

Public Hearing on

“Realising Maternity Entitlements and Right to Crèches”

A Report
Constitution Club, New Delhi,
May 3, 2016

Organized by:
The Right to Food Campaign,
India and
Twenty-one other organizations
and networks

Introduction

Twenty-two networks working on Labour Rights, Women's Rights, Health Rights, Farmers Rights and Child Rights came together ¹ and organized a Public Hearing on "**Realising Maternity Entitlements and Right to Crèches**" on **May3, 2016 in the Constitution Club of India, New Delhi.**

The National Food Security Act which was passed more than two and a half years ago entitles all pregnant and lactating women to maternity entitlement of at least Rs. 6,000 per child birth. While there is no link to wage, the conditionality narrows its scope and the amount is very low, this is still significant as for the first time there is recognition of a universal maternity entitlement. However, Indira Gandhi Matritva Suraksha Yojana, the scheme through which this entitlement is to be delivered is yet to be expanded and universalized.

The Restructured ICDS committed 70000 anganwadi-cum-crèches in the 12th FYP period. Not more than 500 such centres that have been operationalised in last 3 years. The situation continues to be dismal. As per a recent MWCD press note, Rajiv Gandhi National Crèches Scheme, a grant-in-aid programme by design, hardly covering a little over half a million children, is probably set to become the State response to the need of crèches. The crèches mandated under eight labour laws go unimplemented and unreported by the Ministry of Labour.

In spite of our Constitution having directed the state to provide special protections for Maternity and the care and protection of children, the government has failed to fulfil its responsibility. More than 95 per cent of women in India are engaged in informal employment or in unpaid work and are denied of any maternity entitlements or childcare provisions when they have children. The National Maternity Benefits Act covers only women in the organised sector and that too with a limited entitlement of paid leave for four months.

Other than in the public sector, it is not even clear to what extent this Act is being implemented even in workplaces that come under its purview. There is now a proposal to extend the period of leave under this Act to 26 weeks; however there is no discussion of including the vast majority of women who are outside of all the labour laws. Also, women's reproductive work goes unrecognized.

This neglect has led to untold suffering, exploitation, injustice and poor health and development. This is in spite of the fact that during pregnancy and first two years of the child the mother's rights and the child rights are intertwined. Moreover, during the first six years of the child brain develops 90% and this is a critical period of rapid development.

As there had been lack of awareness and prioritization on these two issues from all stakeholders, the nation suffers from dipping women's workforce participation, nutritional issues are causes of concerns, the concerned networks and groups felt that the time was ripe to come together to work out how this can be addressed collectively.

The programme² of the day divided the Convention and Jan Sunvai in two sessions. Pre-lunch the representatives from different networks spoke about the inadequacy and/or non-

¹ List of Networks in Annexure 1

² In Annexure 2

implementation of legal provisions and post-lunch was the time when the case studies were presented. The Convention and Jan Sunvai was attended in the first half by Ms. Stuti Kackar, Chairperson, NCPCR and in the second half by Ms. Sushma Sahu, Member, National Commission for Women.

Session 1: Presentation by Networks on Violations/Non-Implementation/ Non availability of legal entitlements on Maternity Entitlements and Childcare and Impact on Women

Dr. Vandana Prasad, a pediatrician and Former Member, National Commission for Protection of Child Rights as well as a health rights activist, chaired the Session. She introduced the objective of the Jan Sunvai and facilitated the session. Multiple presentations as reported below were made.

Sheela Devi, Mahila Swasthya Adhikar Manch Mirzapur, representing NAMHHR (through Healthwatch Forum UP)

The women who are working as farm labour and stone quarry workers in Mirzapur district of eastern Uttar Pradesh are not covered by any labour laws and have no access to maternity benefits. They have to work until the last few days of pregnancy and may suffer from severe back pain, exhaustion and swelling in the feet. Yet the pressure of poverty compels them to continue working. They have to take loans as they incur expenses during hospital childbirth, especially bribes and informal fees to the nurse and *dai*. The government provides Janani Suraksha Yojana cash transfer, but not all of them can avail it, owing to problems with the bank account. Soon after childbirth they have to rejoin work in the stone quarries or agricultural labour, otherwise they are unable to feed themselves. The poor nourishment women receive means that they do not have breastmilk for very long. The workplace has no arrangements for childcare or breast-feeding, often small babies lie in the shade of a piece of jute right next to the stone quarries. The children born to the workers are also poorly nourished and weak, often falling ill. Some women have had as many of six of their babies die in childhood.

Presentation by Chandralekha Sarker, NAMHHR, on behalf of Beedi Workers Association

Chandralekha said that the Beedi Workers are home based workers working on piece rate. Young adolescent girls who do a faster job gets married fast and they are in demand. Even though there is a provision of Rs 1000 mandated as ME in the Beedi Workers' Act, very few people are able to access it. The pregnant women also do not get access to AWCs and hospitals are very far. There are no crèches and women start working on the 5th or 6th day after childbirth due to the need for money in the family. Some of their husbands have migrated and hence they are left without support during pregnancy or with young children. This is impacting the health of their children as well as their own health.

Elizabeth Khumallambam, NariShaktiManch representing Garment Workers and Domestic workers

Even though there is the Factories' Act in place for garment workers, neither industrialists nor the Government is implementing the same. We would like to take this forward collectively with this group. Weakness in implementation of Maternity Entitlement (ME), which is linked to continuum of care, and early childhood development is impacting both the mother and child. There is need to engage with owners of industries as well as the Government.

Additionally, the domestic workers are part of unorganized sector. They also need Maternity Entitlements and Childcare. There is no entitlement of crèches for domestic workers, and there is dire need to open crèches for children of domestic workers. The domestic workers are becoming aware. The Law Commission Report No. 259, "Early Childhood Development and Legal Entitlement", has also talked about daycare as an unconditional entitlement. We need the support of the collective to take the issue forward.

Comments from the floor

Representative from Hapur, UP: Women working in factories can demand leaves for maternity but not women who are agricultural women. How can they access Rs. 6000 from IGMSY?

Katyayani, Right to Food Campaign – Karnataka: Janani Suraksha Yojana is an entitlement for all women through Unorganised Sector Social Security Act. The Building and Other Construction Workers' Act mandate ME as well as crèches and have crores of money collected under the Cess. This grant can be used by municipalities for running crèches.

Vandana, Panna – MP : Women who sell wood from forest to market, women who are alone or do not have their maika (parental home) or sasural (in laws' home) - ICDS does not register them and treats them as outsiders. One woman in her neighbourhood had seven children and could not have any access to ICDS, ME. She asked if there is way to give access to these women.

Anita from Govindpuri, mother of a disabled child commented that her child is disabled and she had never been able to work as there was nobody to take care of her disabled daughter. The ICDS denied entry to her and also denied immunization. Finally, five mothers with disabled children of that area have come together and formed a "Rahat" group to take care of their children in their absence. She felt that the Government need to come forward and take responsibilities.

Presentation by Anuradha Talwar on behalf of Women Workers in Tea Plantations

Anuradha quoted the Report of a Fact Finding Team, which collected data on hunger deaths in tea gardens of Assam and West Bengal in November-December 2015. She said that the Tea Sector is an organized sector and is 4th in the world in export, there is high demand in the local market too as consumption is high within the country. The Report identifies Tea Sector as the second largest employer in the country with 351 lakh workers and also as a profit making sector where 70% workers are women.

In the country, Kerala and Tamil Nadu are doing well in this sector but Assam and West Bengal plantations are in poor conditions due to weak management. The daily wages range from Rs 95 to Rs 132. There is widespread malnutrition, and hunger deaths.

The workers are eligible for ME and Crèches under Tea Plantation Workers' Act. However, since 60% workers are casual workers they cannot access these entitlements. In addition to the access issue, there is problem of non-implementation of Factories' Act and Plantation Workers' Act in this sector.

Twenty five of the closed tea gardens had reopened recently, but women continue to work till the day of delivery. Since hospitals are far off, sometimes tractors are used for transporting the pregnant women to the hospital. Very recently there was a case of maternal death which led to protests. A doctor from Dibrugarh Hospital said that -8 out of 10 maternal deaths in the hospital are women from tea garden near Dibrugarh.

There are no crèches, however, two breastfeeding breaks are given to women. Some women spend Rs 200 for bringing the child to her for feeding.

When pesticides are used, pregnant women are stopped to come to the gardens. However, when they join after 12 days they are exposed to the pesticide and the childn the womb runs the risk of adverse health effects.

Lastly, she mentioned that the workers issues are closely linked with the issues of ME and crèches. Minimum wages payment can lead to higher maternity entitlements. Reproduction must get recognized as social work, it is not only an issue of an entitlement of Rs 6000 but also a question of a social recognition and responsibility.

Dr. Vandana Prasad suggested that NCPCR can be given this report for intervention

Presentation by Divyani from NirmanMazdoor Panchayat Sangh on behalf of Construction Sector

Divyani said that there is 1% cess paid by all projects which is not used for workers' welfare. There is an amount of Rs17000 crore in the whole country and 5000 crore in Delhi only.

Presentation by Makaam on behalf of Agricultural Workers

The presenter was a tribal woman who was involved in agriculture in her own as well as other's fields, gathering from the forest and also heavy unpaid work to meet the energy needs, water collection etc. Each of these works is a heavy work and they work till the day of delivery. Last week one woman lost her child as she no access to health services. She questioned why the responsibility of childcare only rest of women. She also questioned the minimum rs6000 entitlement under IGMSY and its coverage in only 12 districts of Gujarat. On behalf of Makaam, she articulated her demand as minim wages for six months as maternity entitlements. She also talked about the Kasturba Gandhi Scheme where women who are identified as BPL are provided maternity benefits. She felt that due to rigorous paperwork and documentation required for

IGMSY and the APL, BPL division in the Kasturba Gandhi Scheme women are unable to access maternity benefit scheme, she felt both the schemes should be made universal.

Presentation from Amita, West Bengal on Behalf of Agricultural Workers

Amita from West Bengal KshetMajdoorSamity said that in our country women have travelled far. We have had women as Prime Ministers and Chief Ministers, they are bringing new generations to the world but the realization of women's rights and the child's rights that are closely linked, have remained a distant dream.

She felt that fair wages are important, nutrition is important and so are terms of work. Maternity should get a social recognition and must not be treated as a demand for money. It should reflect in her terms of work, and nutrition security. She narrated the story of a woman who was a co traveler in the train to Delhi, she had three very young children and could hardly get up from her seat. The men in the compartment were laughing at her and saying that it was her fault to have so many young children. She felt that until and unless there is change in mindset of men and the larger society the movement for women's rights will not be successful.

The next speaker was Ms. StutiKakkad, who was introduced by the Chair.

Stuti Narayan Kacker, Chairperson NCPCR said that her previous speaker was hundred percent correct. Larger society do need a change in the mindset. However, this change will come only if women facilitate it, we have to be those changes, and they shall have to fight their own fights. Nobody will come forward to offer rights, women will have to acquire it for themselves. Nobody understands women's problem – women from all classes go through the same problems. Women who had been able to achieve their goals had to walk through the fire themselves.

During this time “*Hum apna adhikar mangte/nahinkissi se bhikmangte* (We demand our rights and not charity) slogans were raised and also the crowd demanded the support cooperation of NCPCR in this regard through slogans like NCPCRsaath do! Stutiji laughed and said that NCPCR will but women will also have to take their lives in their own hands. Even if there is unfair distribution of food in the family, a pregnant woman will have to take her own food for the sake of herself and her child. She said that today women are throwing challenges to the system, to the family, and to the society.

She narrated her own experience as a Director of ICDS, saying that it is a place where women only worked but they did not support each other. Women need to support each other, because the struggle is within family, society and the workplace.

Lastly, she talked about parent's negligence which is leading to children committing small crimes and are getting addicted to drugs. She advised the parents to be cautious about what their children are doing and keep a track on that. “We must learn to be good parents!” She said.

Ms. Kakkad left after her speech. Dr. Vandana Prasad said that some of the complaints will be sent to her and also requested her help and action in addressing the non-implementation of the laws available for formal sectors.

Presentation by Ms. Savitri Roy, Forum for Crèches and Childcare Services (FORCES)

Savitri spoke about FORCES' contributions to the issue since 1990s. She said that FORCES has concentrated on evidence based advocacy. She also emphasized that the child is the responsibility of the State and the communities. The 12th Five Year Plan and the ICDS Mission had proposed integration of crèches in ICDS. FORCES' Study has shown that in 80% cases mother had been the primary care giver. The sibling, especially the girl child was the next in degree of responsibility, especially for domestic workers and for women on construction sites. She also spoke about a study on crèches under MGNREGA, which found operational crèches in Rajasthan only. She mentioned that only 35 out of 135 Panchayat members were aware of crèches. She felt the need for awareness building for prioritization. She felt that the Panchayats also felt the need of awareness building and wherever there was awareness it was due to NGO presence. She also underlined her concern due to the budget cuts as the prioritization will require political will, finance and accountability by the Government.

Presentation by Manju Devi Domestic workers' Union from Bihar

Manu Devi of GhareluKamgaar Union, Bihar said that the domestic workers are always afraid to lose their job. They work without leaves? She questioned the practice of working for 30 days and the practice of wage cut when they take a day off. The IGMSY being there for domestic workers but they have not received any money. The state government give them Rs1000 as maternity benefits but that does not help. She demanded universal access to Rs 6000.

Presentation by Centre for Budget and Governance Accountability (CBGA)

Nilachal _____ while presenting said that CBGA had done some calculations on the finance required to universalize IGMSY, which should also be inflation indexed. He said the estimation done during the costing of the NFSA Bill by the responsible Standing Committee was 14512 crores. This was estimated taking 2.5 crore as the number of pregnant women in the country. However, with the present estimation of about 3 crore pregnant women, the need is of Rs18000 crore. This is not rocket science. However, the Government is only providing around 400 crores. With so little money how can the scheme be universalized? This scheme, as per plans should be funded 60% by the national Government and 40% by the state. There is no political will from any end. We see tax rebates worth 6lakshs to corporates but do not find money to universalize IGMSY. Last year the MWCD Minister had demanded Rs1352 crores for maternity entitlements but the Finance Ministry only provided Rs. 374 crore. The absence of political will is clear. If the accountability is not present then it has to come through peoples' demand.

Session 2: Jan Sunvai

This Session had 27 case studies presented in front of the following eminent juries:

Dr. Shantha Sinha, Former Chairperson, NCPCR

Dr. Jean Dreze, Renowned Economist

Harsh Mander, Principal Advisor, Supreme Court Commissioner's Office

The Annexure has a table captures the prayer and the solution.

Comments from the Jury:

Kamayani, Member, and CUGC: The issue of minimum wages should top the list of our demands. Issues related to fixed employment of the labourers should be raised.

Dr. Shanta Sinha, Ex-Chairperson, NCPCR: When it comes to the discussion related to children and their rights, especially the ones under sixes, the fact that, preparation of this particular age group in all the aspects would be for the benefit of the entire society, should be taken into consideration. Children below 6 years of age can only challenge the system (either through mortality or through hunger). There is no other way in which they can challenge the system. So, it is for us to look out at the plight of children when they are hungry, unprotected or when they are crying. It is important to take up this challenge and make sure that their voices are heard. Such meetings (like the Jan Sunwais) even though having been conducted 1000 times before, should be conducted regularly so as to ensure changes in the society.

The demand for crèches is a very important one. Crèches should be made available not only at the work sites or the workplaces but also in the areas where these people are dwelling. Anganwadi should be extended to serve the role of a crèche as well as it should be the single most demand of ours as an association of women workers and child rights workers. It is not just a women's issue (maternity entitlements and need for crèches), they are rather more far ahead from their ideological framework, and can be looked more as issues of human rights. Hence, we should see to it that men are with women and feel their pain and tension of there not being a crèche. It has to be a partnership of all the workers, those working for the poor, everyone working on early childcare, where we can come together and demand for a crèche.

As far as the issue of Maternity entitlements are concerned, there shouldn't be the tedious process of filling forms to receive the entitlements. Rs. 6000 (the entitled amount) is just not enough in the present scenario of price rise and the government should take the responsibility of increasing the amount of entitlements. It should be seen that the amount fixed for the entitlement is practical in today's world of price rise

Another important issue that came up is that of Disability: Proper counseling should be provided to the parents with disabled children, that there are facilities and schemes available especially for them. Sensitizing such people that there are several statutory provisions made especially for people belonging to this particular category should be a priority.

The issue of young marriage is also very saddening and unacceptable, which includes cases such as teenage pregnancy and rapes. The girls who go through these need special care and attention and have to be treated as precious daughters of the entire country. They cannot be treated as the

way they are being treated right now. There should be some kind of policy for unwed mothers as well. It is the government's responsibility to respond to these demands.

Strategized sensitization programs should be carried out through social media. Education of media on these issues is also very important.

The parliamentarians should also sit for half a day or at least 2 hours in such sessions related to maternal and child care. Greater number of public hearings on such issues where there is participation of the legislators on these issues.

Biraj Patnaik: Cases related to rapes and maternal deaths can be taken over by the National Commission for Women. Issues related to geographical isolation (wherein some of the areas, where there is an utmost need of an anganwadi, have been left out) should be raised.

The central government should take the responsibility on how to proceed with the problem at hand, related to food security, with the state authorities and private institutions and associations. Delegations can be taken to the MP's of different states and points should be put forward to them so that they can do so in the Parliament and initiate debate and legislation. Initially we can include other institutions with the state, strengthen the state Right to Food campaign and sensitize and convince MLAs and MPs to our cause.

The last session was a Panel Discussion where **Shri Anand Bhaskar, MP, Congress, Telangana was present.** He said that the Jan Sunwai is very beneficial. The problems should be looked over upon at the central level. The viewpoint of today's government towards these matters is different; they aren't ready to take care of the problems. ICDS and NFSA haven't been properly implemented. There have been a lot of complications in the ICDS services. Issues related to maternity and childcare need to be worked upon. We all have to take care of these matters together.

Kavita Shrivastava said that there used to be a provision in Orissa for women involved in the Tendu leaves plucking. The Forest Department used to pay women Rs.2, 000 during pregnancy for nutritious food which they don't anymore. The department says that the women are getting paid from other avenues. However, it is the responsibility of the department to pay the money, as they are availing the services of these women workers.

Maternity Benefits are given for the social upliftment of poor mothers. Maternity benefits should be given to every poor worker. These benefits have now taken the role of rights. Maternity entitlements are available to unorganized workers through the social security act irrespective of the person's occupation. Money has been allocated under the Building and Other Construction Workers Act which can be given as grants to the municipality to start day care centres or to give maternity benefits.

Karnataka has already been pursuing these issues. There are networks working on Anganwadis, construction workers' board and unorganized workers' board. Civil Society Manifestos are put forward before every election by the civil society forum, prominent demands being extending

the Anganwadi timings. Public hearings have already been conducted. There is a case in the High Court and Supreme Court of Karnataka with respect to the money not utilized by the Building and Construction Workers' Welfare Board. The civil societies are willing to impede in those cases and ensure the utilization of the money for setting up day care centers for the children of the workers.

By clarifying the campaign demands **Dr. Dipa Sinha** presented the following

- Demanding a minimum of Rs. 6,000 (and no less) from the NFSA in the national project unconditionally. This needs to be clarified.
- 6,000 for nine months has been demanded so far, without much deliberation. Only where the entitled amount is not specified, the minimum amount is to be referred. Where amount is specified it must be adhered to. Constructing day care centers as a part of the MGNREGA should be stressed upon. ICDS funds should not be exclusively targeted for construction of more day-care centres. Funds from the rural development authority such as Panchayati Raj and Construction cess can be utilized for the purpose. Assistance of other women cadre unions (Asha workers' union for instance) can be taken as well in putting forward the demand of the unorganized workers.
- As a part of the campaign agenda, there should be usage of the word "minimum" while talking about the provisions of NFSA; demand for nine months at minimum wage should be made.

Sejal Dand said that childbirth should be regarded as a service for society. Giving birth and caring for the child should be given more importance. Labourers earn very little. If maternity benefits are given on this rate, they prove to be inadequate. Hence, Maternity benefits should be viewed in the light of labour workers. Pesticide exposure should be banned. Better crèche facilities should be provided. Twelve weeks are not enough. Six months are necessary for maternity benefit.

A part of the profits from the buildings made by the Construction workers goes to the Government. This amount is huge. While crores of Rupees are put in banks, the government functions only with the interest made by this money. 1700 crore rupees are collected from the entire country by this means. In Delhi, 500 crore rupees have been kept aside, which is not available to anyone.

In a survey conducted over 10 states it was found that women were not only involved with the domestic work but also field work leaving the children to look after their younger siblings. Also, the caregivers in most cases were women with little or no involvement of men. Even though the MGNREGA has provisions for crèches, except for Rajasthan no other state offers these facilities. ICDS held the panchayats responsible for dealing with these issues but out of the 135 panchayats that were talked to only 35 were familiar with the issue. Panchayats should be further involved as they are for the construction of more day care centres. Moreover, women health care and welfare

has seen the maximum budget cuts. The workers in Anganwadis do not get paid properly. This is another field that should be looked into.

Follow up of the Jan Sunvai

After the Jan Sunwai, there was a small meeting on what follow-up actions can be done. The following came up:

1. **State Jan Sunwais:** Many state participants expressed an interest in conducting jan sunwais on the issue at the state level. Please plan these and let us know what support is required from the Secretariat.
2. **National Commission for Women:** It was decided that the cases that were presented must be submitted as formal complaints with NCW, NCPCR and DCW --- the documents and details were missing for most cases so a lot of time has been spent on following up with them and adding to the information.

We have had one meeting with SushmaSahu the NCW member who came to the Sunwai - she agreed to take immediate action on three things - no maternity leave for anganwadi workers in Jharkhand, no maternity entitlements, child care and health care among PVTG of Jharkhand (we had three cases of infant and maternal deaths) and compensation/help for maternal death case from Gujarat.

We also discussed with her implementation of NFSA, guidelines for maternity entitlements for ASHAs, monitoring and data for ESI, MB Act etc. - these she said we should take up with the NCW chairperson - we are pursuing their office for an appointment. We had met the chairperson before the hearing and she was interested in taking forward this issue.

3. **Delhi Commission for Women;** There were a number of cases from Delhi, the details for these have now been collected. We will soon be filing them formally with the DCW. Another issue being taken up with DCW is implementation of IGMSY in Delhi.
4. **Maternity Entitlements for Contractual Workers esp ASHAs, Anganwadis in Government Service:** It was also decided that we must collect data and guidelines on what the current norms are in each state for maternity entitlements for contractual workers. this includes ASHAs, AWWs, ANMs/teachers/para teachers on contract, sanitation workers, administrative staff on contract etc. It will be good if states can send this information which we can compile into a report.
5. **National Right to Food Convention:** To have a session on ME in national convention and make sure that there an action plan is made for the following one year.
6. **Members of Parliament:** The parcha with demands will be sent to all MPs. We will also try and meet some of them before the next session. AIPWA to jointly mobilise during the next session of Parliament.
7. NFIW has planned one session on ME in its National Executive meeting on June 3rd.

Annexures

Anenxure to Report of ME Jan Sunwai			
Name, Occupation & State	Problem	Prayer	Action Proposed
<p>1. TinibenAaratbhaiNayak, Agriculture labour, wage work, construction work; Dahod, Gujarat</p>	<p>2. Violations of maternity benefits:</p> <ul style="list-style-type: none"> • Worked on the construction site until the 7th month of pregnancy • Health problems: fever during the 7th month of pregnancy • No paid leave • No maternity benefits <p>3. No free meal/supplementary nutrition at the Anganwadi center</p> <p>4. No support from schemes (JSY/ESIS), even after having provided required documents.</p> <p>5. Had to pay the hospital charges (Rs.2500) despite being registered under Chiranjeevi Scheme (cashless benefit).</p> <p>6. No childcare facility at workplace</p>	<p>Proper implementation of the Maternity Benefit Act, Anganwadi centers and other schemes provided by the government for pregnant women.</p> <p>Need for day care centers/crèches at workplace.</p>	<p>Providing basic medical facilities and child care facilities at the work sites.</p> <p>Proper implementation of the government run schemes, like ESIS, NFSA-IGMSY, etc.</p>
<p>2. GangabenHimeshbhaiVankar; Shreya HimeshbhaiVankar, Tailor, Sabarkanatha, Gujarat</p>	<p>1. Inadequate functioning of the anganwadi center.</p> <p>2. Medical negligence, resulting in maternal death.</p> <p>3. No maternity entitlements after the loss of the mother.</p> <p>4. Unsatisfactory childcare after maternal death</p>	<p>Adequate and universal Maternity Entitlements – especially with immediate effect for the most vulnerable- Persons with Disability Access to Supplementary Nutrition and Health Care during pregnancy</p> <p>Need for Maternity entitlements for the parent/ guardian of the infant to ensure care for the child in event of maternal death and continued support for child care</p>	<p>Proper statutory measures to ensure childcare along with ensuring its proper implementation.</p> <p>Ensuring proper implementation of Persons with Disability Act, so that the reserved posts for the disabled can be availed by them.</p>
<p>3. Sanjana Bharti, Garment worker, Gurgaon, Haryana</p>	<p>1. Eldest daughter (12years old) looks after her two younger brothers.</p> <p>2. Unable to avail the services of AWC.</p> <p>3. Denied work by the employer during pregnancy.</p>	<p>Childcare arrangements so that she can go to work and the older children to school.</p> <p>Request for intervention in the policy environment, proper</p>	<p>Government intervention in ensuring the proper implementation of the Acts as well as policies and ensuring maternity</p>

	4. Denial of breastfeeding breaks due to no permission or nursing breaks.	implementation of the Maternity Benefits Acts and arrangements for medical facilities, availability of PHCs, etc.	entitlements to the beneficiaries. Employers to abide by the rules of the legislations.
4. Babita, Sanitation Supervisor, JNU, Delhi	1. Lost her job due to pregnancy, even after having informed. 2. Reinstated after a year.	Demanding compensation for the year she had to sit at home without work.	Employers to abide by the rules of the National Maternity Benefits Act.
5. Pushpa, House wife, New Delhi	1. Not received the entitled money from JSY and IGMSY, even after having submitted all the required documents. 2. Beneficiary registered under IGMSY during 2015-16 has not received any cash assistance till now.		Proper and timely implementation of the government schemes. The entitled money, if received on time, can be utilized for hospital expenses (travelling, doctor fees, medicines, etc.)
6. BudhniPaharin, Pakur, Jharkhand.	1. Teenage pregnancy. 2. No balanced diet and supplementary food provided in the AWC. 3. Improper antenatal care. 4. Although the delivery was normal, however, the mother and the twins died on the very same night	Not mentioned	Proper running of the AWCs. Anganwadi worker to perform their duties properly.
Comments by the Jury on the presentation of BudhniPaharin's Case			
<p>Jury: in the same area, in 3 months 4 child deaths have happened. This should be declared as a state of emergency in the area. There seems to be a systematic dysfunction in the area.</p> <p>Jury: there actually is an emergency situation in the Pakur area (which is a forest region) of Jharkhand as there are no proper medical facilities available. There are cases of maternal deaths and child deaths in the area. People in the area themselves are not aware of the medical facilities. The government needs to make these area aware about the same. Education and training are also a need in the area.</p>			
7. TalamayTudu, Pakur, Jharkhand.	1. No balanced diet and supplementary nutrition provided in the AWC. 2. Incomplete immunization, as the AWC was far off. 3. The baby died within 6 hours of delivery.	Not Mentioned	Proper running of the AWCs. Anganwadi worker to perform their duties properly.
8. SonodiMurmu, Pakur,	1. No balanced diet and supplementary	Not Mentioned	Proper running of the

Jharkhand	nutrition provided in the AWC. 2. Maternal death after 4 days of the delivery		AWCs. Anganwadi worker to perform their duties properly.
9. Ambika Devi, Simdega, Jharkhand	1. Did not receive entitlement under IGMSY. 2. Worked throughout the entire 9 months of her pregnancy	Not mentioned	Proper implementation of the statutory schemes
<p>Comments by Jury after Ambika's presentation</p> <p>Jury: There are provisions for 180 days of leave, in total, as mentioned in the maternity benefit act. Hence, there has been a violation of the provision of the act in the before mentioned case.</p> <p>Jury: Since the past three years, maternity entitlements have been a right of the pregnant women. The National Commission for Women hasn't been paying much attention to the problems related to this particular issue. I would like to ask them, what have they been doing so far to provide the women with their rights of maternity entitlements?</p>			
10. ShivraniKaul, Agricultural WorkerRewa, Madhya Pradesh	Domestic violence by husband and father-in-law at the time of pregnancy, leading the victim to drink kerosene. Child did not cry when was born. Medical negligence due to which the child died. No assistance from JSY, medical entitlements. No balanced diet or supplementary nutrition provided at the AWC		Proper implementation of the statutory schemes. Stringent measure to be taken in case of medical negligence as well as in cases of domestic violence. AWCs to function properly and AWW to abide by their duties
11. Sangeeta, Agricultural Worker, Uttar Pradesh	Worked until the 8 th month of pregnancy (first pregnancy) started working again on the 12 th day after delivery, leading to weakness, anemia, child is very weak as she is able to breastfeed the kid only twice a day, is being fed medicines		Proper working of the AWCs
12. Sita, unskilled manual labor, Uttar Pradesh	Worked till the day of delivery. Delivered at the workplace itself, is able to breastfeed her child only once a day, despite being unhealthy. Was unable to buy milk from outside hence had to somehow resort to breastfeeding for 5 months Anganwadi centers not running properly		Proper running of the AWCs
<p>Exchange with the Jury in response to Sita's presentation</p> <p>Jury: Isn't there a provision of crèches in the MGNREGA?</p>			

Answer: Petitions were filed, however, it was told to them that there are no such provisions available. The women kept on demanding for crèches, medicines and first aid boxes at the workplaces, but the demands haven't been fulfilled yet

Jury: Any woman worker can run a crèche. However, in UP, no women have been found running crèches. This is a problem in itself. Women can take initiatives towards it.

Jury: Was the demand for crèches put in front of the District Collector?

Answer: The women are ready to work as crèche workers or are willing to run crèches at workplaces. However the employer says that he will not include their names in the muster roll. There is a lot of politics involved as well, the women who voice their demands are not called for work.

Jury: This issue should be taken up and pursued by the National Commission for Women.

Jury: The challenges related to maternity benefits and childcare are prevalent throughout the unorganized sector. The provision mentioned in the NFSA should be properly implemented by the government. The ICDS scheme also needs to be implemented properly. Absence of crèches has led to the mothers not being able to breastfeed their children. It should be the responsibility of the Anganwadis to take care of the children whose mothers have died. There should be proper provisions for it. The disabled pregnant women should be given proper attention as well. There should be special provisions for them.

13. Suman, Delhi	Premature baby (delivered in the 7th month) at home. Child born weak and underweight. Visited the doctor at the time of labor pains but was asked to go back home, medical negligence. Ill-treated by the doctor when went to the hospital on the next day of the delivery.	Wants a crèche	Proper implementation of the statutory schemes. Day care centers at workplaces.
14. Puja, Delhi	Inefficient AWWs, denying the entitled money because of having given birth to a boy child. Previously did not receive monetary benefits on the birth of the first girl child, did not receive the full monetary entitlement (Rs.4000 out of Rs.6000, the entitled amount) on the birth of 2 nd girl child that too after a span of 4 years		Proper implementation of the statutory schemes.
15. Sunita, Construction labour, Delhi	Brings the kids to work- 2 kids. Hence, neither able to properly concentrate on the work, nor able to take care of the kids.	Crèche at workplace	Employers to provide for the welfare of the workers by providing creches at workplaces.
16. Sumadhra, agricultural worker, Madhya Pradesh	Delivered at home and the child was underweight, when went to the AWC, the AWW shouted at her and told her not to go to the hospital. Therefore, did not take the child to the hospital despite the child being underweight at the time of birth Worked till the day of delivery Had to resume work again after 2 days of the delivery.		Anganwadi worker to perform their duties properly. Employers to abide by the rules of the Maternity Benefits Act.

	Quality of food at the AWC was very bad. Child died after 2 weeks of birth		
17. Rajni, Constructio n worker, Ranchi, Jharkhand	Two kids, 5years old and 2 and a half years old. Can't take the younger child along with her to the workplace, hence sends her to school with the elder child. According to the school teacher, the brain development of the younger one is very slow and has breathing issues as well.	Needs a crèche at workplace so that she can keep an eye on her child and can provide her with a safe haven where she gets proper food so that her health improves	Employers to provide for the welfare of the workers by providing creches at workplaces.
18. Sheila, daily wage earner, Ranchi, Jharkhand	Husband is a drunkard and does not contribute to the family income. Has the responsibility for feeding her two kids. Does not earn enough to feed four mouths at home, because of which most of the times they sleep hungry. Leaves both the kids at home while going to work (elder kid is 5 years old and the younger one is 1 and a half years old).	Needs a crèche or a day care center so that she can leave both the kids there without having to worry about the safety of the kids as well as so that the kids can get proper nutritious food.	Government to ensure running of anganwadis in the community.
19. Chandreak ha Sarkar, beediworke r, Orissa	Came to work, right after the next day of the delivery No breaks for breast feeding were given. At the end, of the day when the leaves are weighed, is when the women can feed their children or quickly during the lunch break, if there is one. There are crèches but not very good ones. There are complaints regarding the quality of milk, etc provided at the crèche.	Wants the crèche workers to perform their duties properly and the employer to provide them with required breaks so that she can attend to her child.	Employers to abide by the rules of the Maternity Benefits Act. The crèche workers should abide by their duties

Additional information: rape of 14year old by her step father leading to pregnancy of the girl. She was also denied of medical facilities at the PHC.

Detailed Case Studies

Case Number:

Name of the woman – TinibenAaratbhaiNayak

Full address of the woman – TalavFaliyu, Junibedi, DevgadhBaria, Dahod, Gujarat

Any contact phone number/mobile number – +919879145887

Details about her current occupation/livelihood – Agriculture labour, wage work, construction work

Number of working adults in the household - 4 (2 migrant workers)

Number of living children with age and sex – 2 (9 year Male- Tiniben's brother in law, 3 month Female - daughter)

Date of birth of youngest child (under three years) – 3 months

Details of pregnancy –

1. What was your occupation at that time? Were you denied any work because you were pregnant?

We are migrant workers. In harvesting season, post Diwali we migrate for agriculture work and in remaining months we go for construction work.

I am an unskilled labour so my work includes assisting mason by providing all kinds of building material, cleaning the constructed area.

No. But when I had fever during my 7th month of pregnancy and was on construction site I was not provided any support so had to come back to my village. My husband all had fever, so both of us had to miss wages and come back home in village.

2. Do you perform any hard labour in the course of your work? Till which month of your pregnancy were you able to continue with this work?

I did all domestic work. When I worked on construction site in the 7th month of pregnancy I carried all the building material on the construction site. After I came back with complaint of fever I could not go back for migrant work. But did all work of fetching water, washing cloth, bringing fire wood from forest.

3. Did you face any health problems because you had to continue working?

No

3Name of documenters: Sheela Khant, Neeta Hardikar

Name of Organisation that referred the case: ANANDI, Gujarat

Contact number of organisation: 02678-266800

4. What was the consequence of having to stop work during pregnancy? Did you receive any paid leave? If not, did it affect your family income? How, provide details.

Didn't get paid leave as this was a private construction work site.

5. Violations of Maternity benefits:

As mentioned above, I had to come back from construction worksite in Vadodara with one week of fever every alternate day.

I went to a private practitioner, but the complaint continued.

My husband also had same complaint, so both of us had to come back to village, where there was no work.

Did you avail of any of the following benefits?

1. Free meal / Supplementary nutrition during and after pregnancy at the Anganwadicentre

No. Only got THR, but no hot cooked supplementary food. There is no regular supply, I also migrate out for work.

2. Did you get full ante natal and post natal care at the Anganwadi Kendra? Yes

If yes, then what was it and was there access without discrimination? If no, then why not?

Yes the access was without discrimination

My ante natal checkups in MamtaDiwas (Village Health Nutrition Day) included vaccination for tetanus, laboratory tests- malaria, hemoglobin, and IFA.

I had carried my Mamta Card with me to Vadodara.

I also went for PHC for Sickle Cell, HIV, blood group, diabetes, blood pressure, IFA.

3. Did you get JSY/ESIS or any other scheme to support medical expenses during delivery?

No. I have provided all required documents. My Voter card, ration card and proof that I belong to BPL family to the Anganwadi and health staff, but have not received any support so far.

4. Did you get paid leave? If you are an unorganized sector worker or doing housework, did you get maternity benefits in cash? - no

a. Details of post-childbirth period –

i. Give details about your childbirth, was it at home or hospital, and was there any complication?

In private maternity home registered under the Chiranjeevi Scheme.

ii. What was the cost incurred during the childbirth and after? Did you have any problem with meeting these expenses?

I went for my delivery to a Hospital in DevgadBaria which is registered with the Govt of Gujarat under the ChiranjeeviYojana. The doctor made us pay Rs. 2500/- towards hospital charges although this is a cashless scheme. My family had to borrow money from a silver pawn broker. I was discharged from hospital within one and half hour.

After submitting my ChiranjeeviYojana form I got the amount back and Rs 200 back towards transport as against Rs. 800/-

iii. From when did you start breastfeeding your child? Till how long could you practice exclusive breastfeeding?

After two days. For first two days, I gave her Sakar pani (Caster sugar water) Continued as the child is only three months.

iv. When did you have to get back to wage work? Why did you have to resume wage work at this time?

Have not gone for construction work yet as the baby is small .

v. What is the condition of your health? Do you feel you had adequate rest after childbirth? Did you suffer from any health problem because of having to return to work?

I feel weak

vi. How do you manage exclusive breastfeeding (if the child is below six months)?

- I am home most of the time except when go to forest for fual wood
- vii. **Do you have a childcare facility at the workplace? Creche or nursery?**
No

FOR THE NGO

1. How representative is the case in your area?

- Migration, high risk work, no medical assistance at worksite, child care is prevalent. Nearly 60 per cent population including women and children migrate from the region of Dahod and Panchmahaals for over 6-8 months as agriculture labour, construction workers, to lay electricity lines. On none of these sites any basic facilities are provided.
- The conditional entitlement of KPSY and the process of preparing claim application is not easy. The responsibility of preparing the documents is expected to be of the women/ family, when such large populations migrate out

2. Which laws are this covered under?

- NFSA – A study titled “Extent of Malnutrition Amongst Women and Children in Gujarat and Access to Food and Cash Entitlements Provisioned in NFSA (2013)” found that 81.6% of severely undernourished children and 73.5% of moderately undernourished children do not have their name on the family ration card and are unable to avail of their entitled allotment of grain.
- MBA
- Unorganised workers Social Security Act

3. Which ME schemes are presently operational in your area/ sector?

- ESIS
- NFSA-IGMSY
- Any other state scheme _ Kasturba Poshan Sahay Yojana (state scheme for IGMSY)

Case Number:

Affected Person: GangabenHimeshbhaiVankar; Shreya HimeshbhaiVankar

Person filing complaint: Himeshbhai K Vankar

Address: HimeshbhaiVankar,

⁴Name of documenter: Arundhati Sridhar

Name of Organisation that referred the case: JSA Gujarat, ANANDI

Contact number of organisation: 079-26820860

At post Chandarani

Taluka - Himmatnagar,

Dist. Sabarkanatha

Phone number: +919409582176

Case details:

Adequate and universal Maternity Entitlements – especially with immediate effect for the most vulnerable- Persons with Disability

GangabenW/o G HimeshBhaiVankar was a life-long patient of kyphoscoliosis, a condition that resulted in a stunted height and a 40% disability - the same disability that Himeshbhai suffers. Hers was a high-risk pregnancy, but despite regular visits to the local Village Health Nutrition Day (Mamta Divas) while she was with child, she was never warned about the dangers of her pregnancy, or advised on what she could do to deal with the resulting complications.

Access to Supplementary Nutrition and Health Care during pregnancy

The local anganwadicentre also has played a minimal supporting role in this whole process. While Gangaben was pregnant, she received no supplementary nutrition from the centre despite several visits, and now Shreya also receives irregular take home ration, that there is no attempt to help feed her either. Since December 2015, the family has received take home ration only twice – a total of 8 packets.

Shreya HimeshbhaiVankar was born to GangabenHimeshbhaiVankar on the 1st of February 2014 at the Ahmedabad Civil Hospital. On the same evening, Gangaben reportedly complained of heavy post-partum bleeding, and was treated accordingly. After being kept in the general ward for the next three days, Gangaben was finally discharged on the 4th of February, after being cleared on all medical counts. However, on the 9th of February, Gangaben started complaining of pain in the vaginal area, and upon being taken to the Himmatnagar Civil Hospital, was told that a cotton pack – put around the uterine lining to prevent bleeding immediately after delivery – was discovered and removed. Himeshbhai was told that the pack may have caused an infection which was causing Gangaben pain. After being moved back to the Ahmedabad Civil Hospital, Gangaben's condition started deteriorating rapidly, and she was moved from the Gynecology Department to the Department of General Medicine. Here too, she was administered blood and constant treatment, but eventually succumbed to the infection and died of a multi-organ dysfunction on the 20th of February 2014.

After her death, when Himeshbhai's mother took Shreya to the anganwadicentre to get her immunization done, the Mamta Card – where all of Gangaben's VHND details were noted – was taken by the FHW and a later note was added about the dangers of Gangaben's condition – possibly fearing the legal fall-outs of a maternal death.

Ever since, Himeshbhai – who strongly felt the need for some ownership of the negligence that resulted in the cotton pad being left in Gangaben's uterus – has filed complaints with government but no response has been obtained- neither apology nor child care support nor reparation.

Need for Maternity entitlements for the parent/ guardian of the infant to ensure care for the child in event of maternal death and continued support for child care

However, in the middle of the fight for this justice, there is another parallel denial that is perhaps just as grave. Shreya, who lost her mother within the first 20 days of her life, immediately had the regular demands of a newly born – care and feeding. To attend to her need for milk, the family immediately bought a goat for Rs. 7000/- and the baby immediately took to it. About one month on this milk, Shreya started experiencing trouble in passing stools, and when taken to a private practitioner in Himmatnagar, was given a liquid medicine to help with these stool. To date – 2 years and three months on – she needs a daily dose of this medicine to help with bowel movement. What is more alarming, however, is that Shreya has still not started complementary feeding, and does not at all consume solid foods. The natural weaning process, that usually occurs around 6 months of age, has simply not happened for the 2 year-old till date. While this could be a result of a number of factors – including the constant availability of enough milk to satiate her hunger and the lack of a constant care-taker in the house who could train her to start consuming solid food.

Shreya is currently 9.3 kg in weight and 75cms in height – slightly underweight but definitely stunted - a case of moderate to severe malnourishment. Himeshbhai's mother and his brother's wife – who both stay in the same house – take turns to take care of the child, but constant care and attention to diet becomes a challenge, especially since all four adults in the family – including Himeshbhai, his mother, his brother and his brother's wife – all have to work to sustain the household. The family has a small piece of land, where they produce just enough grain to sustain the household year-round. In addition, the family sells the ground-nuts they produce on the soil.

This, coupled with the work that Himeshbhai does as a tailor working at a shop in Himmatnagar, results in a monthly income of Rs. 3500/- for the whole family – a total of 8 mouths to feed. This necessitates that every adult member must contribute to the family income, and ultimately results in a difficulty to constantly care for Shreya.

Himeshbhai himself – though well-educated – has struggled very hard to find a well-paying job that would secure his daughter's future. This also means that he works seven days a week, to earn as much as he can, but his disability prevents him from being able to earn enough to build a savings kitty for emergencies. He fears for Shreya's future –and for the day he may lose his mother and her caretaker.

Even right now, the case raises prickly questions – of what happens to maternity entitlements after the loss of the mother? How do we ensure that a child is cared for in a family composed of working adults? How do we ensure proper processes of nutrition are followed in cases where there is no one in the household to monitor the child's diet?

Case Numbers:

- 1. Name:** Sanjana Bharti
- 2. Full Address:** (Present) Room No.23, Galli No. 3, Kapashera, New Delhi
(Permanent) Kaapgaon, Post Nirsherpura, P/S

^s Name of documenter: Elizabeth K H

Name of Organisation that referred the case: Nari Shakti Manch, Gurgaon

Contact number of organisation: +917042390533/+919560352313

Nisherpura, district, Patna, Bihar

3. Family details (Joint or nuclear, family members, age composition , occupation, family income)

- ✓ Nuclear family- (Husband & Wife with 1 daughter and 2 sons)
- ✓ Age: 30
- ✓ Occupation: Garment Worker (as Helper) in UdyogVihar, Gurgaon, Haryana
- ✓ Family Income: 19000/ per month

4. Is there a child under 3 in the family?

No. (Now youngest son is 5 year old)

5. Is the mother engaged in paid work in or outside home? If she is engaged in work outside how long is the working hour? What is the time taken to travel to work place?

- Yes, the mother is engaged in paid work outside home.
- 10-11 hours (average)
- Half an hour

6. Who takes care of the child when she is working outside home?

When the mother is working outside home the two younger brothers are looked after by the elder daughter who is around 12 years old.

7. Are you taking services of any private/NGO run creches? If yes, what is the cost?

No.

AWC details

8. Is there an AWC near residence? What is the distance?

Yes, few yards away.

9. What are the services you receive from AWC?

While staying in the native village in Bihar, once in a while used to get Channa Dal. In Kapashera has never used the services of AWC.

10. What are the services the women in the family receive from AWC as lactating and pregnant mothers?

The services Sanjana received from AWC as lactating mother is once in a month she gets Channa Dal. Her maternal mother would go to AWC to get these Channa Dal.

11. Outcomes of problems (please tick)

Work

- ✓ Women denied work by the employer during pregnancy
- ✓ Women lost job during pregnancy
- ✓ Inability to breastfeed/adequate complementary feeding in absence of crèches (employer related) at workplace or absence of adult care giver at home
- ✓ Denial of breastfeeding breaks due to no permission or nursing breaks
- ✓ Any other (

(i) During pregnancy had to walk for half an hour from where she resides to the place where she work, which became difficult to continue to work,

(ii) besides the work environment put a pressure to discontinue to work. Besides, she she works through a contractor and not directly recruited by the company, there is no question of getting any maternity benefits and leave etc.

(III) No ease in work, had to be on time all the time, otherwise gate pass not given.

(IV) Passing of comments by peers which hurt the integrity of her husband.

Details of the Outcome

As work pressure, physical exhaustion, extreme weakness, anemic conditions, no opportunity for maternity benefits compelled her to leave her work. Later when her youngest son was about 1 and half year old she rejoined work again, as the need to earn was so compelling leaving her son to be look after by her elder daughter for which the daughter could not go to school.

Health

Maternal health

- Heavy work during pregnancies resulting in maternal or child death or pregnancy complication
- Bleeding or infection due to early joining in work
- Anaemia during pregnancy *
- Abortion/still birth during pregnancy
- Any other (extreme weakness)

Child Health

- Neonatal death
- Infant death
- Low birth weight
- Severe or moderate malnutrition
- Child Anaemia
- Sustained illness due to care related issues

Protection and Safety:

- Accidents and injury
- Death from accident
- Absence of adult care at home *
- Child in the custody of another child (child mother or sibling)
- Abuse (physical and sexual)
- Child is locked or tied in absence of the parents
- Any other (the children are left alone in the house, sometimes a neighbor would check)

Details of outcome

As both the parents had to go for work from morning till evening average till 8 p.m. she is worried of what might happen to her children.

Request for intervention in the policy environment (eg crèches, PHC etc)

To get Maternity benefits and chreche facility at workplace for those women who works under a contractor. In her company a room is shown as Creche when buyers come. Once the buyers are gone , the room is locked.

Case Number 6–

Name:Babita

Contact Number: +917503813572

Babita was a sanitation supervisor. When she got pregnant and was close to delivery she informed the caretaker, Dean, sanitation inspector etc duly, in writing. Her delivery etc happened in 2013 through ESI. She had lost her earlier pregnancy due to miscarriage and so was anxious - this time the doctor had told her she would need to get admitted. She underwent a Caesarian delivery procedure. Her stitches got infected so she had to undergo another operation to sort that out. All this while her husband had to do a lot of running around plus caring for her first born, so he could not go to JNU and inform them why she was not back on the job. Eventually when she was fit and reported back to work, after a gap of just over 2 months, she was informed that she had lost her job. She remained at home for a year, then felt she needed to do something about it. She heard that workers in JNU had joined a Union - the All India General Kamgar Union affiliated to AICCTU and got in touch with student activists and Union activists - they struggled to get her reinstated. She was taken back but not as Sanitation Supervisor. Through the Union she is also demanding that she be compensated for the year she had to sit at home without work.

Case Number7:

Name: Pushpa

Age: 25 years

Literacy: Illiterate

Husband:Deepchand, Age 27 years

Source of Income of Huband: Newspaper Hawker

Place of Living: T-Camp, Krishna Colony, Hashtamal Village, Uttamnagar East, West Delhi district. New Delhi

Adhaar bank: Yes

Bank Account: Yes

Contact No- not available

Number of Adult members in the household: 7, Joint family

1st Child: Radhika , Age: 4 years 8 months and

2nd Child :Gitika Age: 10 month.

6 Name of documenter:

Name of organization that referred the case: AIPWA

Contact number of organisation:

7Name of documenter:

Name of organisation that referred the case: Alliance for People's Rights

Contact number of organisation:

Family details:

I am a house wife and I do not go anywhere for work to earn money. My husband is a newspaper Hawker and earns around 4000 rupees per month. I am living in joint family with my husband, father-in-law and mother-in-law and 3 brother-in-laws. I have two daughters, amongst whom the youngest one is just 10 month old. Our family has started living in Delhi from 20-25 years ago. My father-in-law migrated from Rajasthan in search of income source as there is no income source in Rajasthan. We have a small house with 2 rooms.

Details at the time Pregnancy:

My first child Radhika was born at home. I have gone to DeenDayalUpadhayay Hospital for delivery as date was due. I have admitted there for 6 days but delivery did not happen. Doctor advised me to return back home and to have nutritional food. After 13 days from this, I have delivered a girl child at home itself and a local Dai came for separating umbilical cord from the infant. She took money for it but I do not know the exact amount. I have not faced any major health issue after the delivery and took enough rest. I have not gone through any PNC check –up though I have gone through ANC Check- ups. My mother-in law has supported me all the time. I got 600 rupees under JSY scheme after the birth of my first child Radhika. Radhika was sent to Anganwadicentre till the age of 3years and now she has been put in regular schools nearby. I also got THR during pregnancy and during lactation period of the first child.

As I have conceived for second time, I have registered my name in the nearest Anganwadicentre during three months of pregnancy and applied for the benefit under IGMSY during 4 months of pregnancy. Anganwadi worker advised to register my name in nearest PHC and to go for regular check-ups as per routine. During my second pregnancy, I have done three ANC check -up and three PNC checks- up. I have been getting regular Take Home Ration(THR) from the Anganwadicentre from the time of registration to till date. Also my second child Radhika who is 10 month old, now is getting supplementary food from the Anganwadicentre from the age of 6 month. The Anganwadi worker visited our house during pregnancy and after delivery. I have also attended counselling sessions with other pregnant women on necessary nutrition-based foods, immunisation during pregnancy and care needs to be taken for healthy child growth and safe delivery. She also comes for regular weighing of the child. My mother in law goes to the AWC and brings food for me and for the child. My second child Gitika was borne at Dadadev Hospital. It was a caesarean delivery and I stayed for 3 days. We have managed to reach the hospital in an auto-rickshaw at our own cost. Radhika has been given all the vaccination that fall between 0-1 years and also polio in time. I have taken 3 months bed rest and have not done any hard and heavy work. My mother-in-law has taken care of my first child and second one too. I have done exclusive breast feeding till 6 months and after that I have started complementary feeding along with breast feeding.

I have not get any money neither from JSY nor from IGMSY scheme after the birth of youngest child Gitika. We do not have any document proof of applying for IGMSY. The Anganwadi worker told us that she has submitted the form to the authority and if money will come then it will directly deposit to my bank account. Since document has been submitted to the respective authority and there is no receipt of it. So Anganwadi worker could not give us its detail. We also did not keep any photocopy of the form.

If we could get that money in time we could utilise for expenses that occurred as travelling expense while going for admitting in the hospital. Also we could pay doctor fees and buy medicines as often we take the youngest daughter to a private doctor in the Vikashpuri. She often falls sick and also we cannot take her to government hospital every time as we need to stand in queue which is difficult for such young child.

Information from NGO worker and Anganwadi worker: Beneficiary registered under IGMSY in the Uttam Nagar areas of West district of Delhi during 2015-16 has not received any cash assistance till now.

Cases of Maternal and Child Deaths

Case no – 1

Name- BudhniPaharin

Husband's name-BaghaPaharia

Address- village-Targhutuchatkam, Post.-jordiha, Block- Litipara, District- Pakur

AWC-Chatkam

Name of the Anganwadi worker- Teresa Soren

Nearest Gov. hospital- Litipara (20 km away from the village)

Date & time of Delivery-28/03/16 at 1:00 pm(approx)

Gender of infant/infants- 1male & 1 female

Name of the assigned ANM-PramilaHembrom

Date & time of Death-28/03/16 at 9:30pm

Case Details-She was under age & got pregnant in the age of 17. During pregnancy she didn't get balanced diet even the supplementary food provided in Anganwadi center and becomes very weak. Due to the AWC was far away from the village she didn't get a proper antenatal care even the vaccines. She preferred for Home delivery as the Health sub center was 21 km away from the village & delivered twine babies, one is male and another one is female. At the time of birth both the babies & their mom were fine but suddenly at night both the babies and their mother passed away. ANM report

Case no-2

Name- Talamaytudu

Husband's name-SonotHansda

Address- village-Pakaria, Post.-jordiha, Block- Litipara, District- Pakur

AWC- Pakaria

8Name of Organisation that referred the cases: Pradaan,
Contact number of organisation:

Name of the Anganwadi worker- SalomiTudu

Nearest Gov. Hospital- Litipara (20 km away from the village)

Date & time of Delivery-20/03/2016 at 6:25 Pm

Gender of infant/infants- Girl

Name of the assigned ANM- PramilaKumari

Date & time of Death- 22/03/2016 at 4:50 Am

Case Details- The economic condition of this family was very poor. His husband was unemployed. During pregnancy she didn't get a proper diet even the supplementary food provided in Anganwadi center. Due to the AWC was far away from the village she didn't get complete immunized .Only one vaccine(TT-1) she got during the early pregnancy. After 39 week and 5 days of pregnancy She delivered a baby girl in a Hospital and within 36 hrs. of delivery the infant died.

Case no-3

Name- SonodiMurmu

Husband's name-SomHansda

Address- village-Pakaria, Post.-jordiha, Block- Litipara, District- Pakur

AWC-Pakaria

Name of the Anganwadi worker-SalomiTudu

Nearest Gov. hospital- Litipara (20 km away from the village)

Date & time of Delivery-03/01/2016 at 10 am

Gender of infant/infants- Male

Name of the assigned ANM- PramilaHembrom

Date & time of Death-07/01/2016

Case Details- She was belonging from a very poor family & didn't get Balanced diet even the supplementary food provided in Anganwadi center. During pregnancy she got two vaccines (TT-1 & TT2) .She Preferred for home delivery because the Health sub center was 20 km far away from the village. At the time of delivery Mother and the infant both were fine but suddenly after 4 days of delivery Sonodi passed away.

Jharkhand State: Brief Note on Maternity benefit

Field visit observation regarding maternity benefits- JSY, IGMSY and leave benefits

Cases from Simdega

Maternity leave benefit for sahyiya (ASHA):

Case 1: Her name is Ambika Devi from BanoKhas village. Her age is 28. During her second child she received JSY money but not received entitlement under IGMSY. During her pregnancy, she worked for entire 9 months. After delivery, she took one week leave. She was mentioning "We can get money only through service, if we do not work we will not be paid"

Lack of awareness among Sevika (Anganwadi worker):

Case 1: In Pabura Village of Pabura Panchayat in Bano Block, both the Sahiya (ASHA) and Sevika(anganwadi worker) don't know about the scheme- IGMSY

Case 2: In Jarakhel, Kenarsi village for availing IGMSY it was informed form to be filled after 9 months of a child.

Case 3: Irrelevant reasons showed by the Sevika (anganwadi worker) to cut down the name (3yrs gaping between 2 children not given.)

Difficult Conditions to receive IGMSY & JSY:

Case 1: PuspaKandulna from Sonajara village in Jaldega block, She has completed all the steps but due to sudden arousal of delivery pain at Night she has not able to hospital, Home delivery

Distance of service centres (Anganwadi centres and Health centres)

Case 1: JuliyanaSundariya from sabatoli of Jarakel panchayat of Bano block, it takes 30 mins to reach AWC and they need to cross jungles and streams to reach the AWC.

Case 2: Lashmi Devi from BarkiTangar in Jaldega block mention that MamtaVahan not working.

Life risk practice:

Case 1:Cutting of Umbilical Cord

From one of village of Bano a woman told she tired till even not cutting her Umbilical Cord (Sutanahikatkehaspatalgayithi, phirbhi un logo ne kahagharpeprasahuahain"),

She has travelled risking her and her child's life to name it as an institution delivery. As she was told she is cuts placenta at hospital then she can get money from hospital.-----**Monika Dung Dung,**

Jarakhel, Kenari

Maternity leave benefits:

1. For **Anganwadi worker** and **helper** under women and child development department: 12 days Casual Leave + 12 days special leave. (Attached letter of GoJ dated 17/7/2015)
2. For **contractual health worker**: 90 days paid maternity leave up to two child (attached letter of GoJ dated 25/10/2013)
3. For **ASHA**: No such benefit.
4. For **contractual workers under MGNREGA**: 16 days Casual leaves. (Attached letter of GoJ dated 1/6/2012)
5. For **Para teacher (contractual)**: Three month leave with continuity of job (attached letter of GoJ dated 6/1/2015)

Observation points: (Regarding IGMSY)

In Jharkhand, IGMSY was launched in 2011 in two districts: East Singbhum and Simdega.

Following are some of our observation during our field visit in two districts:

East Singbhum: Visited by our team in August 2015 in SabarTola of Jorsa village of Jorsa panchayat of Patamda Block. Visited 14 HHs, none of women knew about IGMSY.

Simdega: Visited in Bano and Jaldega block of Simdega district, Jharkhand dated 19th-21st April 2016:

1. Approximately, 80 women were met by the team.
 2. Age of women ranging from 21-35 years.
 3. 6/80 women, received one instalment only,
 4. 3/80 women, received full instalment
 5. 15 women, filled the form, but not received the amount. Their children were become- 5month- two and half years.
 6. It was found that there is no official procedure of giving receiving of application submitted
 7. Not Aware about the scheme - (30% knows- {6+3+15}, 70% did not know)
- * Met 7 women from Kolumdegi village, were not aware of IGMSY and 2 did not receives JSY,
*also met 5 women from Kalemdega village of Jaldega block, none of them aware of IGMSY, none of them have received either JSY or IGMSY, Sevika (Anganwadi worker) has never told them about IGMSY.
8. Do not have bank account- Difficulties in opening bank a/c- few bank only- long queue, difficult documentation process.

Observation points: (Regarding JSY)

Simdega: Visited in Bano and Jaldega block of Simdega district, Jharkhand dated 19th-21st April 2016:

- 10 women filled form but received, no any kind of receiving/acknowledgement of application submitted. Their children were become- 5month- two and half years.
- Home Delivery: Sushila Soren from Sonajara, After 2 times institution delivery she has not received any entitlements under JSY
- SimaLugun from Jarakel, had a home delivery as she could not arrange vehicle in urgency.

Annexure - List of Networks

Right to Food Campaign

Alliance for Right to Early Childhood Development

National Alliance for Maternal Health and Human Rights

MahilaKisanAdhikarManch

Healthwatch Forum, Uttar Pradesh

Forum For Crèche and Child Care Services (FORCES)

All India Progressive Women's Association

Alliance for People's Rights

Delhi Science Forum

Jan SwasthyaAbhiyan

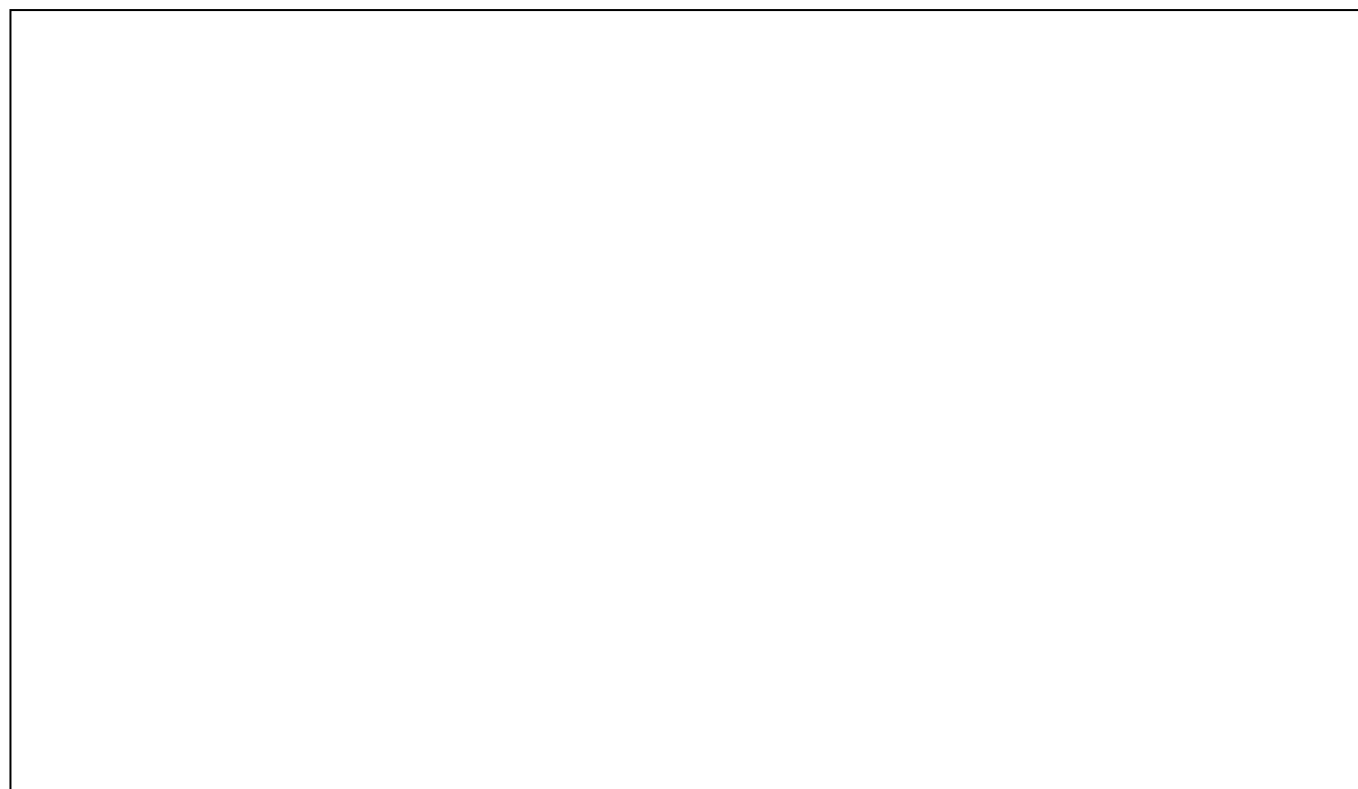
Garment and Allied Workers Union

Nari Shakti Manch

National Campaign Committee-Construction Labour

National Campaign for People's Right to Information

National Federation of Indian Women
Neenv – Delhi FORCES
New Trade Union Initiative
NirmanMazdoor Panchayat Sangathan



Legal Entitlements: ME and Creches

The National Food Security Act, 2013

Section 4 Subject to such schemes as may be framed by the Central Government, every pregnant woman and lactating mother shall be entitled to—

(a) meal, free of charge, during pregnancy and six months after the child birth, through the local anganwadi, so as to meet the nutritional standards specified in Schedule II; and

(b) maternity benefit of not less than rupees six thousand, in such instalments as may be prescribed by the Central Government:

Provided that all pregnant women and lactating mothers in regular employment with the Central Government or State Governments or Public Sector Undertakings or those who are in receipt of similar benefits under any law for the time being in force shall not be entitled to benefits specified in clause (b).

Section 5 (1) Subject to the provisions contained in clause (b), every child up to the age of fourteen years shall have the following entitlements for his nutritional needs, namely:—

(a) in the case of children in the age group of six months to six years, age appropriate meal, free of charge, through the local anganwadi so as to meet the nutritional standards specified in Schedule II:

Provided that for children below the age of six months, exclusive breast feeding shall be promoted;

(b) in the case of children, up to class VIII or within the age group of six to fourteen years, whichever is applicable, one mid-day meal, free of charge, everyday, except on school holidays, in all schools run by local bodies, Government and Government aided schools, so as to meet the nutritional standards specified in Schedule II.

(2) Every school, referred to in clause (b) of sub-section (1), and anganwadishall have facilities for cooking meals, drinking water and sanitation:

Provided that in urban areas facilities of centralised kitchens for cooking meals may be used, wherever required, as per the guidelines issued by the Central Government.

Section 6 The State Government shall, through the local anganwadi, identify and provide meals, free of charge, to children who suffer from malnutrition, so as to meet the nutritional standards specified in Schedule II.

Section 7 The State Governments shall implement schemes covering entitlements under sections 4, 5 and section 6 in accordance with the guidelines, including cost sharing, between the Central Government and the State Governments in such manner as may be prescribed by the Central Government.

Section 30 The Central Government and the State Governments shall, while implementing the provisions of this Act and the schemes for meeting specified entitlements, give special focus to the needs of the vulnerable groups especially in remote areas and other areas which are difficult to access, hilly and tribal areas for ensuring their food security.

Section 39 (1) The Central Government may, in consultation with the State Governments and by notification, make rules to carry out the provisions of this Act

(2) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

(a) scheme including cost sharing for providing maternity benefit to pregnant women and lactating mothers under clause (b) of section 4;

Schedule II The nutritional standards for children in the age group of 6 months to 3 years, age group of 3 to 6 years and pregnant women and lactating mothers required to be met by providing "Take Home Rations" or nutritious hot cooked meal in accordance with the Integrated Child Development Services Scheme and nutritional standards for children in lower and upper primary classes under the Mid Day Meal Scheme are set out in the Act.

Schedule III – Provisions for Advancing Food Security

(3) (c) Access to—nutritional, health and education support to adolescent girls

Maternity Benefit Act, 1961

Section 4. Employment of, or work by, women prohibited during certain period. –

(1) No employer shall knowingly employ a woman in any establishment during the six weeks immediately following the day of her delivery or her miscarriage.

(2) No woman shall work in any establishment during the six weeks immediately following the day of her delivery or her miscarriage.

Section 5. Right to payment of maternity benefit. –

(1) Subject to the provisions of this Act, every woman shall be entitled to, and her employer shall be liable for, the payment of maternity benefit at the rate of the average daily wage for the period of her actual absence immediately preceding and including the day of her delivery and for the six weeks immediately following that day.

Section 7. Payment of maternity benefit in case of death of a woman. –

If a woman entitled to maternity benefit or any other amount under this Act, dies before receiving such maternity benefit or amount, or where the employer is liable for maternity benefit under the second proviso to sub-section (3) of section 5, the employer shall pay such benefit or amount to the person nominated by the woman in the notice given under section 6 and in case there is no such nominee, to her legal representative.

Section 8. Payment of medical bonus. –

Every woman entitled to maternity benefit under this Act shall also be entitled to receive from her employer a medical bonus of twenty-five rupees, if no pre-natal confinement and post-natal care is provided for by the employer free of charge.

Section 9. Leave for miscarriage. –

In case of miscarriage, a woman shall, on production of such proof as may be prescribed, be entitled to leave with wages at the rate of maternity benefit for a period of six weeks immediately following the day of her miscarriage.

Section 10. Leave for illness arising out of pregnancy, delivery, premature birth of child, or miscarriage. –

A woman suffering illness arising out of pregnancy, delivery, premature birth of child or miscarriage shall, on production of such proof as may be prescribed, be entitled in addition to the period of absence allowed to her under section 6, or, as the case may be, under section 9, to leave with wages at the rate of maternity benefit for a maximum period of one month.

Section 11. Nursing breaks. –

Every woman delivered of a child who returns to duty after such delivery shall, in addition to the interval for rest allowed to her, be allowed in the course of her daily work two breaks of the prescribed duration for nursing the child until the child attains the age of fifteen months.

Factories Act, 1948

Section 48. Creches.

- (1) In every factory wherein more than 1*[thirty women workers] are ordinarily employed there shall be provided and maintained a suitable room or rooms for the use of children under the age of six years of such women.
- (2) Such rooms shall provide adequate accommodation, shall be adequately lighted and ventilated, shall be maintained in a clean and sanitary condition and shall be under the charge of women trained in the care of children and infants.
- (3) The State Government may make rules--
 - (a) prescribing the location and the standards in respect of construction, accommodation, furniture and other equipment of rooms to be provided under this section;
 - (b) requiring the provision in factories to which this section applies of additional facilities for the care of children belonging to women workers, including suitable provision of facilities for washing and changing their clothing;
 - (c) requiring the provision in any factory of free milk or refreshment or both for such children;
 - (d) requiring that facilities shall be given in any factory for the mothers of such children to feed them at the necessary intervals.

Section 79. Annual leave with wages.

- (1) Every worker who has worked for a period of 240 days or more in a factory during a calendar year shall be allowed during the subsequent calendar year, leave with wages for a number of days calculated at the rate of--
 - (i) if an adult, one day for every twenty days of work performed by him during the previous calendar year;
 - (ii) if a child, one day for every fifteen days of work performed by him during the previous calendar year.

Explanation 1.--For the purpose of this sub-section-

- (a) any days of lay off, by agreement or contract or as permissible under the standing orders;
- (b) in the case of a female worker, maternity leave for any number of days not exceeding twelve weeks; and
- (c) the leave earned in the year prior to that in which the leave is enjoyed; shall be deemed to be days on which the worker has worked in a factory for the purpose of computation of the period of 240 days or more, but he shall not earn leave for these days.

Explanation 2.--The leave admissible under this sub-section shall be exclusive of all holidays whether occurring during or at either end of the period of leave.

Mines Act, 1952

Section 58. Power of Central Government to make rules –

The Central Government may, by notification in the official Gazette, make rule consistent with this Act for all or any of the following purposes, namely -

- d) for requiring the maintenance of the mines wherein any women employed or were employed on any day of the preceding twelve months of suitable rooms to be reserved for the use of children under the age of six years belonging to such women, and for prescribing, either generally or with particular

reference to the number of women employed in the mine, the number of standards of such rooms, and the nature and extent of the amenities to be provided and the supervision to be exercised therein;

Section 52. Wages during leave period :-

(1) For the leave allowed to a loader, or other person employed below ground on a piece-rate basis, he shall be paid at a rate equal to the daily average of his earnings for the month of December prior to his leave:

Provided that if no such average earnings are available, then the average shall be computed on the basis of the daily average earnings of all persons similarly employed for the same month, and for the purpose of such computation the cash equivalent of the advantage accruing to such persons through the free issue of food grains and any compensation in cash drawn by them during the said month shall be taken into account.

(2) For the leave allowed to a person employed in a mine who is paid by the month or week he shall be paid at a rate equal to his normal daily wages during the week preceding his leave, and in computing such wages the cash equivalent of the advantage accruing to him through the free issue of food grains and any compensation in cash drawn by him shall also be taken into account.

Explanation – For the purpose of this sub-section :-

(a) any days of lay-off by agreement or contract or as permissible under the standing order:

(b) in the case of a female employee, maternity leave for any number of days not exceeding twelve weeks; and

(c) the leave earned in the year prior to that in which the leave is enjoyed: shall be deemed to be the days on which the employee has worked in mine for the purpose of computation of the attendances but he shall not earn leave for these days.

Plantations Labour Act, 1951

Section 32. Sickness and maternity benefits.

(1) Subject to any rules that may be made in this behalf, every worker shall be entitled to obtain from his employer,

(a) In the case of sickness certified by a qualified medical practitioner, sickness allowance, and

(b) If a woman, in the case of confinement or expected confinement, maternity allowance,

At such rate, for such period and at such intervals as may be prescribed.

(2) The State Government may make rules regulating the payment of sickness or maternity allowance and any such rules may specify the circumstances in which such allowance shall not be payable or shall cease to be payable and in framing any rules under this section the State Government shall have due regard to the medical facilities that may be provided by the employer in any plantation.

Building and Other Construction Workers Act, 1996

Section 35. - Creches

(1) In every place where in more than fifty female building workers are ordinarily employed, there shall be provided and maintained, a suitable room or rooms for the use of children under the age of six years of such female workers.

(2) Such rooms shall

(a) provide adequate accommodation:

- (b) be adequately lighted and ventilated;
- (c) be maintained in a clean and sanitary condition;
- (d) be under the charge of women trained in the care of children and infants

The Beedi and Cigar Workers (Conditions of Employment) Act, 1966

Application of the Industrial Employment (Standing Orders) Act, 1946 and the Maternity Benefit Act, 1961

Section 37 (3) Notwithstanding anything contained in the Maternity Benefit Act, 1961, the provisions of that Act shall apply to every establishment as if such establishment were an establishment to which that Act has been applied by a notification under sub-section (1) of section 2 thereof.

Domestic Workers Welfare and Social Security Act, 2010

Section 13. Functions of the Board

- (1) The District Boards shall perform the following functions:
 - (b) to grant following benefits to beneficiaries which they are entitled to under the Act:--
 - (iv) provision for maternity benefit to the women beneficiaries:
- Provided that, such maternity benefit shall be restricted in case of two children only;

Unorganised Workers' Social Security Act, 2008

Section 3 (1) The Central Government shall formulate and notify, from time to time, suitable welfare schemes for unorganised workers on matters relating to –

- (b) Health and maternity benefits

Annexure IV

List of Participants

S. No.	Name of the participant	Organisation	State	Contact Number	Email id
1	Arvind Singh	MatriSudha	Delhi	09990783443	Arvind.matrisudha@gmail.com
2	Krishna Bansal	APR	Delhi	09311454194	Advocacycoordinator.apr@gmail.com
3	ShubhikaSachdeva	Alliance for Right to ECD/Mobile Creches	Delhi	09899557284	Shubhika.s@mobilecreches.org
4	SejalDand	ANANDI	Gujarat	08130200062	sejaldand@gmail.com
5	Dipa Sinha	RTFC	Delhi	09650434777	dipasinha@gmail.com
6	Kavita Srivastava	RTFC	Delhi	09351562965	Kavita.pucl@gmail.com
7	Aysha	RTFC	Delhi	09716048979	Khan.aysha5@gmail.com
8	Abhinaya	RTFC	Delhi	09902403617	abhinayasridharan@gmail.com
9	Yousuf Beg	Prithwi Trust, Panna	Madhya Pradesh	09584529941	yousufbeg@gmail.com
10	Pushpendra	Rivanchal Dalit AdiwasiSevaSansthan	Madhya Pradesh	08518517675	rdass.rewa@gmail.com
11	VandanaParaiya	Prithwi Trust, Panna	Madhya Pradesh	08269939411	Vandana.paraiya@gmail.com
12	RashmiYadav	Rivanchal Dalit AdiwasiSevaSansthan	Madhya Pradesh	09752963261	Rdass.rewa@gmail.com
13	Gulwasia	Rivanchal Dalit AdiwasiSevaSansthan	Madhya Pradesh		Rdass.rewa@gmail.com
14	Himesh K Vankas	ANANDI	Gujarat	09409582176	Himesh150284@gmail.com
15	Santanu Sharma	CRY	Delhi	08285606661	Santanu.sarma@crymail.org
16	Shikha Rani	B.W.N. Patna	Bihar	07781058081	Kumarishikha.r@gmail.com
17	Kavita Devi	LokParishad, Patna	Bihar	09304726868	
18	Madhuri Devi	ShahriGaribSangharshSamiti, Patna	Bihar	09304208404	

19	ManikDhar	RTF	West Bengal	08509391010	dharmanik@rediffmail.com
20	Partha Das	RTF	West Bengal	09641357775	paarthadaas@gmail.com
21	Nilachala Acharya	CBGA	Delhi	09711055040	nilachala@cbgindia.org
22	BirendraGautam	Zenith Jauth Foundation, Umaria	Uttar Pradesh	09479350290	birendra.gautam777@gmail.com
23	Swapna Da	PRAVHA	Jharkhand	09955148702	
24	Beronika Soren	AVF	Jharkhand	09801175787	
25	Arundhati S.	ANANDI	Gujarat	09428512754	arundhati.sridhar@gmail.com
26	BadriPaswan	LokParishad, Patna	Bihar	09199190782	
27	Vinod Kumar Tiwari	LokParishad, Patna	Bihar	09006300058	
28	GouvariceHdipach	S.S.H, BGVS	Odish	09437036305	
29	Sushila Devi	S.P.S ChunavMirzapur	Uttar Pradesh	09005060578	
30	Sushila	S.P.S ChunavMirzapur	Uttar Pradesh		
31	Rajmati	S.P.S ChunavMirzapur	Uttar Pradesh		
32	PayalMathi	V.I.C.E.	Delhi	07838079367	payal@viceinstitute.org
33	Saumya Srivastava	CBGA	Delhi	09899636225	saumya@cbgindia.org
34	Sanat Kumar	Astha Forum	Delhi	09775037869	
35	E. Premdas	CHSJ	Delhi	09999067140	e.premdas@chsj.org
36	Urmila Patel	ANANDI	Gujarat		
37	Sumitra	ANANDI	Gujarat		
38	Manju Devi		Bihar		
39	Gudiya Devi		Bihar		

40	Reeta Devi		Bihar		
41	Jaya Goel	PWESCR	Delhi		
42	Rudrakshima	CHSJ	Delhi		
43	Neeti	SAHAYOG	Lucknow		
44	ChandralekhaSarvan	ASHA/NAMHHR	West Bengal		
45	Padmini R.	CRT/RTFC/Alliance for Right to ECD			
46	NeetuRoutela	JAGORI	Delhi		neetu@jagori.org
47	Heerawati	JAGORI	Delhi		
48	Laxmi	JAGORI	Delhi		
49	HemaAdhikari	SAHAYOG/NAMHHR	Delhi	09899823863	hema@sahayogindia.org
50	Sushila		Hapur – UP	09690309400	
51	Shabana	Action India	Hapur – UP	08439673754	
52	Usha	Action India	Hapur – UP	09719678154	
53	Suman	Action India	Hapur – UP	08191820710	
54	Anshu		Hapur – UP	80066124	
55	Nafisa		Hapur – UP	08859075527	
56	SwapnaNaiya		West Bengal	09800412864	
57	NamitaHalдар	S.M.S.	West Bengal	09735222423	
58	ArachanaSardu	S.M.S.	West Bengal	08001314415	
59	AmitaDey	S.M.S.	West Bengal	09732755751	
60	Shashi	Action India	Hapur, UP	08650328901	

61	Pratima	Action India	Hapur	09412848996	
62	Kamlesh	Action India	Hapur	09412848996	
63	Anita	Action India	Hapur	09568198939	
64	Anju Rani	Action India	Hapur	09690374866	
65	Gurwant Kaur	NFL	Punjab	07529831272	
66	Rajnandini Kaur	NFIW	Punjab	09988176811	
67	Bimla Devi		Punjab	08146526300	
68	Abhinaya Roy	PWESCRI	Delhi	09971263837	
69	Rekha Sen	IGNOU	Delhi	09810874291	
70	Mukta Srivastava	Anna AdhikarAbhiyan	Maharashtra	09969530060	muktaliberalea@gmail.com
71	Priyanka Sahay	CBGA	Delhi	09810919795	priyanka@cbgaindia.org
72	Nourati	Jagori	Delhi	09871720573	
73	Damodar	Sahayog	Delhi	09891187821	
74	AnannyaBhattacharyee	NTUI	Delhi	09810970627	Anannya48@gmail.com
75	Santosh	Nari Shakti Manch	Gurgaon	07503737969	2510sahil@gmail.com
76	KedarRajak	MHRC	Madhya Pradesh	09424349792	mrkedarji@gmail.com
77	Ajay Lal	MHRC	Madhya Pradesh	09993112788	Mp.mhrc@gmail.com
78	Pooja		Delhi		
79	Sushma	Action India	Delhi	09654564020	
80	Jasmeet	ISST	Delhi	09990648648	jasmeetkhanujall@gmail.com
81	Radhi Sethi	Lady Irwin College	Delhi	09811019272	rudhisethi@gmail.com

82	Ritwij Kumar	RTFC	Bihar	09470735603	Koshish.office@gmail.com
83	Rupesh	RTFC	Bihar	09431021035	Koshish_pt@gmail.com
84	Kamlesh	Pahal	Delhi	09582957848	Kkaushik999@gmail.com
85	Ishita	CRY	Delhi	09958482325	Ishita.khandka@gmail.com
86	Sanjana	Nari Shakti Manch	Delhi	07503737969	
87	Dr. Mira Shiva	Initiative for Health, Equity in Society, JSA, RTF, NAMHHR	Delhi	09810582028	mirashiva@gmail.com
88	Nazmeen	MatriSudha	Delhi	08745881214	Nazak.1214@gmail.com
89	Laxmi	MatriSudha	Delhi	08802430173	Laxmirai406@gmail.com
90	Koshal	Centre for Food Policy	Lucknow	09818939394	
91	Baishali Chatterjee	Action Aid	Delhi	09167624402	Baishali.chatterjee@actionaid.org
92	Jean Dreze	Ranchi University	Jharkhand	09471130049	jeandraze@gmail.com
93	Koninika Ray	NFIW	Delhi	09958284900	koninika@hotmail.com
94	Madan Lal	Delhi Forces Neew	Delhi	09560291061	delhiforces@gmail.com
95	Chirashree Ghosh	Delhi Forces	Delhi	09899557289	chirashree@mobilecreche.org
96	Anita Yadav	N.S.M.	Gurgaon – NCR	09911223177	Anitayadav667@gmail.com
97	Jaspal Mathew	CRY	Delhi	08889884919	
98	Sunita Devi	JJEM	Delhi		
99	Chandrawati	JJEM	Delhi		
100	Binod Kumar Singh	JJEM	Delhi	09213745322	Binodksingh65@gmail.com
101	Jamshed	Pension Parishad	Delhi		pensionparishad@gmail.com
102	Santosh	Saksham	Delhi	09311124880	Saksham.del1@gmail.com

103	Savitri Ray	Forces – CWDS	Delhi		Forces_forces@gmail.com
104	KatyayaniChamaraj	Civic	Bangalore	09731817177	kchamaraj@gmail.com
105	Kaushalya	MahilaPragatiManch	Delhi	09953181612	
106	Asha	Action India	Delhi	08750069092	
107	Kismat	Action India	Delhi	08750069092	
108	Rani	Action India	Delhi	08750069092	
109	Pushpa	Action India	Delhi	08750069092	
110	Bindu	Action India	Delhi	08750069092	
111	Niti	APR/CRY	Delhi	09818361618	
112	AnkitaVerma	APR/CRY	Delhi	09990400178	
113	Krishna Bansal	APR	Delhi	09311454194	Kbansal23@gmail.com
114	Sunita	MahilaPragatiManch	Delhi	08447494263	
115	Tabassum	MahilaPragatiManch	Delhi	09690627993	
116	Meera Devi	MahilaPragatiManch	Delhi	08130476793	
117	Anita Kapoor	ShahriMahilaKamgar Union	Delhi	09810787686	anitakaipoorsat@gmail.com
118	Namita	Alliance for People’s Right	Delhi	09899242840	toladigaur@gmail.com
119	Thaneshwar	NMAA New Delhi Forces	Delhi	09953500528	
120	Ankita	NIRD	Jharkhand	09504091005	Aggarwal.ankita87@gmail.com
121	Kamala Upadhyaye	Association for Social Justice	Delhi	09875176763	
122	Aditi Das	ISST	Delhi	08860071844	Aditi.isst@gmail.com
123	KusumLata	SNS	Delhi	09891081448	

124	Dr. Shobha Suri	BPNI	Delhi	09811106228	drshoba@bpni.org
125	NupurBidla	BPNI	Delhi	09958163610	nupur@bpni.org
126	Dr. B.V. VijayaLaxmi	AITUC		09490952245	
127	Anjali	Action India	Delhi	09971605882	
128	Sushma	Action India	Delhi	09971605882	
129	Savitri	Action India	Delhi	09971605882	
130	Anita	Action India	Delhi	09971605882	
131	Anju	Action India	Delhi	09599827776	
132	Seema	Action India	Delhi	09599827776	
133	Roshni	Action India	Delhi	09599827776	
134	Suman		Delhi		
135	Neelam		Delhi	09560180127	
136	Usha Devi	Abhilasha Women Development Foundation	Delhi	08882102434	Ushaabhi2015@gmail.com
137	Elizabeth	Nari Shakti Manch	Delhi NCR	09560352313	Narishaktimanch2011@gmail.com
138	Jaya Shrivastava	Frulance Consultant	Delhi NCR	09810072371	Jayawati24@gmail.com
139	Vimla	MahilaPragatiManch	Delhi	09810674344	
140	Chandni	Action India	Delhi	08130632719	Chand0880@gmail.com
141	Kirti Singh	Action India	Delhi	08130632719	
142	Rajwanti	Action India	Delhi	08130632719	
143	Sheela	Action India	Delhi	08130632719	
144	Ashok Kumar	Astha	Delhi	09873270616	Ashokkumar26101992@gmail.com

145	Chingari	ChingariMahilaSamiti		09868662171	
146	Premwati	ChingariMahilaSamiti		09868662171	
147	Sheela	ChingariMahilaSamiti		09868662171	
148	Shakuntala	ChingariMahilaSamiti		09868662171	
149	Anita	ChingariMahilaSamiti		09868662171	
150	Uma	ChingariMahilaSamiti		09868662171	
151	Seema	ChingariMahilaSamiti		09868662171	
152	Kajal	ChingariMahilaSamiti		09868662171	
153	Binod Kumar	Astha	Delhi	09654517330	binod@asthaindia.in
154	Gaurav	Astha	Delhi		
155	Md. Umar		Delhi	08860818307	
156	Guddu Pandey	ViklangEktaManch	Delhi		
157	Pawan	Samanata	Delhi	09990900979	
158	Raj Rani	AIPWA	Delhi	09953736392	Rajrani.du@gmail.com
159	Asha Singh	Lady Irwin College	Delhi	09811052247	Asha.singh903@gmail.com
160	Richa Sharma	Mobile Creches	Delhi	09999652208	Richa.p@mobilecreches.org
161	ShubikaSachdeva	Mobile Creches	Delhi	09911639531	Shubhika.s@gmail.com
162	Surendra Singh		Delhi	09910144337	
163	Vinita Bhargav	Lady Irwin College	Delhi	09818436966	Vini.bhargav@gmail.com
164	ReetaKumari	Prawasi Jan Manch	Delhi	09871351921	ritasudese@gmail.com
165	Jawahar Singh	JJEM	Delhi	09211661830	

166	Shubhojit Dutta Gupta	RTF	West Bengal	09831038821	Wtcp.org@gmail.com
167	Seema Singh	RANMS	Delhi	09910730349	ranmsdelhi@gmail.com
168	Mandani	Jindal Global	Delhi	09717914580	vijakar@jgu.edit.in
169	PushpaLata	SNS	Delhi	09810811273	
170	Sunita Devi	SNS	Delhi	09810811273	
171	Bela Devi	SNS	Delhi	09810811273	
172	Vandana	SNS	Delhi	09810811273	
173	Kamayani Swami	Jan Jagran Shakti Sangathan, NAPM	Bihar	09771950248	Kamayani02@yahoo.com
174	Nancy Pathak	Pension Parishad	Delhi	09769580173	Pathakmoney16@gmail.com
175	Vandana	SNS	Delhi	07053625178	
176	Renu Singh	Action India	Delhi	09910424493	
177	Lalita	Action India	Delhi	09910424493	
178	Sunina	Action India	Delhi	09910424493	
179	Babli	Action India	Delhi	09910424493	
180	Deepmala	Action India	Delhi	09910424493	
181	Suman	SNS	Delhi	09540464911	
182	Kamlesh	SNS	Delhi	09540464911	
183	Shabeena	SNS	Delhi	09717929885	
184	Madhu	SNS	Delhi	09717929885	
185	Sheela Khant	ANANDI	Gujarat	09428512759	sheelakhant@gmail.com
186	MangubenBaria	ANANDI	Gujarat		

187	LalitabenBaria	ANANDI	Gujarat	07874107052	
188	JhenibenNayak	ANANDI	Gujarat	08238942286	
189	NahajubenRathva	ANANDI	Gujarat		
190	JyotsanaJadeja	ANANDI	Gujarat	08153092484	Jyotsna.jadeja87@gmail.com
191	Shyamlal Purohit	AsthaSansthan	Rajasthan	09413318705	shyamaastha@gmail.com
192	Shikha Nehra	Centre for Equity Studies	Delhi	09818839361	Shikhanehra92@gmail.com
193	Anand Mohan	AAG India	Delhi	09311103999	Aagindia09@gmail.com
194	Sunita	Action India	Delhi	09654564020	
195	Rajni	Action India	Delhi	09654564020	
196	Hema	Action India	Delhi	08750069092	
197	Triveni	Action India	Delhi	08750069092	
198	Meena	Action India	Delhi	08377056945	
199	Rita	Action India	Delhi	09971605882	
200	P. Bhanu	Nalwa	Delhi	09971600883	
201	Anand Shah	JJEM	Delhi	09210377731 0	ananaiyf@gmail.com
202	Donita	Civil Society Magazine	Delhi	09561047132	
203	Ram Kumar Verma	Ahesaj	Delhi	09811152305	ahesajdelhi@gmail.com
204	Manglawati	Ahesaj	Delhi	09718806279	
205	Anjali Bhardwaj	SNS	Delhi	09910009879	anjali.sns@gmail.com
206	Amrita Johri	SNS	Delhi	09810273984	amritajohri@gmail.com
207	Richa	CBGA	Delhi	09910887838	richa@cbgindia.org

208	Seema	Jagori	Delhi	08588989272	
209	Neeta Hardikar	Anna Suraksha AdhikarAbhiyan	Gujarat	09825412387	Hneeta192@gmail.com
210	Sulekha Singh	Action India	Delhi	09013084589	Actionindia1976@gmail.com
211	Vandana Prasad	PHRN	Delhi	09891057425	chaukhat@yahoo.com
212	Neetu Sharma	NLSUI, Bangalore	Karnataka	09740981570	shnitugmail.com
213	Poonam	Action India	Delhi	09654564020	
214	Savitri	Action India	Delhi	09654564020	
215	Baby	Action India	Delhi	09654564020	
216	Kiran	Action India	Delhi	09654564020	
217	Anand	AdiwasiAdhikarManch	Madhya Pradesh	07509956839	Anandilal.satna@gmail.com
218	Meenu Singh	AdiwasiAdhikarManch	Madhya Pradesh		
219	TushitaMukharjee	Prayas – Jaipur	Rajasthan	07230090232	tushita@prayaschittor.org
220	PrakritiSareen	HRLN	Delhi	08130064011	Prakriti_sareen@yahoo.co.in
221	Ragini	HRLN	Delhi	08447882545	ragini@hrln.org
222	Nishlesh	Global Chief Editor	Delhi	09971357867	
223	Farah	CFAR	Delhi	011-26498847	
224	Roma	Ekjut	Jharkhand	08521619243	
225	Smriti	Ekjut	Jharkhand	09798725903	
226	R.K.S. Munela	Ekjut	Jharkhand	08254543473	
227	Afzal Anis	NMF	Jharkhand	09234982712	
228	Ananya	RTFC	Jharkhand	07292881341	

229	SukhramBirhor	RTFC	Jharkhand	08987523696	
230	Ashrafi Nand Prasad	RTFC	Jharkhand	09334463332	ashrafinand@rediffmail.in
231	Aradhana	DNA	Delhi	09873984587	Aradhna1188@gmail.com
232	BibyaniMinj	NMPS	Delhi	09968347322	Subhash.bhatnagar@gmail.com
233	Kavita Krishnan	AIPWA	Delhi	09560756628	Kavita.krish73@gmail.com
234	Babita Sinha	Pravah	Jharkhand	09955385626	Sinh.babita1@gmail.com
235	TulikaMukharjee	Abhiviyakti Foundation-Giridih	Jharkhand	09939540734	Tuli.tuli1991@gmail.com
236	NandiniNayak	Ambedkar University	Delhi		nandini@aud.ac.in
237	Urmila	Delhi Neev Forces	Delhi	09654567880	
238	Usha	Delhi Neev Forces	Delhi		
239	Shikha	RashrayaSamiti	Delhi	09811623251	
240	MadhurBharatiya	HRLN	Delhi	09871234212	madhur@hrln.org
241	Gangotri H. Nath	HRLN	Delhi	07838700897	
242	UdayBhanKaushita	LokSewa Foundation	Delhi	09968256358	kaushikub@gmail.com
243	Vinay Goel	Jandhara		08130537888	Vinaygoel267@gmail.com
244	A.A. Khan	RashtriyaPukar		09910745699	roudbond@gmail.com
245	BirajPatnayak		Delhi	09868828474	biraj.patnaik@gmail.com
246	Aditya Srivastava		Delhi	09810376336	aditya.nlu@gmail.com
247	SudeshnaSengupta	Mobile Crèches	Delhi	09811065400	sudeshna.g@mobilecreches.org
248	Nisha	St. Stephen's Hospital	Delhi	09990799869	
249	Sameer	Global Tech Consultancy	Delhi	0999954933	

250	Sachin Jain	RTFC	Madhya Praesh		sachinwrites@gmail.com
251	Jashodhara	NAMHHR/Sahayog	Delhi	09910203477	jashodhara@sahayogindia.org
252	Sohini	Pension Parishad	Delhi	08506984500	pensionparishad@gmail.com