

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

March 12-13, 2008

Venue

**Social Development Centre
Purulia Road, Ranchi, Jharkhand**

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

March 12-13, 2008, Ranchi

Venue: Social Development Centre, Purulia Road, Ranchi, Jharkhand

Organisers:

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

FORCES Jharkhand

Plan International

National FORCES organised a regional consultation with a view to develop an alternate report on the status of the young child for the UN Convention on Rights of the Child (UNCRC). The consultation was held on 12th and 13th March 2008 at Social Development Centre, Ranchi. Participants included FORCES state partners as well as organizations/individuals working on children's issues in the states of – Bihar, Jharkhand, Madhya Pradesh, Orissa, West Bengal and Tripura (Also see list of participants).

Day 1, 12th March

Welcome Note and Opening Remarks

Registration of all participants was followed by a welcome note by Mr. Mokhtar - Ul Haque (Jharkhand, FORCES). Mr. Mokhtar 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. 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. Savitri Ray argued that children under 6 are nobody's focus. The government must be made aware of the urgent need to focus on 0-6 year old children. Ms. Ray elucidated the broad themes that the alternate 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

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 pointed out that FORCES is an 18 year old network and the only network in India which works for 0-6 year old children. She 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. Such a report can be used for internal advocacy. Dr. Raman pointed out that the alternate report for the UNCRC would have a special focus on marginalized children. 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. Dr. Raman pointed out that prior to the Eastern Consultation in Ranchi, a FORCES Consultation had been held in Lucknow and the third and final Consultation would be held in Chennai in April. She pointed out that the main aim of these consultations was to include the voice of the grassroots in the alternate report.

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

Chair – Ms. Nirali Mehta (ECCD Advisor, Plan International)

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 (Jharkhand and Bihar)

Chair – Ms. Nirali Mehta (ECCD Advisor, Plan International)

1. Mr. Kumar Katyayani (Pratham, Jharkhand) made a powerpoint presentation on Pratham's experiences in early reading based on the Annual Status of Education Report (ASER) 2007. According to ASER for rural India as a whole over 95% of children aged 6-14

are enrolled in school but have very poor mathematical and reading abilities. In Jharkhand 30.3% of children aged 3 years, 26.5% of children aged 4 years, 9.6% of children aged 5 years and 4.5% of children aged 6 years are not enrolled in any school. Pratham runs the Shishuvachan programme for 4-6 year olds. This programme aims at laying down a strong foundation for reading, literacy and arithmetic for children in Balwadis. Under this programme a child learns to recognize words and letters and develops oral skills through “gap shap” about a book. Picture cards and early reading books are used as tools for developing reading, writing and oral skills of young children. The Shishuvachan programme was implemented in ICDS centres in Pune, where it was successful in preparing young children for primary school.

2. Ms. Sachi Kumari (Chhotanagpur Sanskritik Sangh, Jharkhand FORCES) made a powerpoint presentation on the status of the young child in Jharkhand. She pointed out that 23372 Anganwadi centres had been sanctioned in Jharkhand out of which 22608 were operational and 764 were not operational. There are 193 PHCs, 374 additional PHCs and 4462 health sub-centres in Jharkhand. High incidence of anaemia, low birth weight and diarrhoea are the major problems concerning 0-6 year old children in the state. The delivery of midday meals in Jharkhand is very poor and only 4.6% teachers are aware of the UNCRF. Jharkhand has no state level action plan for children.

3. Dr. Sunita Katyayan (BPNI, Jharkhand) made a powerpoint presentation on “The Right to Life – Breastfeeding to Reduce Infant Morbidity and Mortality”. Dr. Sunita argued that breastfeeding is a part of the right to life and therefore is an essential human right. Breast feeding reduces infant morbidity and mortality. Exclusive breast feeding for the first 6 months and continued for 6-12 months can prevent close to 15% of under 5 deaths. Initiation of breast feeding within the first hour of birth can cut down 22% of all newborn deaths. Several studies have shown that the easy availability of the many substitutes to breast milk has led to a decline in breast feeding and an increase in infant mortality. Risk of incidence of diarrhoea and pneumonia, mortality due to diarrhoea and pneumonia as well as all causes of mortality in the first five months increases manifold if a child is not breastfed. Nestle entered the World Health Assembly in the last minute as a result of which the resolution to prohibit the marketing of breast milk substitutes was changed to a much milder recommendation to prohibit the promotion of such substitutes. The infant’s right to be breastfed (a biological necessity) is more important than the mother’s right to make choices (a social convenience). According to NFHS III (2006-7) only 10.9% of children under 3 years of age are breastfed within one hour of birth in Jharkhand. Increase in breastfeeding in the state can lead to an improvement in the overall status of child health and nutrition. In the country as a whole there is a clear trend towards a steady increase in initiation of breastfeeding within an hour of birth over the NFHS I (1992-93), NFHS II (1998-99) and NFHS III (2005-6) time periods. In India malnutrition is an emergency which costs the nation 4% of its GDP. Breastfeeding can reduce the incidence of malnutrition and secure a child’s right to life.

4. Dr. Rahmat Fatima (Sankalp, Bihar) made a powerpoint presentation on the status of early childhood education (ECE) in Bihar. There are 80,211 Anganwadi centres in Bihar and they cater to 34, 76,350 3-6 year old children. 6,880 Balverg’s (pre-school centres) are run in

the blocks with low female literacy under the SSA scheme which allows for innovative programmes. These Balverg centres cater to 3,49,848 children. In total 42,54,283 0-6 year old children remain uncatered for in Bihar. Balverg centres are run by local workers who receive regular trainings. Annually 31,500 children are transited to school from these centres. The ceiling of rupees 15 lakhs on ECE under SSA, neglect of the pre-school component of ICDS, lack of teaching-learning materials, inadequate training for anganwadi workers and helpers are some of the problems and issues confronting the delivery of ECE under the ICDS scheme in Bihar. The ECE component of ICDS can be strengthened by undertaking capacity building of anganwadi workers and helpers and providing adequate teaching-learning materials to the anganwadi centres.

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

Mr. Kumar Rana (Pratichi Trust, Kolkata) asked **Mr. Kumar Katyayani (Pratham, Jharkhand)** to elaborate on his statement that private school enrolment in the 6+ age group had decreased.

Ms. Indrani Mazumdar (Centre for Women's Development Studies, Delhi) explained that building construction in government schools and increase in the number of teachers in these schools had led to an increase in enrolment in government schools as a result of which there had been a comparative decline in enrolment in private schools.

Ms. Mazumdar enquired about the medium of instruction in Pratham's pre-school education programmes. She asked whether tribal children in Jharkhand were taught using tribal languages as the medium of instruction.

Mr. Kumar Katyayani answered that Hindi was the medium of instruction for all children in Jharkhand covered by Pratham's educational programmes.

Mr. Ramesh Mandal (CLAP, Orissa FORCES) asked **Ms. Sachi Kumari (Chhotanagpur Sanskritik Sangh, Jharkhand FORCES)** whether Protection Officers under the Protection of Women from Domestic Violence Act (2005) had been appointed in Jharkhand.

Ms. Sachi Kumari answered that in addition to carrying out their duties related to child care and education, Anganwadi workers were also functioning as Protection Officers in Jharkhand.

Dr. Sreelekha Ray (VHA, Tripura) enquired about the status of the Childline programme in Jharkhand.

Ms. Sachi Kumari answered that due to the lack of funds the Childline programme in Jharkhand was in an almost defunct state.

Session III - State Reports (Jharkhand, Tripura, Orissa)
Chair – Dr. Vasanthi Raman (FORCES National Convenor)

1. Mr. Heera Lal Gupta (Trust for Community Development and Research (TCDR), Jharkhand) discussed the status of the young child in Jharkhand. He argued that the lack of political will was a major hindrance to securing child rights and improving the status of the child in Jharkhand. The state of Jharkhand was created in 2000 but till date child rights do not find any mention in the political agenda of any political party of Jharkhand. Panchayats do not exist in Jharkhand and there is a denial of the rights of people in the state. The trend of budget allocation is such that the money spent on education is decreasing. ICDS supervisors are nowhere to be seen. CDPO's are required to manage two districts but they cannot be spotted in any of the two districts. Juvenile Justice Boards do not exist in every district. There is a nexus of black marketing of the nutritious food meant for distribution amongst young children in Anganwadis. The nutritional levels of SC children and children belonging to Santhal and Munda tribes are particularly low. Everything in Jharkhand is under process and the dominant attitude is one of "kaam chal raha hai". There is a lack of monitoring of child care functionaries in the state. The Jharkhand government announced that midday meals will be provided to children till class VIII and these meals will consist of eggs and pulao. However this has not been implemented as yet. The quality of the midday meals is so poor that children have fallen ill and even died after consuming them. For the past three years the money allocated for the ICDS scheme and midday meals in Jharkhand has not been fully utilized. There are seven crèches (palna ghars) in Jharkhand and all seven of them are being rented out for commercial purposes. The media has played a negative role by choosing to highlight the negative aspects of the functioning of the ICDS scheme and ignoring its positive impact. It is very difficult to improve the status of the young child in Jharkhand in the absence of a political will to work towards improvement.

Discussion – Some important issues and questions were raised with regard to Mr. Heera Lal Gupta's Presentation.

Mr. Kumar Rana (Pratichi Trust, Kolkata) asked **Mr. Heera Lal Gupta (TCDR, Jharkhand)** to talk about some positive points with regard to the status of children in Jharkhand.

Mr. Heera Lal Gupta pointed out that in Jharkhand citizen's initiatives to improve the status of the young child were highly motivated.

Ms. Sachi Kumari (Chhotanagpur Sanskritik Sangh, Jharkhand FORCES) argued that though the general scenario with regard to young children was disappointing there were a few bright sparks in Jharkhand. Some government officials were carrying out their duties and responsibilities with utmost sincerity even though CDPOs are changed almost every month and new District Commissioners are appointed once in 6 months in Jharkhand.

2. Dr. Sreelekha Ray (VHA, Tripura) made a powerpoint presentation on the status of the young child in Tripura. Tripura has a total population of 35 lakhs. According to NRHM records the total number of Anganwadi centres in Tripura is 7234. Approximately 75% of these centres are active and 25% are dormant. Anganwadi centres are run in own/rented donated houses. They are equipped with blackboards, books, teaching materials and mats for

children to sit on. There are arrangements to provide cooked food (khichdi) for 300 days in a year to each child. Anganwadi centres are equipped with weighing machines but most of them are non functional and the growth records of children are not properly maintained.

A study carried out by VHA in Tripura in 1994 revealed the surprising result that communities give higher priority to education than to health even though the health status of children is very low and many children die of malnutrition and diarrhoea. In the rural areas of Tripura Anganwadi centres are the only providers of pre-school education and parents of young children are wholly dependent on these centres in the absence of any other government or private providers of pre-school education. According to the parents Anganwadi centres provide moderate quality of education and there is a need to improve the quality of education provided by them. The delivery of services by Anganwadi centres in urban and semi-urban areas is more regular than the delivery of services by Anganwadi centres in rural areas. Regular monitoring of Anganwadi workers and helpers can help to improve the delivery of services by Anganwadi centres and thereby improve the status of the young child in Tripura. Panchayats are directly involved in monitoring the functioning of Anganwadi centres in Tripura.

There are 76 PHCs in Tripura and all of them are functional even though they are facing a shortage of medical staff and equipment. As on January 2008, 4449 Accredited Social Health Activists (ASHAs) were selected in Tripura and training was imparted to them. Most of these ASHA workers are now working on the field.

30% of the total population in Tripura consists of tribals and there is lesser discrimination against the girl child amongst tribal communities. However discrimination against the girl child is very predominant amongst the non tribal population which constitutes 70% of the total population of Tripura. Forty four institutions in Tripura (government/private) are equipped with ultrasound facilities and all of them are registered under the PCPNDT Act. No case against sex determination has been filed so far in the state.

Dr. Sreelekha Ray suggested that the ICDS scheme should have specific recommendations with regard to the feeding of solid food to children who have completed six months of age. This will help to combat the widespread problem of mild mental retardation amongst young children.

3. Mr. Pramod Kishore Acharya (CLAP, Orissa FORCES) made a powerpoint presentation on the status of the young child in Orissa. Out of the 36.8 million inhabitants of Orissa, around 14.3 million live below the poverty line. According to the latest Economic Survey of the Government of India, Orissa is the poorest state in the country with the highest number of people living below poverty line. Children in the age group of 0-6 years constitute 14% of the total population of Orissa. The sex ratio for 0-6 year old children is higher in tribal districts than in non-tribal districts. Only 14% of all live births are registered in Orissa. The average duration of exclusive breast feeding in Orissa is 2.3 months as against the WHO recommendation of 6 months exclusive breast feeding. 19 out of 30 districts of the state are considered as high and very high malnutrition prevalence zones by the Women and Child

Development Department of Orissa. The major causes of concern with regard to the status of 0-6 year old children in Orissa are as follows –

1. High Infant Mortality
2. High incidence of child death due to malnutrition
3. Poor access to health care facilities in the rural pockets of Orissa
4. High rate of female foeticide
5. Lack of focus on early childhood education in Anganwadi centres
6. Urban slum children are deprived of ICDS services
7. Low level of birth registration
8. Large-scale displacement of families, particularly tribal families, in the name of development through industrialization.(Examples - Tata Steel Plant at Kalinganagar, POSCO Plant at Kujanga)
9. Cases of child selling and child sacrifice

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

Ms. Indrani Mazumdar (Centre for Women’s Development Studies, Delhi) asked Mr. Pramod Kishore Acharya (**CLAP, Orissa FORCES**) the reason behind the increase in malnutrition rates in Orissa. Was the increase a result of poor policies? She highlighted the need to dwell on policies instead of merely concentrating on programmes. Ms. Mazumdar argued that there was a need to analyse government policies with regard to health services.

Mr. Sajjad Majeed (Lohardaga Gram Swarajya Sansthan) pointed out some positive aspects with regard to the status of the young child in Jharkhand. He argued that the Mobile Medical Unit for hard to reach areas was a very good health initiative. He asserted that the number of ICDS centres in Jharkhand had almost doubled in the past few years. Mr. Sajjad also pointed to the decline in the percentage of anaemic children (aged 6-35 months) in Jharkhand from 82.4% in NFHS II (1998-99) to 77.7% in NFHS III (2005-6).

Dr. Vasanthi Raman (FORCES National Convenor) highlighted the importance of looking at the bigger picture. She argued that the status of the young child must be analysed within the context of the current scenario of increasing globalization and privatization. Dr. Raman asserted that the privatization of health and education services is a very dangerous trend. The government should not be allowed to withdraw from its duty of providing early childhood care and education services. It should be made accountable for providing these services.

Ms. Indrani Mazumdar (Centre for Women’s Development Studies, Delhi) drew attention to the increasing trend towards favouring Public-Private Partnership (PPP) in government circles.

Mr. R.E. Hussain (Micronutrient Initiative, Jharkhand) asserted that in the term ‘Public-Private Partnership’, ‘private’ refers to not just NGOs but also to the corporate sector. He argued that whilst implementing PPP we must draw the line somewhere or the other by limiting the boundaries of PPP.

Mr. Kumar Rana (Pratichi Trust, Kolkata) argued that in no country in the world have basic facilities like health and education been successfully provided by any other agency other than the state.

Day 2, 13th March

Session I - State level theme based presentations (West Bengal and Madhya Pradesh)

Chair – Dr. Sreelekha Ray (VHA, Tripura)

1. Mr. Ashutosh Pradhan (CWDS, Medinipur Project, Jhargram), Ms. Balika Sardar and Ms. Gita Mudi (Nari Bikash Sangha, Bankura) made a powerpoint presentation on the Crèche Programme run by Nari Bikash Sangha (NBS) in Bankura, West Bengal. NBS is an organisation of poor rural women operating in the Bankura and Purulia districts of West Bengal. NBS runs 13 crèches for children of working mothers. These crèches cater to children belonging to SC, ST and OBCs and children belonging to BPL families. The crèches run by NBS meet the care, nutrition and early education needs of young children and prepare them for primary school. Each crèche is visited by a doctor thrice a month and de-worming tablets, iron tablets and multi-vitamin tablets are provided to children on a regular basis. Children are also provided tiffin with khichdi, suji, rice, chhola-muri etc. Crèches are managed by crèche mothers who are provided training in child care, pre-school education and health care. Crèche mothers maintain an attendance register, food register, stock register, cash book, health chart, doctor's register, mother's meeting register, visitor's notebook and daily diary.

2. Mr. Ashutosh Pradhan (CWDS, Medinipur Project, Jhargram), Ms. Kapumoni Soren and Ms. Niyati Patra (Mahila Sarvik Bikash Sangha, Jhargram) discussed the work being done by Mahila Sarvik Bikash Sangha in Jhargram, West Bengal. Mahila Sarvika Bikash Sangha is a rural women's organization that works towards achieving social justice. Its activities are spread over 17 villages and a total population of 5030 people.

Sarvik Bikash Sangha runs 8 Anganwadi centres. Five out of eight anganwadi centres do not have any physical infrastructure and are run under trees or in courtyards. Out of a total of 8 Anganwadi Sahayikas (one for each Anganwadi centre) 5 do not belong to the villages in which their anganwadi centres are located. Sarvik Bikash Sangha does not have any power to supervise and improve the functioning of Anganwadi centres. The food provided at the centres is of such poor quality that many times people feed this food to their cows.

3. Ms. Pritilata Guha (Supervisor, Medinipur Urban ICDS Project) made a powerpoint presentation on 'ICDS in West Bengal - Problems, Experiences and Suggestions'. The micro-level problems with regard to the functioning of the ICDS programme in Medinipur include lack of infrastructure, political interference and low levels of awareness about the importance of early childhood care and development. Cultural notions regarding the diet of pregnant and lactating mothers and not feeding colostrum to newborn children affect the health and nutrition of both mothers and young children. Most mothers are unable to benefit from government schemes like Janani Suraksha Yojana because institutional deliveries are few and a large number of births take place at home.

In West Bengal Khichdi (cooked food) is prepared with rice, pulses and oil and given to pregnant and lactating mothers as well as young children in the Anganwadi centres. The quantity of rice and pulses is fixed by the government as follows –

Severely malnourished children (6-72 months)	– 290.24 paise per head per day
Children not suffering from malnutrition (6-72 months)	– 216.60 paise per head per day
Pregnant and Lactating Mothers	- 250.24 paise per head per day

On the basis of her experience Ms. Guha argued that in Medinipur immunization services in rural areas were better than immunization services in urban areas. Rural areas have the necessary health related infrastructure such as PHC's and health sub centres. Health personnel such as ANMs are very active in rural areas and they work in coordination with ICDS centres. However urban areas in Medinipur have very skeletal health infrastructure and personnel as a result of which many children do not receive immunization services.

In West Bengal most Anganwadi centres are established in areas dominated by the higher castes. The tribal, marginalized and needy populations often remain deprived of ICDS services.

Ms. Guha made some suggestions for improving the services provided by Anganwadi centres. These are as follows –

1. The government should construct buildings for Anganwadi centres.
2. There should be no political interference in the process of recruitment of Anganwadi workers.
3. Funds for the Supplementary Nutrition Programme should be increased so that a wide variety of nutritious foods can be provided to children at Anganwadi centres.
4. Funds for basic equipment for furnishing Anganwadi centres (chairs, tables, etc.) should be increased.
5. Refresher trainings should be organized for Anganwadi workers and helpers.
6. Weighing scales and growth charts should be sanctioned to all Anganwadi centres.
7. The complicated procedure of calculation of supplementary nutrition should be simplified.
8. Special efforts should be made to increase the outreach of Anganwadi centres to children belonging to tribal and minority groups.

4. Mr. Biplab Kumar Saha (Child Development Project Officer, Khadagpur ICDS Project, West Bengal) discussed the status of ICDS services in West Bengal. Currently there are 86,500 Anganwadi centres in West Bengal. The ICDS scheme caters to 1 crore 11 lakhs (56 lakhs male and 55 lakhs female) 0-6 year old children in West Bengal.

The problem of lack of infrastructure is the biggest problem facing the functioning of the ICDS programme in West Bengal. 90-95% Anganwadi centres of West Bengal are run in open spaces or private houses. Only 5-10% Anganwadi centres have their own building. Buildings for Anganwadi centres are most often constructed by Gram Panchayats or Zila Parishads. Very few Anganwadi centres have toilets and drinking water facilities.

Poor community participation in the functioning of Anganwadi centres is another problem facing Anganwadi centres in West Bengal. Mothers' attendance at parents meetings is very low. Other problems include the inadequate supply of teaching learning materials and supplementary nutrition, irregular supply of micronutrients, lack of proper referral services, failure to maintain growth charts, overburdening of anganwadi workers with multiple tasks and lack of monitoring and supervision by CDPOs, Gram Panchayats and community members.

The Positive Deviance Programme has been introduced in 8 out of 29 ICDS projects in Pashchim Midnapore. This programme aims at increasing mothers' mobility and their participation in improving the functioning of Anganwadi centres.

Mr. Saha gave some suggestions for improving the services provided by Anganwadi centres. These are as follows –

1. Anganwadi centres must have their own building with basic facilities such as cooking arrangements, drinking water and toilets.
2. Training should be provided to Anganwadi helpers.
3. There should be no political interference in the process of recruitment of Anganwadi workers and helpers.
4. Anganwadi workers should not be overburdened with multiple responsibilities.

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

Mr. Sajjad Majeed (Lohardaga Gram Swarajya Sansthan) asked **Mr. Biplab Kumar Saha (Child Development Project Officer, Khadagpur ICDS Project, West Bengal)** about the state of ASHA workers in West Bengal. He also enquired about the existence of any convergence between the ICDS programme and other departments such as the health department.

Mr. Biplab Kumar Saha answered that ASHA workers have started working in West Bengal since the past two months. He said that there was some convergence between the ICDS programme and health department in West Bengal. Convergence between ICDS and education was still at a nascent stage.

Mr. Pramod Kishore Acharya (CLAP, Orissa FORCES) asked **Ms. Pritilata Guha (Supervisor, Medinipur Urban ICDS Project)** about the level of community participation in ICDS centres in rural areas of West Bengal. He also asked her to give an estimate of the number of urban ICDS centres in West Bengal.

Ms. Pritilata Guha said that community participation in ICDS centres in rural areas of West Bengal was better than community participation in ICDS centres in urban areas of the state. She pointed out that in recent times Beneficiary Committees had been constituted to supervise and monitor the functioning of Anganwadi centres in rural areas. There was one beneficiary Committee for each Anganwadi centre.

Ms. Guha said that there were more than 40 urban ICDS centres in West Bengal.

5. Mr. Kumar Rana (Pratichi Trust, West Bengal) discussed the problems in the functioning of the ICDS programme in West Bengal. Pratichi Trust works on issues of primary health, education and gender equality. It also carries out research on these issues. The Trust operates in 6 districts of West Bengal – Bankura, Burdwan, Midnapore, Murshidabad, Jalpaiguri and North and South 24 Parganas. Pratichi Trust runs 28 Anganwadi centres in these 6 districts and covers rural, urban as well as tribal areas.

The population of 0-6 year old children in West Bengal is around 1 crore 14 lakhs. It constitutes approximately 14% of the total population of the state. Hunger due to lack of food is a major problem in West Bengal. The ICDS centres in West Bengal provide very poor quality of food to young children. The Shishu Shiksha Kendras (primary education centres) run by Panchayats do not provide any food to children. The midday meal scheme has changed people's views about the ICDS programme. Parents' aspirations with regard to children's education have increased since the introduction of the midday meal scheme.

The coverage of the ICDS programme in West Bengal is increasing steadily. Some problems facing the effective functioning of the programme in the state are as follows –

1. Lack of infrastructure.
2. Regional imbalances in ICDS coverage from block to block and district to district.
3. Anganwadi workers are overburdened with multiple responsibilities.
4. Neglect of the pre-school education component of the ICDS programme.
5. Lack of monitoring and supervision.

Mr. Kumar Rana gave some suggestions for improving the functioning of the ICDS programme in West Bengal –

1. Universalisation of the ICDS programme.
2. Improvement in the quality of services provided by the ICDS programme.
3. Popularisation of the ICDS programme through spreading awareness about the importance of the 0-6 year period in the life cycle.
4. The working conditions of Anganwadi workers and the quality of ICDS services can be improved by working in coalition with ICDS workers' union.
5. The recruitment process for Anganwadi workers should be modeled on the recruitment policies followed by the Sarva Shiksha Abhiyan.
6. Mothers' committees should be formed for the monitoring and supervision of Anganwadi centres.

6. Mr. M. L. Sharma (Mahila Chetna Manch, FORCES Madhya Pradesh) made a powerpoint presentation on the statistics related to the status of the young child in Madhya Pradesh. There are 59,324 Anganwadi centres in Madhya Pradesh and they cater to a population of 551 million people. There are 1192 PHCs, 8874 health sub centres and 229 CHCs in the state. Madhya Pradesh has the highest tribal population in India. The

phenomenon of dowry is very widespread in Madhya Pradesh and the rate of female foeticide is also very high in the state.

Mr. Sharma provided statistics about the population break up, literacy rate, birth rate, death rate, infant mortality rate, sex ratio, child feeding practices, anaemia amongst children, child immunization and malnutrition with regard to Madhya Pradesh.

Discussion –

Mr. M.L. Sharma pointed out that in recent times the Anganwadi workers recruited in Madhya Pradesh were all graduates and post graduates. He argued that there were likely to be improvements in the pre-school education component of Anganwadi centres in Madhya Pradesh in the near future.

Dr. Sreelekha Ray (VHA, Tripura) pointed out that it cannot be assumed that graduate and post graduate women prove to be better pre-primary teachers for young children than women who have studied up till class 10.

Session II – Open Discussion

Chair – Ms. Savitri Ray (FORCES National Coordinator)

Ms. Savitri Ray laid down the important findings from the various presentations as well as the major gaps in the discussion in the two day consultation. She pointed out that there are gaps in our knowledge about certain issues related to 0-6 year old children. These issues include –

1. Issues related to dalit, tribal and marginalized children
2. Issues related to the girl child
3. Issues related to children with disabilities
4. Data on the young child
5. Issues related to pre-school education

Some of the important findings from the various presentations made during the course of the two day consultation are as follows –

1. Parents give more priority to children's education than to their health
2. The difficulty in improving the status of the young child in Jharkhand in the absence of a political will to work towards improving ICDS service delivery
3. Protection Officers under the Domestic Violence Act exist only on paper and some times Anganwadi workers have to carry out the functions of Protection Officers in addition to their duties related to child care.
4. The media has played a very negative role by highlighting only the negative aspects of the functioning of the ICDS programme and overlooking its positive impacts.
5. There is a general agreement against Public Private Partnership and the government's withdrawal from provision of basic services (health and education) amongst all those participating in the consultation.

Ms. Indrani Mazumdar (Centre for Women's Development Studies, Delhi) pointed out that the discussion during the course of the consultation had been entirely programme based. She highlighted the importance of analyzing government policies and their impact. Globalization and privatization are linked to government policies and they impact upon child care and education services. The current agrarian crisis in India is also linked to government policies. This crisis is leading to increasing numbers of farmers' suicides and this is having an adverse impact on young children. The Indian government has launched the ICDS programme, which is the largest programme in the world for 0-6 year old children. But at the same time the government's policies are not laying a foundation for improvements in the status and condition of young children.

There should be more convergence between existing programmes for early childhood care and development with the aim of ensuring maximum coverage and not merely redistributing resources.

There are approximately 18 lakh Anganwadi workers in India. NGOs need to work towards building the capacities of these workers so that their manpower can be appropriately utilized.

The exploitative and discriminatory approach towards ICDS workers as well as the overburdening of these workers with multiple tasks must be opposed in the alternate report.

The alternate report must contain an analysis of the governments's budgetary allocation for early childhood care and development.

The content of early childhood education (issues related to the curriculum) have not been discussed in the consultation.

Problems and experiences with regard to the implementation of the PCPNDT Act have not been discussed in the consultation.

Mr. Kumar Rana (Pratichi Trust, Kolkata) argued that each Anganwadi should have a third Anganwadi worker in addition to an Anganwadi worker and helper.

Ms. Nirali Mehta (ECCD Advisor, Plan International) pointed out that in the budget for 2008 a 20% increase in the ICDS budget has been announced. But at the same time the honorarium for Anganwadi workers has also been increased by Rs. 500. Thus the 20% increase in the budget will be completely utilized in paying the salaries of Anganwadi workers.

Mr. Rahul Mehta (Chhotanagpur Sanskritik Sangh, Jharkhand) argued that children of seasonal migrants and disaster affected children must find mention in the alternate report. Anganwadi centres lack facilities required to meet the special needs of children with disabilities.

The Jharkhand government has not formulated any state guidelines with regard to the implementation of the NREGA.

Mr. Mokhtar – Ul Haque (Jharkhand FORCES) pointed out that the NREGA provides for crèches for young children, but it does not lay down any rules and regulations with regard to their basic infrastructure or the services that they should provide.

Mr. Sanjiv Kumar (Adithi, PLAN Muzzafarpur) drew attention to the issue of the condition of children in times of crisis such as floods in Bihar. He argued that child abuse and trafficking increase in times of crisis.

Mr. Pramod Kishore Acharya (CLAP, Orissa FORCES) asserted that a law needs to be formulated to secure the early childhood care and education rights of all young children.

Ms. Nirali Mehta (ECCD Advisor, Plan International) drew attention to the important issue of the medium of instruction (language) that should be employed for early childhood education.

Mr. Kumar Rana (Pratichi Trust, Kolkata) pointed out that in some cases wherein the Anganwadi worker belongs to a village other than the village in which she teaches children, the worker and the children are unable to understand each other's language.

Dr. Sreelekha Ray (VHA, Tripura) drew attention to the problems related to educating children, posed by several tribal languages which do not have their own script.

She pointed out that in Tripura children of migrants from Bihar are admitted to government schools because these schools are the most affordable. However these schools use English and Bengali as the medium of instruction as a result of which the children are unable to understand what is being taught in class.

Mr. Ramesh Mandal (CLAP, Orissa FORCES) highlighted the issue of the large organ trading racket in Orissa which was being carried out in the guise of sacrificing children to a deity for religious reasons.

Ms. Indrani Mazumdar (Centre for Women's Development Studies, Delhi) pointed out that issues related to deserted children, urban street children, existing crèche facilities, NREGA provisions for child care and corporal punishment must be included in the alternate report.

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 and Mr. Mokhtar-Ul Haque (Jharkhand FORCES) for providing organizational support.

Regional Consultation on Status of the Young Child
Social Development Centre
Purulia Road, Ranchi

Programme

12 March 2008

10.30A.M-11.00 A.M	Tea and Registration
11.00A.M-11.30 A.M	Welcome & opening remarks Mr. Mukhtar Ul Haque, Ms. Savitri Ray, Dr. Vasanthi Raman
11.30A.M-12.00 P.M	Session I Overview of the Convention of CRC & Status of the Young Child Ms. Savitri Ray, National Coordinator, FORCES Chair: Ms. Nirali Mehta – Plan International
12.00Noon - 1.30 P.M	Session II State Reports (Jharkhand and Bihar) <ul style="list-style-type: none"> • Ms. Sachi Kumari - Jharkhand FORCES • Mr. Kumar Katyayani- Pratham, Jharkhand • Dr. Sunita Katyayan - BPNI, Jharkhand • Dr. Rahmat Fatima - SANCALP, Bihar <ul style="list-style-type: none"> • Bihar FORCES Chair: Ms. Nirali Mehta – Plan International
1.30 P.M.-2.30 P.M.	Lunch
2.30 P.M.-3.30 P.M	Session – III State Reports (Jharkhand, Tripura, Orissa) <ul style="list-style-type: none"> • Mr. Heera Lal Gupta – TCDR, Ranchi <ul style="list-style-type: none"> • Dr. Sreelekha Ray -VHA, Tripura • Mr. Pramod Kishore Acharya -CLAP, Orissa FORCES Chair – Dr. Vasanthi Raman - National Convenor, FORCES
03.30P.M.- 03.45 P.M	Tea
03.45 P.M.-05.00P.M.	Session continues

13th March 2008

09.30 AM-11.15 A.M	<p style="text-align: center;">Session I</p> <p style="text-align: center;">State level theme based presentations West Bengal and M P</p> <ul style="list-style-type: none">•Mr. Ashutosh Pradhan - CWDS, Medinipur Project, Jhargram•Ms. Balika Sardar and Ms. Gita Mudi - Nari Bikash Sangha, Bankura•Ms. Kapumoni Soren and Ms. Niyati Patra- Mahila Sarvik Bikash Sangha, Jhargram•Ms. Pritilata Guha -Supervisor, Medinipur Urban ICDS Project West Bengal•Mr. Biplab Kumar Saha -CDPO, Khadagpur ICDS Project, West Bengal<ul style="list-style-type: none">•Mr. Kumar Rana - Pratichi Trust, West Bengal•Mr. M. L. Sharma -Mahila Chetna Manch, MP <p style="text-align: center;">Chair – Dr. Sreelekha Ray - VHA, Tripura</p>
11.15AM-11.30 A.M	Tea Break
11.30AM-01.00 P.M	Session continues
01.00PM-02.00 P.M	Lunch
02.00PM-03.30 P.M	<p style="text-align: center;">Session II</p> <p style="text-align: center;">Open Discussion</p> <p style="text-align: center;">Chair – Ms. Savitri Ray - National Coordinator, FORCES</p>
03.30PM-04.30 P.M.	<p style="text-align: center;">Session – VI</p> <p style="text-align: center;">Vote of Thanks</p> <p style="text-align: center;">Ms. Savitri Ray - National Coordinator, FORCES</p>
04.30PM	Tea & Departure

LIST OF PARTICIPANTS OF REGIONAL CONSULTATION

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