

A Report on the North Eastern Regional Consultation on the Status of the Young Child

March 23rd-24th 2009, Guwahati

Venue: Indian Institute of Bank Management, Guwahati

Organisers:

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

Plan International

National FORCES organised a regional consultation in the North East 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 23rd and 24th of March 2009, at the Indian Institute of Bank Management, Guwahati. Participants included organizations/individuals working on children's issues in the states of Meghalaya, Mizoram, Assam, Manipur, Tripura Sikkim and Arunachal Pradesh–(Also see list of participants).

Day 1, 23rd March

Session I- Inaugural Session: Welcome Note, Introductions and Opening Remarks

Chair: Dr. Kumud Sharma

Registration of all participants was followed by a welcome note Dr. Kumud Sharma, who invited Ms. Savitri Ray to give a brief background of 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 in its 20th year i.e. in 2008-09, 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. India, being a signatory to the UN Convention on the Rights of the Child is committed to address the four basic rights i.e. (survival, protection, development and participation) through Early Childhood Care and Development (ECCD) services.

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

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

She then provided a short review of the major themes taken up in the report pertaining to the policies/programmes, education, health and nutrition, resource allocation etc.

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

Dr. Sharma invited Ms. Nirali Mehta from Plan to say a few words.

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

Dr. Vasanti Raman formally welcomed the guest speaker Dr. Kulendu Pathak. Dr. Sharma introduced the guest speaker Dr. Pathak as the former Vice Chancellor, Dibrugarh University. She highlighted that he was also the president of the Voluntary Health Association of India and has been long associated with programmes of taking science to the grassroots.

Dr. Kulendu Pathak drew attention to the fact that as far as nutrition and food and child security is concerned, North East did not have a problem as society has always looked after children and in terms of food as nature would provide it. He further stressed that today, epidemics need to be controlled and as far as children are concerned, food security has become less possible. When India got its independence, Assam was very well off economically but over the years this has deteriorated and north east has joined the brigade of the '*bimaru*' states. He asserted that if there is to be some development in North East, it has to be of a different kind; one cannot import a model from Punjab /Delhi and apply it here.

People will have to study the North East, study the culture, habits etc and then come up with a solution.

He further elucidated that in *Aarohan*, we take children from economically weak sections and teach them things without charge. While their parents are getting a cultural component taken care of they still have to travel and spend money on commuting and that itself is a burden for children. He therefore pointed out that there is crucial need to look at the root cause of a problem and not just the surface of it. He explained that Assam has two groups, that of immigrants from Bangladesh. One needs to find out what is happening to these immigrants and where do they live. The other group is of the tea garden workers who are mostly migrants from other states like Jharkhand. He argued that in both these groups, children tend to suffer the most and are not provided for. Further, a sense of deprivation gives rise to other social problems. He concluded by again stressing on the fact that it is very important for an organization to focus on issues which are staring us in the face, even if they are small.

Dr. Sharma thanked Dr. Pathak and also stressed the fact that even though most of these issues are universal, with regards to under six- resources allocation we cannot have a single model and in the context of the North East and the discussions which will follow we will see some different strategies which can be applied towards these issues.

Session II –Status of the Young Child in North East

Chair- Dr. Kulendu Pathak

1. Mr. Biswajit Chakravarty made a PowerPoint presentation on the quick overview of the status of the Young Child in the North East. He argued that it is often felt that India has so far neglected the North East and this feeling has given rise to many insurgencies. Today's discussion needs to see if the rest of India really cares about the wellbeing of the North East. While the government has sanctioned big budgets and a lot of money is coming in, roads, flyovers are being constructed, etc., can one really visualize a healthy and wealthy North East twenty to thirty years from now?

He stressed on the fact that the number of *anganwadis* under the ICDS scheme should be per thousand for the under six population but the number of children actually receiving any sort of help is very low. The number of AWCs per thousand children are the lowest in Assam(8.5) and Maghalaya(7.3) as compared to the rest of the North East(also see table below).He highlighted that this reveals one reality which is that while people tend to blame the service providers, what do the people themselves do about it? He argued that there is hardly any evidence that ICDS has been successful in North East India in attaining its goal of improving the coverage of specific child health interventions, such as de-worming and Vitamin A supplementation, and encouraging mothers to adopt appropriate childcare and feeding behaviours (including practices related to breastfeeding, weaning and diet) that have the potential to improve child growth and health outcomes.

Table 1

State	0-6 Popn.	No. of AWC per '000	% Stunted	% Wasted	% under-weight	% of children (0-6) Who received any services
Arunachal	200055	21.3	34.2	16.5	36.9	15.8
Assam	4350248	8.5	34.8	13.1	40.4	29.8
Manipur	312691	24.4	24.7	8.3	23.8	30.1
Meghalaya	457442	7.3	41.7	28.2	46.3	48.1
Mizoram	141537	11.9	30.1	9.2	21.6	55.8
Nagaland	289678	11.0	30.3	14.6	29.7	39.3
Sikkim	77170	12.8	28.9	13.1	22.6	41.6
Tripura	427012	17.2	30.0	19.9	39.0	26.6

He argued that one needs to look at the source of suffering. For example, even if safe drinking water is made available to the child during his/ her stay at the *anganwadi*, what happens when he/she gets home? He drew attention to the fact that the main reason for anaemia which is rampant in North East (80% children in Assam and over 50% in Manipur according to the NFHS III) is worm infestation which needs to be arrested. Also, while it has been widely suggested that breast feeding within one hour of birth is crucial to build the baby's immunity, it is hardly practised.

He also pointed out that the percentage of children in India who receive any sort of services is very low to the point of being shameful, 33%. Thus approx 70 percent do not receive any sort of child care services(see table below). He argued that we need to question where is this money spent on child development schemes actually going?

Many of the North-Eastern states, especially Assam, are every year ravaged by floods and erosion, causing significant internal displacement of the population. Moreover, inter-ethnic clashes have also caused such displacement; those displaced being sheltered in temporary camps. Children belonging to these people are in the most vulnerable state, yet they are not covered by the ICDS projects.

He further pointed out that large number of women migrant labourers, belonging mostly to the immigrant Muslim community and poorer section of ex-tea garden labourers, can be seen almost throughout the entire North-East States doing construction work on roads, bridges and

drainage systems. They constitute a significant section of the unorganized workers. Children belonging to these workers are totally devoid of any services – health, nutrition or pre-school education. The percentage of children between 0-5 months of age who are exclusively breastfed is the lowest in Meghalaya(**26.3**), Nagaland(29.2) and Tripura 36.1) as against the national average of 46.3. (See table below)

Table 3

State	Breastfed within 1 hr of birth (%)	Children aged 0-5 months exclusively breastfed	Children aged 6-9 months receiving breastmilk and complementary food
India	23.4	46.3	55.8
Arunachal	55.0	60.0	77.6
Assam	50.6	63.1	59.6
Manipur	57.2	61.7	78.1
Meghalaya	58.6	26.3	76.3
Mizoram	65.4	46.1	84.6
Nagaland	51.5	29.2	71.0
Tripura	33.1	36.1	59.8

He concluded by saying that most children in today’s India are entrapped in a vicious circle of poverty and social marginalization, and North East India is no exception. Awareness campaigns regarding the rights of the children can go a long way in improving the status of the young child.

2. Mr.Nabarun Sengupta made a presentation on the issues of young children with disabilities in the age group of 0-6 years of age. He argued that the children below 18 years of age have no right to take decisions. The legal capacity for disabled children or mentally retarded children in this age group is not defined. They have a right to get better child care facilities and they need protection. The parental support provided to children is not being defined legally. He further stressed the point that the 2011 census needs to take into account the number of children in the 0-6 age group with disability especially to assess if their human rights are being addressed. This is a major area of concern as it is also the responsibility of the society and society itself has a vested interest in taking care of its children. We therefore need to have a proper plan to see that the children especially those with disabilities are able to have access to proper facilities to ensure their holistic development.

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

Dr. Biswajit Chakravarty -

- There is a major lack of coordination between the states and within the states with regards to schemes on the rights of the young child especially in the case of the National Rural Health Mission.
- Gender discrimination is still there and it is a common thing and it cannot be generalized and said that it has declined.
- It is very difficult to get reliable data especially in the case of orphaned children who have been orphaned as a result of the ethnic conflicts going on for more than 30 years.

Dr. Kusum goswami (retired regional director, NIPCCD)-

- The terms definitions mental retardation and physical handicaps need to be better defined and the kind of action required needs to be discussed. Vaccination is a must and it cannot be dropped and the correct usage of iodized salt can prevent mental retardation
- ICDS now covers children up to 18 years of age. De-worming is now being provided for and the negligence is not from the AW worker's side as they are also over worked and with regards to the rising numbers of IMR etc it is important to see what and where the children are being better fed.

Ms. Bernie Rai (Advisor, India Country Office, Plan India)-

- We need to have more data on orphaned children from the point of view of protection, looking at the disparities within the states while also looking at questions of whether there are any practices of illegal sale of children.
- More attention needs to be paid to children affected and infected with HIV/AIDS, children with disability etc.
- One needs to take into account the kind of services in place for the care and protection of children. This needs to be done in accordance with other official data such as that gathered by small NGOs, instead of simply focussing on government data.

Mr. Prasanjit Das (SOS Children's Village)-

- There is a need to define ICDS in a more comprehensive way where we go beyond the children to assess as to how many AWC workers are really committed and what degree of accountability and skills do they possess.
- There should be a public private partnership to solve the problem of funding as most government funding is directed towards NGOs and the remote villages hardly get a share in it.
- Collection of data itself will not help. More than 80% of schools in Manipur have been converted into military camps. There is a need for a more rights based approach and to use the available data to implement the action plan.

Session III-Presentations from Meghalaya and Manipur

Chair -Mr. Ravindra Nath

Chairing the session, Mr. Ravindra Nath drew attention to the fact that one needs to bear certain facts in mind while talking about the status of the young child in Meghalaya and Manipur. Manipur borders with Assam, Mizoram and Burma and has a high incidence of HIV AIDS along with a lot of other underground problems. Meghalaya has a large number of fatherless children as a result of large scale mining being a primary occupation.

1. Mr. Pishak Singh made a presentation on how armed conflict in Manipur has affected the health and education of over 80% of children in the 0-6 age group in the area. He pointed out that Manipur has been a conflict ridden area due to the operation of the Special Powers Act in the region. At present, in Manipur alone, there are 22 armed outfit organizations. This AFSPA was introduced in 1958 and applied to Assam and Manipur primarily as a means to suppress the Naga indigenous people's self-determination movement. In the intervening years, this law has been extended to the entire northeast and a range of different armed groups –some of which are responsible for serious human rights violations against civilians – have emerged and are actively fighting the state and in some cases even each other. He drew attention to the fact that this special powers act today has actually become a license to kill which is leading to rape, molestation and massive killings. There has been a disregard for basic human rights by the State in countering these groups. This only begets contempt for the rule of law and contributes to a vicious cycle of violence. There have been several protests and demonstrations against it such as the demonstrations by the Meira Paibi (women torch bearers) who stripped themselves naked and Sharmila Chanu who has been fasting for the last 8 year against such a discriminatory Act and has been kept alive police custody by force feeding.

Such military and insurgency groups have had no accountability to the civil society and amidst of all this, the children are the ones who are suffering the most. Impact of civil society on children in this case has meant increases in the school drop out rates. The army has occupied all tourist areas. Children are not allowed to go back home beyond three p.m and are therefore afraid to go to school. The teachers too do not want to teach and the health providers are also afraid to operate in such areas. There is a growing fear that a large percentage of these children will end up joining the insurgency groups to challenge the army.

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

2. Ms. Jubita Hajarimayum discussed issues related the nutritional status, health and education for children under 6 years infected and affected with HIV/AIDS in Manipur. Historically, Manipur maintains low infant mortality rate compared to other Indian states like Rajasthan and Utter Pradesh. According to the NFHS 2005, infant mortality rate for urban areas is 29.8 and for rural is 29.7. However, the number of HIV/AIDS infected women and

children have been increasing in Manipur in the recent years. Out of the 1,91,793 blood samples screened up to March 2007, the total number of HIV positive is 25,905. Among them, 6,110 are women. The epidemic leaves behind orphans and widows. Manipur is one of the six high prevalence states in India where HIV prevalence rate among the pregnant women is persistently high according to the 2006 sentinel surveillance that shows the rate at 1.4%. This means for every 100 pregnant women attending hospital/health centres for ante-natal check up nearly 2 women are found HIV positive.

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

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

4. Sister Linda discussed the need of tender loving care through religion, reason and kindness as essential for the well being of the child. She pointed out that children are like tender plants who are in touch with nature. They need constant care, love and attention and while we sisters do not have the experience of physical birth, we dedicate ourselves day and night in the pursuit of care for young children under three years of age.

Discussion –

Mr. RavindraNath (Rural Volunteer Centre) Chair for the above session-

- These two states have major problems as child services are inaccessible where one has to travel by foot for 3-4 days to avail them.

- The mining industry has created several occupational and residual problems where by the mined products on conveyor belts travel and there is dust on both sides of the belt for over three kilometres severely affecting the villages in the vicinity.
- The mongolite look is high in demand and thus the child trafficking is on the rise.
- Major corruption with regards to the transfer of rations for the mid day meal schemes where over 5 kgs of rice has to be given as bribe in order to transport one kg.

Dr. Biswajit Chakravarty –

- One needs to assess whether the shift of matrilineal society towards patrilineal is a crisis of the matrilineal society or is it inherent in the society itself?

Ms. Angela Ralta (Centre for Peace and Development in Mizoram)-

- One also needs to examine the scenario of children involved as coal mine workers.

Dr. Kusumlata Goswami -

- There should be counsellors to take care of children who are affected and NGOs can also motivate children with education rather than the traffickers. Status of girl child is also lower which needs to be addressed.

Ms. Geeta Bharali (North Eastern Social Research Centre)-

- While the customary law is being codified and there is a lack of participation by the women and this is not really the crisis of the matrilineal society.

Mr. Pishak Singh (Sustainable Development Centre)-

- While the army is taking the child in the name of education, they are training the children in a way which is more militant rather than educational.

Session IV-Presentations from Nagaland/Mizoram/Sikkim

Chair- Dr. Walter Fernandez

1. Mr.Subonenba Longkumer made a PowerPoint presentation on the issue of ECCE among the underprivileged children in Nagaland at the grassroots level. He argued that there are two co-existing realities when it comes to the issue of children in the 0-6 age group. In case of urban areas, these children are often fed baby formulated food, sometimes sold for as low as four rupees, they do not attend schools due to poverty and parents often take them along to work on construction sites and leave them unattended. Such children tend to pick up bad habits when they are left unattended and when they do go to school, they are often prone to sickness, sleep deprived and malnourished. In the rural areas, children are often looked after by the older sisters, the girl child is severely neglected, and children are fed unhealthy food. Most legal health officers in such areas do not attend their duties, there is a major scarcity of properly equipped medical centres (one centre for three villages) and the treatment of illnesses by untrained elderly people of the village can sometimes prove to be fatal. While

the ICDS service does exist in Nagaland, its presence is almost negligible as it is extremely neglected. No information or less information is provided regarding the availability of facilities or distribution of food and other materials to the community and there has been no evidence of work on 0-6yrs at any ICDS centers. These centers are further plagued with problems of transportation of food to far off areas, infrastructural problems, and insufficient compensation of the AWC workers and their general lack of training in running an AWC.

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

3. Ms. Angela Ralte emphasized the need for early protection of mental health of children under six. She pointed out the mental health of young children needs to be an area of immediate concern but the government has few plans and policies to deal with the issue. One NGO has taken up the responsibility of giving shelter to over two hundred people in need of psychiatric care including children with autism. She argued that even with regards to basic care provided for in the government run Anganwadis; little is done to ensure the holistic wellbeing of the child. The number of AWCs in Mizoram are not enough and do not have the basic facilities. Some even require children to sit on bamboo mats or floors during humid tropical climate. The food distribution to these AWC is very uneven as different groceries arrive at different points in time, as a result of which the children hardly get a well balanced nutritious diet.

Ms. Ralte also drew attention to the fact that often children are left in the care of elder siblings for the lack of enough AWCs. She concluded by saying that to ensure a psychological and holistic development of the child, it is imperative that more Anganwadi centres are available for the care of small children and their protection.

4. Mr. Ganesh Prasad Sharma made a PowerPoint presentation giving an overview of the status of young child in Sikkim. He discussed the importance of NGOs such as *Himali Vikash Sansthan* which works of the issues of health environment and education and pointed out that NGOs can prove to be instrumental in bridging the gap between government policies and public needs. He argued that the percentage of children age 12-23 months who have received specific vaccination according to NFHS-2 NFHS-3 in the State of Sikkim has remarkably increased with the efforts of such NGOs. The percentage of children receiving polio vaccination has increased from 59% to 83.1% and those receiving BCG vaccines from 77% to 95.9% (See table 4 below).

He argued that the same has been true for all antenatal check-ups which have increased from 53% to 63.7% in Sikkim according to NFHS-2 NFHS-3 data(See table 5 below).

They have been able to set up crèche facilities in the outreach areas of Sikkim and their future aims include the mobilization of resource at focus areas for an effective and safe referral service, increasing the percentage of complete immunization from 52.94% to 100% and also ensuring an increase in the percentage of institutional deliveries from 29.79% to 36% by the end of three years.

Table 4

Vaccines	NFHS-2	NFHS-3	Total Difference
BCG	77%	95.9%	18.9%
DPT1	76%	94.9%	18.9%
DPT2	72%	91.2%	19.2 %
DPT3	63%	84.3%	21.3%
Polio 1	80%	94.0%	14%
Polio 2	76%	91.2%	15.2%
Polio 3	64%	85.6%	21.6%
Measles	59%	83.1%	24.1%
All	47%	69.6%	22.6%

Table 5

Antenatal Check-up	NFHS-2	NFHS-3	Total Difference
Doctor	53%	63.7%	10.7%
Other Health Professional	16%	1.0%	-15%
No Antenatal Check-up	30%	10.4%	-19%

Discussion –

Dr. Walter Fernandez (North Eastern Social Research Centre), Chair for the above session-

- Some of the key issues which have emerged include the neglect of children and the question whether the infrastructural facilities in place are adequate enough to fight this neglect and trafficking of children. Are these services which are available actually accessible and if so are they child friendly?
- We also need to think about the exact role civil society in this process for providing care and protection for young children.
- With respect to the problems of gaining access to child care services, there is both a lack of awareness on the part of the service providers and also other social factors such as poverty, gender discrimination etc which prevent people from gaining access.

Ms. Geeta Bharali-

- There is a need to develop the school curriculum which is both cultural and context sensitive.

Dr. Kusumlata Goswami-

- The guidelines to develop such a curriculum exist but there is no implementation of these guidelines

. Dr. Biswajit Chakravarty -

- Whether the services are available or not, the service providers are the ones who are unwilling to come forward.

Ms. Angela Ralte-

- With regards to safe practices, even when the government has formulated the guidelines, that information is not necessarily reaching the public. Several cases of children with acute chest problems were found in Mizoram villages and whilst the government used to telecast programmes on how to safely use a smoke free *chula* through media and television (*doodarshan*), this information had not reached the villages.
- The migrant population coming in from Burma have culturally a lot in common with people in Mizoram and are also included in government induced benefit schemes like the NREGA.

Mr. Henry Zodinliana (Department of Social Work Mizoram University) -

- We need a more proactive society in terms of care for children as there most programmes regarding ECCE get concentrated in the urban areas. The ICDS services should reach each and every village and every child under the age of six years who needs it. There also needs to be a special law for the care and protection of children under six.
- Even though services are provided for people migrating from Burma, they suffer from social stigma.
- In 2004, 840 children were living in children's homes and this figure had risen to 1069 in 2006. A major reason for this increase in the increase in number of unfit parents who are alcoholics, drug addicts, or criminals.
- The policy makers also need to focus on the question of universalization and if at all there is universalization of services, there should also be specific targeting for the more needy areas. The concern for rural areas is often different from what is represented and thus there is a need to bridge this gap and the civil society organizations need to play a major role in this area.

Mr. Prasanjit Das-

- In terms of universalization of ECCD there are many particle problems such as that of geographical coverage of the programme. Also as more than sixty percent of education in most places is provided for by the private institutions, this quality of education is not affordable for poor parents.
- In places like Assam and Mizoram, the hard reality of the fact remains that a large number of schools have been converted into military camps and in such a situation it becomes extremely difficult to guarantee education. One also has to take into account the problems of misplaced and displaced population

Session V-Presentations from Tripura/Assam

Chair- Fr. Lukose

Fr. Lukose opened the session by drawing attention to the fact that while official reports have to be politically corrects, the ground realities are often different and we therefore have an advantage that today's discussions will feed into the alternative report

1. Mr.Dibya Kanti Singh gave a presentation on the status of infant and young children in Tripura. The state has international borders on three sides with the state of Assam on the fourth side which makes its geographical location complex. He pointed out that Tripura is characterized by geographical isolation, poor infrastructure facilities, communication bottlenecks, inadequate exploitation of natural resources (natural gas, rubber, forest etc.) low capital formation, all most non existence of industry and high level of incidences of poverty and un-employment. With this situation and state revenue covering only 10-20% the centre sponsored welfare schemes are most prevalent. More than ninety percent of welfare scheme proposals get approved for Tripura. Thus, while the funds can be available, the awareness and implementation is lacking. A large number of AWCs function without any access to safe drinking water. What we need to think about is how do we ensure service availability in inaccessible areas and there needs to be a more comprehensive plan to ensure there is awareness about various schemes available for people.

2. Mr. Dulal Debbarma discussed the socio-cultural problems in the educational setup for children in Tripura. He pointed out that people in the state are educated in Bengali and not in Hindi and hardly any English, with the result, the limitations of only knowing Bengali acts as a major hindrance. He also emphasized the fact that children need to grow up in a society where their social, emotional and cognitive needs are met. However, there is a lack of such holistic attitude to education and development of children which has a major long term effect on their health and social skills. He argued that the ICDS does not serve its purpose in places where people are lured to the idea of AWCs only because they supply mid day meals. There are also several political barriers as the state has several areas which have seen no development due to corruption, have no access to proper education and teachers. The practice of child trafficking is carried on in hills. Thus there are major discrepancies between services offered and utilized. The military activity in the area also adds to the problem. Many schools

are being closed and turned into military camps. The houses of civilians are burnt down by military and other groups.

In such a situation the role of the media and NGOs can prove to be very significant as media tends to have a more visual effect. The tribal people of Tripura do not raise their voice, they are hardworking but will not protest. There is a very clear tribal and non tribal divide.

3. Mr. Rabindranath made a presentation on the current issues affecting childcare in Assam. He argued that for the past 40 years Assam has seen an entire generation in unrest, being born in and grown up under traumatic situation. Children born are continuously going through trauma for so long. Due to massive mining going on in Arunachal Pradesh, the riverbed of *Brahmaputra* is getting eroded. The loose soil gets washed away and agriculture is affected. The rice growing land of Assam is also becoming infertile. There is increased under and malnutrition affecting children, pregnant and lactating mothers. While there are no deaths due to starvation, people are still dying slowly due to ill health. In this given situation rural children are the most vulnerable sufferers. The overall socio-economic and political situation of the area has had a deep impact on children. They are becoming more and more aggressiveness, restlessness and taking to drugs.

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

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

Fr. Lukose drew attention to the fact that this is a very important issue to campaign for especially as there have been a growing number of cases where the parents have abandoned the baby with such severe case of cerebral palsy.

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

She argued that there the women still need to be made aware of the importance of eating healthy during pregnancy and due to ignorance sometimes the in laws or the husbands tend to throw out the iodine tablets. In cases of home deliveries, births happen in unhygienic places such as in cow sheds which have been abandoned due to the fact that the time of birth the mother and baby are considered impure and they are allowed to be touched by others only after a month. The women clean the area with cow dung thus further increasing the chances of infection. The expectant mothers are not given enough clean clothes, and most deliveries happen without the presence of a professional gynaecologist. All these factors tend to contribute highly to increased IMRs and MMRs.

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

The most crucial problem at the moment is that of dispensing information. Women are unaware of their rights and sometimes suffer in silence being subjected to domestic violence even at times when they are pregnant.

Fr. Lukose agreed that this issue was of utmost importance and one needs to pay more attention to it in order to curtail female infanticide, maternal mortality, infant mortality etc.

Discussion –

Dr. Biswajit Chakravarty -

- When it comes to the question of immigrant Bangladeshis , the usage of the term should be banned as 30% population of Assam who are Muslims speak Bangla and a lot of them were settled in Bangladesh which was former India at the time of partition as they were suppose to work in the tea plantations.
- The Goalpara district of Assam has the highest number of below poverty line families and the largest number of SC/ST population. This is one of the most backward areas of Assam.

Fr. Lukose concluded the session by saying that we believe in CRC and our religion is humanism and thus we believe in no discrimination. He closed the day by quoting Nelly Furtado that ‘when u have a child it’s a second chance to appreciate life’, and therefore we should save the children to save the world.

Day 2, 23rd March

Session VI – Presentations from Assam/Arunachal Pradesh

Chair- Dr. Anuradha Dutta

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

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

2. Ms.Daisy Nath made a PowerPoint presentation on the Assam child budget arguing that the civil society groups can use this data to pressurize the government to release more schemes for the development of children. She pointed out that in Assam both birth rate and infant mortality rate (IMR) are higher than the Indian average. As per Government’s own admission, 13.4 lakhs or 24.39 percent of the children in the 6-14 age group were out of school in 2001. A separate study shows 43 per cent of the present and past tea garden labourers are out of school. According to Government of India, Assam has the highest incidence of child abuse in India. In 2007-08, out of every hundred rupees allocated in the State Budget of Assam 5 Rupees and 38 paise has been provided for children. This is less than the average of the last three years and there are major gaps in allocation and implementation. We also need to think about sectoral allocation towards health, development, protection and education. Only education has been given some importance by the

Government of Assam but that has also seen a fall in 2006-07. The other sectors combined do not cover even 0.5 per cent of the Assam Budget but education has taken 5.1 per cent of the share and 94.9 per cent of the BfC. Protection shows the lowest allocation with just 0.1 per cent.

She elucidated that ICDS constitutes 86.78 per cent of the allocation for development but has declined by 81.39 per cent in 2007-08. Over fifty three per cent of the required AWCs still need to be constructed. But in 2007-08, no allocation has been made for this scheme. It is reported that most *anganwadis* of the ICDS programme in Assam get their rations only once in three months. In the Child Health sector, too much dependence is visible on centrally sponsored schemes. That can pose a threat to the sustenance of the scheme. If the Centre changes its policy or fails to allocate funds for it, overall child health in the state will suffer. Between 2004-05 and 2007-08, the health sector of BfC has seen a 79.59 per cent rise in allocation which is a positive sign. In 2004-05, the actual expenditure has increased over the BE by 43.73 per cent.

She further pointed out that education receives the largest share of the allocations both within the total state budget (5.1%) and in the BfC in Assam (94.86%). In the major scheme of *Sarva Shiksha Abhiyan* (SSA) huge allocations were made in 2004-05 and 2005-06 of Rs 27000 and Rs 30000. But in 2006-07, allocations declined by Rs 500.00 (98.3 per cent) and no allocation has been made in the 2007-08 BE. A relatively small amount is allocated for handicapped, SC, ST and OBC children of the State. Protection sector within BfC receives the lowest priority.

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

3. Ms. Zeena Huriem made a presentation on the work of Guwahati Street Children's Project undertaken by World Vision India. She explained that in Guwahati more than 4000-10,000 children are living in vulnerable conditions such as on the streets and often come from migrant families who do not have any land for cultivation at home. More than half the earnings of these children are utilized in sustenance and sometimes even substance abuse. The Guwahati Street Children's project has been focussing on rehabilitating such disadvantaged children and since 2005 they have focussed on orphaned children living on bus stands, railway stations etc, and the aim being that children from ten such pockets of Guwahati are taken care of by the community based centres. Attempts have also been made to start income generation and health awareness programmes. This project reaches out to more than 500 families and the new areas include Hati Gaon where a large number of children are living on streets. She argued that the project has been imparting non-formal vocational education to such street children, who otherwise engage in rag picking or begging,

This project intervention is also supporting children who go to schools with provision of school materials, regular health checkups for all children and pregnant women in the area and by initiating awareness programmes on child rights, HIV/AIDS women's rights etc.

She asserted that the street children often live in communities where there is a lack of development, major illiteracy, there are problems of housing, social acceptance and finding employment as their transition from rural to urban life tends to be very difficult. Children live in high risk situations where parents are sometimes alcoholics, fathers beat their wives and the children are the vulnerable victims of flesh trade. She concluded by saying that millions of children who undergo such experiences are examples of clear neglect of rights of child by our communities and our society.

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

She stressed on the fact that the children in these tea plantation camps also face the problem of ethnic and religious diversity as they are mostly tribals belonging to the SC/ST class. Such children who have been in the camps for the last fifteen years, even if they have been going to school for the last two years, are often not able to understand anything as the medium of instruction is mostly Assamese which a lot of labourers do not understand. She argued that in the existing schools, infrastructure is of very poor quality and often there are only one to two teachers for 100-250 students. In about 50% of the schools the teachers work only half time. In many management run schools, a literate labourer is appointed as a teacher.

She went on to say that there is a total dependence on plantation amongst these labourers. Around 85% of the family members who are economically active depend on the tea gardens either as permanent or temporary labourers. They do not see a future outside the gardens and such dependence has resulted in a sense of hopelessness and acceptance of their role only as a tea garden worker further impacting the education of their children.

Ms. Bharali suggested that there is a need for an independent forum to take up the issue of education of plantation labourers. With regards to the government's efforts, midday meal scheme could be used to entice the children to come to school as most families are below the

poverty line. There is a need for the development of proper child care facilities as the older daughter usually looks after younger siblings. One has to also encourage community participation both at the grassroots and policy level and develop a monitoring body which is different from the implementing agency.

5. Ms.Roshimi Rekha Saikia made a PowerPoint presentation about an impact study in Assam on the Early Childhood Care and Education (ECCE). She pointed out that in 1999, the government of Assam had passed a notification for opening Ka-Sreni in all provincialized LP and MV schools of Assam. The *Sarva Shiksha Abhiyan*, Assam has been supporting Ka-Sreni in almost 12000 schools. To assess the impact of SSA a study was conducted in all the 23 districts of Assam and 1028 LP & MV schools where Ka-Sreni is supported by SSA, Assam. It was observed that majority of the Ka-Sreni children showed a good relation/friendship with their peer groups and interacted with their peer groups very freely either through playing, talking or through a group activity. The teachers were also active in interacting with children. The study depicted that the use of handbooks for teachers to train them in better teaching techniques, play equipment for children and better seating arrangement, all contributed to better performance among the children. While the average percentage of days of school regularly attended by children from Ka-Sreni was 68.29, it can be higher and more needs to be done to encourage active participation both on the part of children and teachers.

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

7. Ms.Ratna Bharali discussed the status of the ICDS services in Assam. She pointed out that the number of AWCs in Assam are too few to cover all the beneficiaries and are plagued with problems of rampant corruption. Their centres are mostly located in urban and accessible areas but in the inner recesses of the state and in hilly areas, there is no access to the AWCs. The anganwadi workers have very low remuneration rates. She emphasized that a report published by the counsellor and editor general pointed out serious problems with the ICDS implementation in Assam where the state government only released 80% of the actual needed amount of funds and did not take into account the yearly inc of population. It procured low quality rice as opposed to the rice which is suppose to be fed in the mid day meals. In spite of a major problem of malnutrition in Assam, while the average number of days cooked meals were given out in the ICDS centres of Tripura was 288 days, that number was as low as 70 days for Assam. She concluded by saying that there is a need for the expansion of ICDS for children living in relief camps and serious programme intervention is needed in conflict riddled areas.

8. Ms. Sucheta Sen Chaudhuri shared her observations on the opening of a day care centre in a university. She questioned whether the situation of urban children is different from those in the rural areas. In urban areas, children are vulnerable victims of sexual abuse when left at home without care especially when parents go to work. In rural areas, in shifting cultivation communities, when parents are constantly travelling to cultivable plots, children get neglected as they are left on their own for 8-10 hours a day and in most cases the elder sisters right from the age of five have to take care of the younger siblings, sometimes even children of other families within and outside the villages. She explained that the problems of children from rural and urban backgrounds are therefore the same as in both societies parents are busy earning a living.

She pointed out that the solution could lie in a community run day care centre. The Rajiv Gandhi University started a pre primary school for the children of the contingent labourers in 1995. In 1999 they started a day care centre along with a partnership of a women's centre. She concluded that the initial reactions of the community women who were approached to work in the centre were negative and that in order to further develop such community solutions, the people of the community, both men and women will have to inculcate a sense of togetherness for the initiative to be a success.

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

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

10. Mr. Pranob Jyoti Neog discussed the impact of an intervention for children with disabilities. He argued that some of the findings of the intervention revealed a dismal attitude of the parents where they do not send their children with disabilities to school. He argued that behind such an attitude lie some practical concerns as there are several architectural barriers as most school buildings are not disabled friendly. There is a lack of manpower to look after such children during school hours as they require constant care. He pointed out that there is

also often an improper distributed of aids and appliances for example a child who needs reading glasses is given a pair with a different number than the one he actually needs, which can harm his eyes. He concluded by saying that the people need to be more aware and sensitive of the needs of children with disabilities.

Discussion-

Dr. Anuradha Dutta (Omeo Kumar Das Institute of Social Change & Development), Chair for the above session-

- In N.C.Hills children and teenagers are now given A.K 47s to train with. There is an urgent need for capacity building in such areas and getting these children back to the society.
- Aid packages harming us more than helping us.
- Street children face a lot of problems and it can prove to be difficult to rehabilitate them as they find rehabilitation restricting and want to go back.
- Children who are in plantation camps for the last 15 years have a very different and lower level of education and language as even if they have been to school for 2 years do not understand due to medium of instruction.
- The anganwadi workers are not given even minimum wages. In order to make changes, we need to transform the attitude of the society.

Dr. Biswajit Chakravarty -

- According to the plantation labour act every tea garden should provide crèche services but this is not implemented. Historically it was seen as family employment where the father and mother each supported one child but now more and more migrant labour is coming into the plantation industry.

Dr. Kusumlata Goswami-

- These plantation labourers have no saving as they get their wages on Fridays and spend it on alcohol.
- It is also imperative to educate parents along with the children about the proper care practises. The materials given to the SSAs and the AWCs are not used properly.

Mr. Ravindranath –

- The tea gardens have always had the concept of chokra and chokris (boys and girls) as the economic base because tea leaf work is done better by children as their fingers are thin. The management therefore does not encourage children going to school as they want to retain their labour force.
- The women in Arunachal Pradesh offer suffer from RTI problems due to a lot of uphill walking and often their children are born with disabilities.

Ms. Elizabeth Devi-

- The technical difficulties in gathering documental evidence about child care services also hinder the spreading of awareness about the cause.

Dr. Suchita Sen Choudhary -

- Young boys are often abducted by *Naga* insurgent groups and the families are usually helpless and afraid of going back to their villages, further increasing the number of migrant families. Thus, development displacement needs urgent attention as over 2 million children are affected by it.

Ms. Daisy Nath-

- There are major discrepancies in funds being allocated for child care and education services such as the SSA as while their annual report says that 90% of the funds came from the central government and only 10% from the state, this was not the case.

Session VI –Cont.

Open Discussion/Recommendations/Way Forward

Chair-Dr. Kumud Sharma

Moderator: Dr. Vasanthi Raman

Dr. Kumud Sharma drew attention to the fact that there has been excellent participation given the fact that this consultation has been the first of its kind in the NE. It has brought forward some complex issues and we hope that the hope that discussions and deliberations will take the issues and initiative forward. She stressed on the fact that while the focus of FORCES remains on 0-6 years, child is a category where it is not only a question of regional variation but also the question of children with special needs and children in conflict, where families have been displaced and children have been caught in the ongoing conflict and crossfire. This remains a very serious issue and demands our urgent attention.

Dr. Vasanthi Raman said that we were overwhelmed at the response and the interested participation. She summed up by saying that we saw two kinds of presentation during the course of the consultation, one which presented us with a micro picture of case studies from grassroots and the others which gave us an over all macroscopic view of the current issues involving children in the North East. She invited Dr. Walter Fernandez to initiate the discussion.

Discussion-

Dr. Walter Fernandez-

- The major issue at hand is that of having an infrastructure in place without it being used for implementation. We have concentrated too much on laws, polices etc to the point of almost losing our sense of priorities. Child development and protection does not get enough importance as while 95% of the budget is to be spent on children's

education, almost 80% if it goes into paying the salaries and constructing the buildings. Thus little is left for children's education and we therefore need to establish priorities.

- A forum for issues of children needs to develop which should work in collaboration with either the village councils or the *panchayati raj* bodies in various states.

Ms. Gita Bharali-

- Development induced displacement needs urgent attention as over 2 million children are affected by it. The school drop out rates is very high and this displacement is not always confined to conflict or disaster.
- Government policies do work in some areas and such cases studies of success stories should be used as examples and models.

Mr. Pishak Sigh-

- More data needs to come from the grassroots level. One can adopt two characteristics from Manipur which can work, namely, mobilizing NGOs working on children and women and forming networks to fight for ECCE. One can also think of initiating a regional chapter of FORCES in the North East along with focussing on capacity building involving the civil society and coming up with a district wise model to ensure collective development. We also need to push for more lobbying at every level from village to international and it should be a compulsory plan to do so.

Mr. Ravindranath-

- We need three different types of groups to work on the issue of children, that which are action oriented; watchdogs and the research groups. We should have a regional forum for expressing these issues as there are eight states involved. We need to draw the attention of the government with the findings of the NGOs and civil society groups.

Ms. Daisy Nath-

- Policies fail at the level of implementation. For example SSA has not had the desired effect due to its child retention policy as children pass even if they do not score 30%.

Dr. Biswajit Chakravarty -

- The root cause of insurgency is concerned identities, populations who feel a deep sense of alienation and deprivation. The solution could lie in the convergence of basic government schemes such as the NREGA, SSA, ICDS etc but we need to put pressure on the service providers and empower the masses. We therefore require aggressive advocacy and awareness at various levels.

Dr. Kumad Sharma thanked everyone for highlighting the major concerns and sharing the broad consensus for the need for some kind of platform in the North East to voice children's issues. She invited Ms. Nirali Mehta to share some of her observations.

Ms. Nirali Mehta emphasized that ECCE is defined by the life cycle approach and because of the nature of the theme we saw the diff issues and diff range of issues being presented at the consultation. She argued that the survival issues are extremely important and there needs to be more focus on protection, children affected and infected with HIV/AIDS and children of migrant families. These issues can now feed into the UN alternate report as well. We need to continue working in our own areas, in terms of NGOs that are working on this issue, there could be more project sharing and networking. However, this is surely the first step.

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. She extended special thanks for Dr. Biswajit Ray and Ms. Soma Bhowmick for helping to organize the consultation.

**Regional Consultation
On
The Status of the Young Child in North East
March 23-24, 2009, IIBM, Guwahati, Assam**

Programme

Day –1, March 23, 2009

9.00-9.45a.m.	Registration
9.45- 10:30 am	<p style="text-align: center;">Session: I – Inaugural Session</p> <p style="text-align: center;">Welcome and Introduction</p> <p style="text-align: center;">Chair: Dr. Kumud Sharma, Vice Chairperson- CWDS, New Delhi</p> <p style="text-align: center;">Ms. Nirali Mehta- Technical Advisor, Plan International Dr. Vasanthi Raman, National Convenor – FORCES</p> <p style="text-align: center;">Ms. Savitri Ray, National Coordinator - FORCES</p> <p style="text-align: center;">Guest Speaker: Dr. Kulendu Pathak (Former Vice Chancellor- Dibrugarh University)</p>
10:30-11:00am	Tea
11:00-12:00 pm	<p style="text-align: center;">Session II</p> <p style="text-align: center;">Chair: Dr. Kulendu Pathak</p> <p style="text-align: center;">Status of the Young Child in North East</p> <p style="text-align: center;">Speakers: Mr. Biswajit Chakrabarty / Mr. Nabarun Sengupta</p>
12:00-1:00 pm	<p style="text-align: center;">Session III</p> <p style="text-align: center;">Chair: Mr. Ravindra Nath</p> <p style="text-align: center;">Presentations from Meghalaya / Manipur</p>
1:00- 1:45 pm	Lunch
1:45 -3.30pm	<p style="text-align: center;">Session IV</p> <p style="text-align: center;">Chair: Dr. Walter Fernandez (Director North Eastern Social Research Centre)</p> <p style="text-align: center;">Presentations from Nagaland / Mizoram / Sikkim</p>
3:30-3:45 pm	Tea
3:45- 5:00 pm	<p style="text-align: center;">Session V</p> <p style="text-align: center;">Chair: Fr. Lukose (Director, Snehalaya)</p> <p style="text-align: center;">Presentations from Tripura / Assam</p>

Day –2, March 24, 2009

9.30-11.00am	Session VI Chair: Dr. Anuradha Dutta, Professor of Peace Studies, Omeo Kumar Das Institute of Social Change and Development Presentations from Assam/ Arunachal Pradesh
11.00 -11.15pm	Tea
11:15-12.15 pm	Session VI Continues
12: 15 pm – 1:00 pm	Chair: Dr. Kumud Sharma Moderator: Dr. Vasanthi Raman Open discussion / Recommendations Vote of thanks: Ms. Savitri Ray
1:00 - 2:00pm	Lunch
3.00- 5.00pm	Interaction with Media Moderator: Plan International/ Communicators India
	Tea / Departure

List of participants of North East Consultation

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