



MEDIA AND THE GIRL CHILD

Strategies to Effect Change

CH-12

Media and the Girl Child (CL)

~~CH-9~~



MADHYAM

Workshop on MEDIA AND THE GIRL CHILD 20 Dec '90
Bangalore

Talk on GIRL CHILD - SURVIVAL AND HEALTH
- Shindi Prasad Tekur

Introduction:

There are a number of factors not commonly thought of as contributing to health or illness which affect our survival. It is increasingly being recognised that our ~~own~~ health is affected by the circumstances of our lives; environmental and living conditions, resources and life-styles as well as political and socio-economic realities. Customs, attitudes and cultural traditions all affect health, and in the case of women and girl children, the effect is often negative.

Women live longer than men and outnumber them at all ages, given equal care and environmental conditions. This is because nature endows females with endogenous factors which make them more resilient and resistant to health hazards compared to males. In hostile physical and social environs there is a narrowing or reversal of this female to male differential. The adverse gender ratio of 933 females to 1000 males ^(1991 census) in India speaks for itself. Increased risks of morbidity and mortality are reflected in the lower life expectancy and age-specific death rates (especially in the reproductive age group) in females.

(2)

Facts and figures: Children constitute 40% of the population. ~~Almost half of them are girls.~~

(a) At birth: Gender differentiated data on children are inadequate, but with few exceptions, the disadvantages suffered by girls suggest that they are unwelcome at birth. With recent advances in determining the sex of a foetus, this bias even precedes birth!

A study in Bombay on Amniocentesis tests revealed that in 7999 out of 8000 cases, the foetus aborted after such tests were those of female children. Female infanticide in Rajasthan and Tamil Nadu is a well reported phenomenon.

(b) Infancy: There is no significant difference between boys and girls at birth. One third of all children in our country have a low-birth-weight (less than 2500gms) which affects their chances of survival. Later, girls have inferior nutrition and health care compared to their brothers.

In normal healthy children, the physical growth curve of females lags behind that of males, except between 10 to 12 yrs when their growth is faster due to the adolescent spurt. In India however, these normal differences are considerably exaggerated, pointing to a higher level of malnutrition among females.

Safdarjung hospital New Delhi recorded more male children in the out-patient department, though ^{among} cases of malnutrition show a female child preponderance (46% males as against 54% females malnourished).

(c) The first 5 years: Half the total number of deaths in the country occur in children below five years of age.

(3)

The under 5 mortality rate (U5MR) is the best available single indicator of social development overall, as most of the factors which it distils are as indicative of meeting essential needs of all human beings as they are of the particular well-being of children. Only 84.8% of Indian children survive to the age of five years. The major killers are Diarrhoea, Respiratory infections, Measles and neo-natal tetanus. Vaccine are now available for six major diseases in children, while Oral rehydration is a simple technique to prevent deaths due to diarrhoea. A great majority of these deaths can now be prevented at low cost.

Data from the National Nutrition Monitoring Bureau show that in children, calorie and protein inadequacy was mostly in the younger age group. In 1982, of the ten states monitored, Kerala showed the highest percentage of normal nutrition - that was 31.8%!

The manifestation of serious deficiencies in various micro-nutrients like Vitamin A, Iron, Iodine and possibly others are recognised as so widespread, as to limit efficacy of health and nutrition interventions in other directions. Each year, about 40,000 children go blind due to Vit'A deficiency. National Institute of Nutrition (N.I.N.) studies show that 65% of India's children below 3yrs and 45% between 3 to 5 yrs suffer from anaemia. The seriousness of Iodine deficiency disorders is unfolding only recently.

— (d) the absent childhood: From early childhood, girl children assume increasing responsibilities for the household in the areas of water and fuel collection, sibling care, cooking and cleaning and they are expected to help their

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mothers in agricultural or informal sector activities. This is at the expense of their education.

India has an estimated 100 million child workers - the official figure is only 20 million - of whom 80% are on farms. The work is often hazardous; tuberculosis, burns, work-related injuries, skin ailments and even beatings by employers are common. Says Swami Agnivesh: "Child labour flourishes even though there is a high level of adult unemployment, because it is the cheapest labour available."

The Child-in-need Institute (CINI) has been generating awareness on the Girl Child in 24 Parganas, West Bengal. In their study, they found 78% girls working as against 45% boys, and work involving carrying of heavy loads like collecting firewood or fetching water was done by girls!

The study brings home the fact that the life of a girl in India is built around the home and marriage. Even education is advocated only for 'better' grooms. Her life is divided into two parts - before marriage and after marriage. Till she is married, she is trained for marriage, looking after her younger siblings, fetching water, gathering firewood, helping her mother with household chores and managing the household single-handed if mother is not around. None of the findings presented say anything 'new' - it serves to emphasize the fact that the girl child has an absent childhood.

(e) Adolescence: At adolescence, girl children face early marriage and are locked into lives of hard work and risky child-bearing. Children born to women under 18 are twice as likely to die in infancy as children born to

(5)

women in their twenties. The risks to the health of both mother and infant increase steeply after the third child.

Factors for survival:

The SAARC conference on children recognised that one of the first requirements for ensuring child survival, growth and development was the availability of adequate quantities of safe drinking water and a clean environment. Other life-support systems needs identified were Food, Fuel and shelter with all inter-relations with and implications for the environment.

Another crucial factor for child survival and development is - a well-informed mother. The low infant mortality in Kerala is attributed to the high literacy rate of women in the 15 to 43 yr. age group. Maternal awareness level has got a statistically significant inverse relationship to the Infant mortality rate.

As for women's access to health services, the very nature and structure of health services systems militates against reaching women. Women have neither the time, mobility, resources or child care facilities to travel long distances to seek medical aid. And, she cannot travel alone! The mother's access to health services has a direct implication for child health and survival.

The need:

An improvement in the mother-child life cycle should begin with the girl child. A focus for enriching this is the pre-adolescent and adolescent girl. She should

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be enabled to avail of learning opportunities, specially for the development of a self-image. Her burden of child care and domestic work should be reduced by providing supportive services and facilities. It is important that special education programs are directed to the girl child to include not only health and nutrition education but also vocational training. This can prove to be of immense help in equipping them for the future and will also improve their economic status and decision-making role in the family.

Jawaharlal Nehru said, "We talk of revolution political and economic and yet the greatest revolution in a country is one that affects the status and living conditions of its women".

This revolution can take place if we

i) - ensure that programme interventions include not only infants, but young children under age five, girls, adolescents and women of all ages, regardless of maternal status ;

ii) - enable approaches at the grass-root levels which help women define their problems and become directly involved in the planning, implementation and evaluation of processes directed towards them, and

iii) see that, in the longer term there is no need to treat women as a separate target group in the development process.

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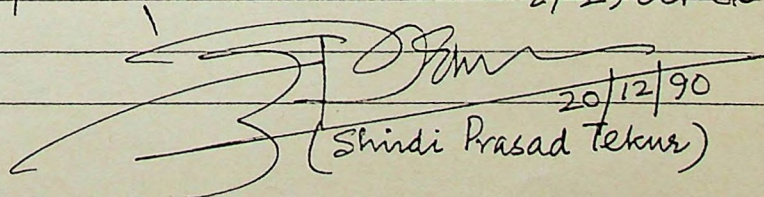
To quote Rabindranath Tagore in the end,

"EVERY TIME A CHILD IS BORN,
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References / further reading:

1. A woman's health is more than a medical issue.
- CATHIE LYONS - CONTACT No.80, Aug 1984.
2. Health Information of India 1987 - CBHI DGHS, G.O.I
3. Women in India - Surviving against odds.
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3. & 4. from Report on 2nd Regional Conference
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5. UNICEF Annual report 1990.
6. South Asia Conference on Children
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7. Generating awareness on the Girl child: an overview
- ANCHITA GHATAK MENON (CINI) Vol XV, No 3, June 89 Health for the Millions,
8. - Water for ^{child} survival and development
- Dr K R ANTONY Vol 3 No 3 Mar 1990 'Health Action'
9. SAARC Conference on South Asian Children
- conference report - CHILDREN FIRST - New Delhi
27-29 Oct '86


20/12/90
(Shindi Prasad Tekur)

GIRL CHILD - SURVIVAL AND HEALTH

Dr Shirdi Prasad Takur

Introduction:

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From the unwanted to the cherished
(a feature about the girl child in India)

January 29, 1990

Viji Srinivasan

Adithi

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From the unwanted to the cherished

She lies on the back of the huge dark-gray buffalo; every now and then the Buffalo whisks her tail over the swarming flies which nestle on the sores on her legs. She gets off and looks at the herd of buffaloes. She wonders how she is going to spend the other eight hours until the evening and she can go back home. She has come very far from home since there was severe water - logging and other girl children had grazed their buffaloes and goats everywhere around her village; as the sun sets in orange-red glory and violet-blue clouds race across the evening sky she thinks of how she can persuade her father to send her to the village Primary Health Centre the next day for medicine for the sores which are gathering pus ...

She strongly rubs the dull-brown cocoon's semi-hard shell against her bare left thigh, at the same time she deftly pulls out the gleaming-brown thread of tasar silk from the cocoon with her right thumb and fore-fingers; as the beautiful threads unwind and uncoil she thinks of school. Even though the school had no basic facilities, no blackboard, there was a lovely young woman teacher who had taught her to read and write with empathy. Would she see her again?

She panics. Her mother has told her she is getting married the next day. What does marriage mean? Does it mean getting beaten by her husband as her mother did? Does it mean the stomach swelling up and bursting? Would she die as her friend did? Her friend, she remembers, lay dead and motionless in her deep blue frock. She had also got married a week before ...

She races across the vast area of wasteland, red-brown and rocky, like a picture of the moon she had seen in television ... her head-load is very heavy. The fuel wood is prickly and ill-balanced, it threatens to fall off ... how far is it to home? She has lost all memory of the distance. It would be worse if it fell off; she would have to stop, tie it up again and lift it again ... yesterday evening she couldn't cook rice because there was not enough fuelwood. The jungle was so far away across the moonscape-like wasteland. Her brothers and sisters had been hungry and cried the whole night. Her mother was pregnant and could not bring the heavy load of wood. Her mother was moaning throughout the night. She dare not stop.

Why does all this happen?

Why does this widespread sub-conscious persecution of girl children have such deep roots? As the patriarchal Aryans drove across the Gangetic plains in their horse-drawn chariots, did they shudder at the thought of their wives, mothers, sisters and daughters falling into the hands of the "dark" "nose-less" indigenous people? Did pregnancy appear to be a severe disability to a warrior race, for the pregnant are vulnerable to conquest? And therefore did they develop a patrilineal and patrilocal social system through which girl children and women would always be under a man's "protection"? Did this "protection" deteriorate into subjugation? Did it further degenerate into contempt? As the old people died in a new country, and the infant religion developed ancestor worship and offerings of food to the manes, did the all-male priesthood want to capture power? Did the priesthood develop theories of women as seducers and temptresses? Did they decide to exclude women from religion? Did they prohibit daughters from making offerings to the ancestors? Did they have visions of being dead and spirits roaming around in the ether, in agony and hunger, since they had no sons? Or since their wives had been unfaithful and those whom they thought were their sons were really another man's sons and the food-offerings reached the real fathers' manes? Why are women so "unclean" so "polluting"? What happened if the girl child was not married? The manes were forced to drink her menstrual blood every month? Did they feel strong repugnance to widows? What caused men's sudden and inexplicable deaths? Was it not her touch, her caress, and her ill-luck? Should not the widows make amends?

And more economic considerations? Why should widows inherit land? What if the widows developed relationships with other men? Those men would fight for her land. She should at least be easily recognisable and reprehensible. What if she ran away with another man wearing her jewellery and silk saris?

And more recent economic considerations? As consumerism and materialism grow, dowry demands grow and a girl child is considered a liability, and a boy child an asset.

Now I hear readers saying "What can we do? We treat our sons and daughters alike!"

We can still do several positive actions. Every time a baby girl is born, in our families, to our friends, we can make sure she is welcomed. We can prepare our families and our friends. We can ensure they distribute sweets for girl childrens' births. We can say "Times have changed; a girl child is as much an asset as a boy. In fact more, for she has more of a work-ethic, she has more maturity and responsibility, she has more nurturing feelings." We can say this again and again. We can repeat this at health workers' training programmes. We can repeat this at dais' training programmes. We can pressurise the Government to open more schools for girl children in rural areas.

We can repeat all this to all the poor people we are in touch with. We can expose society to the ills we harbour, we hide. For the poor imitate the middle-class and the "upper" castes. We can discuss the girl child in all forums, in all groups.

We can campaign for rural health centres for the girl child, for non-formal education centres for the girl child in rural areas. Adithi, a women's organisation runs 200 non-formal education centres for girl children in rural areas of Bihar. We can all run many, many more. We can introduce training in economic activities for rural girl children in dairying (calf care), agriculture, sericulture, fisheries, khadi and village industries, handicrafts, handlooms, small animal husbandry in rural primary schools and non-formal education centres, DWCRA programmes, IRDP programmes, programmes of these Departments.

We can give her fun, games, painting, claywork, songs, drama. We can all give her a lot of attention, love, affection. Above all, we can re-train our society to cherish her.

VIJI SRINIVASAN.

Rights of the Girl Child

- * She has the right to protection against all forms of discrimination or punishment on the basis of expressed opinions or beliefs of parents, legal guardians or family members, specially with regard to discrimination on the basis of gender
- * She has the right to institutions, services and facilities responsible for her care or protection which in the areas of safety, health etc in number and suitability of their staff as well as competent supervision, conform to standards established by competent authorities
- * She has the inherent right to life and it is the State's obligation to effectively implement existing laws¹
- * She has the right to survival and development and it is the States' obligation to effectively implement existing laws²
- * She has the right to access to information on the girl child from a diversity of national and international sources; State Parties shall encourage the production and dissemination of children's books which depict the girl child in positive roles; they shall also encourage the mass media to have particular regard to the needs of the girl child
- * She has the right to community education to ensure that she has access to highest attainable standard of health and to facilities and that she is not discriminated against within the family or community in this access
- * She has the right to effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of girl children
- * She has the right to special efforts on the part of State Parties to ensure that all girl children are covered by compulsory and free primary education, different forms of secondary education equal to that of her boy siblings**
- * She has the right to the same conditions of living as her boy siblings, including the right to leisure, play and participation in cultural and artistic activities

1. e.g. on female infanticide

2. e.g. Child Marriage Restraint Act

** and to special measures and efforts to achieve this

Rights of the Girl Child (in India?)

We have taken the specially relevant Articles from The Draft Convention on the Rights of the Child and added certain statements to make clear our stand on the Rights of the Girl Child (in India?) including necessary focus, emphasis, special measures and efforts.

Article 2

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

States Parties shall take all appropriate measures to ensure that the girl child is protected against all forms of discrimination or punishment on the basis of expressed opinions or beliefs of the girl child's parents, legal guardians, or family members specially discrimination on the basis of her gender with regard to her boy siblings.

Article 3

3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff as well as competent supervision

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Article 6

1. States Parties recognise that every child has the inherent right to life

States Parties recognise that every child has the inherent right to life and shall undertake all appropriate legislative and administrative measures to protect the life of the girl child

2. States Parties shall ensure to the maximum extent possible the survival and development of the child

States Parties shall ensure to the maximum extent possible the survival and development of the child and specially the development of the girl child in consonance with her position as a woman in the future

Article 17

State Parties recognise the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources.

State Parties shall encourage the production and dissemination of children's books

Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous

Article 24

1. State Parties shall strive to ensure access to highest attainable standard of health and to facilities

2. State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children

Article 27

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development

State Parties recognise the important function performed by the mass media and shall ensure that the girl child has access to information and material on the girl child

State Parties shall encourage the production and dissemination of children's books which depict the girl child in positive roles

Encourage the mass media to have particular regard to the needs of the girl child

State Parties shall strive to ensure access to highest attainable standard of health and to facilities specially with reference to the girl child, and to ensure that she is not discriminated against within the family, through community education

State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children and specially the health of girl children

The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development and to ensure that the conditions of living are the same for girl children and their boy siblings

Article 28

State Parties shall make primary education compulsory and available free to all, take measures to encourage regular attendance at schools and the reduction of drop-out rates, encourage the development of different forms of secondary education, including general and vocational education

State Parties shall make primary education compulsory and available free to all, take measures to encourage regular attendance at schools and the reduction of drop-out rates, encourage the development of different forms of secondary education, including general and vocational education and shall make special efforts to ensure that this is achieved with respect to girl children, through suitable measures such as all-girls schools, women teachers, creches for accompanying siblings, vocational education specially suited for rural and tribal girls etc. Her right to education equal to that of her boy siblings shall be recognized

Article 31

State Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

State Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts with a special focus on the girl child and her right to leisure, play and participation in cultural and artistic activities.

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26	Shamala Hiremath	FEVORD - K 44, Bamboo Bazaar Raod contonment, Dharwad	
27	Prashantha M.R.	Sumangali Sevarshama Bangalore	3330499
28	Janet Rego Liason Officer	9A, farm house Dommalur Lay-out Bangalore	561647
29	Dr.C.S.Nagaraju	ISEC, Nagarabhavi Bangalore-72	3355468
30	Sudha Murali Communication Officer	UNICEF Hyderabad	
31	R.T.Coelho	ACORD Bangalore	564860
32	Bhargavi Nagaraj Journalist	No.11, Uttaradimutt Road, Basavanagudi Bangalore-560004	629668
33	Rita Naronha	School of Scocial Work Roshani Nilaya Mangalore	27953
34	Indumathi Rao	Seva-in-Action 16, 11th Main Jayanagar Vth Block Bangalore-560 011	640330
35	Ruma Bangu	- do -	- do -
36	Vani	- do -	- do -
37	H.V.Hiranaiah Adm.Officer	IIM, Bangalore	6632450

38	T.Neerajakshi	VHAK, No.60 Rajani Nilaya, R.K. Mutt Road, Ulsoor, Bangalore-8	576606
39	Fr.George F	DON BOSCO, Tech.School J.T.Road, Hospet	7461
40	Anselm Rosario	Maitri Sarva Seva Samiti, 94, Farm House Dommalur Lay-out Bangalore	561647
41	P.Chitra	SAKTI, No.1412, Ist Phase, J.P.Nagar Bangalore-78	645417
42	Sunitha K.A.	Organisation for the Development of People (ODP),Bannimantap Lay-out, Mysore-15	34195
43	N.V.Lalitha Rtd. Addl.Director NIPCCD	No.76, 14th Cross J.P.Nagar IInd phase Bangalore-560 078	645113
44	Joy Maliekal Project Director	Rural Literacy Health Programme, 170, Gayatri Puram Udayagiri Post,Mysore	27216
45	Mallamma Shivanand Project Director	SABALA, Keerthinagar Bijapur-586 101	22204
46	Anita Reddy Director	AVAS, 11 Wood Street Ashok Nagar, Bangalore- 560 025	562075
47	Glory Health Co-ordinator	AVAS, 11 Wood Street Ashok Nagar, Bangalore - 560 025	562075
48	Shahataj Org. Secretary	Womens Voice 47/1, St.Marks Road Bangalore-560 001	2212313

49	Calith Monterio	St.Michael's Old Madras Road Indira Nagar, Bangalore	5582811
50	M.R.Shivaleela	Sumangali Sevarshama Cholanaikanahalli Bangalore	3330499
51	Uma Kulkarni State Programme Director	Mahila Samakya 276, 2nd Cross Cambridge Lay-out Ulsoor, Bangalore-8	5577471
52	Nirmala Siraguppi Dist.Programme Co-ordinator	Mahila Samakya Sangamesh Building Viveknagar, Bijapur	22086
53	Sonali Nag Arulmani Associate Director	Promise Foundation 15, Infantry Road Bangalore- 560 001	570317
54	Dr.Veda Zachariah Director	Deenaseva Sangha School Health Prog. 5th Main, Srirampuram Bangalore-560021	
55	A.S.Seetaramu	ISEC, Nagarabhavi Bangalore-72	355468
56	Joby V.K. Administrator	REDS, Shantinagar Tumkur - 572 102	72515
57	G.Tippesh Co-ordinator	- do -	- do -
58	Kavery Nadamangalam President	KSCCW, Jayamahal Bangalore - 46	3330846
59	Sudha Raghavendra Hon. Secretary	- do -	-do-
60	Madhu Bhushan	VIMOCHANA, 2124, 16th B Main 1st A Cross, HAL 2nd Stage, Bangalore-8	578628

61	Fr. Verghese	BASCO, 91-B Street Gandhinagar, Bangalore-560 009	2263392
62	Joe Paul	REDS	569209
63	Vinod F Furtado	PRERANA 1-5-139, Himagiri Complex, I.B.Road Raichur - 584 101	23125
64	Brinda Subramanian	BOSCO Gandhinagar-9	2263392
65	Radha	REDS	569209
66	Rosalin Sathya	YMCA	5591681
67	Nina P Nayak	BOSCO Gandhinagar-9	337055
68	P.M.K.Namboodari Director	VIKASANA, Melkote-571 431 Mandya Dist.	479
69	V.S.Roy David	CORD Kushalanagar Kodagu Dist.	74487
70	G.S.Pushkar	- do -	-do-

LIST OF PARTICIPANTS FROM GOVERNMENT

Sl.No.	Name & Designation	Address	Phone No.
Shri/Smt.			
1	J.C.Lynn Chief Secretary	Vidhana Soudha Bangalore-560 001	
2	S.K.Ghosal Addl. Chief Secy.	Vidhana Soudha Bangalore	
3	P.R.Nayak Rdt.Addl. Chief Secretary		
4	Gayatri Devi Dut D.D.P.I.	D.S.E.R.T. Dept.of Public Instruction, Bangalore	624378
5	Jalaja Sundaram Dy.Director (Nutrition)	Directorate of Health and Family Welfare Services Bangalore	2873151
6	S.G.Bhat Director	Planning Department Bangalore	2263275
7	C.Sreesha Rao Director	Disabled Welfare Department, Bangalore-560 001	2260707
8	Palaxappa Pujar Asst.Director	Dept.of Women and Child Development Mangalore	
9	Anita Kaul Director	Directorate of Women & Child Development Bangalore	2262329
10	T.A.Venugopalachar Director I/C	PMI, Planning Dept. M.S.Building Bangalore-560001	2260599

11	Dr.G.V.Nagaraj Joint Director (NCH)	Dept. of Health & Family Welfare Services, Anandarao Circle, Bangalore-9	2874329
12	T.Y.Nayaz Ahamed Labour Commissioner	Dept.of Labour, J.C.Road, Bangalore-2	
13	K.R.Shankarnarayan Jt.Labour Commissioner	- do -	2224845
14	M.A.Srinivas Director	Man Power Employment Planning Department M.S.Bldg, Bangalore-1	
15	Goutam Basu Secretary	Health & FW Services M.S.Bldg, Bangalore-1	
16	Sudhir Kumar Secy- II	Housing & Urban Deve- lopment Dept. M.S.Bldg, Bangalore-1	2200044
17	A.S.Srikanth Director (PPMU)	R.D.P.R. Dept. M.S.Bldg. Bangalore	2240508
18	M.Rangaswamy Asst.Director	Dept.of Women & Child Development Hassan	67218
19	B.V.Kanti Asst. Director	Dept. of Women & Child Development Davanagere	28573
20	Dr.Mala Ramachandran MOH (FW)	Bangalore City Corporation SJP Road, Bangalore	2220598
21	Dr.Usha Abrol Regional Director	NIPCCD Bangalore	6635640
22	Salma Sadikha Tech. Officer (UBSP)	Dept. of Municipal Administration, 10th Floor, VV Tower Bangalore-560 001	2264896

23	N.Pankaja Tech.Officer (UBSP)	- do -	- do -
24	Z.R.Tareen Jt. Director (PDM)	Dept.of Women & Child Development Bangalore-560 001	2261593
25	V.Krishnaraju Jt. Director (ICDS)	- do -	2263806
26	M.V.Devaratna Dy. Director (Ins)	- do -	2261593
27	Shaheeda Begum Asst. Director(ICDS)	- do -	2263806
28	S.T.Banu Asst. Director (ICDS)	- do -	- do -
29	M.M.Bindu Programme Officer(ICDS)	- do -	- do -
30	Nusrath Fathima Asst. Director (Ins)	- do -	2261593
31	H.C.Puttananjaiah, Field Officer (PDM)	Dept. of Women & Child Development Bangalore-560 001	2261593
32	Divya Narayanappa Research Officer	- do -	- do -
33	Chamanbi Nagnoor Research Officer	- do -	- do -
34	H.P.Shivashanakar Supdt. IMHC	- do -	640523
35	M.D.Bhojamma Dy. Director	Dept. of Disabled Welfare, Bangalore-1	2266046
36	A.R.Achyuta Rao Director	Dept. of D.S.E.R.T. Basavanagudi Bangalore	6611852

7 M.V.P.Raju
Dy. Director

Dept. of DSERT
Basavanagudi
Bangalore

607697

SEMINAR ON STATE PLAN OF ACTION FOR THE CHILD

Dates: 1st & 2nd March, 1994.

Venue: Indian Institute of Management, Bangalore

Programme Schedule

1.3.94

9.30 - 10.30:

Introductory Statement:

Shri S.K. Ghoshal, Addl.Chief Secy.

Key Note Address:

Shri P.R. Nayak

Shri T.V. Anthony

Chief Secretary, GoTN (Retd)

Inaugural Address:

Shri Dharam Singh

Minister for Social Welfare & Revenue

Statement by Secy Social Welfare

10.30 - 10.45

Tea

10.45 - 1.00

Sectoral Presentations on State PoA
for Child: Chairman, Sh S.K. Ghoshal

Child/Maternal Health: Dr Nagaraj or
Dr Mala Ramachandran

Nutrition: Dr Jalaja Sundaram

Education: Shri Sudhakar Rao or
Shri Achyut Rao

Water & Sanitation: Shri A.S. Srikanth

Child Labour: Shri Shankarnarayan

1.00-1.30

Plenary Discussion on Sectoral
Presentations

1.30-2.00

Lunch

Programme Schedule

2.00-3.30

Sectoral Presentations on State Plan
of Action for Child Contd:

Urban Child: Shri Sudhir Kumar

Girl Child: Smt Z.R Tareen

Children in Difficult Circumstances
Smt Z.R. Tareen

Physically Handicapped Children:
Shri Sheesha Rao

3.30-3.45

Tea

3.45-4.15

Plenary Discussion on Sectoral
Presentations

4.15- 5.30
(till Group
desires to
continue)

Sectoral Group Discussions

Group I: Child/Maternal Health &
Nutrition: Chairman Shri Gautam Basu,
Secretary H&FW; Rapporteur: *

Group II: Education: Chairman
Shri Ponnappa, Secretary II, Education
Rapporteur: *

Group III: Water & Sanitation:
Chairman: Shri K.P. Pandey Secy RD&PR
Rapporteur: *

Group IV: Urban Child/Child Labour:
Chairman: Shri Vasudevan, Secy HUD
Rapporteur: *

Group V: Adolescent Girl, Girl
Child, Children in difficult
Circumstance, Physically Handicapped
etc: Chairman: Shri C.K. Neelkanthraj,
Secy Social Welfare; Rapporteur: *

(* Rapporteurs to be identified
from participating NGOs)

Programme Schedule

2.3.94

10.00-1.30

Sectoral Group Discussion to
Continue under respective Chairpersons/
Rapporteurs: Report Drafting and
Finalisation

1.30-2.15

Lunch

2.15-5.00

Presentation of Group Reports
Chairman: Shri J.C. Lynn,
Chief Secretary, GoK.

5.00-5.30

Conclusions