A Report
On the Northern Regional Consultation
On
The Status of the Young Child

February 18-19, 2008

Venue:
Sahbhagi Shikshan Kendra
Chhatta Meel, Sitapur Road
Lucknow – 227 208
Uttar Pradesh

Organisers:

- **Forum for Crèche and Child Care Services (FORCES)**
  C/O CWDS, Delhi
- **FORCES Uttar Pradesh C/O Vigyan Foundation, Lucknow**
- **Plan International**

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

Day 1, 18th February

Welcome Note, Introductions and Opening Remarks

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

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

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

Ms. Savitri Ray discussed the poor status of the young girl child in the spheres of health, nutrition and education. She drew attention to the problem of the adverse Child Sex Ratio in India.

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

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

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

Session I – Overview of the Convention on the Rights of the Child (CRC)

Chair – Dr. Rashmi Sinha

1. Dr. Rashmi Sinha (Mahila Samakhya, Uttar Pradesh) stressed on the poor status of the girl child by raising the pertinent question of whether the girl is included in the term 'child'. She highlighted the issues of female foeticide and infanticide as well as the extreme neglect of the girl child. Mother's breast feed daughters for 3 months in comparison to 1-2 years for sons. Dr. Sinha pointed out that health check-ups carried out by Mahila Samakhya have revealed that the hemoglobin levels of girl children are usually as low as 3-4% and many of them are underweight and malnourished. She argued that girls face 'extreme negligence accompanied by extreme vigilance'. They are neglected but at the same time parents keep a strong vigil on them to protect them from male attention. Dr. Sinha drew attention to the shockingly low child sex ratio in Shahjahanpur district of Uttar Pradesh, which was just 561 girls per 1000 boys in 2001. She also drew attention to the fact that in Bulandshahar district of Uttar Pradesh, brides are purchased from Orissa. Technology is being used to kill the girl child even before she is born. Dr. Sinha pointed out that a recent study has shown that even the foetus in the mother's

womb experiences pain. She argued that girls continue to face violence after they are born. She asserted that young girls face the maximum violence within the environs of the school and this prevents their proper growth and development. Dr. Sinha argued that the alternate report must have a special focus on the girl child and delve deeper into what constitutes the everyday life of the girl child in India.

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

Session II - State Reports (Uttar Pradesh and Uttarakhand)

Chair – Dr. Rashmi Sinha

1. Ms. Shubhra Tandon (CREATE, Uttar Pradesh) provided an overview of the effectiveness of State level policies and programmes in Uttar Pradesh with a special focus on the functioning of Anganwadi centres in the state. She highlighted the sorry state of Anganwadi centres in Uttar Pradesh. She pointed out that there are 1, 38,372 Anganwadis in the state of Uttar Pradesh. 30% of these Anganwadis are based in the house of the Anganwadi worker. There are 78,003 operational Anganwadi centres as opposed to 1,38,000 sanctioned Anganwadi centres in Uttar Pradesh. A positive aspect of Anganwadi centres in Uttar Pradesh is that these centres are equipped with drinking water and sanitation facilities. With regard to the functioning of the Supplementary Nutrition Programme (SNP) in the Anganwadi centres of Uttar Pradesh, Ms. Tandon asserted that food is supplied to Anganwadi centres for only 6-8 months in a year. Vitamin A and Iron Folic Acid are mostly not available as part of the SNP. Hot cooked meals have been introduced for 3-6 year old children and this has led to an increase in attendance. Hardly any health and nutrition education is provided by Anganwadi centres and awareness about breast feeding is very low in Uttar Pradesh. Immunization cards are not maintained and the non-availability of immunization services is quite widespread. Growth monitoring of children is not a regular feature of the Anganwadi centres and growth records are incomplete in most cases. Payments of Anganwadi workers are often delayed. The quality of training provided to Anganwadi workers ranges from moderate to poor and training programmes are not held on a regular basis. In Uttar Pradesh, most parents of 0-6 year old children view Anganwadi centres as Panjeeri distribution centres or 'Panjeeri Kendras' and the acceptability of Anganwadi workers as child care

functionaries is limited. Panchayat committee members are not aware of how they can contribute to the betterment of health, nutrition and education services provided by Anganwadi centres. In Uttar Pradesh around 30% of ASHA (Accredited Social Health Activists) workers are not performing their duties. ICDS run state level schemes in Uttar Pradesh include – Kishori Shakti Yojana, Balika Shri Yojana, Mothers Committee, National Progress of Adolescent Girls and Bima Yojana.

2. Mr. Rajdev Chaturvedi (Gramin Punarnirman Sansthan, Uttar Pradesh) made a powerpoint presentation on the findings of a social audit of health services carried out by the Centre for Health and Social Justice in five districts of Uttar Pradesh – Chandauli, Mirzapur, Banda, Muzaffarnagar and Barabanki. The social audit revealed that the selection process for ASHA workers is not transparent and most of them belong to higher and dominant castes. Most ASHA workers are involved in polio programmes and assist the ANM in carrying out these programmes. They are trained for only two-three days and they seldom work on improving maternal health. The audit also revealed the poor level of implementation of Janani Suraksha Yojana (JSY) scheme in the five selected districts. In these districts 99% births take place at home and 80% women do not receive any pre-natal check-ups. The social audit revealed the poor condition of health care services in the selected districts. The health sub-centres were in bad shape and their cleanliness and hygiene levels were found to be very low. Community health cells lacked adequate staff and basic facilities such as clean water supply. One important recommendation that was made as a result of the audit was that there should be better coordination between the ASHA, ANM and Anganwadi worker and they should have weekly meetings. Another recommendation was that primary health centres and sub-centres should be provided adequate maintenance grants and clean drinking water supply; and these centres should maintain cleanliness.

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

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

Dr. Rashmi Sinha (Mahila Samakhya, Uttar Pradesh) –

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

Mr. Denny John (Community Health Hospital, Maharashtra) –

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

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

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

Dr. Pundir (Himad, Uttarakhand) –

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

Ms. Mridula Bajaj (Mobile Creches, Delhi) –

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

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

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

Session III - Theme based presentations from Uttar Pradesh, Gujarat, Rajasthan and Jammu and Kashmir

Chair – Mr. Sandeep Khare (Vigyan Foundation, U.P. FORCES)

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

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

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

Ms. Naz Raza (Tehreek) pointed out that a common myth associated with Muslims was that they do not get their children immunized. The WHO form for immunization even has a section on 'Muslim refusal'. However the truth is that more Hindus than Muslims refuse immunization.

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

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

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

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

Mr. Sandeep Khare (Vigyan Foundation, U.P. FORCES) emphasized that the issue of the privatization and commercialization of child care services should be elaborated upon in the alternate report. The poor condition of 0-6 year old children in urban areas should be highlighted. ICDS workers should be made permanent workers and their appointment

on a contractual basis should be done away with. 0-6 year old children should not be considered as beneficiaries of child care services, these services should be viewed as their right.

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

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

- Whether NGO's should take charge of running Anganwadi centres?
- Should monetary contributions by the community be used as a measure to improve community participation in running Anganwadi centres?

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

Ms. Indrani Mazumdar (Centre for Women's Development Studies) argued that community participation is important but such participation need not necessarily be elicited through monetary means.

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

Dr. Vasanthi Raman (FORCES National Convenor) stressed that community participation should be mobilized by non-monetary means by involving Panchayats and SHGs in running and monitoring Anganwadi centres.

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

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

Day 2, 19th February

Session 1 - State level theme based presentations from Himachal Pradesh, Maharashtra, Delhi, Punjab, Haryana Uttar Pradesh

Chair – Ms. Mridula Bajaj (Mobile Crèches, Delhi)

1. Dr. Richa Minocha (Jan Abhiyan Sansthan, Himachal Pradesh) made a powerpoint presentation on the young child in Himachal Pradesh with a specific focus on nutritional and educational status and traditional health care practices. Himachal Pradesh has undergone a revolution in primary education and has achieved near universal enrolment, but there is a lot to be desired in terms of quality of education. Education for the girl child has been made free in the state at all levels. There has been a decline in the gender gap between boys and girls, and the social gap between children belonging to the general population and SC/ST children in the state. The enrolment rate of girls in government schools has increased and one of the reasons for this is that more and more boys are being enrolled in private schools. Research studies have shown that there is no

discrimination between male and female children with regard to nutritional status. Several traditional health care practices for infants and 1-6 year olds are prevalent in Himachal Pradesh. The maternal mortality rate is higher in Himachal Pradesh (456) compared to the neighbouring states of Haryana (436) and Punjab (369). After 1971 not even a single census, and district has shown a sex-ratio in favour of females.

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

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

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

3. Mr. Denny John (Community Health Hospital, Maharashtra) made a powerpoint presentation on ICDS Services and the JSY scheme in Maharashtra. A community based quantitative survey in 8 street dwellings of Mumbai and Thane, covering 33 randomly selected women street dwellers (either pregnant or having children less than 6 years of age) revealed that only 1 out of 33 women was aware of the Anganwadi programme and received services from it. The study threw light on the minimal coverage of illegal slums, migrants, street children and homeless populations by the ICDS programme. The major

recommendations of the study include identifying the number and location of additional Anganwadis required in each ward to achieve universalisation, ensuring that all sanctioned ICDS projects that are not "operational" are operationalized immediately and moving towards universal coverage in a time-bound manner. Other recommendations include initiating mobile Anganwadis at construction sites, setting up ICDS kiosks at railway and bus stations, developing concrete indicators for monitoring Anganwadi centres and establishing a system of community based monitoring of centres. Some recommendations for improving the implementation of the JSY scheme include scrapping of BPL status as an eligibility norm for benefiting from the scheme and the use of voucher based systems. All these recommendations have been submitted to the ICDS Commissioner of Maharashtra.

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

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

In Punjab more efforts are being made to improve birth registration and comparatively fewer efforts are being made to put an end to sex selective abortions. The sex ratio figures for Punjab are questionable since many births are registered twice in the state. The rate of female foeticide can be reduced by tightening the legal noose by ensuring better implementation of the PCPNDT act. Under the PCPNDT act in the first raid on a sex determination clinic the clinic is sealed and in the second raid prosecution of those found guilty takes place. This is a weakness of the PCPNDT act. In Punjab VHA is running crèches for 0-6 year old children with the sponsorship of the Central Social Welfare Board.

6. Professor M.M.A. Faridi (BPNI, Uttar Pradesh) discussed issues related to breast feeding and child survival. Reducing neonatal mortality is one of the goals of the MDGs. WHO data shows that if mothers breastfeed their children for a year child deaths can be

reduced by 13%. Mortality of newborn infants can be reduced by 22.3% if mothers breastfeed their children within one hour of birth. 6% of child deaths can be avoided if proper complementary feeding is started after 6 months of age. A total of 20% of child deaths can be avoided if breastfeeding and complementary feeding are carried out at the proper time. Breastfeeding is also beneficial to mothers since it reduces the risk of breast cancer by 40%.

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

Discussion -

Ms. Mridula Bajaj (Mobile Crèches, Delhi) pointed out some issues that had been left out in the presentations. These issues include –

- Protection and survival
- Pre-school education
- Data and information about crèches
- Programmes, policies and schemes for children under 3 years of age
- Maternity Entitlements
- The issue of the care of children which is distinct from the issue of child health
- The problems of urban India
- The role of NGOs – should NGOs take charge of running Anganwadi centres?
- Sensitizing the government on the importance of issues related to ECCD

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

- There is an urgent need to improve the quality of services provided under the ICDS scheme. The government needs to be made accountable for the provision of good quality services.

Mr. Denny John (Community Health Hospital, Maharashtra)

- Community monitoring systems should be developed to ensure better provision of child care services.

Session 2 – Open Discussion

***Chair – Dr. Vasanthi Raman (*FORCES National Convenor)**

Mr. Sandeep Khare (Vigyan Foundation, U.P. FORCES)

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

Mr. Denny John (Community Health Hospital, Maharashtra)

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

Ms. Shubhra Tandon (CREATE, Uttar Pradesh)

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

Ms. Savitri Ray (FORCES National Coordinator)

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

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

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

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

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

Session 3 – Concluding Remarks and Vote of Thanks

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

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

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

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

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

Regional Consultation on 'The Status of the Young Child'

National FORCES
February 18-19, 2008
Venue
Sahbhagi Shikshan Kendra, Lucknow

Programme

18th February 2008

10.30 AM -11.00 A.M.	Tea and Registration
11.00 AM-11.30 A.M.	Welcome & opening remarks- Dr. Vasanthi Raman, Ms. Savitri Ray, National FORCES/ Mr. Sandeep Khare, Mr. Ramayan Yadav, UP FORCES
11.30A.M.-12.00 P.M.	Session - I Overview of the CRC & Status of the Child in India – Ms. Savitri Ray Chair-Dr. Rashmi Sinha (Mahila Samakhaya, Lucknow)
12.00 Noon- 1.00 P.M.	Session - II State reports(Ms. Shubhra Tandon, CREATE, Mr. Rajdev Chaturvedi, GPS, Uttar Pradesh & Dr. D. S. Pundir, Himad, Uttarakhand) Chair-Dr. Rashmi Sinha (Mahila Samakhaya, Lucknow)
01.00 PM -02.00 P.M.	Lunch
02.00 PM-03.30 P.M.	Session - III Theme based presentations(Uttar Pradesh & Rajasthan) Chair – Mr. Sandeep Khare (Vigyan Foundation, U.P. FORCES)
03.30PM- 03.45 P.M.	Tea
03.45PM- 05.00P.M.	Session continues State presentations –Gujarat and J&K
19th February 2008	
09.00AM-11.15 A.M.	Session - I State level theme based presentations from Himachal Pradesh, Haryana, Delhi, Maharashtra Chair – Ms. Mridula Bajaj (Mobile Crèches, Delhi)
11.15AM- 11.30 A.M.	Tea Break
11.30AM- 01.00P.M.	Session continues Presentations from Punjab, Vatsalya & BPNI
01.00PM-02.00 P.M.	Lunch
02.00PM-03.30 P.M.	Session - II Open Discussion Chair – Dr. Vasanthi Raman (National Convenor - FORCES)
03.30PM- 04.00 P.M.	Session - III Concluding Remarks and Vote of Thanks Concluding remarks- Dr. Vasanthi Raman Vote of Thanks- Ms. Savitri Ray
04.00 P.M.	Tea & Departure

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