

## **A Report on the National Consultation on the Status of the Young Child 24 February 2009, New Delhi**

**Venue:** India International Centre, 40, Lodhi Road, Max Mueller Marg, New Delhi - 110003.

### **Organisers:**

Forum for Crèche and Child Care Services (FORCES) C/O CWDS, Delhi  
PLAN International

National FORCES organised a national consultation with a view to develop an alternate report on the status of the young child for the UN Convention on Rights of the Child (UNCRC). The consultation was held on 24<sup>th</sup> February 2009 at the India International Centre Delhi. Participants included FORCES state partners as well as organizations/individuals working on children's issues in the states of – Uttar Pradesh, Delhi, Rajasthan, Himachal Pradesh, Assam, Meghalaya, TamilNadu, Orissa, Bihar, Jharkhand, Maharashtra and Uttarakhand. (Also see list of participants).

### ***Welcome and Introduction Session***

***Chair- Dr. Kumud Sharma, Vice Chairperson CWDS***

***Guest Speaker – Prof. Shanta Sinha, Chairperson NCPCR***

Registration of all participants was followed by a welcome note by **Dr. Vasanthi Raman (Convenor, National FORCES)**. She 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. She pointed out that FORCES had already organized three regional consultations and the national consultation was to be an effective summing up. She stressed on the fact that FORCES hoped to use the occasion of the UN's CRC to not only to produce the mandatory fifty pages for the Report but also to actually advocate for the rights of the invisible 'young child'. She pointed out that yesterday's media advocacy session was a promising start as a result of which many leading dailies had carried front page articles on the importance of the status of the young child in India today. She thanked PLAN international for their support in this entire endeavour and invited Ms. Verity Corbett to come and say a few words.

**Dr. Verity Corbett (Plan International)** emphasised that this was PLAN's fifth year of collaboration with FORCES and that every year has been an occasion of passionate debate on the status of the child between 0 to 6 years. She said that PLAN was very proud to support such a serious organization and its efforts as they have been consistently and successfully using every opportunity to focus on the invisible 'young child' in India.

**Dr. Vasanthi Raman** welcomed Prof. Shantha Sinha, the guest speaker. Introducing Prof. Sinha, she pointed out that Prof. Sinha had been well known for her work on child rights and child labour and is currently the Chairperson of NCPCR (National Commission for the Protection of Child Rights) and MV Foundation. She then invited Ms. Savitri Ray to give a brief background of FORCES.

**Ms. Savitri Ray (Coordinator, National FORCES)** welcomed everyone to the National Consultation organized by FORCES, the national network that concentrates exclusively on the

concerns of children between 0-6. She pointed out that FORCES reviewed the status of the young child in its' regional consultations and aims to produce an alternative report on the all-India situation. The UN Convention on the Rights of the Child lays down a four-fold classification – survival, protection, development of early childhood rights and education – as the underlining universal principles and norms for children.

She stressed on the fact that this alternative report gives us an opportunity to review gaps in crucial areas pertaining to child rights and development in the country. The ICDS for example, is the largest and most important programme catering to the health, nutrition and education of the 0-6 age group. Yet, according to the 2001 Census, it has managed to reach only 22% of the total children in the group. Union budget allocations have been inadequate. Expenditure on education comprised only 3% of the GDP as opposed to the 6% that was promised under the Common Minimum Programme when the UPA government came to power. The *Sarva Shiksha Abhiyan* also completely ignores pre-school education. Responsibility for education in general has shifted to the states, a reflection of wider trends of the central government reworking its priorities in social sector spending. The 86<sup>th</sup> Amendment, while making free and compulsory education for those children between 6 and 14 a Fundamental Right, released the state from its obligations towards 0-6 year olds. Similarly health allocations too have dropped. In spite of its motto 'Health for All', the state is spending only 1.03% of the GDP (and not 3% as promised under the CMP) on health. This is despite the fact that 43% of children under 5 are underweight. The number of stunted, wasted and underweight children is on the rise. The national IMR stands at 57. Female foeticide instances are increasing everyday and 25% of our 12 million girl children will not survive their 15<sup>th</sup> birthday. This is the gender gap that is widening in the differential cases of child empowerment.

She argued that this year's interim budget allocation specifically for the 0-6 age group's health and protection has fallen from 0.9% in the previous budget to 0.67%. India's performance vis. a vis. the Millennium Development Goals has been poor. Attempts to universalize the ICDS will not succeed given these low allocations. Our country accounts for 20% of global child and maternity deaths. FORCES' alternative report for the UNCRC hopes to bring the child out of the margins. India ratified the CRC 17 years ago, but child development indicators continue to be discouraging. In the sixty years of independence we have the policy in place but a lot still needs to be done so we hope that we can have serious discussions on these issues enabling us to chart out the plan for the future.

**Dr. Kumud Sharma (Vice Chairperson CWDS)** welcomed Prof. Shantha Sinha and all the other participants in the Consultation.

**Prof. Shantha Sinha, (Chairperson NCPCR)** said that it was a privilege to be invited and that she hoped that the following issues discussed would be taken very seriously. She pointed out that the primary problem of the young child today is the absence of a legal framework. The 86<sup>th</sup> Amendment has openly disregarded the rights of children below 6. One will have to review the rights in order to bind the policy makers to do the needful for this age group. A legal framework is of the utmost necessity. She said that she would be stressing on some main concerns which have already been recognized in the 11<sup>th</sup> Five Year Plan.

She argued the debate on 0-6 is increasingly getting narrowed down to the question of nutrition alone whereas the ICDS is much more than the politics of the nutrition programme which have taken over all other entitlements such as maternal and child rights which need attention. This of course directly confronts existing discourses on gender and empowerment. The issues at stake

here are not women's issues alone but require societal responsibility and commitment. For example, to ensure compulsory breastfeeding the barriers between a mother's breast and the child have to be overcome. The barriers exist at the household level, the district level and the national level, impeding a process that is innately natural. How does one ensure that the woman can be with her child to breastfeed, be guaranteed adequate intervals between births and so on? The gap is essentially between the hand and the mouth. We have encountered cynicism among women who say that they know that they must have nutritious food. However, this is not her responsibility alone. To enable her ensure she has the access to the nutrition that she needs, society has to step in proactively.

She drew attention to the fact that the complexities of nutrition originate even before the actual birth of the child. Early marriage and consequently, early childbearing has an impact on the weight of the newborn child. This can later evolve into a problem of stunted growth. The education of adolescents is also neglected. A 13 year old married child is still not an adult. She is still a child and every child should be given the chance to go to school. We have encountered plenty of instances of girls who have defied marriage to go to school, not with state scholarships but with the support of her village and community. These everyday battles of girls capture their strength and courage, but also reveal that government programmes for girls are not enough to bring about empowerment. Distribution of cycles or scholarships for Rs. 75 or Rs.100 every month is not enough. They are at best a dole. Girls say that they can earn this amount in a day through daily wage labour. Maternal entitlements cannot exclude girls' education. What they actually need is safety and security

Excessive targeting of programmes can also be harmful. Nutrition schemes for 3<sup>rd</sup> and 4<sup>th</sup> grade children carry an implicit assumption that children in 1<sup>st</sup> 2<sup>nd</sup> grade do not require nutrition. We wait for them to get sick and then put them into categorical nutritional rehabilitation. Here also children are barely kept for 14 days (children of 2 ½ months weighing barely 3 or 4 kgs are released after the cursory 2 weeks) so that they can make way for the next round of beneficiaries. The aim is to show in the official record that 2000 children have been administered in the Rehabilitation Centre without really paying heed to their actual nutritional state before and after the visit. Such technocratic solutions to malnourishment can be reversed only through community participation and vigilance. Sufficient research is needed to see what happens to children in the 4<sup>th</sup> grade if they get the access to care. We also need to increase the ownership of the communities to which these children belong to.

She went on to say that the issue of pre-school has not been covered with the seriousness it deserves. . There is no state programme for 3 – 5 years. The *anganwadi* worker is already overworked and cannot be expected to take responsibility for the education of her 3-6 year old wards. The question of whether 3-6 years should be a specialized intervention category also begs an answer. The transition of children from preschool to school is a huge transition which needs to be thought about. A state scheme should be universal, decentralized and multiple.

She concluded by saying that we need to look at this as an unravelling of power struggles' as 0-6 years old do not have any agency and then we talk of child rights and child participation. While the child is communicating even as a newborn, its entitlements are embedded in the social cosmos and are constantly being mediated by power structures of caste, gender etc. The child in 0-6 years and the *anganwadi* system must be a matter of pride for the country.

**Dr. Kumud Sharma** also stressed on the fact that we tend to only look at the solutions when a crisis arises but not address the issues before. As we have seen the discourse on under 6s

increasingly becoming food and nutrition centric. The need to engage with other issues here is crucial. We need to see where targeted programmes are situated and who they are targeted at now and not only when crises emerge. The CAG Report tells us that Rs. 51, 000 crores allocated for the National Rural Health Mission (NRHM), the National Rural Employment Guarantee Scheme (NREGS) and Integrated Child Development Scheme (ICDS) in 2007-08. However, no monitoring of how much was spent and where has taken place. While allocations are going up by certain percentages, questions of utilization and impact are gaining in precedence. Of course, the whole debate about reach and impact is also about societal dynamics and its interactions with state schemes as while for a lot of schemes the finances are suppose to be available, the money is hardly claimed for.

### *Session I*

#### *Chair-Dr. Kumud Sharma*

1. **Ms. C P Sujaya** made a PowerPoint presentation on the 'Programme and Policies for Children under Six' and pointed out that her paper centred on the four basic issues raised by the Child Rights Committee in its appraisal of the First Periodic Report submitted by the government in 2001. This is a five yearly event when national governments who have ratified the UN Convention on the Rights of the Child prepare a state of the art report on the present status of the child in their countries for discussion at the global level. She argued that as India's Second Periodic Report is now due, this is a good opportunity to look at what the state and the Committee said the last time in its Concluding Observations in 2004. Out of the many observations that the Committee makes, she said she had picked four issues that were the closest to policy: translating outlay into outcomes; effective coordination at the national and state levels; removing disparities while stressing the universality of rights and improved data collection

- **Translating outlay into outcomes:** She argued that it is necessary to assess the impact of allocations on the improvement of child rights. The media is always questioning where the government money is going. The Committee asks for the establishment of a link between allocation and outcomes, and once this link is established, a dissemination of the results. The Ministry of Woman and Child Development's annual reports echo what the CRC has said. Can child budgeting play a role in trying to translate outlays into outcomes? How is it exactly done? The Child Department in the Ministry is seven years old and child budgeting was pioneered by HAQ – Centre for Child Rights which is currently the only barometer available to assess impact is to see if outlays are going up (good) or going down (bad). This however does not solve the problem of how to connect the question of say, neonatal deaths and expenditure on health. How will we assess the effect of an expenditure of Rs. 100 (or Rs. 100 crores for that matter) on neonatal deaths for better or for worse? What is needed here is innovation, restructuring and the use of sensitive indicators. She went on to say that outlays are also different from actual expenditure. For example 2004-05 expenditure fell short of budgeted outlays. MWCD's annual reports stated the reason for this as a lack of capacity to absorb funds, procedural delays and slack implementation. Therefore, the question raises itself: will an increase in outlays help matters?

The budget outlays are monitored by the civil society organizations and the same interest is not shown towards how to optimally utilize the outlays. Hopefully its getting better where child budgeting is emerging as a tool to examine the status and it also it can help us to take stock of our development investments for children and in identifying glaring gaps,

blockages, etc and constraints to effective utilization. She urged that we can ask for information on state expenditures through our Right to Information.

- **Effective coordination at the national and state levels:** Child budgeting concentrates on programmes exclusively for children. What about universal subjects like water? We all know that waterborne diseases are the main cause of death for children between 0-5. Are all these children being provided with access to clean, portable water? In another example, we see AIIMS, a national institution with the best neonatal unit in the country, being excluded from the MWCD's budget. So what is required is a careful scanning of the centralized budget for heads relevant to children, a process of identifying the proportion of children of children affected in each development programme run by all state departments. The government argues that it does not have the time to carry out this exercise of ascertaining child specificity in public policy. The government should have the time! There is a need to move to an approach which identifies the proportion of children among all beneficiaries in each of the development programmes. Programmes have to be compartmentalized into heads. For example, is the ICDS pertaining to 'Health', 'Education' or 'Development'? It pertains to all three! It caters to children's nutritional requirements; the ANM is responsible for their holistic growth and physical as well as mental well-being.

She argued that child protection elements are also completely neglected. The CRC pattern of aligning labels – Survival, Development, Protection and Participation – is a useful way of monitoring progress. This process of monitoring has to be carried out at all levels of administration through 'proactive disclosure of government'. A list of indicators prepared by the MWCD for monitoring the NPAC and sent off for state level implementation fails to take into account the various local contexts.

- **Removing disparities while stressing universality of rights:** The Indian Constitution allows for special provisions to be made for women and children that can effectively address the specific constraints faced by a Dalit child or the child of landless labour. This deeply infringes on the CRC's belief that one child cannot be discriminated against another. So in the alternative report care must be taken to represent this situation delicately as there is no conflict between equality and making special provision for certain categories of children.
- **Data collection:** She argued that the manner in which data is presented can have multiple ramifications as far as interpretation is concerned. State by state comparison, the manner in which data is traditionally presented in government publications, forces one to look at Kerala in comparison to Bihar, UP in comparison to Rajasthan and so on. Data presented according to other indicators, especially when disaggregated along axes of caste or income, looks very different. When IMR data is disaggregated according to income, it is only 29 in the highest quintile and 70 in the lowest quintile. IMR according to caste and data also reveals interesting detail that challenge interpretations based on regularized datasets.

**Discussion** – Some important issues and questions were raised with regard to the above mentioned presentation.

**Ms. Karuna Bishnoi (UNICEF)-**

- We have to correctly interpret the Committee's observation regarding the contradiction between universalism and special provisions. While India has constitutional sanction to legislate in favour of traditionally backward communities, the Committee wanted to know when India would be planning universally for the young child and when these provisions

will be used to end discrimination. It was also concerned that the special provisions should have a fixed time limit lest they get too institutionalized. The focus should be on improving overall planning.

**Mr. Gerry Pinto (Butterflies)-**

- Child budgeting sometimes seeks to isolate the child as an entity without any links to wider society. This notion of vertical engagement with child development is problematic. For example, a raised income benefits the father, mother *and* child. Similarly, community development will also positively impact the child. When there is an input in the family which leads to better employment for the father, mother, doesn't it reflect on the betterment of child?
- CB means only counting the money which is getting used directly towards the wellbeing of the child, where as there are other things which directly affect the child's wellbeing.

**Dr. K. S. Velayutham (TN FORCES)-**

- From the FORCES point of view disaggregated data through the exercise of child budgeting can be very useful for discerning problems specific to the child. Secondly, the government should also consult the social services sector and listen to its overriding concerns before drawing up a budget.

**Ms. C P Sujaya (CWDS)-**

- Child budgeting is perhaps a way of resource management at the highest level. To say that child management is not being properly done is true, but to say that the idea is unsound is not proper. While the concept is exemplary, not enough is being done to include children in the state's scheme of things. It is true that children are rarely counted as beneficiaries of development initiatives. When a hand pump is installed in a village, figures receiving the benefit include the resident men and women, never the children. At the other end of the spectrum, the occurrence of deaths is also not linked to children directly.

**2.Mr.Denny John** gave an overview and trend analysis of public expenditures and budgets with respect to children under six. He argued that child budgeting is practised in a very narrow manner and the government needs to be involved in expenditure tracking which has already been attempted even by African countries like Uganda.

In the NPAC (National Plan of Action for Children, 2005) the MWCD reported 100% spending. He argued that here the focus needs to be on spending and monitoring but only budget exercise has been taken up and there have been no efforts to analyze the monitoring. Despite the CRC recommendations, fact remains that funds for the social sector are limited and there is no focus on the young child as such even within existing programmes.

He drew attention to the fact that only 3.4% of the Union Budget is exclusively concerned with children. Now the states and the Centre share ICDS costs. While 88% of childcare costs are met by the states, the remaining 12% are met by the centre. The budget for children average for the period 2000-01 to 2006-07 reveals that of every Rs. 100 in the budget for children, Rs 63.09 have been provided for education, Rs 19.31 for health, Rs 16.62 for development and 99 paise for protection.

The Union Government's total expenditure on Social Services has increased from around 0.71 % of GDP in 1996-97 to 1.1 % of GDP in 2006-07. However, this increase in the Union Government spending represents just under 0.4 % of GDP, which is inadequate if we take into account the acute need for greater public resources for the social sectors as also the worsening fiscal health of the States over this period.

He argued that budgetary allocations need to also look at sub stages of child development (0-12 months; 1 – 3 years; 3-6 years). Each stage requires specific development inputs. One has to look at programmes catering to each stage and budgetary allocations earmarked for each. What is required, in brief, is a holistic approach to policymaking. For example, IMR is not going to improve by just spending on a single programme. There is a need for diagonal and not vertical financing such as keeping track of budget spent on water, education, sanitation etc. to understand the amount of money spent and the overall development of the child. Furthermore, a consolidated statement of amount spent is not constructive or revealing. Disaggregating data is crucial and there has to be increased investment to ensure cumulative developmental benefits for the young child.

He pointed that a cost benefit analysis of the social returns of investments is necessary but to maximize social returns of investment, efficiency and management is of utmost importance. The health of the child will also depend on the mother's health. By Banker's Hypothesis, the mother's weight is positively related to the onset of diseases like diabetes and hypertension in the child. Also, breastfeeding can actually prevent 80% of natural deaths can be and many problems such as stunting in the child which can develop later.

The state frequently cites lack of resources as the cause behind inadequate social spending. Existing resources can be stretched by ensuring better tax compliance. The tax-GDP ratio in India is very low and discounts in the form of incentives and customs remissions for the private sector too high. In spite of that provisions like a certain percentage of beds and medicines in private hospitals to be reserved for poverty household patients are not being adhered to. The recent Fiscal Responsibility and Budget Maintenance Act also force a cut on social sector expenditure. Rs. 33, 000 crore is required for *anganwadis* to function at their optimum level. An increase in state revenue is mandatory if state expenditure has to take place. The 49% of the discounted tax could be used for betterment of children.

Apart from allocation, the management of funds is also key. The Bombay Municipal Corporation had utilized only 67% of its allocated funds. The bureaucracy also has to be trained in financial management. In Karnataka, government programme staff has recently been given training in budgeting and public expenditure management. Local structures like *Panchayati Raj* institutions also have to be involved in policy implementation. Cash transfers and incentive mechanisms cannot bring about lasting social change especially in matters such as girl child support, and to finance social change until a better tax funded financial system is in place.

## ***Session II***

***Chair- Mr.Gerry Pinto***

**1. Dr. Mira Shiva** drew attention to the health and nutritional challenges faced by children between 0 – 6. She emphasized that while it is important to link how much is spent with outcomes on the ground, it is also equally important to look into other policies and programmes which are eroding and corroding child and maternal health in India as we tend to overlook this.

She pointed out that NFHS I, II and III data has consistently shown that child nutrition is actually deteriorating. However, to actually understand this phenomenon, one has to look at what is happening to the mother. She is fighting displacement, forced migration, unemployment and risks in the informal sector. We don't even have the formal statistics for such situation and therefore there is a need to focus on the children and mothers in these situations. When whole sections of populations are thrown out of work, it gives rise to incidences such as farmers' and handloom weavers' suicides which in turn effect those dependent on them, i.e. the children. .

Agricultural and food policies today are based on corporate control. They are led by big businesses that use their influence in the guise of public-private partnerships as a result of which lifesaving drugs in the market are unaffordable and many hazardous drugs and vaccines are being pushed into the market. The availability of water and ORS are severely affecting child health and the mothers have no idea about the home remedies for this ORS solution. There is also no local awareness about water contamination for example when *Yamuna* river was contaminated with cholera and decontamination tablets were given out, people were eating it as they did not know about de contamination of water etc. She stressed that public health can be effectively tackled only by establishing effective linkages between the primary, secondary and tertiary sectors and by spreading awareness.

Dr. Shiva argued that comprehensive primary healthcare is crucial and this fact needs to be internalized as there is focus on limited intervention. Under Schedule M of Public Sector Services, production of the DPT vaccine was transferred to a private pharmaceuticals company apparently because of allegations of low quality. This vaccine, so crucial for young children, is now 50% – 70% more expensive. This widespread move to privatise food, water and healthcare is greatly jeopardizing the future of our children. If water, food has to be prioritized, it cannot be done if food and water has to be privatized as there is no public sector interest there. Now if these centres are being opened up, its only for testing etc not for manufacturing. Trials for developing essential vaccines always take place on poor children, whose guardians are completely unaware of the thousands of possible side effects. In spite of questionable safety, these practices by pharmaceutical companies continue to be aided and abetted by the chemicals' ministry.

The adverse impact of GM foods is almost undoubted, but they continue to be consumed by poor people because they are cheaper. Studies in Austria and Scotland illustrate a marked increase in offspring mortality alongside increased instances of infertility as well as liver and pancreas related diseases in the case of continued consumption of GM foods.

In hospitals today basic necessities like oral hydration solutions are missing. Babies are routinely malnourished. Malaria is almost endemic in the country and when it is contracted by pregnant mothers, further complications arise because chloroquine, the anti-malarial drug, can cause congenital malformations in the womb. Cases of child cancer are also more common now. In Orissa maternal mortality is sky high due to sickle cell anaemia. Yet, in these lands where forest based livelihoods are increasingly endangered in the face of mining and resource exploitation, ration shops remain closed.

The recent legislation that rewards mothers who have undergone institutional delivery does not preclude safe delivery. District hospitals are frequently without toilets, electricity and water. Deaths due to infection are rampant now. The husband wants the money rewarded after an institutional delivery, a policy by itself reminiscent of the population control tactics of the late 1970s. Just a cash transfer is pointless given the lack of services and absence of an institutional guarantee of well being.

The three tiered structure – the ASHA, the ANM and the *anganwadi* – has got caught in a web of money and vested interests. The question remains: what kind of care do we want for our 0-6 year olds? A brand of politics that increases social inequities will only serve to aggravate the problems of nutrition. If a father is unemployed (especially in the context of corporate control of food, medicines and vaccines), how can his child be nourished sustainably?

#### **Discussion –**

##### **Ms. C P Sujaya-**

- Guaranteeing institutional deliveries by itself is no good unless other things are in place. The National Rural Health Mission has accorded the delivery as success whereas grassroots workers claim that there are so many more deliveries which have gone unrecorded.

##### **Dr. M. Shiva (Initiative for Health Equity Social Diverse Women for Diversity)-**

- Emergency obstetric care in rural India is of an extremely poor quality. Blood and oxygen are in permanent shortage. Prematurely born babies need incubators and these are in short supply. State interventions have to be both in downstream and upstream directions.
- Hospitals in the districts today are operating at a level far above their stipulated capacities, especially with new schemes (like the institutional delivery) that promise easy money. What is instead urgently required is a renewed focus and prioritization of public health facilities for children and mothers from poverty households.
- Private medical colleges are churning out doctors on the payment of huge capitation fees. Do these young professionals possess empathy for the poor, sick people in this country? There is a public health crisis, the understanding of determinants of health is being eroded and the poor are the most threatened by its disintegration..

##### **Mr. Denny John (Institute of Public Health, Bangalore)-**

- The budget for the National Urban Health Mission has now been slashed by 50%. The thrust seems to be very much on health insurance through public-private partnerships, even though the urban child is greatly endangered and the urban poor's health indicators show worsening tendencies as compared to the rural poor.

##### **Dr. K. S, Velayutham -**

- More than Rs. 200 crores worth health insurance schemes, public-private endeavours, have been instituted. In the case of Tamilnadu, there is usually a tie up with a private hospital and the state pays a small annual premium. These schemes are more of a scam as while 21 diseases have been listed as which the poor can get insurance against when they approach the private hospitals, the hospitals do not offer the treatment of these diseases and often the listed facilities are not available. These insurance schemes have coverage of more than 1 crore people but in effect, they offer little support to the poor.

**2. Dr. Asha Singh** made a presentation on the status of early childhood care and education (ECCE) in India. Early childhood care centres have been established in universities with a view towards addressing issues of holistic development of the child not only through adequate nutrition but also engaging him with learning tools such as toys rhymes which have shown to have a positive effect on the child's learning abilities. She pointed out that the needs of physically and mentally challenged children have to be kept in mind while designing teaching modules for the young child. Integrating diversity in all its multiple facets is another challenge for educationists. For example, in 18<sup>th</sup> century Kerala children were taught shapes, numbers and

letters by scratching on the sand. Such hands on learning experiences can be more effective than traditional classroom interactions.

She emphasized that the ICDS seeks to take an integrated approach towards nutrition and education. The National Curriculum (1970 – 2005) was a teaching framework developed by the NCERT in consultation with teachers and education professionals. Children are to be treated as active learners so that teachers' emphasis has changed from 'What is integrated knowledge?' to 'participation'. The focus is on successfully combining care giving with participatory educational practices. Pre-school education is no longer 'information giving' but 'knowledge building' and overall enhancement of quality.

She argued that Article 14 has undergone many revisions, and mandates positive discrimination alongside equality before law. The debate on the effectiveness of the current classification of 0-6 years and 6-14 years continues. Some have suggested that the former category be extended to 8 years, so that there is maximum ease in the transition from pre-school to formal schooling. The FOCUS group report has argued that the content should focus on what are the needs of the children. The child should experience the need for adapting to be a member of a collective. There is a proposal to commence teaching early childhood education in home science colleges. Further research in the field of developing micro level knowledge as bases of early education can also show promising results.

Research has also revealed that multilingualism at the preschool level is not a threat as long as children feel secure in their own language. Sibling relations, children at play, childcare institutions, computer-based education and traditional forms of education (*madrasas* for example) are some of the highlighted issues in the field of early childhood education. It has also been seen that the presence of outsiders boost children's morale and speed of learning. A volunteer system whereby there would be a constant inflow of overseeing adults will energize the pre-school atmosphere. Inclusive educational practices like adequate training, assistance in implementation and administration and management of teachers are imperative to the success of educating the young child. The ECC is about dynamism. Momentum and progress can only be ensured through quality enhancement and participation. Building local knowledge into early learning practices for the child is another new endeavour. She concluded by saying that state disparities (School enrolment of the young child in Karnataka was 28% as opposed to only 2.73% in Bihar!) need to be levelled and the quality of early childhood education has to be improved.

## **Discussion –**

### **Dr. Velayutham –**

- The 86<sup>th</sup> Amendment to the Right of Children to Compulsory Education was passed by the Ministry of HRD on December 16, 2008. TN FORCES convened a meeting and sent a letter to the Standing Committee Chairman, asking for a clarification of the categories of schools and the different criteria for enrolment (pre-primary; private; partially aided). We are yet to receive a reply. This trend of privatization of schools severely disadvantages children of migrants, the displaced and the disabled.

### **Dr. Vasanthi Raman-**

- Given the overall climate of privatization and commercialization how do we address the education needs for the larger section as there is a mushrooming of these private

institutions and mostly in well off areas?. Here the media can play a proactive role in monitoring.

**Dr. Mira Shiva-**

- One can reintroduce folk ways such as *nai talim* of disseminating age old values of *bahaduri*, *paropkari* and so on. Attempts should be made to recover and rejuvenate these practices.

**Dr. Asha Singh (Lady Irwin College)-**

- The Education Bill is in Parliament now. As for schooling in India, there are two parallel systems in operation. Under the Delhi Education Act, all schools have links with the government but in different degrees. Delhi education act and booklet rules say that all schools have to respect the rules for education at the national level. Every five years, policy is to revive the content.. At the pre-primary level however, there is very little involvement and *anganwadis* and nurseries are frequently mistaken for one another. Schooling for migrant parents' children is an important issue.
- For the proliferation of private schools, there is very little regulation. The NCERT has its set of operational guidelines for setting up a nursery school but they are not legally binding and effectively anyone can open a school. There is an urgent need for licensing, but this has not yet been concretised in any form.
- There is no policy to regulate media content for children. Young children are going on reality shows .The NCERT has been looking into the kind of television programmes which should be made available to children. There was nothing on prime time for the 0 – 6 for a long time until Sesame Street came along, a show designed keeping pre-school children in mind. Parent-teacher education is also necessary. *Nai talim* was the brain child of the Wardha Scheme, where arts and education merged seamlessly. Today many schools are using similar positive windows to break the monotony of classroom teaching.

**Ms.Marita Ishwaran( New Education Group- Foundation for Innovation and Research in Education ) -**

- Text books for Class I in rural India and depict a complete disjunction between education and the lived experiences of the children. The books have been designed keeping urban children in mind.
- ICDS workers need to be better trained in the 'care' aspect. Initially *anganwadi* workers were trained for three months, with only a week devoted to the pre-schooling component. There is a serious lack of standardization of practice here.

**Dr. Asha Singh-**

- Local cultural aspects should be incorporated in education in order to ensure better learning as a child who faces acute water scarcity and sees his/her mother walking miles to fetch water daily encounters a tiger being bathed with buckets of water in his textbook will naturally feel disoriented.

**3. Dr.Mary John** gave a presentation on the current challenges facing the issue of declining sex ratio in India. She pointed out that it is gender and poverty that introduces differences between children. Sex ratio is not a question of simple equality. Historically there has always been an interesting numeric mix of men and women as historically more boys have been born. Biologically, the baby boy is much more vulnerable and baby girls display greater resilience. In India, there have always been fewer women than men, but at no point in history did the imbalance achieve such starkness as from the late 1970s and 1980s especially in the case of

children and increasing imbalance in the 0-6 age group. The number of missing women and missing girl children has steadily increased.

She argued that some of the ongoing challenges faced by women include gender discrimination, female infanticide and routine neglect. In the last decade (1991 – 2001) one can observe the development of some new challenges. We are now seeing a new normative family formulate itself, where the ‘daughter’ is becoming more and more dispensable. This phenomenon is true across classes and castes.

Reasons for this have much to do with public policies such as the two child norm which put pressure on families to have fewer children, by extension, preferably only sons, and a range of other social and economic forces which make having children in the first place, a major cost.. However, it is in India, Korea and China that family planning is taking a gendered dimension. Having a daughter is more of a cost as in case of the daughter that cost is for someone else as she leaves after marriage whereas a son is looked upon as an investment for old age security.

Dr. John went on to say that in cases of families beyond poverty, i.e. the working classes which comprises 30% to 40% of the country’s combined urban and rural population, a remarkable change is taking place. In a situation where public services are eroding fast, families increasingly want only one child and necessarily a male child. Calculating the cost of raising a child is taking counter-intuitive forms. Modernity has made the cost of having a daughter prohibitive. Now she not only has to be kept sexually safe and healthy, but given a college education, not married off before the age of eighteen and so on. In north-west India, girl child only families number only 1 – 2%. Therefore the question of socio-economic security is affecting those who are not even poor because inter-generational transfer of resources still has to be made. This observation is not confined to states with a historically low child sex ratio but across the country. So while the Jat Sikh experience might be most frequently cited, Dalits too sometimes have the worst child sex ratios because there is immense pressure to secure minimum property. We soon might find ourselves in a situation where in states like Kerala too farmers might want one son to pass on the property to instead of a daughter.

State programmes have so far made little inroads with respect to the declining sex ratio issue. The widely promoted *Laadli* scheme for example, has a stage wise approach and is too conditioned to be effective as is only for BPL households and families who have gone through sterilization and now have only 1-2 children.

The Ministry of Woman and Child Development has suggested monitoring pregnancies as a way of checking female foeticide. This is unacceptable not only because it is an invasion of privacy, but because coercive production of the girl child will have deleterious social consequences. Better public services need to be instituted. Discrimination against the daughter begins early. The girl is sent to the government school and the son to a private school. He is also provided with supplementary tuition. The *anganwadi* is also caught in the nexus of manipulating child sex ratios, either by colluding with families in committing foeticide or doctoring numbers to show an equitable distribution of baby girls and baby boys in the *anganwadi*.

She drew attention to the fact that at the macro level, the value of women’s work needs be instilled in young girls and women. Krishna Kumar of the NCERT explains how education for girls and boys are based on divergent models. The girl is socialized into the ‘wife’ mould early, and even before the onset of puberty, internalizes the concept (and inevitability) of marriage. Old age care is another problem that requires societal and not familial solutions.

## Discussion-

### Ms. M. Merchant (The Bahai Institute for the Advancement of Women)-

- It is important to emphasize the contribution of women to society by better utilizing occasions such as Girl Child Day on January 24. Religious leadership can also be roped in to create awareness. What is needed is a multi-pronged approach to tackle this problem

### Dr. Mary John (Director, CWDS) -

- Awareness is a big issue. There are also huge contradictions here. Upper caste Hindus, Jains and Sikhs are leading the march on sex discrimination. Religious statements in favour of the girl child can coexist with a steady consumption of potions and ceremonies for conceiving a son. In our society, every issue is communally couched. The commonly employed rhetoric – Muslim child sex ratios are better and Hindus must improve to prevent society from becoming Islamised – by the Gujarat Chief Minister, Narendra Modi created great damage. One has to be very careful about who gets appointed as spokespersons.
- The media is a wily conspirator in creating contradictory images of the woman, ranging from the manipulative *saas* to the sexy empowered working woman.
- The *Laadli Lakshmi Yojana* is deeply conditional in its essence and mixes up its priorities badly. Social solutions to problems of old age care are of utmost necessity. Parents freely admit that their daughters are more affectionate and sons good for nothing, but the calculations preceding birth remain pervasive. In this case, the patriarchal structure has to be broken and the role of the state and community here is tremendous. These issues feed in crucially to the politics of childcare.

### Mr. M. L. Sharma (Mahila Chetna Manch)-

- The *Laadli Lakshmi Yojana* has had little impact in the state of Madhya Pradesh in combating female foeticide.

### Dr. Sabu George-

- The question of abortion is often deviously merged with sex selective abortion by the state, thus abdicating its responsibility of upholding the PNDT Act. In a statement calling female foeticide a 'sin' and not 'crime' Dr. Ramadoss, the Union Health Minister, effectively absolves the state of its responsibility to check the declining child sex ratio.

## Session III

### Chair- Ms. Jyotsana Chatterjee (Joint Women's Programme)

**Dr. Jyotsna Chatterji** pointed out that we need to rethink childcare in the five contexts (laid down by the UNCRC) of care, compassion, communication, creativity and comfort. The following session will consider questions of what is the childcare scenario in the country and has there been a change, and do we need a rethink at all?

**1. Dr. Neetha** spoke about the social economy of care and the need to rethink child care in the changing socio-economic and political scenario of the country. She argued that the issue of childcare is in effect a broad one and involves health, nutrition and education. It was traditionally a woman's responsibility, but in today's changing context the natural association between gender, motherhood and childcare is being increasingly challenged. While it is assumed that

family structures are in place and mothers are present and ready to take care of the children, this issue of child care is mostly absent and is not seen as the issue of working mothers. In terms of the changing economic and social context child care is emerging as an important concern. More and more women are joining the labour market with the onset of liberalization. Women are working longer hours thereby reducing their time for childcare.

The joint family is disintegrating. In this context an essential component of development has to be day-care facilities for working women. This has an element of protection as well, because a childcare centre serves to shield children from child labour and exploitation. It also frees adolescent girls from the responsibility of sibling care and allows them to attend school. While such day-care centres are mushrooming everywhere, there is no macro level data of it at the rural level. Also the services provided for are neither uniform, nor standardized

However the need for childcare far outstrips its availability. Policy interventions post-Independence have primarily comprised maternity leave and entitlements. For the large part of it there has been a refusal of the state to see child policy as a state responsibility. For the informal sector, even these have been difficult to come by. Welfare boards of certain occupations like *beedi* and *agarbatti* workers are operational, but all types of workers deserve maternity benefits and it is the state's responsibility to ensure the same. In 1995-96, the National Social Assistance Programme was instituted to provide support to pregnant women in BPL households. Women too are completely unaware about their rights. The absence of crèches at NREGA worksites despite the provision of childcare facilities being made a provision under the scheme's Operational Guidelines is almost universal. Malnutrition is another important concern. The rules for crèche have been framed in a way that the employers escape them by hiring the minimum number of women with children which does not require them to provide the service or hiring older women.

Little is known about the care aspect of anganwadis. Pre school programmes also cater to some extent to the care rights of children but when it comes to Day-care centres, when present, are not open for a long enough duration. Minimum standards for care workers also have to be ensured. She concluded by saying that state intervention has to take place via two-pronged attention on early childhood education and childcare.

**2. Ms. Sindhu** talked about the issue of anganwadi care workers. Representing the All India Federation for Anganwadi Workers and Helpers, she pointed out that the AIFAW has over 3 lakh members across 21 states. She argued that often the concept of the childcare is seen as a problem of the women, and it is assumed that the childcare assistants are to be women. Since the ICDS is founded on the assumption that *anganwadi* workers are not 'workers' but 'care givers' these anganwadi workers are supposed to be volunteers. Their unpaid work and low status is therefore considered to be justified. Today there are 18 lakh women working in 9 lakh centres. Six lakh ASHAs and 20 lakh MDMs have been appointed under the NRHM but have not been given the status of an employee. The state operates on the belief that childcare is not 'work' but a mere extension of their motherly duty. Anganwadi workers earn 1500 rupees per month and the anganwadi helper is paid 750 rupees per month for 4 ½ hours of work. This is the official duration of duty, but in reality this often gets extended.

She pointed out that the decision had recently been taken to reform the ICDS with an expenditure of Rs. 6300 crores allotted annually. This new money coming in should be used to change the very basic concept and functioning of the ICDS. ASHAs are now demanding that for 0-3 age group they should be employed to provide supplementary nutrition. As far as early childhood education is concerned, while it is true that *anganwadi* workers are not skilled enough, the

responsibility must be jointly borne by the community (SHGs can monitor teachers) and the government. Decentralization will also ensure a better utilization of money, instead of caste *panchayats* hijacking funds like in Haryana, where the real sufferers were the beneficiaries. In Karnataka the ICDS is being effectively run by ISKCON.

Ms Sindhu highlighted the fact that it was the women anganwadi workers who campaigned against the ready-to-eat-food controversy (the scheme initiated by Minister Renuka Chowdhury, entailed providing micro-nutrient enriched ready-to-eat food to be supplied to the anganwadis). She pointed out that a survey of anganwadi workers showed that this scheme was taken off the market because the anganwadi workers protested that the food is not nutritional enough even though it still continues in many areas as food for children as it is a big market for corporates.

The real stakeholders in the ICDS are women and women's groups. The *anganwadi* workers have to take initiatives to get beneficiaries more involved. Our demand is not just a Rs. 200 increase in salary, but general improvement in the quality of life of children. By expanding ICDS centres into a full-fledged day-care facility, more children can be reached out to. For this, the state must ensure minimum wages and not think of the *anganwadi* worker as just a care giver. In Madhya Pradesh, for example, a system of daily coupons has been introduced. If children do not possess a coupon, they are not eligible to receive food. Working hours of the anganwadi should be increased to 6 hours. She concluded by saying that there is an urgent need for joint campaign on the saving of the ICDS.

#### **Discussion-**

##### **Dr. Jyotsna Chatterji-**

- The needs of mothers and children also cannot be separated from current economic pressures.

##### **Ms. C P Sujaya-**

- What is the outcome of the ICDS? In 2004, the Supreme Court passed an interim order forbidding the use of contractors in providing supplementary nutrition to ICDS. This is a negative approach to universalization of social services and should be checked.

##### **Dr. Sabu George-**

- Those in power have consistently used state schemes to their advantage. The World Bank intervened in Tamilnadu to start the TINP – a selective feeding programme as opposed to the MDMs. This was the era of N T Rama Rao, so the MDMs could not be undermined and continued to enjoy massive popularity.

##### **Dr. M. Shiva-**

- The World Bank ICDS reforms were not real. The Bank as well as donors like CARE work in close consultation with the ministries. Top bureaucrats often act as consultants to multilaterals. This *thekadaari* is not just vis. a vis. international financial institutions but also food corporations. Thus it is also very important for the health movement that this is brought under control.

**Ms. Sindhu AR (AIFAWH)-**

- An increase in working hours of the anganwadi workers also has to be accompanied by a commensurate increase in pay. We are happy to be involved with FORCES in its endeavours towards child rights.

*Session IV*

*Chair- Dr. Razia Ismail*

**Dr. Razia Ismail emphasized that this session was to be** about news from the grassroots levels. The tragedy of the national assessment process is that policymakers often taken decisions based on data three years old. She said that it was also exciting to have representation from the so-called ‘forgotten states’ of the North-east.

**1. Dr. K. S. Velayutham** made a PowerPoint presentation on the status of the young child in Tamil Nadu. He argued that since parliamentary elections were due in April and May, this was a good time to put forward our views and canvass our demands. Being involved in the social auditing process of the NREGS, he pointed out that in Tamil Nadu crèches are not in operation in any worksite despite women comprising 83% of the workforce. The TN government argues that there is no need for crèches under the NREGS because of the complete universalization of *anganwadis* in the states. However, they cater to only 3-6 year olds and not the 0-3 year old children. A working model for crèche facilities is clearly laid down in NREGA Operational Guideline which state that if there are more than 5 women workers, one of them shall be appointed to look after their children and will be paid the regular wages. He emphasized that two percent of administration costs could be spent on this. As an experiment, TN FORCES provided training in childcare to 40 women, but the absence of state level guidelines impeded the progress in this regard. He pointed out that simply training the women is not enough and the local *panchayats* need to get involved. He concluded by saying that the popular suggestion to convert *anganwadis* into temporary crèches is not a useful one because on-site crèches are needed. There is also an urgent need for greater administrative support i.e. trained workers as well as food supplements and immunization facilities.

**2. Mr. Biswajit Chakaravarty** gave a presentation on the status of the young child in the North East. He drew attention to the fact that since in most national level policy debates the north-east is never taken into consideration, he was glad of the opportunity to participate in the national FORCES consultation.

The north-east includes the seven states of Meghalaya, Mizoram, Nagaland, Arunachal Pradesh, Assam, Tripura and Manipur, excluding Sikkim. The region is characterized by difficult terrain and ethnic conflict. In Assam, tea garden labourers are a marginalized social group. They are neither SC nor ST, but migrants with no right to land. Consisting of 20% of the total population, this section has little access to developmental benefits. Another 31% of the state’s population is Muslim, out of which 80% are Bengali speaking Muslims. The issue of infiltration from Bangladesh is a sensitive one that continues to persist despite clear evidence that a large proportion of Muslims were residing in Assam even before 1947. SC/ STs make up another 20% of the population. In no other state does one find the majority of the population so disadvantaged. Naturally, the status of children in the state is also precarious as the communities themselves are poor.

He went on to say that if IMR is taken as an indicator of the status of children, all north-eastern states except Arunachal Pradesh and Assam are doing better than the rest of India. Arunachal is 100% tribal and Assam is mixed. *Anganwadi* centres are almost universally found, a small but definite measure of success. It can be said that the traditional skills and knowledge of the region's indigenous population have taken better care of children than the ICDS per se. He argued that his organization United Forum of Justice, conducted a survey (biased in the sense that districts with the highest percentage of BPL groups, Muslim population and/or tea garden labourer population) and barring one or two blocks, *anganwadi* centres were in operation. People did not know exact details of the centre's functioning or opening and closing times. All of them were however always open during the serving of mid day meals.

A survey of immunization of children revealed interesting disparities when viewed according to religious group. Lack of information was the biggest cause of not obtaining vaccination as well as unavailability of crucial vaccines like the DPT and BCG. Here illiteracy plays a huge role. Further, awareness pamphlets and hoardings written in English and/or displayed in urban areas are of no use. He stressed that it was observed that there was a lack of earnestness on the part of NGOs as a large number of registered organizations have become little more than business ventures, although some Christian missionaries with a presence dating back to 100 years are doing commendable work.

While *anganwadi* workers are now a unionized force striving for their rights and increases in honorarium, there is a lack of dedication to work. There is a lack of social commitment and orientation towards child rights. He argued that the AWC workers need more than 1000 rupees per month and there should be at least 2 AWC workers, one for health and nutrition and one for Pre School. He argued that the appointments of the AWC workers are politically done and how the AWC workers are not really committed to their need. Most workers have political affiliations and centres are opened only on days when food is served. No wonder then that children are better served by local traditions than state schemes. Meghalaya's performance in this regard is worse than the national average. The *anganwadi* has to increase efficiency and the worker-child ratio rationalized. The duration spent at the centre is also far too less, especially in the case of children coming from internally displaced/migrant families. In such short duration for which the *anganwadi* is open, the AWC workers are suppose to maintain registers, hold meetings with mothers and take care of children all of which is physically not possible due to time constraints. The problems of sanitation and waterborne diseases like diarrhoea also have to be urgently addressed as even if safe drinking water is made available to the children in AWC, how can one guarantee availability of the same at home?

3. Ms. **Sudeshna Sengupta** made a PowerPoint presentation on the status of the young child in Delhi. She argued that while Delhi has the 10<sup>th</sup> highest GDP in the world, its position in the Hunger Index is 66 (2008). Focussing on the urban poor in Delhi she pointed out that this group has the third highest per capita per month income in the country, ranging between Rs. 3000 and Rs. 5000. It is Rs. 2500 for BPL families. The population influx on urban fringes is massive, a direct consequence of in-migration and dislocation.

Basic services in the city for its urban poor are non-existent. Eighty three percent of slums are non-notified, which automatically means that they do not have any access to the public distribution system, the ICDS or birth registration facilities. The contrast between children of Delhi and the children of Delhi's urban poor is glaring. Delhi's IMR stands at 40. MMR data is not available after 1998-99. There are no *pucca* toilets in slums. The disjunction between the Millennium development Goals and the state of affairs in the capital's slums could not be starker.

She went on to say that there are thousands of unregistered births in slums, footpaths, roadsides, shanties/makeshift tents, and unauthorized *jhuggis*/slums colonies, etc. The birth registration rate is 38% for Delhi and 74% of the non-institutional births. While the reasons for this can be mostly pinned down to the lack of awareness, the poor residing in the slums also shy away from registration as they find the process to time consuming. There is a major lack of support services and breastfeeding rates are very low [colostrum feeding (19.3%), exclusive breastfeeding (34.5%) and complementary feeding (59.8%)]. There is no access to safe drinking water resulting in high prevalence of diarrhea and even anaemia among children under three.

She argued that while the ICDS covers only 35% of children in Delhi, only 11,960 children are covered by the RGCS and NDMC crèches. She concluded by saying that as there is no state policy for children in place, it is important for the government to take steps to establish interlinkages between ME, crèches, counselling and outreach to women and provide for intervention in child care practices.

### **Discussion-**

**Dr. Razia Ismail** pointed out that the above session provided a reality check on the state of the MDGs and how far we are from achieving them. Narrating a case study she pointed out that a group of middle class school children were taken to various slums in the city as an NGO initiative. They were so shocked by the experience that one of them claimed to have been born in a fairytale Delhi. The real Delhi, where most children were born and lived, was alien to him.

In another incident, she said that she had gone to visit the Lok Sabha Speaker Mr. Somnath Chatterjee with ten children who live in the city's slum to present some conclusions and problems that emerged after an audit of national statistics. When the issue of clean drinking water was raised, the Speaker broke in to say, 'It is you who make the water dirty. The government does not have any money and the population is too large'. She stressed that not only were they( the children) shocked at this answer but by making such a statement the Mr. Chatterjee was implying that they had not been responsible citizens by approaching the government and stating their issue.

She also pointed out:

- Mobile Creches began in the late 1970s and brought to notice the appallingly low IMR (500) amongst the invisible people of the city – migrants, construction workers and slum dwellers.
- The National Citizenship Census, 2011 proposes a separate register for counting these people on the fringes of the city, those who live on the pavements, in one night. Having said that, what will this entitle them to? How transferable are social protection measures? Realistically, *anganwadi* centres cannot be present everywhere. With the national capital giving such a bad example, it can be safe to assert that preparation for the Commonwealth Games is doing more harm than good.

### **Ms. Priyanka Zutsi (Sesame Workshop India)–**

- The UN's population projection showed that by 2025, 40% of India's people will be living in the cities. The traditional approach is to divide the population into urban and

rural areas, but when we look at marginalization within urban areas, we find that there are urban poor also and therefore this area merits attention.

**Dr. Sabu George –**

- In urban areas where infant and maternal mortality is high, it is often the transient poor construction workers who become invisible.

*Session V*

*Chair- Dr. Indu Agnihotri*

**1. Dr Sabu George** made a powerpoint presentation on the implications of the PCPNDT Act. Citing Dr. Mary John's presentation he pointed out that we already have a background to the problem of declining child sex ratios. In 2001 India lost 10% of its girls and this is a growing crisis with immense social consequences. Focussing his presentation on Madhya Pradesh he emphasized that being a relatively backward state access to technology here is limited. Female infanticide is extremely rare in tribal areas, but in non-tribal areas things look bad, and certain sub-sections reveal a state of affairs similar to Punjab in 2001. In the rural M.P also the situation is good because of a significant tribal population.

He pointed out that Assam lost 5% of its girls in 2001, and it is not just Marwaris who are committing this venal crime. The sex ratio in the hospital records of Guwahati Medical College is 775. The situation is getting worse across the North-east. The state has not yet formulated anything close to an adequate response. An organized medical mafia is perpetuating sex selective abortions and 900,000 girls are being eliminated every year. He emphasized that these are highly organized mass medical crimes. This approximates to genocide. One out of every five girls in Punjab is lost, and in places like urban Shahjahanpur, UP the sex ratio is 729. Nothing like this has ever occurred in Indian history. Over the last decade, more and more donors have talked of awareness, NGOs have been formed to tackle the problem but with little overall effect. There are immense lacunae in implementation of laws and more importantly, the media and the state have not seen the problem as the genocide that it is.

Between 2011 and 2021, 100 lakh girls will become missing. This record is worse than China, given India's large number of births. China eliminated an entire generation of its women by the brutal application of its one child (read one son) norm. Now, Chinese ultrasound machines are dumped in India illegally at low prices, catering to a demand that is only increasing. So in terms of medical equipment, the market has shifted from china to India. The USG machines have penetrated even the most remote districts of the country for sex selection purposes. In Tamil Nadu things in remote tribal areas, agents come and encourage people to get ultrasound done for sex determination The promotion and legitimization of the ultrasound by the medical community has been much more successful than the legal ban on sex selective procedures.

Dr. George went on to say that the inherent socio-cultural factors also have to be taken into account. Earlier, families went in for sex selection only after the birth of two or three daughters. By mid 1995, families wanted its first child to be a boy. The second or third daughters became redundant. The extent at which ultrasound is being misused for sex determination is deplorable. In south Delhi there are virtually no families with second daughters .In Jammu and Kashmir for example, there is no PNDT law and its sex ratio almost rivals that of Punjab.

Consequences of a declining child sex ratio are not just a shortage of women for marriage purposes, leading to human trafficking. Prem Chowdhury has written extensively on how poor men are not able to buy women for marriage and they are being used by caste *panchayats* to foment honour killings in the Haryana countryside. Poor communities are facing the worst impact: women are either being sold off or married off to multiple men. Violence against women is also on the rise. In urban China there are organizations with hired gangs who specialize in kidnapping women, who are then trafficked to rural areas.

He concluded by emphasising the fact that we need to see this issue as one of mass medical crimes, and indeed one of genocide.

**Dr. Indu Agnihotri (CWDS)** drew attention to the fact this presentation alerted us to the wider ramifications of a declining child sex ratio. It is now taking the level of an organized crime by a ruthless medical mafia.

**2. Mr. P. K. Acharya (ORISSA FORCES)** discussed the impact of the national campaign launched by Orissa forces- for the rights of Early Childhood Care and Education (or the ECCE). He pointed out that ECCE caters to a crucial period of the child's life that holds great significance for his/her cognitive and linguistic development.

The 86<sup>th</sup> Amendment, which provides free and compulsory education for the child between 6 and 14 years, was a move greatly approved by the UNCRC. However, the ECCE is crucial for enabling a smooth transition into the formal education system. It readies the young child, both physically and psychologically, for formal schooling. NCERT also believes that children also need to be prepared physically and psychologically to fully benefit from ECCE. We urge greater state responsibility in the regard, instead of leaving the entire matter to the family. He argued that the right to ECCE should be a fundamental right and this campaign's mission has been to improve the child care indicators, goal for children to be given basic benefits.

He argued that there is an increasing withdrawal of the state from social service. Therefore to ensure a minimum quality of services, a legal framework becomes mandatory. Only then can state accountability emerge. Our demand is based on the Directive Principles of State Policy. In the Mid-term Appraisal of the 10<sup>th</sup> 5-Year Plan, the necessity of integrating children into the educational mainstream through a careful mix of care and early education was pointed out. Facilities and opportunities for the 0-6 year olds need to be better outlined in a rights-based framework. Civil society organizations have to engage with the state for this purpose of articulating demands and solutions. Judicial interventions are another means to institute the ECCE. The NPAC can be effectively implemented through a joint effort by the civil society, media and policymakers.

He concluded by saying that our campaign seeks to make the ECCE a legal right, a statute that will grant every young child access to care and education.

#### **Discussion-**

#### **Dr. Sabu George-**

- At present, more girls have been eliminated than the Jews in the Holocaust. The PCPNDT Law has been handed over to the Ministry of Woman and Child Development, but its implementation record has been slack. Overseeing registration of clinics is a constant struggle. In the first year of the Act, 700 cases were registered but the number is falling rapidly where as in reality an average of 3 million crimes are committed every

year .Today, USG machines can be sold only to a registered practitioner with a MBBS degree. Earlier, even bank managers in Punjab were opening clandestine sex selection clinics. The medical community needs to be still more vigilant.

- In Gujarat, the child sex ratio is kept on check only because the Chief Minister Modi is perturbed by falling Hindu numbers. By 2011, conditions will worsen and lakhs of girls would have already been eliminated. Has the law been effective? Like the Dowry Law and the Domestic Violence Act, there can be no chance of succeeding in their implementation unless there is an unified monitoring by both society and the law.
- The medical industry cannot be contained by legislation alone. There are private medical universities in Haryana where a payment of Rs. 80 lakhs can fetch an MD degree. This is organized crime.
- At one point, Google, Yahoo and MSN were advertising sex selection products on their websites. We found it difficult to get a single lawyer to take up our case. Big lawyers were more likely to fight for the MNCs than us. It is easier to negotiate with the government than with big global corporations. The latter can easily buy justice.

#### **Dr. Indu Agnihotri-**

- The Dowry Law has degenerated into an easy extortion racket to bypass other social pressures. In the case of the PCPNDT Act, cases with evidence in the form of video footage ended with no conviction. In both cases, dowry and discrimination against the girl child, a lack of political will and social complicity work hand in glove with one another. The will to implement is absent.

#### **Ms. Priyanka Zutsi -**

- Media messaging can play an important role in the period of early childhood education. Sesame Workshop organizes mobile viewings of specific message related visuals in slums. This is a platform to advocate for social change. Following one such viewing that urged parents to send their children to the local *anganwadi/balwadi*, we discovered that 85% - 90% parents were already doing so. So before formulating a message, it is necessary to advocate with that community and target specific groups. Often we have a low turnout of viewers because most parents are working during the day. So some thought has to be given to what platforms of advocacy should be used where and how.

#### **Ms. C P Sujaya-**

- We need to urgently empower the MCI and rejuvenate it from its current state of apathy. Perhaps doctors guilty of aiding and abetting sex selective abortions can be punished by cancelling their licence. Surely that is the biggest punishment for a medical practitioner

#### ***Way Forward/ Vote of Thanks***

#### **Dr. Vasanthi Raman (FORCES National Convenor)-**

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

- As Ms. Sindhu pointed there is a problem of spending too much money on education as compared to nutrition, despite NFHS data citing gross instances of malnutrition. The two cannot be pitted against one another. Eighty percent of our children are malnourished. The present economic crisis, unparalleled in the last 60 years of independence, is also bound to affect every sector.

- There needs to be increased financial intervention and public spending. We have to fight for the survival of the ICDS and insist on more resources because it is the only state programme for the 0 – 6.
- Ms. C P Sujaya and Mr. Denny John spoke of the need to not just increase outlays but also improve outcomes. Does the money allocated reach the child that we are addressing? Talking of the child brings one to the situation of the family, shredded apart by migration and poverty, and its unviable nature in this case. The family then can no longer be the sole care giver as was traditionally the case.
- Debating over ‘child’ issues has also raised several political issues. One major task of FORCES will be to disseminate this report as widely as possible and hope that our regional partners will be able to translate it into local languages.
- Our study on the NREGA and childcare facilities also feeds into this larger policy debate over rights of the young child.
- The last one year has been spent discussing how something needs to be done for the *anganwadi* worker. Their demand for respectability is a perfectly justified one. The ICDS will gain in quality and effective functioning by giving better status and training to the *anganwadi* worker. She deserves to be treated as a ‘worker’ and given more than just token handouts.
- We must also be unified in our opposition to the privatization of the social sector and public-private partnerships. The struggle is for greater state involvement. Following the recession, hallelujahs to the market have been speedily replaced by a clamour for the state to fulfil its responsibility in the sectors of food security, education and health. We must also transcend our habit of talking at the level of individual states and see that schemes reach the poorest sections of society (SCs, STs). As for the much discussed matter of the ICDS, it is a programme that is making a crucial intervention at a period crucial to the child’s development. The nutrition component of the ICDS cannot be foregone, especially when 79% of the nation’s children are malnourished.

**Ms. Nirali Mehta (PIAN)–**

- Our objective here was to derive insights that will feed into the Alternative Report of the CRC. But these inputs are important bits of learning that will feed into policy at the state and national levels. While child protection is a field that we have not explicitly addressed today, although we did look at female foeticide, more focus needs to be put on issues of child abuse and incorporated into policy debates. Ultimately, we hope that this Report goes on to influence future advocacy for the benefit of the ‘young child’.

**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 and also in charting out a future course of action on the basis of both facts and perspectives that were shared today. Ms Ray also thanked Plan International for extending its support to the FORCES network.

**National Consultation on The Status of the Young Child**  
**February 24<sup>th</sup>, 2009**  
**India International Centre, Annexe,**  
**Conference Room III, New Delhi**

**Programme**

09:30-10:00 am	Registration
10:00- 10:30 am	<p>Welcome and Introduction</p> <p>Chair: Dr. Kumud Sharma, Vice Chairperson, CWDS</p> <p>Dr. Verity Corbett - Plan International</p> <p>Dr. Vasanthi Raman- Convenor, National FORCES</p> <p>Ms. Savitri Ray- Coordinator, National FORCES</p> <p>Guest Speaker- Prof. Shantha Sinha, Chairperson, NCPCR</p>
10:30-11:30am	<p><b>Session I</b></p> <p>Chair: Dr. Kumud Sharma</p> <ul style="list-style-type: none"> <li>• Programme and policies for Children- Ms. C.P Sujaya</li> <li>• Public Expenditures, Budgets and Children under Six – Mr. Denny John</li> </ul>
11:30-11:45 am	<b>Tea</b>
11:45-1:00 pm	<p><b>Session II</b></p> <p>Chair- Mr. Gerry Pinto, Butterflies</p> <ul style="list-style-type: none"> <li>• Health and Nutrition- Dr. Mira Shiva</li> <li>• Status of Early Childhood Care and Education in India- Dr. Asha Singh <ul style="list-style-type: none"> <li>• Declining Child Sex Ratio: Current challenges – Dr. Mary John</li> </ul> </li> </ul>
01:00- 02:00 pm	Lunch
02:00-02:45pm	<p><b>Session III</b></p> <p>Chair- Dr. Jyotsana Chatterjee, Joint Women's Programme</p> <ul style="list-style-type: none"> <li>• Rethinking Childcare in the Changing Socio - Economic and Political Scenario - Dr. Neetha. N</li> <li>• Issues of Care Workers –Ms. Sindhu, Anganwadi Worker's Union</li> </ul>

02:45-03:30 pm	<p style="text-align: center;"><b>Session IV</b></p> <p style="text-align: center;">Chair: Dr. Razia Ismail</p> <ul style="list-style-type: none"> <li>• The status of the young child in Tamil Nadu - Dr. S. K. Velayutham- TN FORCES</li> <li>• Status of the Young Child in North East –Mr. Biswajit Chakravarty <ul style="list-style-type: none"> <li>• Status of the Young Child in Delhi- Ms. Sudeshana Sengupta – Mobile Crèches</li> </ul> </li> </ul>
3:30-03:45 pm	<p style="text-align: center;">Tea</p>
03:45- 04.30 pm	<p style="text-align: center;"><b>Session V</b></p> <p style="text-align: center;">Chair: Dr. Indu Agnihotri</p> <ul style="list-style-type: none"> <li>• Implications of PCPNDT Act- Dr. Sabu George</li> <li>• Early Childhood Care and Education –Mr. P.K. Orissa FORCES</li> </ul>
04.30-05.00 pm	<p style="text-align: center;">Way Forward-</p> <p style="text-align: center;">Ms. Nirali Mehta(Plan International)/ Dr. Vasanthi Raman (National FORCES)</p> <p style="text-align: center;">Vote of Thanks – Savitri Ray</p>

**List of participants of National Consultation – attended**

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