

Bal Adhikar Sammelan (2nd September 2008): Resolutions

The following are urgently required to protect the fundamental rights of children under the age of six.

1. 'Universalisation with quality' of the ICDS
2. Crèches and day care facilities
3. Maternity entitlements
4. Support for "infant and young child feeding" (IYCF), particularly breastfeeding
5. Prevention of interference of commercial interests through 'packaged' or 'ready to eat' food or 'public-private partnerships' in government programmes for child health and nutrition.

For this to be achieved the following are the essential interventions:

1. **Universalisation of ICDS.** An anganwadi centre in every habitation, for every child under six, every pregnant and lactating mother and every adolescent girl. In line with the Supreme Court orders, at least 14 lakh anganwadis should be set up. Further, all infrastructural requirements (adequate space, toilets, safe water, kitchen space, play area etc) of the centre must be ensured.
2. **Exclusive Breastfeeding for children up to six months.** ICDS and the Health System should mainstream skilled counselling and support for women to practice exclusive breastfeeding for six months. Maternity entitlements are required to compensate them for the wages lost during this period.
3. **Skilled Counselling and nutritional support for children under three.** Nutritious and carefully designed take-home rations (THR) based on locally procured food should be provided as "supplementary nutrition" for children in this age group. Also, THRs must be combined with nutrition counselling and nutrition and health education sessions.
4. **Pre-school education and hot, cooked meals for all children in the age group of 3-6 years.** The ICDS must provide a centre-based play-school facility at the anganwadi with the worker trained in conducting preschool activities. For these children a culturally acceptable, varied, nutritious meal must be provided at the anganwadi centre.
5. **Day Care Centres or Crèches.** Crèches must be designed to meet the varying needs of children of different age groups. To begin with a model of anganwadi-cum-crèches can be introduced to provide this service in the village. This would mean that these centres are open

full-time, with adequate staff, training and infrastructure. Existing crèche schemes must also be expanded and strengthened.

6. ***Second Anganwadi Worker for ICDS Centres.*** At least two anganwadi workers are needed at each anganwadi centre, to make it possible for one of them to concentrate on home-based services while the other provides centre-based activities such as pre-school education. The helper would have a role to play in bringing the children, cooking and serving and keeping the centre clean.

7. ***Convergence between Health and WCD Department at all levels.*** Regular health interventions like screening and referral, growth monitoring, immunisation and de-worming must be carried out by the ICDS and Health Department together. Nutritional Rehabilitation Centres should also be provided for highly malnourished children.

8. ***Investing in the ICDS workforce through training and capacity building.*** The training programmes should recognise pre-school education and nutrition counselling as essential components. Within the overall framework, training curriculum, material and approaches should be developed in a decentralised manner, appropriate to the specific state/district level.

9. ***Building a comprehensive monitoring and evaluation system.*** A more robust, regular and independent monitoring and evaluation system, where workers are not forced to under-report malnutrition is needed. A high-level overseeing mechanism should be created which will serve as a strategic oversight, technical support and ensure convergence and accountability in the range of interventions concerned with child nutrition.

10. ***Workers' Entitlements.*** The concerns and difficulties of Anganwadi Workers, particularly regarding excessive work burden, inadequate and delayed remuneration, and poor working conditions, need to be addressed. Anganwadi workers and helpers to be recognised and regularised as workers and receive fair remuneration.

11. ***Improving governance and involving communities.*** Decentralisation is the key to reducing corruption. A decentralized approach is required, fostering participatory planning, community ownership, responsiveness to local circumstances, and the involvement of Panchayati Raj Institutions.

12. ***Policy on Public-Private partnerships.*** A policy statement should be put in place to guide and regulate PPPs in food, nutrition, health and development through a democratic and transparent process (including proactive disclosure of all the terms and conditions of PPPs, as well as of the decision-making process behind them) rather than allowing the lack of coherent policy to allow every private partner to set its own policies.

13. Allocation of Rs. 1000 crores for Infant and Young Child Feeding (IYCF) should be released.

14. Special efforts to be made to extend ICDS services (including nutrition, pre-school education, health care etc.) to children of migrant labourers.

15. The fundamental right to education should be expanded to children under six and article 45 be converted into fundamental right under article 21.

16. At least half per cent (0.5%) of the GDP to be allocated for children under six.