

**Proceedings of the Southern Regional Consultation
On
The Status of the Young Child**

April 11-12, 2008

Venue

**Asha Niwas, 5th Street,
9 Rutland Gate, Nugambakkam,
Chennai – 6**

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A Report on the Southern Regional Consultation on the Status of the Young Child

April 11-12, 2008, Chennai

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Organisers:

- Forum for Crèche and Child Care Services (FORCES) C/O CWDS, Delhi
- FORCES Tamil Nadu C/O Child For You
- Plan International

National FORCES organised a regional 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 11th and 12th April 2008 at Asha Niwas, Chennai. Participants included FORCES state partners as well as organizations/individuals working on children's issues in the states of – Tamil Nadu, Kerala, Karnataka, Andhra Pradesh and the union territories of Andaman and Nicobar and Puducherry (Also see list of participants).

Day 1, 11th April

Welcome Note

Registration of all participants was followed by a welcome note by **Ms. Santhi Nakkiran** and **Dr. K. Shanmugavelayutham (Tamil Nadu FORCES)**. Dr. Shanmugavelayutham clarified that the discussion will 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 and provide an analysis of the status of the young child in their respective states.

Opening Remarks

Dr. Sathish Kumar (State Representative, UNICEF) extended a warm welcome to all the participants. He explained that the FORCES Chennai Consultation was part of the larger process of reporting to the UNCRC. He elaborated on the role of the UNCRC Committee in inviting NGOs from different countries to submit alternate reports, analyzing these reports and making concluding observations. Dr. Kumar pointed out that the Committee made several observations on the First Periodic Report on the Status of the Child submitted by the Government of India in 2001. These observations included the low rate of exclusive breastfeeding, high level of malnutrition and anaemia, lack of basic sanitation facilities and the lack of focus on children under three years of age in the ICDS programme. Dr. Kumar argued that the observations made by the UNCRC Committee on the First Periodic Report have still not been fully addressed. He asserted that these observations must not be overlooked in the process of developing the Alternate report.

Dr. Kumar argued that the four major challenges to the growth and development of Indian children were malnutrition, anaemia, iodine deficiency and inadequate intellectual stimulation. He stressed that immediate attention was required to tackle these challenges. Dr. Kumar argued that in the near future HIV/AIDS, maternal violence and depression and exposure to heavy metals would emerge as major challenges to the growth of children. He emphasized on the importance of political and societal commitment for dealing with the above mentioned challenges.

Dr. Kumud Sharma (Centre for Women's Development Studies (CWDS), Delhi) welcomed all the participants to the Chennai Consultation. She explained that FORCES had taken on the responsibility of preparing an alternate report on ECCD for the UNCRC Committee. For this purpose FORCES decided to organize three regional consultations – Northern Consultation (Lucknow), Eastern Consultation (Ranchi) and Southern Consultation (Chennai). She pointed out that Consultations had already been held in Lucknow and Ranchi prior to the Chennai Consultation. Dr. Sharma stressed that the rationale for organizing regional consultations was to incorporate voices from the grassroot level in the alternate report instead of remaining confined to desk research.

Dr. Sharma elucidated the broad themes that the 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.

She 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. Sharma provided an outline of the major issues that emerged from the previous consultations held at Lucknow and Ranchi. These issues are as follows –

- Girls face 'extreme negligence accompanied by extreme vigilance'. They are neglected but at the same time parents keep a strong vigil on them to protect them from male attention.
- Private contractors play a very important role in providing midday meals despite the Supreme Court order not to involve private contractors in the provision of midday meals.
- The government should not be allowed to withdraw from its duty of providing child care and education services and the trend towards the NGOisation of ICDS centres should be opposed.
- There is minimal coverage of illegal slums, migrants, street children and homeless populations by the ICDS programme.
- The pre-school education component of the ICDS programme is being neglected.
- There is a need to collect more information about problems and issues related to the medium of instruction (language) employed for teaching young children in Anganwadi centres in different states/regions of India.
- Anganwadi workers are overburdened with multiple tasks. In Jharkhand Anganwadi workers also function as Protection Officers under the Domestic Violence Act.
- The lack of political will to work towards improving ICDS service delivery is a major hindrance to securing child rights and improving the status of the young child in Jharkhand.

Dr. Sharma's opening address was followed by a round of self-introduction by all participants.

Overview of the Convention on the Rights of the Child (CRC) and Status of the Young Child

Ms. Savitri Ray (FORCES National Coordinator) made a powerpoint presentation on the CRC and the Status of the Young 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 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 threw light on the major findings of the FOCUS survey on children under 6 years of age with special reference to the state of Tamil Nadu. She discussed some of the various reasons for the success of the ICDS programme in Tamil Nadu. 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 highlighting three important issues that emerged from the previous consultations held at Lucknow and Ranchi –

- A common thread that bound the two consultations was their strong resistance to public private partnership in the education and health sectors.
- The government should not be allowed to withdraw from its duty of providing child care and education services and the trend towards the NGOisation of ICDS centres should be opposed.
- The adverse impact of globalization and privatization were discussed and it was felt that there is a need to focus on government policies as these policies influence the programmes at the ground.

Session I - State Presentations (Kerala and Puducherry)

Chair – Mr. Philip Abraham (Tamil Nadu)

1. Mr. Baby Paul (Joint Voluntary Action for Legal Alternatives (JVALA), Kerala) discussed the national level problems facing the young child in India as well as child rights and related issues in Kerala.

Inadequate infrastructure in schools, child labour, child trafficking, political apathy towards children's issues and gender discrimination and its several manifestations such as female foeticide and infanticide are some of the national level problems that adversely affect the young child in India.

In comparison with the situation prevailing in other Indian states the overall status and condition of children in Kerala is relatively good. However the status of the young child in Kerala is far from perfect and some of the major challenges that the state is facing are as follows –

- Illegal sex determination and sex selective abortions are on the rise.
- Many schools in Kerala are devoid of clean drinking water and toilet facilities.
- Anganwadi workers do not have a retirement age in Kerala as a result of which young children do not want to go to Anganwadis because the workers are very old.
- Poor nutritional levels and high IMR prevail amongst the tribal communities of Kerala.
- School drop out rates are very high for tribal children because schools are located far away from tribal settlements, tribal children are not taught in their own language and they are unable to relate to what is taught in class as the curriculum is not relevant to their way of life.
- Kerala does not have any state level commission or committee for ensuring child rights.

Mr. Paul provided some suggestions for improving the status of the young child in Kerala. These are as follows –

- Proper implementation of the PCPNDT Act and the Child Labour Prohibition Act.
- Anganwadi centres should be open for longer hours.
- Universalization of ICDS.
- The two worker Anganwadi model should be strictly followed.
- Children's Gram Sabhas should be universalized.
- Universalization of marriage and birth registration.
- There should be Child Police Officers in every Police Station.
- Separate budgetary allocations should be made for children affected by HIV/AIDS.

Discussion –

Mr. Gerry Pinto (New Delhi) pointed out that presentations should be focused on issues related to 0-6 year old children. He argued that critical comments on the existing situation should be accompanied by efforts to highlight positive case studies so that these can be replicated.

Dr. K. Shanmugavelayutham (Tamil Nadu FORCES) stressed on the fact that one positive feature of Kerala is that it is a model state as far as decentralized planning is concerned.

Prof. R. Chandra (AIDWA and member All India Kisan Council) supported Dr. Shanmugavelayutham's point by arguing that the Kerala model is the best model of democratic decentralization in India.

Mr. L. Pankajakshan (Santhigram, Kerala) pointed out that Kerala does not have a perfect model of democratic decentralization. The Kerala government is not very supportive towards the functioning of NGOs in the state. There is no space for the common man or for civil society organizations in Kerala's so called democratic decentralization model. This model only has space for technical experts.

Mr. V. Manilal (JVALA, Kerala) highlighted the issue of the rise of ayurveda companies in Kerala, which claim that ayurveda medicines improve the intelligence levels of young children.

Ms. Indrani Mazumdar (CWDS, Delhi) pointed out that there is a need to collect more information on the functioning of NREGA in Kerala especially because the Wayanad district of the state is worst affected by the agrarian crisis leading to farmers' suicides and out migration in large numbers.

Ms. Mazumdar also argued that anganwadi workers must be regularized before a retirement age can be imposed upon them.

2. Mr. P. Joseph. Victor Raj (HOPE, Puducherry) made a powerpoint presentation on the status of 0-6 year old children in Puducherry.

The total population of 0-6 year old children in Puducherry is 113010 out of which 57722 are boys and 55288 are girls. The ICDS programme covers 25293 0-6 year old children in Puducherry. There are five ICDS projects in Puducherry –

- 1) ICDS Project I, Villianur - (141 centres)
- 2) ICDS Project II, Karaikal - (141 centres)

- 3) ICDS Project III, Ariankuppam - (122 centres)
- 4) ICDS Project IV, Muthialpet - (126 centres)
- 5) ICDS Project V, Sithankudi - (138 centres)
 - Mahe - (12 centres)
 - Yanam - (8 centres)

In Puducherry the part of the ICDS programme that caters to 0-3 year old children is managed by the Department of Women and Child Health and the part that caters to 3-6 year old children is managed by the Department of Education.

The adult sex ratio in the union territory is in favour of women and is 1001 females per 1000 males. The current IMR in Puducherry is approximately 22 per 1000 live births. The Tsunami took a heavy toll on the children of Puducherry and there were gross violations of children's rights in the chaos that followed in its wake.

Discussion –

Dr. K. Shanmugavelayutham (Tamil Nadu FORCES) argued that Puducherry has a very well organized education system for 3-6 year old children. There are more than 200 schools for children in the 3-6 age group and the curriculum is very well structured.

Puducherry has a very strong and united Anganwadi workers' union, which once went on a 45 day long strike to secure an increase in salaries of workers. Anganwadi workers in other states should learn from the example of the Anganwadi workers' union in Puducherry.

Ms. Indrani Mazumdar (CWDS, Delhi) argued that Puducherry's case is an exception. 20,000 Anganwadi workers spent one week on the streets of Delhi but this only led to a meager Rs. 500 increase in their salaries and that too after a long wait of one and a half years.

Mr. Victor pointed out some unique features of Puducherry. Anganwadi workers in Puducherry are entrusted with multiple responsibilities and are very important functionaries in the geographically small union territory. Therefore the government cannot afford to ignore the demands of Anganwadi workers in Puducherry.

Dr. Ramakrishnan (Tamil Nadu Science Forum) highlighted the fact that the multiple responsibilities of Anganwadi workers in Puducherry had contributed to increased bargaining power for these workers and the overall success of the ICDS programme. However in most states handing over multiple responsibilities to Anganwadi workers has led to a decline in the quality of services provided by them and has adversely affected the functioning of the ICDS programme.

Dr. K. Shanmugavelayutham (Tamil Nadu FORCES) pointed out that because Puducherry is such a small place it is possible to directly approach higher level authorities such as the Chief Minister for seeking solutions to problems.

Mr. Vinod Kumar (CARE India, Chennai) asked Mr. Victor to elaborate on the status of infrastructural facilities in Anganwadi centres in Puducherry. **Mr. Victor** answered that most Anganwadi centres in Puducherry are housed in pucca buildings.

Dr. Ramakrishnan (Tamil Nadu Science Forum) asked Mr. Victor whether there were ICDS centres in the Dalit areas of Puducherry. He also enquired about the student teacher ratio in Anganwadi centres in Puducherry. Mr. Victor answered that Dalit villages also have Anganwadi

centres in Puducherry. He provided the information that the student teacher ratio in Puducherry is approximately 30:1.

Session II - State Presentations (Andaman and Nicobar and Andhra Pradesh)

Chair – Dr. Ramakrishnan (Tamil Nadu Science Forum)

1. Smt. Shantha Laxman Singh (Chair Person, Social Welfare Board, Andaman and Nicobar) discussed the status of the young child in Andaman and Nicobar islands.

Andaman and Nicobar islands are a group of 572 islands out of which 38 islands are inhabited by people. In 2001 the total population of Andaman and Nicobar was 3, 56,152 and the sex ratio was 846 females per 1000 males. The population of Andaman and Nicobar islands is very scattered and many times an Anganwadi centre cannot be established in areas where there are less than 25 0-6 year old children. 672 Anganwadi centres cater to approximately 22,000 0-6 year old children in Andaman and Nicobar in addition to 96 crèches which cater to around 2400 children. There are several private schools in the urban areas. In Andaman and Nicobar Anganwadi centres are run by the Department of Social Welfare and crèches are run by the Social Welfare Board. SHGs are very active in the implementation of the supplementary nutrition programme in Anganwadi centres in Andaman and Nicobar and Mahila Mandal's play an active role in running crèches.

Smt. Shantha Laxman Singh argued that young children get divided between Anganwadi centres and crèches. Therefore places that have a crèche should not have an Anganwadi centre and places which have an Anganwadi centre should not have a crèche in order to avoid duplication of efforts.

The 2004 Tsunami claimed several lives in Andaman and Nicobar as a result of which several children were orphaned and rendered homeless. Smt. Shantha Laxman Singh provided some suggestions for improving the functioning of Anganwadi centres and the status of young children in Andaman and Nicobar. These suggestions are as follows –

- A committee of 5-7 members should be constituted for regular monitoring of Anganwadi centres.
- Instead of allocating money (Rs. 2 per child per day is the current allocation for provision of nutritious food to young children in Anganwadi centres in Andaman and Nicobar) to Anganwadi centres to provide nutritious food to young children, money should be provided to mothers so that they can take care of the health and nutrition needs of their children in the best possible way.
- Adequate teaching learning materials should be available in all Anganwadi centres. These centres should also be equipped with toys to facilitate joyful learning.
- There should be equal wages for Anganwadi workers and crèche workers.
- Crèche workers should also receive training just like Anganwadi workers.

Discussion –

Ms. Indrani Mazumdar (CWDS, Delhi) pointed out that there is a difference between crèches and Anganwadi centres. Crèches are day care centres and are open for 8 hours a day. They take care of children of working mothers. Anganwadi centres open only for 6 hours a day and they provide pre-school education to young children.

Ms. Surabhi Sarkar (National FORCES, Delhi) argued that money for providing nutritious food to young children should not be given to mothers because in poor households this money is likely to be used for other purposes rather than providing adequate nutrition to the child. The status of women in India is so low that if money is given to mothers it is most likely to be appropriated by male members

of the household. The previous two consultations held in Lucknow and Ranchi have also revealed that many times the food distributed to young children in Anganwadi centres is shared by all the members of the household.

Dr. K. Shanmugavelayutham (Tamil Nadu FORCES) argued that SHGs are primarily involved in moneymaking activities and they are not an effective agency for running the supplementary nutrition programme in Anganwadi centres. Provision of supplementary nutrition is the duty of the state. SHGs should only be permitted to play a monitoring role in the functioning of Anganwadi centres.

Ms. Indrani Mazumdar (CWDS, Delhi) argued that wherever SHGs have been involved in procuring and supplying food to Anganwadi centres there has been a total failure of service provision.

2. Mr. G. Yesunadhan (Community Association of Rural Development (CARD), Andhra Pradesh) provided detailed data related to the status of the young child in Andhra Pradesh. He pointed out that the total child population of Andhra Pradesh is 3.1 crores and argued that the nutritional level of the food provided by Anganwadi centres in the state is very poor.

Discussion –

Mr. Vinod Kumar (CARE India, Chennai) pointed out that village organizations are very strong in Andhra Pradesh. They play a very important role in monitoring the functioning of Anganwadi centres in the state.

Dr. K. Shanmugavelayutham (Tamil Nadu FORCES) pointed out that harmful practices such as branding and the devadasi system are widespread in Andhra Pradesh.

Mr. V. Krishna Kumar (Christian Children's Fund, Karnataka) pointed out that in Andhra Pradesh Anganwadi workers and crèche workers are selected by a stakeholder committee such as a village organization or a mothers' committee. These workers are selected from the locals of the village in which the Anganwadi centre or crèche is located.

Dr. N. Jayapoorani (Avinashilingam University for Women, Coimbatore) asked Mr. Yesunadhan to elaborate on the qualifications of Anganwadi workers in Andhra Pradesh and the training received by them. **Mr. Yesunadhan** answered that only women who have passed class 10 are appointed as Anganwadi workers and they are trained for three months after their appointment.

Session III - State Presentation (Tamil Nadu)

Chair –Dr. Kumud Sharma

1. Dr. S. Muthaiah (Joint Coordinator, ICDS Chennai) made a powerpoint presentation on the status of the young child in Tamil Nadu. Presently there are 434 ICDS projects (385 rural, 47 urban & 2 tribal) with 50,433 Anganwadi centres in operation in the 31 districts of Tamil Nadu. Supplementary food ('Sathu Urundai') is regularly distributed to children aged 6-36 months, pregnant women and lactating mothers. The National Programme for Adolescent Girls (NPAG) is operating in two districts of Tamil Nadu - Thiruvannamalai & Ramanathapuram. Under this programme 6 kgs of rice per month is provided to adolescent girls weighing less than 35 kgs to improve their health and nutritional status.

A pre-school education kit (consisting of play materials, crayons, pencils, notebooks, etc.) worth Rs. 500 is provided once a year to each Anganwadi centre. A medical kit (consisting of medicines for treating common ailments like cold, cough, fever, diarrhoea etc.) worth Rs. 600 is provided on a

yearly basis to each Anganwadi centre. Rs. 25,000 per block/project is the current allocation for information, education and communication activities and community mobilization for the ICDS programme in Tamil Nadu.

Tamil Nadu has block level training teams which provide orientation and refresher training to Anganwadi workers. There is a stress on protein rich food in the supplementary nutrition programme run by Anganwadi centres in Tamil Nadu. 74 lakhs young children in Anganwadi centres all over the state are provided with a boiled egg three days a week.

A disturbing trend is the increase in female infanticide in Salem, Namakkal and Madurai districts of Tamil Nadu in the past few years. Around 50% of women and adolescent girls in the state are anaemic. The average period of exclusive breastfeeding in Tamil Nadu is only 3.8 months as opposed to the WHO mandated 6 months of exclusive breastfeeding.

30 indicators for monitoring the ICDS programme have been developed in Tamil Nadu. The state has achieved 80% or more success in 20 indicators but is still lagging behind in about 10 indicators.

Discussion –

Ms. Indrani Mazumdar (CWDS, Delhi) pointed out that Tamil Nadu has the highest rate of women's work participation in India. It also has a very high rate of urbanization.

2. Father Sahayam (Tamil Nadu FORCES) made a powerpoint presentation on the status of the young child in Tamil Nadu. 91% of births are registered in Tamil Nadu. However there is a wide rural-urban gap in the registration of infant deaths in the state. The rate of registration of infant deaths in urban areas is much better than in rural areas. According to NFHS III (2005-6) Tamil Nadu has 90% institutional deliveries. Non-institutional deliveries or deliveries within the environs of the home take place mostly in rural and tribal areas. Vaccination coverage of children is very high in Tamil Nadu.

Tamil Nadu is one of the six 'high level of HIV prevalence' states in India. Iron deficiency is the most pervasive nutritional problem in the state. 50% pregnant women and 40-50% children under five in Tamil Nadu are anaemic.

A study conducted by Tamil Nadu FORCES (2007) in 45 best Anganwadi Centers revealed that –

- 26.7% centres did not have toilets
- 20% centres did not have water facility
- 22% centres did not have adequate furniture
- 20% centres did not have a separate kitchen
- 62.2% centres had asbestos roofs and only 35.6% had concrete roofs
- 22.2% centres had buildings that were leaking
- Only 27% centres were equipped with teaching aids
- Most of the centres were located near garbage bins and public conveniences
- Panchayats were not involved in monitoring the functioning of the centres

In Tamil Nadu 8 of the 30 posts of District Project Officers are vacant and some officers look after two districts. 90 of the 434 posts of Child Development Officers are also vacant.

Discussion –

Dr. S. Muthaiah (Joint Coordinator, ICDS Chennai) pointed out some deficiencies in the ICDS programme in Tamil Nadu –

- Anganwadi workers are overburdened with multiple responsibilities leading to a decline in the quality of services provided by them.
- There is a scarcity of water in Tamil Nadu as a result of which many Anganwadi centres lack water facilities.
- Village monitoring committees require urgent restructuring.

Day 2, 12th April

Session I - State Presentation (Karnataka)

Chair – Ms. Mina Swaminathan (M. S. Swaminathan Research Foundation (MSSRF))

Ms. Mina Swaminathan (MSSRF) started the second day of the consultation with a brief opening address. She asserted that FORCES is a coalition that carries out issue based advocacy. She pointed out that there are glaring contradictions between government and NGO perspectives on child rights. She stressed that the FORCES network must be very clear about its perspective on child rights.

Ms. Swaminathan argued that the government divides the child subject-wise into different departments such as the departments of health and education. However child care is not the responsibility of any of these departments.

Ms. Swaminathan passed around a NRHM newspaper advertisement and made all the participants analyse it in order to drive home her point that there is a lack of convergence between programmes of different government departments. NRHM advertisements do not include information about preventing sex selective abortions because this issue is related to the girl child and falls under the purview of the Department of Women and Child Development. Ms. Swaminathan argued that issues related to the girl child need to be tackled simultaneously by programmes under various government departments instead of compartmentalizing them as the responsibility of a single department.

1. Mr. Ananth (Child Rights Trust, Bangalore, Karnataka) made a powerpoint presentation on the status of the young child in Karnataka. He provided data on the sex ratio, IMR, NMR, Under five Mortality rate, malnutrition, breastfeeding, anaemia prevalence and pre-school attendance in Karnataka.

Mr. Ananth also provided some suggestions to improve the status of the young child –

- ECCD programmes should be concerned with the young child before 0 years by providing antenatal care services for pregnant women.
- Efforts should be made to strengthen community participation in and ownership of Anganwadi centres.
- Needs assessment of urban areas should be carried out in order to increase the coverage of ICDS services.
- The Infant Milk Substitutes Act should be properly implemented.
- There should be early detection and intervention programmes in order to identify any disability in the first six years of life.

Discussion –

Ms. Mina Swaminathan (MSSRF) argued that the term ‘0-6’ is very confusing because ‘0’ can be interpreted to mean both conception and birth. She asserted that the term ‘0-6’ should be replaced with the term ‘conception to 6’.

In recent times more and more women have joined the workforce as a result of which they are unable to exclusively breastfeed their children. Tamil Nadu FORCES has been campaigning to promote breastfeeding since 1997. In 2007 the government of Tamil Nadu promoted exclusive breastfeeding by introducing a scheme wherein women get 1000 Rs. per month for 4 months before and 2 months after delivery (a total of 6 months). This scheme has enabled women to stay out of the workforce and has reduced elder siblings’ burden of taking care of young children.

Ms. Indrani Mazumdar (CWDS, Delhi) argued that in recent times there have been several changes in the lives of women. Nowadays more and more women are working and migrating to distant places. In the country as a whole, the Southern states have very high rates of women’s work participation. The ability of mothers to provide breast milk and adequate nutrition to young children must be viewed in the context of the changes in women’s lives.

The poor food security situation in India and the increasing rate of urbanization in Tamil Nadu are part of the larger socio-economic context within which issues related to child rights must be viewed. Programmes aimed at improving the status of young children must be viewed within the context of the larger social policies that influence programmes.

Ms. Mina Swaminathan (MSSRF) argued that there is a need to look not just at supply side issues (issues related to programmatic delivery of services) but also at demand side issues such as the changing needs of people in a changing society.

Mr. Gerry Pinto (New Delhi) argued that the identification of 2-3 priority areas with regard to ECCD in every state would be very helpful for the purpose of writing the alternate report for the UNCRC.

Mr. Baby Paul (JVALA, Kerala) pointed out that all over India there are many poverty stricken women who don’t even have breasts to feed their children.

Ms. Mina Swaminathan (MSSRF) argued that most poverty alleviation programmes target men and overlook women as a result of which many women are suffering from abject poverty.

Dr. Indu Agnihotri (CWDS, Delhi) pointed out that many women are unable to claim benefits provided by the Janani Suraksha Yojana because they do not possess BPL cards.

Benefits under many government schemes can only be availed if the two child norm is followed. The women’s movement has been fighting against this but the Supreme Court has not taken any stand on this issue.

Deformities in children are increasing because of the rise of several new artificial techniques of conception. Therefore FORCES must take a clear stand that it is opposed to scanning for the purpose of sex determination but it is not opposed to scanning on the whole.

Dr. Kumud Sharma (CWDS, Delhi) argued that the two child norm of the government of India has given an impetus to female foeticide and infanticide.

Cross sectoral dialogues are important for any network. Therefore it is important to ensure the participation of people representing different sectors in FORCES' consultations.

There is a need to move away from presenting development indicators to looking at issues within a broader context.

Ms. Indrani Mazumdar (CWDS, Delhi) argued that the Medical Termination of Pregnancy (MTP) Act is couched in medical terms and is not grounded in a rights based perspective. The Act is most liberally used all over India in the name of population control.

Dr. K. Shanmugavelayutham (Tamil Nadu FORCES) argued that the right to abortion is a grey area because women's right to abortion clashes with children's right to survival.

Ms. Mina Swaminathan (MSSRF) emphasized that the right to abortion is indeed a grey area and each person has to take his/her own position on it.

Session II - State Presentation (Maharashtra)

Chair – Dr. Indu Agnihotri (CWDS, Delhi)

1. Ms. Kamayani Bali Mahabal (WHRAP-ARROW) made a powerpoint presentation on girl child discrimination and sex selection.

There are 3.5 crore missing girls in India. The sex ratio has been declining continuously from 1901 to 2001. Punjab, Haryana and Delhi are the three states with the lowest sex ratios. Fatehgarh Sahib and Patiala districts of Punjab as well as Kurukshetra district of Haryana have the lowest sex ratios in the country. East Kameng district of Arunachal Pradesh and Pulwama and Kupwara districts of Jammu and Kashmir have the highest sex ratios in the country. The urban sex ratio is lower than the rural sex ratio for the country as a whole. The 2001 census was the first census to provide data on the sex ratio amongst different religions. It revealed that Sikhs (786 females per 1000 males) and Jains (870 females per 1000 males) have the lowest sex ratios. Jainism is opposed to violence but due to the availability of advanced technology Jains go in for sex selective abortion at the initial stages of the development of the foetus.

The Cradle Baby Scheme implemented by the Tamil Nadu government encourages mothers to deposit their female infants with the state instead of killing them. This scheme has failed to strike at the root of the problem and has resulted in the abandonment of a large number of girl children by their mothers.

Ms. Kamayani argued that rich states and districts with high standards of living and high literacy rates have the lowest sex ratios in the country. She also argued that sex selection is a demand created by the supply of technology. The higher the number of sonography centres in a place the lower is its sex ratio. Ms Kamayani argued that women have a right to abortion as an extension of their right to their bodies. However sex selective abortion must be opposed because it violates the dignity of women and even negates their existence. Government advertisements often send out the wrong message as a result of which many people are under the false impression that abortion is illegal.

Discussion –

Ms. Savitri Ray (FORCES National Coordinator) pointed out that a micro-level study carried out in Haryana, Himachal Pradesh, Madhya Pradesh and Rajasthan suggested that people feel that using technology for abortion does not amount to sin.

A study conducted by Saheli (Delhi) has revealed that the import duty on medical equipment used for sex determination has decreased from 41% to 27% in the last 15 years. This shows the impact of globalization on the dissemination of technology used for sex selection.

Dr. Indu Agnihotri (CWDS, Delhi) argued that the majority of donor funding that comes to India from non UN agencies is for addressing issues related to AIDS and reproductive health. However there is no clarity on what are the issues that constitute the domain of reproductive health.

A medical and social audit of doctors should be conducted in order to check their role in sex selective abortions.

Ms. Mina Swaminathan (MSSRF) argued that ultrasound machines should only be available in government hospitals.

Most people are not aware that it is the man's chromosome that is responsible for the sex of the child. It is very important to communicate the right messages to people in order to bring about a change in their attitude towards the girl child.

It is true that sex determination is more widespread amongst the richer strata of society. However in recent times more and more people who are not so rich are emulating the rich by going in for sex determination.

Mr. V. Manilal (JVALA, Kerala) pointed out that the Kerala Child Welfare Commission runs a programme similar to the Cradle Baby Scheme in Tamil Nadu. The experience of this programme in Kerala has shown that even infant boys are abandoned to be looked after by the government.

Smt. Shantha Laxman Singh (Chair Person, Social Welfare Board, Andaman and Nicobar) drew attention to the case of the Jarava tribe in the Andaman and Nicobar islands. This tribe has a dwindling female population. The government of Andaman and Nicobar runs a scheme for the Jarava tribe under which Rs. 1000 is provided to the parents on the birth of a girl child. If the girl studies till class 10, the parents are given Rs. 2000.

Ms. Indrani Mazumdar (CWDS, Delhi) argued that the law is the principle instrument for tackling the issue of sex selection. Information, education and communication on the issue of sex selection must be focused on the law and its implementation.

Mr. Philip Abraham (Tamil Nadu) argued that law cannot be used as the principle instrument for tackling the issue of sex selection because the law has failed.

Ms. Kamayani Bali Mahabal (WHRAP-ARROW) and **Ms. Indrani Mazumdar (CWDS, Delhi)** argued that it is incorrect to say that the law has failed. The law has not failed; it has just not been implemented.

Session III – Open Discussion

Chair – Ms. R. Geetha (Unorganised Workers' Federation)

Moderator - Ms. Indrani Mazumdar (CWDS, Delhi)

A collective decision was taken that the open discussion would be carried out under 3 different heads corresponding with the broad themes selected for developing the alternate report. Thus the open discussion was carried out under the following heads – health and nutrition, early childhood education and the situation of the girl child.

1. Health and Nutrition

Ms. R. Geetha (Unorganised Workers' Federation)

- The health status of children of migrant construction workers has been largely neglected. Mothers who work at construction sites often take their children along with them to their place of work. A construction site is a very hazardous environment for young children. Every construction site should have a crèche even if there are few women working on it.
- Children living on the streets are exposed to several harmful gases and chemicals which have an adverse affect on their health.

Ms. Indrani Mazumdar (CWDS, Delhi)

- The Chennai Consultation failed to throw any light on the functioning of the NRHM in the Southern states.

Ms. Kamayani Bali Mahabal (WHRAP-ARROW)

- The mental health of children is a much neglected issue. There is a need for a national level policy to address the mental health issues of the Indian population. Such a policy should also address issues related to the mental health of children.

Ms. Savitri Ray (FORCES National Coordinator)

- There are several myths related to the feeding of colostrum to newly born infants as a result of which many mothers do not feed colostrum to their babies. There is a need to spread awareness amongst people that there is no truth to these myths.

Mr. Simon Joseph (Department of Social Work, Loyola College, Chennai)

- It is important to ensure food security for all households so that economic compulsion does not force mothers to work at a time when the child needs to be breastfed. The public distribution system should be revived so that the food requirements of households are adequately met.
- The FORCES network should focus not only on ICDS and Anganwadi centres but also on crèches.
- A very large number of women are working in the unorganized sector. Employers in this sector must be pressurized to provide daycare services for the children of the women employed by them.

Mr. Vinod Kumar (CARE India, Chennai)

- Public private partnership should be implemented. The government should tie up with private hospitals to provide services at subsidized costs to pregnant women.

Ms. Santhi Nakkiran (Tamil Nadu FORCES)

- Public private partnership should not be implemented. Providing health care services to the people is the duty of the state and the state should not be allowed to withdraw from its duty.
- NGOs should regulate private hospitals by working towards ensuring adherence to certain minimum standards of health service provision by these hospitals.

Dr. Indu Agnihotri (CWDS, Delhi)

- In the current scenario of globalization, health, security and child care are at risk. The macro policy of globalization has made people and especially children more vulnerable. In today's time the health scene is very critical and the child is at far greater risk of not being able to survive than ever before.
- Hardly any private companies have crèches for children of their employees. First aid facilities of a very minimal kind are available at construction sites, mines and quarries.

Mr. Senthil Sellappan (Department of Social Work, Loyola College, Chennai)

- The operation of NRHM in Tamil Nadu is just an eyewash.

Dr. K. Shanmugavelayutham (Tamil Nadu FORCES)

- A minimum of 3% of the GDP should be spent on health.
- In Tamil Nadu more and more child births are taking place in private hospitals. It is a myth that private hospitals provide very good health services. There is no regulation of private hospitals. Mechanisms for regulating private hospitals should be put into place and the quality of services provided by PHCs should also be improved.
- FORCES must lobby to ensure proper child budgeting by the government.
- There should be a linkage between NREGA and ICDS as well as NREGA and the crèche programme.

Ms. Savitri Ray (FORCES National Coordinator)

- 1% of the budget should be allocated to the young child.

Mr. Gerry Pinto (New Delhi)

- The Urban Health Mission will soon be launched. FORCES should lobby to ensure that greater importance is accorded to Anganwadis and crèches in the Urban Health Mission.
- There is a need to devise specific policies for children living in islands such as Andaman and Nicobar islands.

Mr. L. Pankajakshan (Santhigram, Kerala)

- There should be one managing committee for each Anganwadi centre in order to ensure the regular monitoring of centres.

Smt. Shantha Laxman Singh (Chair Person, Social Welfare Board, Andaman and Nicobar)

- There is a delivery/rest home in each of the 15 tribal villages of Nicobar. In this home women are looked after for a period of 40 days after childbirth by trained medical personnel. A woman's relatives can also visit her and take care of her during her stay at the delivery home.

Ms. Kamayani Bali Mahabal (WHRAP-ARROW)

- A study conducted by CEHAT revealed that 80% of the health budget is utilized for infrastructural purposes (constructing buildings, installing air conditioners etc.) and paying salaries. Only 20% of the health budget is used for making essential medicines available to people.
- Issues should not be compartmentalized under different government departments. There should be close convergence and integration between different departments.

Mr. Xavier (Society for Integrated Development of Tribals (SIDT), Tamil Nadu)

- The government must extend the coverage of its health services to tribal children residing in forested areas.

2. Early Childhood Education

Dr. K. Shanmugavelayutham (Tamil Nadu FORCES)

- There is an urgent need for regulation of the many private schools that are growing at a very fast rate.

Ms. Savitri Ray (FORCES National Coordinator)

- The important issue of medium of instruction (language) employed for early childhood education in Anganwadi centres came up in the FORCES Eastern Consultation held at Ranchi. Children of migrant workers are unable to understand what is taught in class because the language in which the Anganwadi workers teach is different from their own language.

Mr. Senthil Sellappan (Department of Social Work, Loyola College, Chennai)

- There is an urgent need to improve the quality of early childhood education provided by Anganwadi centres.

Mr. Gerry Pinto (New Delhi)

- There is a need for more active community participation in the education of children in Anganwadi centres.

3. The situation of the Girl Child

Mr. Simon Joseph (Department of Social Work, Loyola College, Chennai)

- The prevailing attitude towards the girl child in Indian society can be changed by using education (through changes in the curriculum) as an instrument for change.

Ms. Kamayani Bali Mahabal (WHRAP-ARROW)

- Primary school textbooks reinforce stereotypical roles of men and women. In these books mothers are always cooking in the kitchen and fathers are working.
- The child sex ratio cannot improve unless and until the law is implemented. Law is the instrument for bringing about immediate change in the status of the girl child. Attitudinal change in society is the long term strategy for bringing about an improvement in the condition of the girl child. There is an urgent need to ensure the strict implementation of the PCPNDT Act.

Mr. Philip Abraham (Tamil Nadu)

- Laws cannot be implemented without attitudinal change in society. The law can be implemented only when people stop demanding sex determination.

Ms. Kamayani Bali Mahabal (WHRAP-ARROW)

- A third person – the doctor – is involved in sex determination and selection. It is not true that the law cannot be implemented without first bringing about an attitudinal change in society.

Dr. Indu Agnihotri (CWDS, Delhi)

- The argument that Indian society is a backward society because of the inherent social backwardness of the Indian people is a colonial argument. This argument is factually incorrect.

Ms. R. Geetha (Unorganised Workers' Federation)

- The failure to implement the PCPNDT Act is part of the general failure in implementing laws in India.
- The technology boom has paved the way for the emergence of a big market for killing the girl child. Doctors are making money by killing the girl child. There is an urgent need for governmental monitoring of doctors.

Mr. Gerry Pinto (New Delhi)

- India has several acts to address a wide range of issues; however the implementation of acts is very poor because of low budgetary allocations.

Ms. Kamayani Bali Mahabal (WHRAP-ARROW)

- In case of the PCPNDT act there is enough money available for the implementation of the act since clinics with ultrasound facilities are required to pay a registration fee to the government. However this money is not properly utilized to ensure the proper implementation of the PCPNDT act. For example - government awareness campaigns against sex selection often spread incorrect messages as a result of which many people are under the impression that abortions are illegal.

Concluding Remarks

Ms. Indrani Mazumdar (CWDS, Delhi) summed up the major findings and gaps of the two day long Southern Regional (Chennai) Consultation.

Major issues that emerged from the consultation –

1. Kerala –

- Tribal children lack access to schools.
- The phenomenon of sex selective abortion is on the rise.

2. Puducherry –

- A positive picture of the functioning of the ICDS programme has emerged.
- Puducherry is the only place in India where Anganwadi workers have been absorbed into the government machinery.
- The multiple responsibilities of Anganwadi workers has worked in favour of the successful functioning of the ICDS programme.
- A strong trade union of Anganwadi workers exists in Puducherry thereby providing these workers with the power to bargain for improvements in their condition.

3. Andaman and Nicobar Islands –

- Islands are areas with special needs and therefore they need special programmes.
- Money for providing nutrition to the young child should not be given to mothers.
- There is no duplication of efforts because of the simultaneous existence of crèches and Anganwadi centres. Crèches and Anganwadi centres perform different functions.

4. The phenomenon of the rapid growth of private schools is common to all Southern states. These schools are not regulated and they do not provide children with nutritious food.

5. The rate of migration of families appears to be higher in the Southern states and children of migrant workers are deprived of basic facilities.

6. The PCPNDT act can play a crucial role in preventing sex selection if it is strictly implemented. Efforts must be made to ensure the strict implementation of this act.

Gaps in the discussion or issues that were not discussed –

- The discussion was largely focused on government programmes with regard to children's health and education. There was no discussion of the larger context of macro policies that influence programmes. For example – the impact of globalization on young children was not discussed.
- The consultation failed to provide a picture of social differentials operating in society. Issues related to scheduled caste and dalit children were not discussed.

- There was no discussion on the functioning of NRHM in the Southern states.
- The consultation did not bring to light any concrete case studies on the implementation of the NREGA in the Southern states.

Issues that were hotly debated –

- Issues related to sex selective abortion.
- The issue of whether or not Anganwadi workers should be entrusted with multiple responsibilities in order to ensure the successful functioning of the ICDS programme.

Vote of Thanks

Ms. Indrani Mazumdar (CWDS, Delhi) and Dr. K. Shanmugavelayutham (Tamil Nadu FORCES) thanked all those present for participating in the consultation and sharing their knowledge and experiences. They urged them to contribute actively in the preparation of the alternate report for the UNCRC. Ms. Mazumdar also thanked Plan International for extending its support to the FORCES network.

PROGRAMME SCHEDULE

Friday 11th April, 2008

09.30 AM – 10.00AM	Registration
10.00 AM – 10.45 AM	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 AM – 11.00 AM	Overview of CRC & Status of Young Child – Ms. Savitri Ray, National FORCES
11.00 AM – 11.15 AM	Tea
11.15 AM – 01.00PM	<u>Session I</u> Chair – Mr. Philip Abraham (Tamil Nadu) State Presentation – Kerala- Mr. Baby Paul – KaVAL Team Puducherry – Mr. P. Joseph. Victor Raj -HOPE
01.00 PM – 02.00PM	Lunch
02.00 PM – 03.15 PM	<u>Session II</u> Chair – Dr. Rama Krishnan, Trivandrum State Presentation –Andaman & Nicobar – Smt. Shantha Laxman Singh Chair Person, Social Welfare Board Andhra Pradesh – Mr. G. Yesunadhan, CARD
03.15 PM – 03.30PM	Tea
03.30PM – 04.45PM	<u>Session III</u> Chair : Dr. Kumud Sharma State Presentation – Tamil Nadu – Dr. S. Muthaiah, Joint Coordinator- ICDS Chennai Fr. Sahayam, TN-FORCES

Saturday 12th April, 2008

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

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“The Status of the Young Child: Alternate Report for UNCRC”

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