ICDS program.
- 25% reservation in private schools.
- No deputation for teachers.
- Recommendations for hiking minimum wages
- Strict implementation of NREG S for increasing minimum wages for rural labour.
- Universalisation of birth certification
- Increased allocation in child budgeting
- Fixing retirement age for Anganwadi workers
- Allocation of separate budget for the children of HIV infected parents
- Priority given to needs of children
- Implementation of Persons With Disability Act, 1995
- Every Police station should have separate wing for the protection of child rights.
- Increasing the quantity of the food given to the lactating mothers, in the nutritional programmes.
- Universal coverage of immunization programme
- Increase the availability of safe drinking water
- Propose proper drainage system in rural areas.
- Recommendations to increase sanitation facility

His presentations invited the following questions.

- On critical review of State Government's action- his response in terms of suggestion was 33% financial allocation to local body administration. Involvement of Panchayati Raj in ICDS program would result in community participation for enhancing the quality of services. While pointing the rampant existence of illegal sex-selective practices, he also raised concern for data collection with regard to illegal abortions. He expressed his apprehension of

'advertisement' mania to persuade parents to buy 'Ayurvedic medicine' in order to make their children intelligent. Finally he also expressed his concern over 'communalisation of education'.

Presentation on Status of Children in Puducherry by Mr. Joseph Victor (HOPE)

Mr. Joseph Victor started his presentation on status of children in Puducherry with some data on number of Anganwadi centres in Puducherry. He mentioned that there are 236 Anganwadi centres in Puducherry. All Government Schools, Aided Schools and Private Schools have Nursery Sections to cater to children in the age group of 3 to 5 years. 50% of children below 6 years, are taken care of by Government ICDS. Number of children covered under this program is 25,293. Government provides milk, bread and biscuits in all Government schools.

Education

Early child education program: Children belong to the age group 3-6 are admitted in pre school.

Proportion of beneficiaries of ICDS programme

After the long strike of 45 days by the Anganwadi Workers Union, their salary had been increased to Rs. 7000 with full social security measures. ICDS program was started in 1975. SSLC is kept as the minimum qualification for the recruitment Anganwadi workers.

ICDS survey in Puducherry reveals that Anganwadi workers are burdened with many responsibilities. As Anganwadis are directly coming under the state programme, the state plays the supervisory role, which facilitates the efficient delivery of services. Moreover, limited geographical area and the fact that common people have accessibility to higher authorities make the programme delivery very efficient.

Mr. Victor's presentation demonstrated the infrastructure of ICDS centres in Puducherry. All the buildings are having pucca building, with proper sanitation facilities. (It was mentioned that all centres also have child-friendly toilets). They also have separate website for ICDS program.

Unique features of ICDS in Puducherry

- 0-3 children are taken care by crèches which come under Department of Women and Children.
- 3-6 year children, are managed by the Education Department. Hence programme for early childhood Education is exclusively focused resulting in efficiency.

He also applauded the Government's incredible contribution to education. At the National level, only 3% GDP is allotted for 'education' where as in Puducherry 6% GDP had been utilized for educational expenditure. In his speech, Mr. Victor pointed, more than 200 schools for 0-3 years children, have well structured curriculum for ECE (Early Childhood Care).

Discusson

Dr.K. Rama Krishnan from Trivandrum asked for the availability of data for allotment of resources for the Anganwadi centres in Puducherry.

It was clarified that as a result of a strong Anganwadi union the negotiation for a better salary (Rs.7000 per month) was done with the government. In other states, Anganwadi unions are not very strong. This is also seconded by Ms. Indrani, that the reason could be (3-6 year children) Anganwadis in Puducherry were absorbed by the Education Department.

Issue of bringing ICDS/ Anganwadis under the control of State Government was also raised. The response was as Puducherry is small in size, bringing Anganwadis under the realm of Government was feasible whereas in Tamil Nadu, the number of Anganwadis is large. Therefore bringing all these under state control is not only a mammoth task but needs a lot of resources. It was also informed that being a small state administering and monitoring all ICDS centres become feasible and moreover the Anganwadi workers are entrusted with lot of responsibilities, their absence paralyses many important services in the government. Hence government is very strict in monitoring measures.

Presentation on Status of Children in Andhra Pradesh: Mr.Yesunathan: (Association of Rural Development)

Mr. Yesunathan from Association of Rural Development, at the outset mentioned some data on the following indicators such as child population (3.1 crore children in A.P), IMR (55), malnutrition (35%), between 0-4 years, around 50 children die every year, approximately 100 children within the age group 0-4 years are found to be malnourished, proportion of aneamic children (7.2%). He mentioned that majority of the marriages (nearly 64.3%) among SC/ST population happen below 18 years. The children born to very young mothers may either have less weight or adequate childcare may not be given thereby aggravating their vulnerability along with their poor status. .He also mentioned that village organizations are strong in Andhra Pradesh. Compared to other states the Anganwadi workers in Andhra Pradesh have less work. Unique feature of AP are:

- The responsibility of monitoring and evaluation is entrusted only with Mothers Committee.
- CRP (Community Resource Person) is elected only by village organizations. Appointed to monitor the functions of Anganwadi teachers.

In this way community involvement and the affairs of Anganwadi services are integrated. Since community participation is ensured, facilities like infrastructure and other help for Anganwadi functions are taken care of. Other strategies followed in the recruitment method of Anganwadi teachers also contribute more to the community participation. For instance, the Anganwadi teachers should be from the same habitat and also should be accessible to the president of the village. The village organizations like SSG and mother's committee are involved in the selection of Anganwadi teachers. However Mr. Yesunathan mentioned in his report that harmful practices like branding, young children offering and trafficking are observed to be existing in AP.

Some of the unique features of the ICDS scheme in the state:

- In Andhra Pradesh the Mother's committees are given the responsibility of supervising the activities of the Anganwadi centres.
- Crèches are functional only in urban centres and are non existent in rural areas.
- The Anganwadi worker is selected as the Community Resource Person from the community where the Anganwadi centre is located.
- The representatives of the community like the representatives of the SHG federation, village leaders etc. select the Anganwadi workers. Particularly married women who are living within the community are selected which may be considered as one of the important reason for the success of Anganwadis in Andhra Pradesh.

This process was further elaborated in the discussion session.

- Married women from within the community who have completed 10th std. are selected as Community Resource Persons by the community representatives and their names are referred to the Collector who then appoints them as Anganwadi workers and sends them for 3 months training in the ICDS Regional centre.
- It was also pointed out that Devadasi system and early marriages are still present in the State which works contrary to any child welfare scheme. Other branding and seclusions are also present in the state, based on the community etc.,

On the whole, 'community participation' emerged as the unique feature in Andra Pradesh ICDS programs.

Presentation of 'Status of children in Andaman & Nicobar' By Mrs.Shantha Laxman Singh, Chairperson, Social Welfare Board, Andaman & Nicobar Island.

The presentation started with the gripping note on the Tsunami and its devastating impact on Andaman & Nicobar landscape and on society. She recalled with a heavy heart the effect of Tsunami on the general population, particularly on children of age (0-6) years. The grim reality of loss in terms of material as well as on human lives was recalled vividly. She appreciated immensely, the contribution of NGOs and their role in rehabilitating people and particularly children.

She started with a brief demographic profile of the islands and discussed the functioning of the ICDS programme and the Rajiv Gandhi crèche programme for Working Mothers. Based on her observations and experience she enumerated the following suggestions to improve the status of young children.

Suggestions by the speaker:

- Under the chairmanship of the Secretary to the Social Welfare Department a committee should be formed to supervise and coordinate the child care services so that duplication is avoided. Multiplicity of Anganwadi centres and crèches can be curtailed by this committee and hence wastage of resources can be avoided.

- The responsibility and resources for providing nutrition to the 0 – 6 years children should be given to the mothers as the mothers know the likes and dislikes of the child and would provide the required nutrition at the required time. Rs. 42000 is given as grant to a crèche for a year which means Rs.2.08 per child per day. This amount should be given to the mothers and the mother who has more concern for her child's nutrition will even add on some more money she has and provide the required nutrition for the child. This will also lead to divorce of the cooking activity from the crèche which is hazardous to the children.
- Play material should be provided at the crèche for all the children between the age group of 0 – 6 years.
- There should not be any differentiation shown in terms of salary or otherwise between the Anganwadi workers and the crèche workers because they both carry out identical duties for the children in the 0 – 6 age group.
- Crèche workers should also be given refresher courses and training like the Anganwadi workers.
- There is duplication of services because of the presence of Anganwadi centres and crèches in the same place. This also leads to the children being split up between the centres and the consequently the strength of the centres fall leading to lesser fund allocation for a centre. Thus it becomes increasingly difficult to provide the required nutrition with lesser funds. Hence, wherever there is an Anganwadi centre already present a crèche should not be opened and vice versa.
- Quality of services provided by the Anganwadi centres is poor because they have a target of opening 100 centres in a year. Hence more importance is given to the number than the quality.
- The Self help groups support the Anganwadis and the Mahila Mandals support the crèches. The grant for the children's nutrition is given to the SHGs and they have to procure the raw materials and cook the food and provide it to the Anganwadis. This system is not working properly and the funds get diluted. Hence it was suggested that the funds for the nutrition of the child should be given to the mother so that at least that amount will reach the beneficiaries directly.
- The Tsunami has also adversely affected the children among the others in the Islands. The sea water has entered the land and there are no cultivable agricultural lands left in the Islands. Some of the children affected have been sent to Sikkim, Delhi and Chennai for their education thanks to the efforts of NGOs. More NGOs should come forward to help these children.

The presentation was followed by a discussion session. The following points emerged out of the discussion.

- There was no support for the suggestion to give the responsibility and resource to the mother to provide nutrition for the children because of two reasons: (i) the funds so provided will be misappropriated and (ii) the working mothers will be overburdened with the responsibility.

- If the Government appoints a commission for the unorganized sector and implements the Minimum Wages Act stringently, the purchasing power of the mothers would increase automatically and the question of allocating only Rs 2.08 per child will not arise.
- The purpose of Anganwadis and crèches are different. Anganwadis were started under the ICDS scheme and they have to provide education and nutrition for the children in the 0 - 6 years age group whereas crèches are day care centres for the children of mothers working in the unorganised sector and mothers who are migrant labourers. Hence the duties of the Anganwadi workers are different and more than that of the crèche workers which has resulted in the differentiation in their salaries.

Unique features of ICDS in Tamil Nadu

Presented by Dr. Muthaiah, Retd. Joint Director, ICDS Department , Tamil Nadu

Dr. Muthaiah (Joint Director, ICDS project, retd.,) started his speech with quotes from much acclaimed Tamil scholars like Thiru Valluvar and Barathiyar and valorized the hospitality which is the prominent trait of Tamil culture. The point focused here was concern towards 'combating hunger' was the major issue since ages in Tamil Society. Quoting Barathiyar, 'Thani oruvanukku unavillai enil jahathinai azhithiduvom'….which means if one is found starving or want of food, even the destruction of the entire world for the purpose of finding solution to the hunger is justified. With this back ground, the issue of 'malnutrition' in the state is dealt with utmost priority. He gave details like number of total ICDS projects (434), total number of Anganwadi centres (47,265), Mini Anganwadi centres (3168) and so on.

Almost universal coverage can be acclaimed with regard to ICDS program in Tamil Nadu. Nearly 96% population is covered by ICDS programs. While talking about 'nutrition', he said the project insist on factors like nutritional emphasis during ante natal period, initiating breast feeding and exclusive breast feeding etc.. He also mentioned the reason for the better quality of food in ICDS in Tamil Nadu is that all supplies are provided by civil supply department. But in other states, the supplies are procured from the market. Dr. Muthaiah gave a power point presentation of the strategies adopted by the Tamil Nadu Govt. to successfully implement ICDS in the state and stressed on the point that Tamil Nadu has been very successful and Bangladesh is now following the Tamil Nadu model in their country.

- Only in Tamil Nadu, each child beneficiary is given 3 eggs per week.
- Every month weights of the children are being measured. If any children are found not to have gained any weight they are referred to nearby hospitals.
- Convergence of services
- Effective training at various levels such as Block, District.

Some of his observations were:

- Children in the 0 – 6 years age group are categorized based on their level of malnutrition and the mild, moderate and severely malnourished children are directly under nutrition feeding in the Anganwadis.

- Normally the strength of an Anganwadi centre is 25 children and in some centres there are more children. The Civil Supplies Department provides the supplies for the nutrition feeding.
- 30 women cooperatives provide the nutrition laddus to the Anganwadi centres.
- Quarterly maintenance of the health records of the children is insisted upon.
- Joint service delivery model is followed where the health professionals work in coordination with the Anganwadi workers.
- Every Wednesday is earmarked for immunization in the Anganwadi centres.
- Prevention medical camps are conducted regularly. Medical camps are held in each block on a monthly basis.
- Nutrition and health education, distribution of tablets and communication of programmes are all done through these camps.

As far as *training programmes* are concerned there are several programmes designed to cater to different categories of people.

- BTT – Block Training Team consisting of 4 members at the bloc level train the Anganwadi workers.
- DTT – District Training Team consist of 5 members at the District level.
- Nutrition and health education training is given every month for the following groups: Women working groups, child working groups and adolescent girls working groups.
- IYCF – Infant & Young Child Feeding Training is given to the mothers and the Anganwadi workers.
- Training programmes are also organised for newly married couples.

As regards monitoring, apart from the traditional monitoring system, a unique Village Level Monitoring Committee (VLMC) has been developed wherein a committee is formed at the village level consisting of retired teachers, village leaders etc., who monitor the Anganwadi centres especially on the 3 days of the week when eggs are distributed to the children to see to that the eggs are cooked properly etc. This committee is also involved in community resource mobilisation.

With regard to gaps in the programme the speaker pointed to the following:

- Female infanticide is still high in certain districts of the State.
- Child marriages are still present in Karur Dist.
- Early marriages are also prevalent.
- Use of iodised salt is still not 100%.
- 15% of the mothers and adolescent girls are anaemic.
- Exclusive breast feeding is not 100% even for below 6 months infants.

Health intervention: Immunisation programme

In his speech, Dr. Muthaiah, mentioned that Anganwadi Workers and Village Health Nurses work together during polio immunization, indicating convergence of services across the different sectors. Similarly for Health education programme also, ICDS staff and public health staff work together. ICDS staff along with public health department in distributing iron and folic acid tablets. He also mentioned about a bi-monthly news letter called 'Chittu Kuruvi' which disseminate guidelines to Anganwadi workers, women's working group, children working group, and adolescent working group. There is also an exclusive 'Nutritional Health Education programme' being conducted by ICDS projects. Various training programs like 'Block Training Team' and 'District Training Team' are being conducted periodically at respective levels to disseminate guide lines related various health and nutritional issues. He also mentioned about the advantage of setting up the village level monitoring committee. Dr.Muthaiah said five years before, community participation was very less. Six districts in Tamil Nadu have high level of female infanticide. 25 villages in Karur district, were found to have 'child marriage' as a common practice. But after ICDS projects' continuous effort in training and awareness programs against female infanticide and implications of child marriages, these harmful practices were under control now. Despite many health education and nutritional education programs, exclusive breast milk is still a major problem. And there has been wider gaps observed in urban and rural areas. However, the level of IMR in Tamil Nadu is still a cause which needs attention. Though IMR in Tamil Nadu is better than the national average, it is still lagging behind compared to Kerala.

This was followed by a discussion session in which it was pointed out that the scheme is not implemented in 90% of the tribal belts.

- Interior villages do not get the allocated resources.
- VHNs and Anganwadi workers do not cooperate with each other.
- NGOs are not allowed to coordinate their activities and even if they provide resources, it is not recognised by the system.
- VLMCs exist only in paper but are not a reality.

As his reply and concluding remarks Dr. Muthaiah put forward the following suggestions:

- The Panchayati Raj institutions should be strengthened and empowered and sensitized to the needs of Anganwadi centres and workers.
- Celebration of Anganwadi day should be emphasised.
- The VLMCs are non-functional because the members are not committed and hence they have no time for this activity. Hence they must be reorganized and reconstructed to involve interested and committed persons.
- Lack of basic facilities in the Anganwadi centres reflects the deficits in the community themselves. Hence the communities should be educated about health and hygiene etc.,
- Quality care is not ensured in the centres because of the overload of work of the Anganwadi workers. Hence their workload should be reduced.

During question hour, Indrani from CWDS, pointed out that though ICDS services are very efficient nevertheless they failed to reach the remote tribal areas as one participant mentioned. She also raised critical issues like no opportunity for convergence of NGOs with Anganwadis in Tribal areas as Anganwadis were skeptical about the intentions of NGOs.

Presentation on Status of Children in Tamil Nadu: Fr. Nithya Sahayam

Fr. Sahayam's presentation on the Status of Children Tamil Nadu , focused at the outset mainly on " The registration process and its problems". He mentioned that there has been 91% registered births in Tamil Nadu. However, if one looks at the registration of infant death, it is observed that there has been lot of gap between urban-rural registration of infant deaths. Obvious reasons such as awareness, education, availability of health services and social taboo / sub cultural practices can be attributed for this gap between urban and rural registration of infant deaths. He also pointed out, in rural areas due to non availability of health services, people go for non institutional deliveries. In domiciliary deliveries, there are no facilities for registration like in institutional deliveries. Hence non institutional deliveries are major hurdles in achieving universal registration of births and deaths.

He pointed out the paradox between the state's achievement in development indicators and the reality. As Panchayat Union's involvement is observed to be almost nil the members of Panchayat union were not able to raise any essential demands as they were actually not aware of the current situation.

During the question time, few participants had raised some critical points. ICDS programme in Tamil Nadu has its reputation for good organizational and efficient delivery system; nevertheless some deficiencies were brought to notice in the discussion time.

- Work load of Anganwadi workers is too much to carry out their responsibilities efficiently.
- There are no child friendly toilets in the Anganwadis.
- According to the survey conducted by TN FORCES, it was observed that toilets were actually used as a store room for vegetables.
- Often the children were found defecating outside the Anganwadi as the toilets in the Anganwadis were either not child friendly or not being used properly.

Suggestions emerged from this discussion

- 'Mobile registration system' was suggested to overcome limitations and challenges in the registration process for births and deaths of children particularly.
- 'Early Child Care education' should be made state responsibility.
- Improve ICDS program to realize better status for children.
- Training and monitoring should be done by local bodies with the permission of government, to enhance community development through community participation.
- Local body involvement in the affairs of Anganwadis, would motivate Anganwadi workers.

12th April, 2008 (Day 2)

Chair: Mina Swaminathan, MSSRF, Chennai.

The chair person set the tone for the second day's programme by her brief but critical speech arguing for the need of the holistic approach for 'early childhood care'. She mentioned in her note that TN FORCES does not collect data for writing reports and for the purpose of research alone. Advocacy for a cause should be the major objective for collecting data. She explained about the perspectives and understanding of child rights. Her main contention regarding the government perspective was that the government discusses the child rights in an issue based and isolated/ compartmentalised manner devoid of holistic approach. But to have a healthy child, a healthy mother is needed. Healthy motherhood means proper employment and better wages, better nutrition and so on. Hence a holistic approach should be the need of the hour. Issues related to women can not be dealt barring child concerns and vise versa. Similarly right approach necessitates the understanding of major socio political happenings. Ms. Mina Swaminathan also mentioned the pioneering effort of TN FORCES by formulating TN Charter for young children. She also explained how media and mass communication is wrongly or inadequately sending messages for the public. For instance, in the advertisement for National Rural Health Programme the major focus was only on persuading women to go for ante natal check up and other reproductive and child health agenda's. But it failed to address the issue of girl child discrimination and the women's right as well. She questioned the pattern through which the government controls the criticality of masses. She emphasized vociferously that the following points should have been included in the public message.

- Mothers should not go to scanning centre
- Female infanticide must not be done
- Every woman should have right for abortion under certain medical conditions. She firmly recalled the contribution of TN FORCES which fought for child care under NRHG.

Chair person's address was followed by presentation from Karnataka.

Status of the Young Child in Karnataka: Mr. Ananth from Child Rights Institute

Giving a brief introduction about his organization CRT, Mr. Ananth said that the Child Rights Trust assisted Government of Karnataka in 2007 and 2008 in earlier two southern consultations regarding child status. His presentation was primarily based on comparison of NFHS II and NFHS III. He compiled the data from latest NFHS and compared the situation of all four southern states on various development indicators such as anemic status of women and children, proportion of wasted and under weight children.

Observations from data for relating proportion of anemic women and the proportion of wasted and malnourished children.

- Except in Tamil Nadu, other southern states show increase in the proportion of anemic women
- As far as the children are considered, proportion of anemic children were on the rise in all the southern states
- In Karnataka, high ratios of women with grade IV malnutrition were found.
- But to the contrary, the percentage of wasted children is reduced from NFHS II to NFHS III in Karnataka.
- In Kerala, the situation is found to be just opposite to the Karnataka scenario. i..e. there has been an increase in the wasted and under weight children and also there is an increase in the percentage of anemic women.

The contrast, though the nutritional status is not better with women but it is favourable for children need to be explained.

The presentation was general and basically comparing all the southern states in terms of health and nutritional status of women and children. But the question hour that followed the presentation triggered debates about major issues around macro politics in general and the situation of women and children in particular.

One important observation that emerged was that the reason for malnourishment need not be poverty alone. Mothers not being around could also be a major contributing factor for the malnourishment of the child. Absence of mother near the child was linked to major issues like migrant, poverty, employment in unorganized sector and such other interlinked issues.

Major consensus was aired regarding exclusive breast feeding upto first six months of the child. Experts shared the information that 2007 onwards, the government of Tamil Nadu started giving allowance for post natal women up to 6 months. They also mentioned the effort of TN FORCES with respect to campaigning for crèches. As a result, now all the ICDS centres have crèches.

Ms. Indrani from CWDS mentioned the plight of migrant workers and their children. She also pointed out that the issues of major socio political concerns were not being addressed adequately in the discussion. In the context of high rate of urbanization in Tamil Nadu, she asked for the need of efforts in realizing social security measures to protect migrant workers and their families.

In his reply to this Dr. K. Shanmuga Velayutham from TN-FORCES mentioned that monolithic ICDS were not actually reaching the vulnerable groups. Hence he suggested the need for revaluation of ICDS structures and its frame work. Mini program delivery and decentralization of the programme were also been suggested for the efficient reach of programme delivery to the vulnerable groups particularly. Mr. Jerry Pinto from Butterflies, New Delhi suggested the following:

- Issues to be prioritized
- Advocacy should be carried out strongly for promoting the cause.

- The necessity for the strong network in order to pressurize government for policy formulation and implementation.
- He also suggested that the stakeholders should be from diverse back grounds i.e. activists, researchers, academician, women's group, trade union, child rights groups. All of these should be included so that all views at the back ground of major socio economic changes can be looked at.

Ms. Indu Agnihotri (CWDS, New Delhi) raised some important issues with respect to migrant women. Under Janani Suraksha scheme, pregnant women having BPL card can get some benefits for their health expenditures. The concern raised here was migrant women having their BPL card in their native states, how do they avail the benefits of the scheme? She also clarified the arguments related to the issue of positioning with respect to 'scanning' should be banned or not? She made it clear in the modern world one needs the advantage of latest medical technology so taking the stand against 'scanning' would render anybody to refrain from using the technology. At the same time taking the stand in favour of 'scanning' would also allow people to misuse the technology which should be prohibited. Hence, she insisted while taking the position in favour of 'scanning' one needs to also stay firm in saying no to sex selective abortion.

- While taking into consideration different religious views regarding abortion, she emphasized the need for women's right for abortion under critical medical conditions.
- She praised the efforts of Madhya Pradesh Union for construction workers, for obtaining ID cards which will give them some benefits like procuring BPL cards and other benefits. She also suggested the need for strong union presence at All India level to protect the interest of the unorganized workers.

Presentation on the Girl Child discrimination by Ms. Kamayani , Advocate, Human Rights activist from ARROW (Asian Research and Resource Centre on Women).

Ms. Kamayani, a staunch advocacy campaigner for implementing PNDT ACT presented her argument to clamping down on sex selection and sex determination tests to stabilize the dwindling sex ratio. She stated that nearly 35 million girls were missing all over the world every year. She mentioned in 1901 the number of missing girl children was only 4 million but in 2001 the same was increased to phenomenal 34 million. In 1975, amniocentesis techniques for detecting foetal abnormalities began to be developed in India. Soon the same technique was used to determine the sex of the babies. The doctors who said they would perform pre-natal diagnosis for sex selection argue that by aborting female foetuses they help in bringing down the rate of female infanticide. The 2001 Census highlighted the drastic disparity between the sex ratios in several states in north and west India and continued decline in major southern states. First case of sex determination was found in Punjab.

The spread of prenatal sex determination clinics are the early warning signals on the imbalance of sex ratios at birth in the coming decade following selective abortion of female foetuses. She

mentioned that recently available urban-rural figures for 2001 on child sex ratio provide further confirmation that these declines are caused by the relative availability of sex determination facilities. She pointed out in her presentation a significant correlation between the number of prenatal diagnostic centres and the decline in the sex ratios. The more the number of diagnostic centres, lesser would be the sex ratio in that area. She aptly attributed the reason for low sex ratio in urban area compared to rural area as urban areas have more diagnostic facilities.

Kamayani apart from giving a general picture about the declining sex ratio at national level, also shared rich experiences from various states with respect to girl child discrimination. For example, in Dang district in Rajasthan, a community or an entire clan of 400 families have had only 2 girls for nearly 11 years. This is a stark example for girl child discrimination.

According to 1991 census, the richer states like Gujarat, do not have a single district whose sex ratio was less than 800. But the 2001 census, shows that nearly in 17 districts sex ratio is less than 800 indicating the rampant practice of sex selective abortions. She went on with the substantial evidences for dwindling sex ratios in urban areas. Medical professionals and the prenatal diagnostic centres are more in urban areas. By comparing inter census figures, she explained that the rate of decline of sex ration in urban area is more than twice that happens in rural area (935:903 and 948:934, respectively). In fact of all the 35 states and union territories of India, it is only in the small states of Kerala and Manipur that urban child sex ratios have not declined.

She also highlighted that only in 2001 census, sex ratios is given religion wise. The irony noted here was that the religion known for its harmonious values has the lower sex ratio compared to other religions. This is nothing but existence of cultural values for 'son preference' in the society. Girl children were denied their very existence and their right to live.

In 2003 the Pre Natal Diagnostic Act was amended to Pre-Conception and Pre Natal Diagnostic Act, after a PIL was filed by CEHAT, MASUM and Mr. Sabu George for the implementation of the PNDT Act. Now, sex selection and sex determination is crime under the law and is punishable with three years of imprisonment and a fine of Rs 10,000, besides the fact that his/hers registration to practice as a doctor will also be cancelled. Even advertising about such methods amounts to a crime, punishable under the Act.

In order to exercise certain control on illegal sex selective tests and determination, she suggested levying import duties on machines used in these techniques. Medical doctors are of the view that by aborting the female fetus they are actually helping in bringing down the incidences of female infanticides. Even if a law is being enacted, very few doctors were willing to implement the law. She also expressed concern about the lack of awareness among judges and lawyers regarding PNDT Act and questioned that if this is the case, how the law can be implemented? To high light the importance of implementing the PNDT act, Kamayani quoted the famous Abraham Lincoln, "we need to enforce the law; we need to educate the society".

Presentation on girl child discrimination led to a lot of heated debates on various issues like dowry, right to live, right to have dignity, patriarchical value systems and so on. Ms. Mina Swaminathan, recalled the efforts of CASSA (Campaign Against Sex Selective Abortion) in this

issue of the need of formulating and implementing the Law against Sex Selective Abortions. She also mentioned about the nexus doctors have in the business of diagnostic and pharmacy. She also said that doctors have always taken care of their interests. She again pointed out the lapses in the communication of public messages aired by government for general good. Though government messages are good, however important points have been missed out in the communication. The point had already been mentioned in this report. For instance in the advertisement for NRHMA, the point related to no to sex selection and right to abortion for women as well been missed out. Also in the discussion there was a mention about Tamil Nadu Government's much acclaimed policy of 'Cradle Scheme' by a participants from Kerala. Mr. Jerry Pinto from Butterfly, referring to 'Cradle Scheme, and question the plight of girl child and its right to live in this society. He also asked as what is the role of academicians and NGOs with regard to this? He also suggested that the need to intervene at formulation level and ensure certain transparency from the government both at national and state level as well. Kamayani and others suggested the display of registration numbers and display of PNDT act in the clinics.

Open Session

Chair: R. Geetha, Unorganized Workers Federation
Moderator -Indrani Mazumdar, CWDS, New Delhi

*Ms. Geetha i*n her brief note focused on the plight of construction workers and their families. The hazardous surroundings they are exposed to and their children too are exposed to unsafe environment and hazardous materials. Accidents, health hazards and fatality all are common in construction cites. Shelters and other facilities like access to safe water and sanitation are major problems. Most of them are migrant workers, so their families too suffer because of lack of basic amenities. Despite back breaking work all through the day, construction workers suffer from various problems like basic amenities, no access to health, no access to education, no protection for their children. She voiced the need for social security measures and legislations to protect the interest of the construction workers and their families. She also drew special attention to the health of construction workers.

While taking into consideration the exploitative milieu the children have been exposed to, Ms. Kamayani suggested the consideration of mental health of children and the need for ratification of our country to the international convention on Disability.

Mr. Baby Paul raised concern over the lower health and nutritional status of tribal children in Kerala. His point was that despite health and nutrition awareness programmes and distribution of food to Tribal people, stability of lower health status of Tribal children should be the cause for concern. He also doubted probably that the food supplied was not according to the food habits of the tribal children. Hence it might all be going waste.

Ms. Mary, a participant from Tamil Nadu, raised the difficulties of unorganized workers to the discussion. Women working in unorganized sectors do not have any maternal benefits. This will definitely affect both the mother and child as well. that Mary's suggestion was that in order to enhance breast feeding up to six months, mothers should be given allowances. Related to the issue of awareness creation with respect to Breast feeding, a participant called *Mr. Rajendran* suggested the wider publicity could be reached if the awareness programme is carried out on Anganwadi day on November 21. Mr.Senthil Sellppan from Loyola College Chennai, suggested in the communications regarding 'Breast Feeding' instead of different time line, inclusion of the word 'immediately after delivery' would be better to fetch better results.

Mrs. Shyamala from Trivandrum suggested that messages related to 'breast feeding' and reproductive health can be included in premarital counseling and adolescent girls' education. She also emphasized that the accessibility to safe water and sanitation should be ensured otherwise diseases like malaria and diarrhea cannot be controlled.

Prof. Simon Joseph, from Loyola College, Chennai suggested that instead of spending money on awareness campaign and so on rather it could be directly spent on victims / beneficiaries through schemes which would otherwise directly ensure food security to the vulnerable people.

Mr. Sampath, a Ph.D scholar from Loyola College, Chennai mentioned the need for educating SHG members in social issues too along with economic issues.

Mrs. Leela from ICDS Anganwadi worker, Chennai mentioned that the Government had opened more ICDS centres but the quality of services declined over the period.. She also mentioned that having more staff in ICDS centres actually results in wastage of time in unnecessary quarrels. So the need for proper management of human resources among ICDS staff was stressed.

Ms. Geetha while arguing for 100 days of wages (as per ILO recommendations) as maternity benefit for women workers in unorganized sector also mentioned that maternity benefits are always delayed. Hence the plight of the women and the child in the first six months after delivery is continues to be appalling.

Mrs. Santha Laxman Singh, Chair Person Social Welfare Board, Andaman shared experiences about the facilities that have been provided in their area. She stressed the need for the provision for rest home for women and child after the discharge from hospital. They are taken care for 40 days at free of cost. Since first 40 days are crucial in a child's life, this provision is very crucial in controlling IMR and MMR.

Ms. Kamayani pointed that in the health budget, the Government is not giving any data as per RIT Act, 2005 which could be demanded in this alternate NGO part.

Dr. K. Shanmugavelayutham, suggested a special package for 'pavement dwellers and their health problems'.

Suggestions like linkages between ICDS and NREG and other schemes should be strengthened.

Mr. Jerry Pinto suggested more professionals should be involved so that efficient policy formulation can be feasible.

Concerns regarding the accessibility of services in remote 'Tribal Areas' were raised and also strategies to facilitate this access were also been discussed.

Ms. Indu Agnihotri pointed that major share of the gender budgeting was spared for only issues related to women. It was suggested that significant proportion should be allotted for ICDS.

Mr. Jerry Pinto added a practical point here. He suggested that different strategies like special packages for Andaman & Nicobar should be designed. As bureaucratic postings in these areas are generally considered as punishment postings, officers in general lack motivation to initiate any programs in these areas.

Ms. Savitri Ray suggested a budget allocation for 'pre school education'. This suggestion led to the concern that how quality of education in pre schools can be ensured?

Mr. Pinto also asked whether NGOs can play an active role in monitoring and evaluation of schemes. To this, Ms. Geetha recalled the efforts of TN- FORCES in regularizing the Private Nursery schools.

Prof. Simon suggested that solution to girl child discrimination can not be achieved unless attitudinal changes are made through curriculum.

Ms. Kamayani, vociferously argued for the implementation of PNDT act. Mr. Vinod suggested that through public opinion, implementation of the Act can be enforced. Mr. Abraham suggested for law in order to implement the Act. To this Mr. Vinod responded to this suggestion saying before the implementation of any law public opinion regarding the law should be obtained in order to facilitate the implementation of the law.

Ms. R. Geetha, had pointed out the different trends that had emerged over the period of time. She mentioned that earlier the female infanticide was basically done by either mothers or dais. But now the same is practised by doctors. This is the legal lacunae one has to address. Marginalization of vulnerable groups by the influence of major socio economical changes in the society would aggravate the situation against girl child particularly and unfavourable to women in general.

In continuation with the suggestion related to implementation of law with respect to protecting children, *Mr. Jerry Pinto* mentioned that simply passing any Act would not be enough but there has to budget allocation specifically for setting up structures which would enforce the implementation

of law. He also mentioned that while criticizing any programmes, one must also without fail should notice best practices, which would help rectify any gap in the program.

Concluding Remarks by Ms. Indrani

In her concluding remarks Ms. Indrani, summed up the two days discussions on various State presentations and different thematic discussions. At the outset she mentioned the various discussions that had been held in past two days mainly focused on programmatic delivery.

She mentioned that Kerala presentation mainly brought out a major issue that for tribal children who are in remote areas could not access the services provided by the Government. With regard to Puducherry presentation, she pointed that this is the only place where ICDS workers are absorbed by Government services. So the strong presence of political will is a major cause behind the success in this area which is found lacking in other areas.

As for as Andaman & Nicobar is concerned a special package was suggested to take care of the unique problems of this island land. With regard to suggestions in the state presentation that the responsibilities would be shifted from the Government to mothers (with regard to suggestion of Ms. Shantha Laxman Singh's that instead of giving different prepared food items rather money could be directly given to mothers so that they could utilize in an efficient manner), she said that state can not be allowed to back track from its responsibilities.

She also raised concerns with respect to mushrooming of private schools, and argued for the regularization of private schools and Anganwadis.

Ms. Indrani also voiced concern with regard to major issues like development induced migration and further marginalization of women. Particularly this is relevant in Southern States, as these states experience more rapid urbanization resulting in more families migrating towards urban areas for livelihood, leading to more number of women entering into unorganized sector works. Since unorganized sectors do not give any benefits in terms of wages, health and leave benefits, women entering here for work would be more vulnerable for exploitation. Finally, in the anti labour situation more and more women and children become victims of globalization and privatization. This issue needs to be addressed.

She also pointed out clearly that the discussions did not focus on social gaps like caste, class and gender. She also said large amount of discussions were focussed on health and nutrition. With regard to Northern states, National Rural Heath Mission related issues emerged as a major part of the presentation. Child care should be made as mandate in NREGS. In the end, she also mentioned that some issues like girl child discrimination had been hotly debated in view of the implementation of PCPNDT Act.

She suggested the report of this consultation would be done at two levels. In appreciating her effort of summing up the entire event, Ms. Mina Swaminathan had clarified on the point, that why

only Early Childhood Education only was focused? Why was not 'Early Childhood care not emphasized?

Ms. Geetha rightly pointed out the efforts of the TN-FORCES in campaigning for the regularization of private nursery schools in Tamil Nadu. Ms. Geetha, also suggested for the increase in the budgetary allocation for nutritional programmes.

The meet ended with vote of thanks by *Ms. Savitri Ray* (FORCES, New Delhi) and *Dr.Shanmugavelayutham* (TN- FORCES, Chennai).

Programme

11th April, 2008

09.30 – 10.00 a.m.	Registration
10.00 – 10.45 a.m.	Welcome Address Ms. Santhi Nakkiran, TN - FORCES Dr. K. Shanmugavelayutham, TN – FORCES Opening Remarks Dr. Kumud Sharma, CWDS Chief Guest: Dr. Sathish Kumar, State Representative UNICEF
10.45 – 11.00 a.m.	Overview of CRC & Status of Young Child Ms. Savitri Ray, National FORCES
	- Tea -
11.15 a.m.– 01.00 p.m.	Session I: Chair: Mr. Philip Abraham (Tamil Nadu) State Presentation: Kerala- Mr. Baby Paul – KaVAL Team Puducherry: Mr. P. Joseph. Victor Raj -HOPE
	- Lunch -
02.00 – 03.15 p.m.M	Session II: Chair: Dr. Rama Krishnan, Trivandrum State Presentation: Andaman & Nicobar – Smt. Shantha Laxman Singh Chair Person, Social Welfare Board Andhra Pradesh – Mr. G. Yesunadhan, CARD
	- Tea -
03.30 – 04.45p.m.	Session III: Chair : Dr. Kumud Sharma State Presentation – Tamil Nadu – Dr. S. Muthaiah Joint Coordinator- ICDS Chennai Fr. Sahayam, TN-FORCES

12th April, 2008

09.30 – 11.00 a.m.	Session I: Chair – Ms. Mina Swaminathan, MSSRF State Presentation – Karnataka – Mr. Ananth, Child Rights Trust, Bangalore
	- Tea -
11.15 a.m. – 01.00 p.m.	Session II: Chair – Dr. Indu Agnihotri, CWDS, Delhi Theme based Presentation - Ms. Kamayani Bali Mahabal –Girl Child Discriminations and Sex Selection
	- Lunch -
02.00 – 04.00 p.m.	Session III: Chair – Ms. R. Geetha, Unorganised Workers Federation Moderator - Ms. Indrani Mazumdar, CWDS Group Discussion / Open Discussion
04.00 – 04.30 p.m.	Concluding Remarks & Vote of Thanks Ms. Indrani Mazumdar, CWDS & Dr. K.S. Velayutham, TN FORCES
	- Tea & Departure -

List of Participants

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NORTH EASTERN CONSULTATION ON THE STATUS OF THE YOUNG CHILD

23rd March, 2009 (Day 1)

North East was the final in the leg of the series of regional consultations. Ms. Nirali Mehta (Technical Adviser, ECCD, Plan International) in her opening remarks stressed on the fact that that PLAN being a child rights organization realizes the fact that North East has been neglected and therefore PLAN and FORCES came together to ensure that more efforts are made in this direction, especially to make the government accountable with respect to the issue of the young child. She highlighted the fact that the report which will come out, along with the different recommendations will be very significant for our own programming strategies. She looked forward to the discussions which will be fed into the report making it more country representative.

Ms. Savitri Ray (National Coordinator, FORCES) pointed out that during the Eastern consultation in Ranchi, it was felt that the participation from the NE was almost negligible with the exception of Voluntary Health Association of Tripura. It was this need to make our report comprehensive and truly national that FORCES decided to hold a separate NE consultation in Guwahati. She stressed that the instances of child rights and child care in regions experiencing armed conflicts have not been looked into. North East also faces other problems such as accessibility, displacement, relatively lesser political influence at the national policy making and a weaker network with the civil society working on similar issues in the rest of the country. It also presents a challenge in ensuring human rights of which child rights are an integral part due to years of militancy and army presence which in turn have suspended the states ability to ensure equal rights to all its citizens.

Savitri Ray also presented a detailed account of the proposed report. She informed that FORCES (Forum for Crèche and Child Care Services) is a national network advocating the rights of children under six and in its 20th year i.e. in 2008-09, FORCES has been engaged in drafting a National level report on the Status of the Young Child in India. This task also coincided with the UN Convention on Child Rights (UNCRC) and the need for an alternative NGO report to the report from the Government of India. The rationale for taking the initiative in preparing the Report is to highlight the importance of ECCD in the overall development of the child in India. As the participants were all aware, India being a signatory to the UN Convention on the Rights of the Child is committed to address the four basic rights i.e. (survival, protection, development and participation) through Early Childhood Care and Development (ECCD) services.

She further added that in preparation, Plan International and National Forces together with its state chapters organized three regional consultations in North, South and Eastern region in Lucknow, Chennai and Ranchi respectively. This was also an attempt to gather the perspectives of grassroot level organizations from various parts of the country. Further it was decided that this comprehensive report would also be used as an advocacy document among grassroot organizations and policy makers.

Coming to the report, the major themes selected for the purpose of this report are policies / programmes, education, health and nutrition, resource allocation etc. The endeavour is to review the issues and gaps in these areas. This was followed by a brief review with issues and gaps that emerged largely from our draft report on the status of the young child.

To provide a brief background, the UPA government adopted the NCMP in May 2004. It assured higher spending on social sectors such as health, education etc. that heightened expectations from the govt. However, its indifference in realizing the child rights belied any such expectations. Among its most direct and specific commitments to young children, the CMP committed the government to the universalization of the Integrated Child Development Services (ICDS) scheme, to provide a functional anganwadi in every settlement and ensure full coverage for all children. But the single most important programme for early childhood care and development is still a long way off from universal outreach. This was highlighted by the Supreme Court in December 2006 when it stated that although the Government of India sanctioned the opening of 1.88 lakh new Anganwadi Centres in 2004-05, they had not so far been operationalized and, in fact, the GOI was challenging the basic principles of universalisation. Government haggling on the number of anganwadi centres required for universalisation forced the Court to commission its own report on the matter and to finally declare that 14 lakh centres were required by December 2008, while the government had sanctioned only 10.7 lakh. It also clarified that universalisation of the ICDS involved extending all ICDS services (supplementary nutrition, growth monitoring, nutrition & health education, immunization, referral and pre-school education) to every child under the age of 6, all pregnant women and lactating mothers and all adolescent girls. Case studies on the impact of ICDS have clearly shown that it leads to improvement of nutritional indicators in children. And yet according to the National Family Health Survey (NFHS–3, 2005-06), at an all-India level there has been a clear deterioration in the nutritional status of children. Between 1998-99 and 2005-06 the percentage of children under 3 who were wasted went up from 15.5% to 19.1%, and the percentage of children aged 0-5 months who were anaemic increased from 74.2% to 79.2%. However, the fact remains that more effective programmatic intervention through universalization of the ICDS remains a promise yet to be fulfilled.

As on September 2007, there were 9,37,434 operational AWCs covering around 76.17 million supplementary nutrition beneficiaries and around 30.81 million pre-school education beneficiaries. In other words, ICDS' supplementary nutrition reached less than half of the age group 0-6, while its pre-school education outreach covered approximately three-fourths of the relevant age group (3-6). One of the most important reasons for incomplete outreach lies in the incompleteness of the Union budget allocations for ICDS.

The chapter on budgetary allocations (in the report) highlights the fact that children in the age group 0-6 constitute nearly 16 per cent of the population but receive only 1.03 per cent of the total union budget. Expenditures are usually even lower. From 2000 to 2005, the average expenditure on government schemes for the young child was only Rs. 208 per child per year. In 2000-01 it was as low as Rs. 151 per child (Rs. 2,476 crores), and in 2004-05 it rose to Rs. 288 per child on these programmes (around Rs. 4,724 crore), which too is inadequate. The cumulative expenditure on the seven programmes (i.e. ICDS, ECE, Rajiv Gandi National Crèche Scheme, National Nutrition Mission, Reproductive and Child Health, National Immunization Programme and Polio Eradication and Child Adoption) shows that in 2000-01 it was as low as 0.88 per cent. In 2006-07, it had risen to 1.66 per cent. The low priority given to the young child becomes even more evident when funds are analysed as a percentage of the Union Budget. Similarly, as it was noticed that though the government has increased allocations to the ICDS programme by 16%, the amount is still woefully low as compared to the resources required for universalization of the ICDS network in the country.

So far child budget analyses have not focused on the girl child despite several schemes and campaigns focused on reducing discrimination against her in the context of the declining child sex ratio - all indicate sincere concern at the continuing elimination of female foetuses. Such concern was reflected in the amended Pre-conception and Pre-natal Diagnostic Technologies Act (PCPNDT Act) that sought to include sex selection technologies at the pre-conception stage in the ambit of the law, as well as improve the rules and procedures for implementation. But the fusion of social discrimination against the girl child, technologies of pre-birth sex determination (including their commercial spread), and unethical profiteering by medical practitioners combined with weak administration of the Act has so far ensured that the sex-selective elimination of female foetuses continues to threaten the girl child on an expanding scale. In spite of the recognition of the discrimination faced by the girl child and the programmes initiated by the government to address it, the alarming widening of the gender gap in the infant survival and the female/male sex ratio for the 0-6 age group in the Census clearly shows that this is an area that will need much greater attention.

In the field of education, the entire focus seems to be on Sarva Shiksha Abhiyan while the issue of pre - school education is being continuously neglected. Only 3% of GDP is invested in education as against the 6% that was promised in the NCMP. Less than 1% of total education budget is dedicated to early childhood programmes. Despite loud declarations, the allocation of the Union Government to the SSA has progressively declined while the responsibility of carrying out the entire programme seems to be shifted to the states. Moreover, this cut in a scheme concerned with the primary education that is considered as a priority area for the government all the more reflects the attitude of the government.

Developments like the 86th amendment in the Constitution of India in 2002 has effectively released the state from its obligation to provide education for children under the age of 6 years by detaching them from the state's binding legal commitment to Education for All and Universal Elementary Education. What is also shameful that the drop out rates between classes I – X stands at almost 62 per cent.

India is also a signatory to the Health for All (HFA) and as per the estimates the overall proportion to GDP is 1.02% in 2008 – 09, much lower than the NCMP commitment of 3 per cent. This low investment also reflects in the health status of our children where 43% children under the age of five are underweight. Similarly, the National IMR stands at 57.

In the year 2000, India also became a signatory to the Millennium Development Goals, a set of nine goals that were to be realized by the year 2015. Apart from tackling issues related to eradication of poverty and universal health coverage, MDG had important components related to child rights. In the given context of India, such a declaration assumed great importance. India accounts for more than 20% of global maternal and child deaths. Nearly two thirds population has no access to essential medicines. Almost 35% of the population lives below the global poverty standard of less than $1. According to the recent Arjun Sengupta Report, 77% of the population in the unorganized sector lives on below Rs. 20 a day. Food grain absorption has reduced over the last decade with the present absorption rate (estimated at 155 kg per capita per annum) being close to the absorption rate during the Bengal famine of the 40s- a number that is bound to reach alarming heights given the high rates for essential food grains and fall in income due to the ongoing crisis.

To conclude, in 60 years of independence we have the policy for children for last 34 years in place and CRC was ratified 17 years ago and yet the indicators are far from encouraging and the expectations largely neglected. In the following sessions we hope to carry out serious discussions that would enable us in understanding better the unique conditions in which the struggle for ensuring child rights is being carried out in the North East to chart our future course of action.

Dr. Kulendu Pathak(Former Vice Chancellor, Guwahati University) drew attention to the fact that as far as nutrition and food and child security is concerned, North East did not have a problem as society has always looked after children and in terms of food as nature would provide it. However, in years subsequent to independence, north east has lagged behind in economic development and that has had an impact on ensuring food security for the children in the region. He called attention to solve the problems through a study of the region and not merely based on the wisdom of policy makers far away. He also stressed the need to study the immigrants coming from Bangladesh as well as the migrants who are employed as tea garden workers in Assam. He argued that among these groups, children tend to suffer the most and are not provided for. Further, a sense of deprivation gives rise to other social problems.

Mr. Biswajit Chakravarty in his presentation saw a paradox between the government policy of investing big capital in the region in the recent years and the common perception that the region was generally neglected by the Centre. The latter, he felt, also contributed partly to the rise of many insurgencies. He stressed on the fact that the number of *anganwadis* under the ICDS scheme should be per thousand for the under six population but the number of children actually receiving any sort of help is very low. The number of AWCs per thousand children are the lowest in Assam (8.5) and Meghalaya(7.3) as compared to the rest of the North East.

He argued that there is hardly any evidence that ICDS has been successful in North East India in attaining its goal of improving the coverage of specific child health interventions, such as de-worming and Vitamin A supplementation, and encouraging mothers to adopt appropriate childcare and feeding behaviours (including practices related to breastfeeding, weaning and diet) that have the potential to improve child growth and health outcomes. Simultaneously, even if drinking water is being provided to the child at the anganwadi then water at home is not always safe. He drew attention to the fact that the main reason for anaemia which is rampant in North East (80% children in Assam and over 50% in Manipur according to the NFHS III) is worm infestation which needs to be arrested. He pointed out that essential practices for the immunity of the child like breast feeding are not being practiced. He also pointed out that the percentage of children in India who receive any sort of services is very low to the point of being shameful, 33%. He also spoke of the children affected by displacement in Assam. Such displacement is caused by both natural disasters and the ethnic conflict. The children living in temporary camps were especially not covered by the ICDS program. He finally pointed out the complete neglect that the children whose parents are employed in the unorganized sector face especially the women who in most cases are migrant labourers.

Mr. Nabarun Sengupta made a presentation on the issues of young children with disabilities in the age group of 0-6 years of age. The legal capacity for disabled children or mentally retarded children in this age group is not defined. They have a right to get better child care facilities and they need protection. The parental support provided to children is not being defined legally. He further stressed the point that the 2011 census needs to take into account the number of children in the 0-6 age group with disability especially to assess if their human rights are being addressed. This is a major area of concern as it is also the responsibility of the society and society itself has a vested interest in taking care of its children. We therefore need to have a proper plan to see that the children especially those with disabilities are able to have access to proper facilities to ensure their holistic development.

Other important points made in this session were:

- There is a major lack of coordination between the states and within the states with regards to schemes on the rights of the young child especially in the case of the National Rural Health Mission.
- Gender discrimination is still persistent.
- The terms *mental retardation* and *physical handicaps* need to be better defined and the kind of action required needs to be discussed. Vaccination is a must and it cannot be dropped and the correct usage of iodized salt can prevent mental retardation
- Need to have more data on orphaned children from the point of view of protection, especially since the existing data on the orphaned children who have been orphaned as a result of the ethnic conflicts is found unreliable. More attention needs to be paid to children affected and infected with HIV/AIDS, children with disability etc.

- One needs to take into account the kind of services in place for the care and protection of children. This needs to be done in accordance with other official data such as that gathered by small NGOs, instead of simply focussing on government data.
- There is a need to define ICDS in a more comprehensive way where we go beyond the children to assess as to how many AWC workers are really committed and what degree of accountability and skills do they possess.
- There should be a public private partnership to solve the problem of funding as most government funding is directed towards NGOs and the remote villages hardly get a share in it.
- Rights - based approach to replace the emphasis on mere collection of data.

Mr. Pishak Singh made a presentation on how armed conflict in Manipur has affected the health and education of over 80% of children in the 0-6 age group in the area. His presentation stressed on the adverse fallout of the AFSPA that has been liberally extended all over the north – east- causing serious abuses of human rights especially against the civilians. Manipur alone has 22 groups involved in armed conflict with the state, existing along with many other groups that are fighting for the cause of self – determination. There has been a disregard for basic human rights by the State in countering these groups. This only begets contempt for the rule of law and contributes to a vicious cycle of violence. He also blamed the state of ignoring many genuine local protests against the repeated abuses of the Act.

Such military and insurgency groups have had no accountability to the civil society and amidst of all this, the children are the ones who are suffering the most. The drop rates have gone up. There is constant surveillance and restriction of mobility that affects children, teachers and health facilities providers.

He argued that this armed conflict has directly and indirectly had a very serious impact on children as more and more children are being born at home without access to proper health care. They are being orphaned due to their families migrating and are often also dragged into child sex trafficking and child labour as many traffickers lure children with the prospect of free education. They are also physically and mentally abnormal and suffer from malnutrition. Sex selection practices, infanticide and foeticide are also followed.

Ms. Jubita Hajarimayum discussed issues related to the nutritional status, health and education for children under 6 years infected and affected with HIV/AIDS in Manipur. Historically, Manipur maintains a low infant mortality rate compared to other Indian states like Rajasthan and Utter Pradesh. According to the NFHS 2005, infant mortality rate for urban areas is 29.8 and for rural is 29.7. However, the number of HIV/AIDS infected women and children have been increasing in Manipur in the recent years. Out of the 1, 91,793 blood samples screened up to March 2007, the total number of HIV positive is 25,905. Among them, 6,110 are women. The epidemic leaves behind orphans and widows. Manipur is one of the six high prevalence states in India where HIV prevalence rate among the pregnant women is persistently high according to the 2006 sentinel surveillance

that shows the rate at 1.4%. This means for every 100 pregnant women attending hospital/health centres for ante-natal check up nearly 2 women are found HIV positive.

Ms. Hajarimayum pointed out that so far there is no official record for HIV/AIDS infected children under six years but the number of HIV/AIDS infected and affected children under 6 years registered up to February 2009 in NGOs working in Manipur showed these figures to be a total of 56 children in Imphal West, 73 in Imphal East and 107 in Chandel to name a few districts, with the number of boys and girls in this age group totalling up to 475 for the entire state of Manipur. She further argued that in this situation it is important to ensure that children less than 6 years have access to the available ECCE as they play a crucial role in establishing basic education. She concluded by saying that we also need to look back and explore how far the available policies are benefiting the needy and underprivileged children below 6 (HIV /AIDS infected and affected children) in Manipur.

Ms. Magdelene Shullai discussed the status of children of 0-6 years in Jaintia Hills, Meghalaya. She argued that while in India, 44 out of 100 children remain hungry every night that number is 46 for Meghalaya. Here only 3.3 children are fully immunized as opposed to the national average of 4.4. In 2006-07, 69% children in Meghalaya were anaemic whereas in 1999 the number was 67. She further argued that because Meghalaya society follows a matrilineal system, not many marriages are registered which makes it easier for the father to abandon the wife along with the children, leaving her with the responsibility of raising the child on her own. Thus, the women often deal with the financial burden of raising one or more children and are not able to provide for the basic amenities which are essential for the physical and mental growth of the child. Education for the age group of 0-6 years is not considered important in this society as it is believed that children of particular age are immature, irrational and inaccurate in their understanding of events and therefore the emphasis on pre-primary education and child care services is lacking.

Sister Linda discussed the need of tender loving care through religion, reason and kindness as essential for the well being of the child.

Discussion

- There are places in the region where the nearest childcare services centre is 3 – 4 days away.
- The mining industry has created several occupational and residual problems.
- The mongolite look is high in demand and thus child trafficking is on the rise**.**
- Major corruption with regards to the transfer of rations for the mid day meal schemes where over 5 kgs of rice has to be given as bribe in order to transport one kg.
- One also needs to examine the scenario of children involved as coal mine workers.
- While the army is training children in the name of education, they are training the children in a way which is more militant rather than educational.

Mr.Subonenba Longkumer made a presentation on the issue of ECCE among the underprivileged children in Nagaland at the grassroots level. He argued that there are two co-existing realities

when it comes to the issue of children in the 0-6 age group. In case of urban areas, these children are often fed formulated baby food, sometimes sold for as low as four rupees. The children often do not attend schools due to poverty and parents often take them along to work on construction sites and leave them unattended. Such children tend to pick up bad habits when they are left unattended and when they do go to school, they are often prone to sickness, sleep deprivation and malnourishment. In the rural areas, where children are often looked after by the older sisters, the girl child is severely neglected, and children are fed unhealthy food. Most legal health officers in such areas do not attend their duties, there is a major scarcity of properly equipped medical centres (one centre for three villages) and the treatment of illnesses by untrained elderly people of the village can sometimes prove to be fatal. While the ICDS service does exist in Nagaland, its presence is almost negligible as it is extremely neglected. Very little information is provided regarding the availability of facilities or distribution of food and other materials to the community and there has been no evidence of work on 0-6 yrs at any ICDS centres. These centres are further plagued with problems of transportation of food to far off areas, infrastructural problems, and insufficient compensation of the AWC workers and their general lack of training in running an AWC.

Mr. Henry Zodinliana discussed the state of ECCE in Mizoram and the North East and pointed out that the Child Welfare Committee in Mizoram had been able to solve most of the cases which had been received by the committee. With regards to adoption, Mizoram is considered one of the most progressive states in the North East. However, he argued that the mandate of ECCE was in jeopardy as no ministry in the state is willing to take up this issue. Hence, a more concrete plan of action for the further development of ECCE practices needs to be devised along with ensuring that there is sufficient government participation in the process.

Ms.Angela Ralte emphasized the need for early protection of mental health of children under six. She pointed out the mental health of young children needs to be an area of immediate concern and besides a few NGOs; the government has few plans and policies to deal with the issue. She argued that even with regards to basic care provided for in the government run Anganwadis; little is done to ensure the holistic wellbeing of the child. Some AWCs lack basic facilities and even require children to sit on bamboo mats or floors in the humid tropical climate. The food distribution to these AWC is very uneven as different groceries arrive at different points in time, as a result of which the children hardly get a well balanced nutritious diet.

Mr. Ganesh Prasad Sharma made a presentation giving an overview of the status of young child in Sikkim. He claimed that NGOs with their focus on child rights could be a bridge between the government policies and public needs. He argued that the percentage of children in the age 12-23 months who have received specific vaccination according to NFHS-2 NFHS-3 in the State of Sikkim has remarkably increased with the efforts of such NGOs.

He argued that the same has been true for all antenatal check-ups which have increased from 53% to 63.7% in Sikkim according to the same sources. He claimed that the challenges in front of NGOs like his were to ensure universal immunization in the state and increase the percentage of institutional deliveries.

Discussion

- Some of the key issues which have emerged include the neglect of children and the question whether the infrastructural facilities in place are adequate enough to fight this neglect and trafficking of children.
- Need to think about the exact role of civil society in this process for providing care and protection for young children.
- With respect to the problems of gaining access to child care services, there is both a lack of awareness on the part of the service providers and also other social factors such as poverty, gender discrimination etc which prevent people from gaining access.
- There is a need to develop and implement a school curriculum which is both cultural and context sensitive.
- With regards to safe practices and public interest messages, even when the government has formulated the guidelines, that information is not necessarily reaching the public.
- We need a more proactive society in terms of care for children as there are most programmes regarding ECCE get concentrated in the urban areas. The ICDS services should reach each and every village and every child under the age of six years who needs it. There also needs to be a special law for the care and protection of children under six.
- Even though services are provided for people migrating from Burma, they suffer from social stigma.
- A major reason for the sudden increase in the number of children living in children's home can be attributed to the increase in number of unfit parents who are alcoholics, drug addicts, or criminals.
- The policy makers also need to focus on the question of universalization and if at all there is universalization of services, there should also be specific targeting for the more needy areas.
- In terms of universalization of ECCD there are many particle problems such as that of geographical coverage of the programme. Also as more than sixty percent of education in most places is provided for by the private institutions, this quality of education is not affordable for poor parents.
- In places like Assam and Mizoram, the hard reality of the fact remains that a large number of schools have been converted into military camps and in such a situation it becomes extremely difficult to guarantee education. One also has to take into account the problems of misplaced and displaced population.

Mr. Dibya Kanti Singh gave a presentation on the status of infant and young children in Tripura. The state has a complex geographical location with international borders on three sides with the state of Assam on the fourth side. He pointed out that Tripura is characterized by geographical isolation, poor infrastructure facilities, communication bottlenecks, inadequate exploitation of natural

resources (natural gas, rubber, forest etc.) low capital formation, almost non existence of industry and high level of incidences of poverty and un-employment. With this situation and state revenue covering only 10-20% the centre sponsored welfare schemes are most prevalent. More than ninety percent of welfare scheme proposals get approved for Tripura. Thus, while the funds can be available, the awareness and implementation is lacking. A large number of AWCs function without any access to safe drinking water. What we need to think about is how do we ensure service availability in inaccessible areas and there needs to be a more comprehensive plan to ensure there is awareness about various schemes available for people.

Mr. Dulal Debbarma discussed the socio-cultural problems in the educational setup for children in Tripura. He pointed out that people in the state are educated in Bengali and not in Hindi and hardly any English, with the result that the limitations of only knowing Bengali acts as a major hindrance. He also emphasized the fact that children need to grow up in a society where their social, emotional and cognitive needs are met. However, there is a lack of such holistic attitude to education and development of children which has a major long term effect on their health and social skills. He argued that the ICDS does not serve its purpose in places where people are lured to the idea of AWCs only because they supply mid day meals. There is also a lack of political will to implement the welfare schemes in some parts of the state. The practice of child trafficking is carried on in hills. The military activity in the area also adds to the problem. Many schools are being closed and turned into military camps. The houses of civilians are burnt down by military and other groups. There is also a visible tribal and non tribal divide.

In such a situation the role of the media and NGOs can prove to be very significant as media tends to have a more visual effect.

Mr. Rabindranath made a presentation on the current issues affecting childcare in Assam. He identified the civilian unrest as well as human actions like mining (and its impact on the ecology) having a disastrous impact on the well – being of the people of the state especially children. Due to massive mining going on in Arunachal Pradesh, the riverbed of *Brahmaputra* is getting eroded. The loose soil gets washed away and agriculture is affected. The rice growing land of Assam is also becoming infertile .There is increased under and malnutrition affecting children, pregnant and lactating mothers. While there are no deaths due to starvation, people are still dying slowly due to ill health. In this given situation rural children are the most vulnerable sufferers. The trauma and low economic opportunities also lead to substance related disorders among children.

He argued that in the seven states of North East, there are 430 tribal areas and out of these 200 are in Assam which makes it extremely unstable as more and more influx of migrants adds to the ethnic conflict. Several armed and insurgent groups have formed who resort to ethnic cleansing as Assam, Manipur, Tripura and Nagaland all have different ethnic groups. However, the largest forced displacement movement happened in Assam, Manipur and Tripura with over 25,000 people being displaced in 2002 including children. More than 80,000 are still living in inhuman conditions. Thus, the children are living in extremely volatile situation with their education being constantly disturbed and having to continuously deal with disaster and displacement. We therefore have to

take note that the portion of ICDS budget is decreasing in a situation when it needs to account for all such problems and ensure that children have access to care and education in all circumstances.

Dr. Joseph Parakka discussed the relevance of early diagnosis and intervention of child neuro development disorders in North East India. He argued that disorders such as cerebral palsy, autism etc can be detected early on but due to neglect we allow the child to become handicapped and then seek medical help. There is an urgent need for early intervention in this field. For example, in the case of polio, now the vaccination is available and therefore the cases of children developing polio are almost nil. We need to spread more awareness about the available treatments and more importantly the precautions that can be taken by parents to avoid their children developing mental disorders. They need to ensure that they check their babies for early signs of cerebral palsy.

Ms. Gayatri Choudhary made a presentation on the overall importance of nutrition and child care at birth. Taking up the case study of a district on the south bank of the *Brahmaputra* she pointed out that in such a remote place, there is a major need for spreading awareness about antenatal care and providing counselling to the elderly women in the family. She pointed out that the rural area on the south bank of the river is quite isolated with no access to the internet or information through other sources of media. Here the staple food is rice which is eaten with curry, salt or chillies. As there are many expectant mothers in the area, they need to get more nutritional food in their diet along with vitamins. The expectant mothers here argue that there is no need for iodine tablets and no need to go to the hospital. In this case the scheme introduced by the government called the *janani surakhsa yojna* can be very useful as with available finances in the confines of their own home these women can have safe deliveries.

She argued that there the women still need to be made aware of the importance of eating healthy during pregnancy and due to ignorance sometimes the in-laws or the husbands tend to throw out the iodine tablets. She also pointed out other hazards with non – institutional deliveries and prevalent cultural practices that also lead to high rate of MMR and IMR.

There is therefore a need to spread awareness amongst all women, through *mahila samities* but this needs to be done more aggressively and they have to be educated about it in person about the importance of breast feeding, eating nutritional food and more aspects of antenatal care because if they hear it over the radio they tend to ignore it by saying it is a recording playing.

- When it comes to the question of immigrant Bangladeshis , the usage of the term should be banned as 30% population of Assam who are Muslims speak Bengali and a lot of them were settled in Bangladesh which was former India at the time of partition as they were suppose to work in the tea plantations.

24th March, 2009 (Day 2)

Ms. Elizabeth Devi discussed the issues related to children growing up in conflict situations. She argued that children's problems are still not given enough attention and in conflict situations

children are often victimized and used as perpetrators of violence especially in the case of the ongoing armed conflict in Manipur. The society in this state has seen mass murders, violence, rape, killings and abductions. Historically, people/persons concerned with the situation of children during armed conflict have focused primarily on their physical vulnerability but the loss, grief and fear a child has experienced must also be taken into account. For increasing numbers of children living in war-torn nations, childhood has become a nightmare. There have been several cases of children abducted and recruited in armed outfits, some even abducted while on their way to school. The parents complain that the children are often troubled, have sleepless nights and live in constant fear of being abducted. A large number of children have been confined to their homes and have not been allowed to go to school or even to go outside to play.

She pointed out that according to Sobita Mangsatabam, Secretary of Women Action for Development (WAD) based in the state capital Imphal, about two dozen children have been forcefully separated from their families in the last few months alone (Reported on 31 July, 2008). Narrating one such incidence she argued that inspite of a big public outcry for children not to be taken into armed outfits, there is not much that is being done. These groups point out that the children come willingly as they want to be 'perfect citizens' and that they are in fact educated in these camps. Since 2003 over 85,000 children have been recruited in such groups so far in the north east

Ms. Daisy Nath made a detailed presentation on the Assam child budget arguing that the civil society groups can use this data to pressurize the government to release more schemes for the development of children. She pointed out that in Assam both birth rate and infant mortality rate (IMR) are higher than the Indian average. As per Government's own admission, 13.4 lakhs or 24.39 percent of the children in the 6-14 age group were out of school in 2001. A separate study shows 43 per cent of the present and past tea garden labourers are out of school. According to Government of India, Assam has the highest incidence of child abuse in India. Inspite of such numbers, the government has been reluctant in allocating the required capital in schemes that pertain to ECCD and child welfare programs. In 2007-08, out of every hundred rupees allocated in the State Budget of Assam 5 Rupees and 38 paisa has been provided for children. This is less than the average of the last three years and there are major gaps in allocation and implementation. We also need to think about sectoral allocation towards health, development, protection and education. Except education, that has witnessed some increased expenditure in recent years, other sectors combined do not even cover 0.5 per cent of the budget.

She elucidated that ICDS constitutes 86.78 per cent of the allocation for development but has declined by 81.39 per cent in 2007-08. Over fifty three per cent of the required AWCs still need to be constructed. But in 2007-08, no allocation has been made for this scheme. She continued to highlight other serious lacunas that the scheme faces mostly due to poor allocation of money, undue dependence on centrally sponsored scheme and a general negligence towards the program by the concerned authorities.

She further pointed out that education receives the largest share of the allocations both within the total state budget (5.1%) and in the BfC in Assam (94.86%). In the major scheme of *Sarva*

Shikhya Abhijan (SSA) while huge allocations were made in early stages by 2006 – 07, even that scheme experienced reduced allocations. A relatively small amount is allocated for handicapped, SC, ST and OBC children of the State.

She concluded by saying that if we want to develop the children there is a dire need for advocacy at the grassroots level and also at the policy and implementation level. We need to investigate the non utilization of funds and keep in mind both over and under expenditure while preparing the next years' budget. There needs to be enhanced allocation for handicapped, SC, ST and OBC children of the State, more schemes for child protection and enhanced allocation for existing schemes meant for girl children in Assam.

Ms. Zeena Huriem made a presentation on the work of Guwahati Street Children's Project undertaken by World Vision India. She explained that in Guwahati more than 4000-10,000 children are living in vulnerable conditions such as on the streets and often come from migrant families who do not have any land for cultivation at home. More than half the earnings of these children are utilized in sustenance and sometimes even substance abuse. She highlighted that how through sustained actions of NGOs like hers serious work on rescue, rehabilitation, health and educational facilities could be achieved. Vocational training and income – generating activities for the families have also yielded encouraging results.

She asserted that the street children often live in communities where there is a lack of development. Illiteracy, problems of housing, social acceptance and finding employment as their transition from rural to urban life tends to be very difficult. Children live in high risk situations where parents are sometimes alcoholics, fathers beat their wives and the children are the vulnerable victims of flesh trade.

Ms. Gita Bharali discussed the issue of the status of primary education among the children of plantation labourers. She pointed out that while Assam produces 26% of the world's tea production and 56% of the India's tea production, the children of these plantation labourers are deprived of their fundamental right of education. The tea garden communities in Assam are completely cut off from the rest of the society and working on the tea plantation has almost become a hereditary occupation as was revealed in an intensive study of 45 tea gardens and dialogues with the management and workers. More than 40% of workers are illiterate and less than 17% have had any primary education. In such cases there is a very strong need for proper child care services to ensure proper education and the safety of children from such families. According to The Plantation Labour Act it is mandatory for every tea garden to provide crèche' services. However , this is not implemented. Also tea leaf picking work is often done better by children as their fingers are slender. As a result, the management does not encourage children going to school as they prefer retaining the labour force.

She stressed on the fact that the children in these tea plantation camps also face the problem of ethnic and religious diversity. Such children who have been in the camps are often not able to understand anything as the medium of instruction is mostly Assamese which a lot of labourers do

not understand. She argued that in the existing schools, infrastructure is of very poor quality and often there are only one to two teachers for 100-250 students. In many management run schools, a literate labourer is appointed as a teacher.

She went on to say that there is a total dependence on plantation amongst these labourers. Around 85% of the family members who are economically active depend on the tea gardens either as permanent or temporary labourers. Ms. Bharali suggested that there is a need for an independent forum to take up the issue of education of plantation labourers. With regards to the government's efforts, midday meal scheme and proper child care facilities should be implemented strictly.

Ms. Roshimi Rekha Saikia spoke on the status of ECCD in Assam. Her study involved the survey of state initiatives like ka–Sreni and the centrally – sponsored *Sarva Shiksha Abhiyan.* It was observed that majority of the Ka-Sreni children showed a better level of interaction with both peers and teachers. Training in innovative teaching techniques through activities or handbooks also has a positive impact on child participation in education.

Ms. Rumi Ahmed drew attention to the issue of children with disabilities in Assam. She argued that children with disabilities are ignored from very early on and while The Disability Act talks about how the government should take all the measures to prevent disability, few of these are implemented. While campaigns like the *Janani Surakhsha Yojana* provides for the care of expectant mothers, and the polio vaccinations are distributed freely, these measures are far from adequate in preventing disability. It is well known that elementary education is crucial for children with disability and they need utmost priority and attention in their initial years. Inspite of these factors, the SSA does not have special provisions for children with disabilities.

Ms. Ratna Bharali discussed the status of the ICDS services in Assam. She pointed out that the number of AWCs in Assam are too few to cover all the beneficiaries and are plagued with problems of rampant corruption especially in the mid – day meal schemes. Their centres are mostly located in urban and accessible areas but in the inner recesses of the state and in hilly areas, there is no access to the AWCs. The anganwadi workers have very low remuneration rates. She also emphasized that the allocation of resources for the scheme were faulty and did not take into account the yearly increase of population. Compared to Tripura (where cooked meals given out in the ICDS centres was 288 days), Assam fared miserably with food provided only on 70 days. She called for an expansion of the scheme especially in plantation camps and areas affected by ethnic violence.

Ms.Sucheta Sen Chaudhuri drew parallels between the situations of urban children as different from those in the rural areas. In urban areas, children are vulnerable victims of sexual abuse when left at home without care especially when parents go to work. In rural areas, in shifting cultivation communities, when parents are constantly travelling to cultivable plots, children get neglected as they are left on their own for 8-10 hours a day and in most cases the elder sisters right from the age of five have to take care of the younger siblings, sometimes even children of other families within and outside the villages.

She pointed out that the solution could lie in a community run day care centre. The Rajiv Gandhi University started a pre primary school for the children of the contingent labourers in 1995. In 1999 they started a day care centre along with a partnership of a women's centre despite initial reluctance.

Mr. Dipen Chand Kalita made a powerpoint presentation on the issue of protection of children. He pointed out that direct intervention is needed for children in the 0-6 age group. He pointed out that while our National Policy for Children recognizes children as "nation's supreme asset", yet after six decades of our independence, there remain millions of children who are hungry, malnourished and without any love, security, care and necessary shelter.

He explained that the only Shishu-greh in Assam run by Indian Council for Child Welfare, Assam State Branch, is the home for the abandoned/surrendered children between the age-group of 0 to 05 yrs. Since its inception on 1st of June 1978 Indian Council for Child Welfare, Assam State Branch has been running nine anganwadi training centres in different parts of Assam. These centres are entrusted to impart training to the Anganwadi Workers and helpers appointed by the Govt. of Assam to deliver the services under Integrated Child Development Scheme. They also run a series of projects such as a family counseling centres, an Intervention project on HIV/AIDS targeting the children of migrant families, an initiative to educate, rehabilitate and assist child victims of terrorism etc. He concluded by saying that while the Assam state branch has been working tirelessly for children, this effort needs to be matched up by the society to ensure that the children can grow and develop in a more child friendly environment.

Mr. Pranob Jyoti Neog discussed the impact of an intervention for children with disabilities. He argued that some of the findings of the intervention revealed a dismal attitude of the parents where they do not send their children with disabilities to school. He argued that behind such an attitude lie some practical concerns. For instance there are several architectural barriers as most school buildings are not disabled friendly. There is a lack of expertise and manpower to look after such children during school hours as they require constant care. He concluded by saying that the people need to be more aware and sensitive to the needs of children with disabilities.

Discussion

- In N.C. Hills children and teenagers are actively being trained in arms and ammunitions and there is an urgent need to intervene.
- Street children face a lot of problems and it can prove to be difficult to rehabilitate them as they find rehabilitation inhibiting and want to go back.
- The anganwadi workers are not given even minimum wages.
- According to the plantation labour act every tea garden should provide crèche services but this is not implemented. This is all the more needed with the changing demography on the plantation with the influx of migrant labour.

- It is also imperative to educate parents along with the children about the proper care practices. The materials given to the SSAs and the AWCs are not used properly and do not address wasteful expenditure on alcohol or such issues.
- The women in Arunachal Pradesh offen suffer from respiratory problems due to a lot of uphill walking and often their children are born with disabilities.
- The technical difficulties in gathering documental evidence about child care services also hinder the spreading of awareness about the cause.
- Young boys are often abducted by *Naga* insurgent groups and the families are usually helpless and afraid of going back to their villages, further increasing the number of migrant families. Thus, development displacement needs urgent attention as over 2 million children are affected by it.

Open Discussion

- We have concentrated too much on laws, polices etc to the point of almost losing our sense of priorities. Child development and protection does not get enough importance as while 95% of the budget is to be spent on children's education, almost 80% of it goes into paying the salaries and constructing the buildings.
- A forum for issues of children needs to develop which should work in collaboration with either the village councils or the *panchayati raj* bodies in various states.
- Development induced displacement needs urgent attention as over 2 million children are affected by it. The school drop out rates is very high and this displacement is not always confined to conflict or disaster.
- More data needs to come from the grassroots level. One can adopt two characteristics from Manipur which can work, namely, mobilizing NGOs working on children and women and forming networks to fight for ECCE.
- One can also think of initiating a regional chapter of FORCES in the North East along with focussing on capacity building involving the civil society and coming up with a district wise model to ensure collective development.
- We need three different types of groups to work on the issue of children- action oriented; watchdogs and the research groups. Use the data compiled in an effective way to lobby for child rights with the government.
- The root cause of insurgency is concerned identities, populations who feel a deep sense of alienation and deprivation. The solution could lie in the convergence of basic government schemes such as the NREGA, SSA, ICDS etc but we need to put pressure on the service providers and empower the masses. We therefore require aggressive advocacy and awareness at various levels.

- This consultation has been the first of its kind in the NE which has brought forward some complex issues and hoped that the discussions and deliberations will take the issues and initiative forward.

Dr. Kumud Sharma (Vice Chairperson, CWDS) drew attention to the fact that there has been an excellent participation given the fact that this consultation has been the first of its kind in the NE. It has brought forward some complex issues and hoped that the discussions and deliberations will take the issues and initiative forward.

Dr. Vasanthi Raman (National Convenor, FORCES) summed up by saying that we saw two kinds of presentation during the course of the consultation, one which presented us with a micro picture of case studies from grassroots and the others which gave us an over all macroscopic view of the current issues involving children in the North East.

Programme

March 23, 2009 (Day –1)

9:00 - 9:45 a.m.	Registration
9:45 - 10:30 a.m.	Session - I: Inaugural Session Welcome and Introduction Chair: Dr. Kumud Sharma, Vice Chairperson- CWDS, New Delhi Ms. Nirali Mehta- Technical Advisor, Plan International Dr. Vasanthi Raman, National Convenor – FORCES Ms. Savitri Ray, National Coordinator - FORCES Guest Speaker: Dr. Kulendu Pathak (Former Vice Chancellor- Dibrugarh University)
	- Tea -
11:00 -12:00 p.m.	Session - II Chair: Dr. Kulendu Pathak Status of the Young Child in North East Speakers: Mr. Biswajit Chakrabarty / Mr. Nabarun Sengupta
12:00 -1:00 p.m.	Session - III Chair: Mr. Ravindra Nath Presentations from Meghalaya / Manipur
	- Lunch -
1:45 -3:30p.m.	Session - IV Chair: Dr. Walter Fernandez (Director North Eastern Social Research Centre) Presentations from Nagaland / Mizoram / Sikkim
	- Tea -
3:45- 5:00 p.m.	Session - V Chair: Fr. Lukose (Director, Snehalaya) Presentations from Tripura / Assam

March 24, 2009 (Day –2)

9:30 - 11:00 a.m.	Session - VI Chair: Dr. Anuradha Dutta, Professor of Peace Studies, Omeo Kumar Das Institute of Social Change and Development Presentations from Assam/ Arunachal Pradesh
	- Tea -
11:15 - 12:15 p.m. 12: 15 – 1:00 p.m.	Session - VI...continues Chair: Dr. Kumud Sharma Moderator: Dr. Vasanthi Raman Open discussion / Recommendations Vote of thanks: Ms. Savitri Ray
	- Lunch -
3:00 - 5:00 p.m.	Interaction with MediaModerator: Plan International/ Communicators India
	- Tea / Departure -

List of Participants

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CRC Status of Children: An Overview

Background and History of the UNCRC

- The Government of India ratified the Convention on the Rights of the Child (CRC) on 11th December 1992.
- The CRC contains 54 articles and is a comprehensive instrument which sets out rights that define universal principles and norms for children.

Overview of Periodic Reporting Procedures

- In 1997 India submitted its first country report to the Committee on the Rights of the Child.
- The First Periodic Report was submitted in 2001.
- The next periodic report is due in July 2008.
- The Committee on the Rights of the Child invites individual NGOs or national coalitions or networks of NGOs to submit parallel/alternative reports.

Action Taken by the Government

- The National Commission for Protection of Child Rights was set up in 2007.
- Declaration of universalization of ICDS and expansion of the outreach of ICDS services.
- Amendment of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992.
- Amendment of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

Observations of the UN Committee on the Rights of the Child

- **The Government of India expenditure (plan and non-plan) on social sectors (health, education, family welfare etc.) as a ratio of total expenditure has marginally decreased from 11.26% in 1997-98 to 10.72% in 2000-01.**
- **The unavailability and/or inaccessibility of free, high quality primary health care; the slow decline in IMR; the worsening of MMR; the low immunization rate, the high incidence of low birth weight babies; the high number of children with stunting, wasting or who are underweight; the prevalence of micro-nutrient deficiencies; and the low rate of exclusive breastfeeding.**

India's Performance in achieving MDGs

- India is also a signatory to the MDGs.
- 2008 marks the mid point for the realisation of MDGs, set to be achieved by 2015.
- India spends a mere 3% of its GDP on education and less than 1% on health (which is the 18th lowest in the world according to the UN).
- India is ranked 128 out of 177 countries in the Human Development Index.

Performance in achieving MDGs Contd.

- **India accounts for more than 20% of global maternal and child deaths.**
- **Nearly two thirds population has no access to essential medicines.**
- **Almost 35% population lives below the global poverty standard of less than $1.**
- **According to latest estimates, 77% of the population in the unorganized sector lives on below Rs. 20 a day.**
- **Food grain absorption has reduced over the last decade with the present absorption rate (estimated at 155 kg per capita per annum) being close to the absorption rate during the Bengal famine of the 40s.**

Performance in achieving MDGs Contd.

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Health

Only 0.9% of the GDP is currently invested in health as against the WHO mandated 5%.

Current Status of the Child in India

Total Population of children under 6 Years (2001 Census) – 163,819,614

Child Mortality (Under five)

- In 2006, for the first time in the world, the number of children dying before their fifth birthday fell below 10 million to 9.7 million.
- South Asia contributes to 3.1 million of total under five deaths in the world.
- India contributes an estimated 2.1 million, about 21% of global child deaths.

Child Population

- Total Population (2001) – 16.4 Crore (16% of total population)
- Age Group (In Years)

Below 1	6%
1-2	12%
3-5	22%
6-14	60%

Neonatal mortality- a major factor contributing to U5 mortality

- World wide, 37% under-five deaths are neonatal deaths.
- Of the 2.1 million under five deaths in India:
  75% are infant deaths (before 1st birthday)
  50% are neonatal deaths (within 28 days)
  38% are early neonatal deaths (within 7 days)
- Therefore, neonatal death is a major factor contributing to U5 mortality in India.

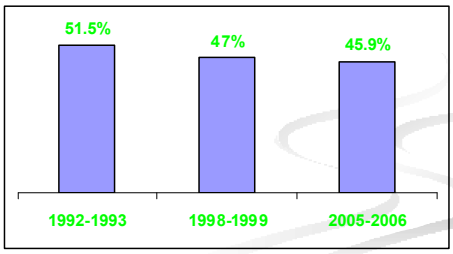
Child Budget

Funds for ICDS	Expenditure on Children
2004-5 – 1600 Crores	2000-5 – 208 per child per year
2005-6 – 3315 Crores	2000-1 – 151 per child per year
2006-7 – 4543 Crores	2004-5 – 288 per child per year

Percentage to the Union Budget

2000-1 – 0.88%
2004-5 – 0.95%
2006-7 – 1.66%

Child Malnutrition Rates in India



Children Underweight

- 25% children under the age of five in the world are underweight – 156 million.
- In India 43% of under five children are underweight.
- One-third of all underweight children worldwide live in India - 55 million.

Birth Registration

- Birth registration provides a name and nationality to a child and is a human right.
- The level of birth registration in the country is 63.8% (Registrar General of India, 2005).
- Approximately 9.4 million children (36.2%) go unregistered every year.
- Only 27% of children in India under five have a birth certificate.

India is not likely to meet MDG 1 Target on Malnutrition

- **India's IMR is 57 as opposed to the National Development Goal of 45 in the year 2007 (Uttar Pradesh with worst IMR – 73/1000 live births.**
- **19.1% of children are wasted (acute malnutrition)**
- **45.9% of children are underweight**
- **38.4% of children are stunted (chronic malnutrition)**

Status of the Girl Child

- The negative bias against the girl child is reflected in the widespread use of sex determination tests, prevalence of female foeticide/infanticide and a sex ratio that is unfavourable to women.
- Gender discrimination leads to malnutrition amongst girl children and the incidence of anaemia is high among them.

Infant feeding practices in India are sub-optimal

- Only 23.4% of children under 3 are breastfed within one hour of birth.
- Only 46.3% of children under age five months are exclusively breastfed.
- Only 57% children age 6-9 months receive complementary foods.

Status of the Girl Child

- **The sex ratio in 2001 - 933 females per 1000 males**
  Without discrimination the ratio should have been approximately - 1050/1000
  The problem of the 'missing girl child' is prevalent in India
- **The Child Sex Ratio in the 0-6 year age group has worsened from 945 females per 1000 males in 1991 to 927 females per 1000 males in 2001.**

Education

- **Only 3% of GDP is invested in education as against the target of investing 6%.**
- **Less than 1% of total education budget is dedicated to early childhood programmes.**
- **The 93rd Amendment Bill has made education a fundamental right for 6-14 year old children while the right to learning opportunity for the younger child has become a matter of state "endeavour".**

The Status of the young child among marginalized and excluded sections of society

- **Despite affirmative measures to ensure non-discrimination, social indicators such as health and education show that children of tribal, minority and marginalized communities continue to be disadvantaged.**
- **Limited access to social services, including health care, immunization and education as well as the violation of the right to survival and development and to be protected from discrimination.**

Status of Children with Disabilities

- **Children with disabilities face unequal opportunities for survival and development.**
- **Most Indian children are disabled due to poverty and its correlates: protein malnutrition, iodine deficiency and Vitamin A deficiency.**
- **Limited facilities and services for children with disabilities and limited number of teachers trained to work with them.**
- **Lack of early detection programmes to prevent disabilities and lack of a comprehensive policy for children with disability.**

Working Group Recommendations for the Eleventh Plan

- A rights based approach.
- Age specific interventions for children of different age groups.
- Institutional arrangements – maternity entitlements, crèches and child care arrangements.
- Convergence between core programmes – ICDS, NRHM and SSA

Major Failures of the Tenth Plan Period (2002-07)

- **The IMR continues to be unfavourable at 58/1000 live births (Mid Term Appraisal of the Tenth Plan, 2005).**
- **The Under Five Mortality Rate still remains very high at 77/1000 live births (SRS, 2004).**
- **The MMR is still very high at 450/100,000 live births (Human Development Report, 2008).**
- **The number of underweight children under 3 years of age is very high at 45.9% (NFHS III, 2005-06).**
- **Prevalence of anaemia in young children aged 6-35 months increased from 74.2% (NFHS II, 1998-99) to 79.2% (NFHS III, 2005-06).**

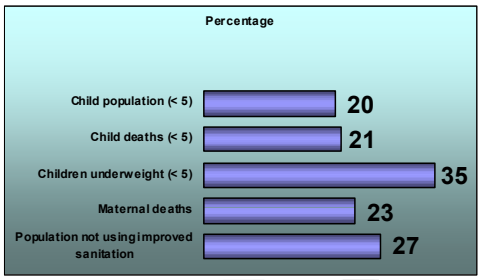
Recommendations Contd.

- ICDS Universalization with improvements in quality.
- Decentralisation and Community Action in the delivery of child care services.
- FOCUS on children under 3 in the ICDS programme with special focus on infant and young child feeding counselling.
- Two Worker Anganwadi model.

Failures of the Tenth Plan Period Contd.

- Only 23.4% children are breast fed within one hour of birth (NFHS III, 2005-06).
- Universalization and improvements in quality of the ICDS programme have still not been achieved.
- The level of birth registration in India continues to be very low.
- The percentage of GDP invested in health care continues to be low and primary health care facilities are still highly inadequate.

Where India Stands Globally



Annexure - II

Young Child at a Glance

Country / states	Children under 3 who are Stunted (too short for age), Wasted (too thin for height) or Underweight (too thin for age) (%)			Number of Infant deaths per1000 live births in the last five years Number of Infant deaths per1000 live births in the last five years		Institutional Births (%)		Children aged 0-5 months exclusively Breast fed (%)		Children aged 6-35 months who are anaemic (%)		Child Sex Ratio (Age Group 0-6 Years)
	NFHS*	II	III	II	III	II	III	II	III	II	III	2001
India	Stunted:	45.5	38.4									
	Wasted:	15.5	19.1	68	57	33.6	40.7	N.A.	46.3	74.2	79.2	927
	Underweight:	47	45.9									
Andhra Pradesh	Stunted:	39	34									
	Wasted:	9	13	**66**	53	49.8	68.6	N.A.	62.7	72.3	79	961
	Underweight:	38	37									
Bihar	Stunted:	55	42									
	Wasted:	20	28	78	62	14.8	22	N.A.	27.9	81.1	87.6	942
	Underweight:	54	58									
Chhattisgrah	Stunted:	58	45									
	Wasted:	19	18									
	Underweight:	61	52	81	71	13.8	15.7	N.A.	82	87.7	81	975
Delhi	Stunted:	36.8	35.4									
	Wasted:	12.5	15.5	47	40	59.1	60.7	N.A.	34.5	69	63.2	865
	Underweight:	34.7	33.1									
Goa	Stunted:	18	21									
	Wasted:	13	12	37	15	90.9	92.6	N.A.	17.7	53.4	49.3	938
	Underweight:	29	29									
Gujarat	Stunted:	43.6	42.4									
	Wasted:	16.2	17	63	50	46.3	54.6	N.A.	47.8	74.5	80.1	878
	Underweight:	45.1	47.4									
Haryana	Stunted:	50	35.9									
	Wasted:	5.3	16.7	57	42	22.4	39.4	N.A.	16.9	83.9	82.5	820
	Underweight:	34.6	41.9									
Himachal Pradesh	Stunted:	41.3	26.6									
	Wasted:	16.9	18.8	34	36	28.9	45.3	N.A.	27.1	69.9	58.8	897
	Underweight:	43.6	36.2									

Jammu & Kashmir	Stunted:	38.8	27.6									
	Wasted:	11.8	15.4	65	45	35.7	54.3	N.A.	42.3	71.1	68.1	N.A.
	Underweight:	34.5	29.4									
Jharkhand	Stunted:	49	41									
	Wasted:	25	31	54	69	13.9	19.2	N.A.	57.8	82.4	77.7	965
	Underweight:	54	59									
Karnataka	Stunted:	37	38									
	Wasted:	20	18	52	43	51.1	66.9	N.A.	58	70.6	82.7	946
	Underweight:	44	41									
Kerela	Stunted:	22	21									
	Wasted:	11	16	16	15	92.9	99.5	N.A.	56.2	43.9	55.7	960
	Underweight:	27	29									
Madhya Pradesh	Stunted:	49	40									
	Wasted:	20	33	88	70	22	29.7	N.A.	21.6	71.3	82.6	932
	Underweight:	54	60									
Maharashtra	Stunted:	39.9	37.9									
	Wasted:	21.2	14.6	44	38	52.6	66.1	N.A.	53	76	71.9	917
	Underweight:	49.6	39.7									
Orissa	Stunted:	44	38									
	Wasted:	24	19	81	65	22.6	38.7	N.A.	50.2	72.3	74.2	953
	Underweight:	54	44									
Punjab	Stunted:	39.2	27.9									
	Wasted:	7.1	9	57	42	37.5	52.5	N.A.	36	80	80.2	793
	Underweight:	28.7	27									
Rajasthan	Stunted:	52	33.7									
	Wasted:	11.7	19.7	80	65	21.5	32.2	N.A.	33.2	82.3	79.6	909
	Underweight:	50.6	44									
Tamil Nadu	Stunted:	29	25									
	Wasted:	20	22	48	31	79.3	90.4	N.A.	33.3	69	72.5	942
	Underweight:	37	33									
Uttarakhand	Stunted:	46.6	31.9									
	Wasted:	7.6	16.2	38	42	20.6	36	N.A.	31.2	77.4	61.5	906
	Underweight:	41.8	38									
Uttar Pradesh	Stunted:	55.7	46									
	Wasted:	11.2	13.5	89	73	15.2	22	N.A.	51.3	73.8	85.1	916
	Underweight:	51.8	47.3									
West Bengal	Stunted:	42	33									
	Wasted:	14	19	49	48	40.1	43.1	N.A.	58.6	78.3	69.4	960
	Underweight:	49	44									

Arunachal Pradesh	Stunted:	27	34									
	Wasted:	8	17	63	61	31.2	30.8	N.A.	60	54.5	66.3	964
	Underweight:	24	37									
Assam	Stunted:	50	35									
	Wasted:	13	13	70	66	17.6	22.7	N.A.	63.1	63.2	76.7	965
	Underweight:	36	40									
Manipur	Stunted:	31	25									
	Wasted:	8	8	37	30	34.5	49.3	N.A.	61.7	45.2	52.8	957
	Underweight:	28	24									
Meghalaya	Stunted:	45	42									
	Wasted:	13	28	89	45	17.3	29.7	N.A.	26.3	67.6	68.7	973
	Underweight:	38	46									
Mizoram	Stunted:	35	30									
	Wasted:	10	9	37	34	57.7	64.6	N.A.	46.1	57.2	51.7	964
	Underweight:	28	22									
Nagaland	Stunted:	33	30									
	Wasted:	10	15	42	38	12.1	12.2	N.A.	29.2	43.7	N.A.	964
	Underweight:	24	30									
Tripura	Stunted:	40	30									
	Wasted:	13	20	44	52	45.2	48.9	N.A.	36.1	61.8	67.9	966
	Underweight:	43	39									

*NFHS II (1998-99)

NFHS III- (2005-06)