

CANCL NEWS 2021

CHILD ABUSE, NEGLECT AND CHILD LABOUR



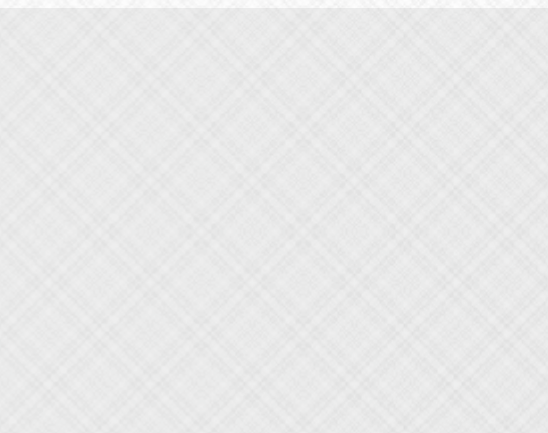
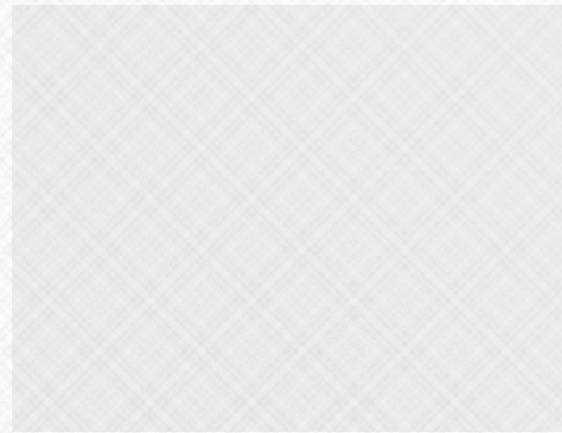
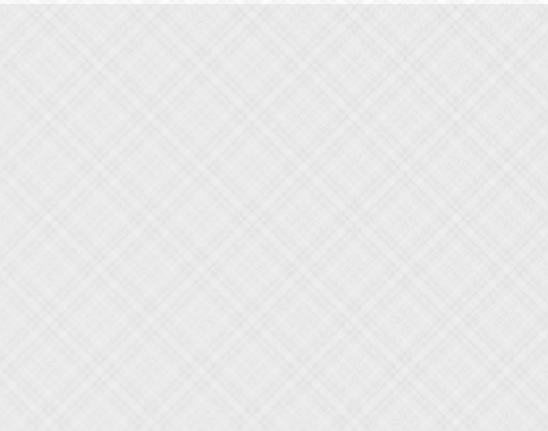
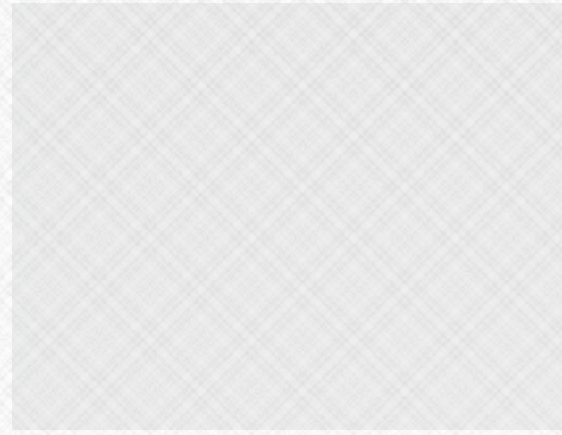
Nationally Registered under Society Registration Act XXI of 1860 • Society Registration No. S/68745/2010

COVID AND CHILD PROTECTION



EDITORS

Dr. UMA S NAYAK • Dr. SAMIR R. SHAH
icancleditor@gmail.com



Content

Sr. No.	Topic	Author	Page No.
01	From the Editor's Desk	Dr Uma Nayak Dr Samir Shah	01
02	Message from the IAP President 2021	Dr. Piyush Gupta	02
03	Message from the Chairperson ICANCL Group	Dr. (Prof) Sandhya Khadse	03
04	Message from the Secretary ICANCL	Dr Uma Nayak	05
05	Child Protection Systems in India: What a Paediatrician needs to know	Dr Uma Nayak	06
06	“An overview of Indian CANCL group activities in protection of children from abuse, neglect and exploitation over the past decade 2011-2021”	Dr. Rajeev Seth	09
07	Child protection, child abuse and exploitation, and civil society	Dr. R. N. Srivastava	16
08	Issues and Challenges for Children During the Covid-19 Pandemic	Dr. (Prof) Sandhya Khadse	19
09	Udayan Care: A dream to build a just, equal and empowered communities	Shri Deepak Bhatnagar	23
10	Activities of the year 2020 and 2021	Dr Uma Nayak Dr Samir Shah	26
11	Webinar & Workshop Details Jan. to Dec. 2021		42

<https://forms.gle/iX8UZNJKzDVR7AAW6>

- NEW MEMBERSHIP FORM - ICANCL GROUP OF IAP

Do join the group which raise issues of neglected children It's our responsibility to become advocate of such needy children and help them to get good nutrition, shelter and gentle care.

Let's join our hands and hold their hands together

From the Editor's Desk



Dr Uma Nayak
Vadodara



Dr Samir Shah
Vadodara

Dear esteemed members,

It is our pleasure to communicate with you through the ICANCL newsletter during this adverse situation of Lockdown. COVID has had a great impact on every aspect of the life of adults and children. As per reports, child abuse and neglect is on its peak due to varied reasons including impacts concerning restriction of physical mobility, social isolation, loss of parental care due to death, illness or separation and depression due to loss of livelihood. Reduction in household income - resulting in further risks and outcomes for children in the intermediate term, thereby placing children at heightened risk for violence, neglect or exploitation. Measures adopted by many countries to address the pandemic have resulted in disruptions to children's everyday environments, routines, and relationships.

This newsletter is dedicated to the theme ***“Covid19 and Child Protection”***

During the adverse state of lockdown, team 2020 tried its level best to promote prevention of child abuse and neglect. This year, work has been done mainly in the areas of knowledge sharing and understanding the impact of Covid -19 lockdown on children, on extent of family violence, incidence of abuse, and the aftershocks of the lock down. Heartiest congratulation to team 2020 for their appreciable work of knowledge sharing

Children have been mute spectators to the changes the covid 19 has brought about. The online school was new to children, their teachers and to Parents. Not all parents could provide the infrastructure thus needed leading to stress within the family and promoted a lot of violence, emotional abuse and neglect of children. The stopping of midday meal program and closure of anganwadis has done havoc to children and the resultant malnutrition is now just becoming visible. Members of ICANCL have become spokespersons for children in many situations during this adversity.

To promote and ensure child protection from violence, ill health, negligence, ICANCL is soon coming up with a protocol for use in day to day practice by Pediatricians to recognise and respond to CAN (child abuse and neglect) in their patients coming to them with apparently other symptoms but in the background of CAN. This protocol will soon be published as a guideline in Indian Pediatrics. At this point of time, it was a prudent decision to keep the theme of this year's CANCEL NEWS as 'Covid 19 and child protection.'

Heartiest congratulation to Dr. Rajeev Seth for being elected as President, International Society for the Prevention of Child Abuse & Neglect (ISPCAN), USA

Heartiest congratulations to Dr. R. N. Shrivastava for receiving the lifetime achievement award at Indore during the Pedicon 2020 in January 2020.

It has been a marathon task for us as editors to compile activities of 2 years in a single newsletter. However, this issue is anticipated to open up new perspectives in the minds of ICANCL colleagues and Pediatricians at large to be able to recognise and respond to abuse and neglect in children and understand their rights and respond accordingly.

With best wishes from both of us.....

Message from the IAP President 2021



Dr. Piyush Gupta
Delhi

Dear Esteemed Members, Colleagues & Friends,

I am indeed pleased to learn that the Indian Child Abuse Neglect & Child Labour (ICANCL) group of Indian Academy of Paediatrics (IAP) is releasing CANCL NEWS dedicated to “*Covid19 and Child Protection*”

There are various pathways through which communicable disease outbreaks can exacerbate vulnerabilities, generate new risks and end in negative outcomes for children. Outcomes are typically multi-layered, with immediate outcomes for children, families and communities - like being orphaned, stigmatization and discrimination and reductions in household income - resulting in further negative risks and outcomes for children in the intermediate term. These risks include child labour and domestic work, harmful practices (including early marriage), and early and adolescent pregnancy.

While the impacts concerning restriction of physical mobility, social isolation, and uncertainty could also be common to all or any children, when the lockdown lifts, many children can start returning to high school and resuming their daily lives. However, there is a (sub) group of children who are unlikely to be able to do so; they will be impacted far more severely than others, and interestingly the aftermath of the pandemic related restrictions lift and therefore the possibility of resuming economic activities exposes, that these children are getting to be at increasing risk.

Children’s exposure to increased protection risks as a result of the COVID-19 crisis could also be influenced through variety of pathways. In a direct way, the virus could end in loss of parental care thanks to death, illness or separation, thereby placing children at heightened risk for violence, neglect or exploitation. This could manifest as a result of the immediate situation and containment measures but could also stem from the depression which will result from the present situation and families’ reduced capacity to worry for youngsters within the long-term. More indirectly, mitigating measures adopted by many countries to address the pandemic have resulted in disruptions to children’s everyday environments, routines, and relationships.

Moreover, many of the prevention and control measures have resulted in disruptions to the reporting and referral mechanisms of kid protection services, leaving many children and families vulnerable. Furthermore, measures to contain the virus have affected delivery of important support and treatment services also as contact with informal support networks.

When it involves violence, variety of things associated with confinement measures are likely to end in increased risk for youngsters including heightened tensions within the household, added stressors placed on caregivers, economic uncertainty, job loss or disruption to livelihoods, and social isolation. Children may also increasingly witness intimate partner violence. During the crisis, identifying children in danger is inherently tougher as long as many adults who would typically recognize signs of abuse, like teachers, childcare workers, coaches, extended family and community members and child and family welfare workers, are not any longer in regular contact with children. As President of IAP 2021, I extend my warm greetings to all members of ICANCL group, and assure them of my full support in all their future endeavours.

Message from the Chairperson ICANCL Group



Dr. (Prof) Sandhya Khadse
Jaipur/Nagpur

Dear Esteemed ICANCL group members and Friends,

On behalf of the Indian Child Abuse, Neglect & Child Labour Group, it is indeed my pleasure to introduce the current 2020 issue of ICANCL E- News bulletin dedicated to understanding the issue of Covid 19 and Child Protection.

The Covid 19 pandemic is harming the health, social and material well being of children worldwide, with the poorest children still hit harder. Social isolation due to the pandemic has resulted in increased domestic violence, Child Abuse, Maltreatment and Neglect due to parental insecurity because of job losses and additional burden of household chores. Due to the closure of schools, the interaction and communication of students with their schoolmates was hindered. Children with preexisting psychiatric disorder (ADHD) anxiety, depression, mood disorders and behavior disorders had to face lot of problems during this stressful situation, widespread digitalization to compensate for the education losses caused by school closure has resulted in increased unsupervised online internet issues of sexual exploitation, pornography and cyber bullying. The overall learning loss during school brakes is on the rise and it is still higher for children with disabilities.

The mid day meal programme and aanganwadi closure has dramatically increased the already prevailing problem of malnutrition. Older children have unusual mood changes and younger children manifest with conflict and aggression. There are lot of feeding issues amongst children with intense temper tantrums. Regression in develop mental milestones eg. Bedwetting after toilet training due to emotional insecurity is observed. Sleep disturbances or sleeping all the day is one more problem of stress. It is a great challenge for parents to make decisions in the context of radical uncertainty. ICANCL group should keep a steady focus on mission, goal and principles that are here within our control. It may not be possible to deliver the planned policies and interventions in this period but we have to act with the limited resources. Technological solutions often exacerbate the existing inequalities. Even the best solutions require careful attention to the crucial interface between the child protection, care giver and the child. The interventions to alleviate psychological stressors need to be meticulously executed.

The medical professionals, pediatricians, clinical psychologists and psychiatrists should urgently concentrate on the child protection system and Covid 19. Advocacy with the govt., collaboration with other sectors and child protection specific programming are key priorities. Children experiencing violence should have access to child friendly holistic care. There is a need to establish a support group to develop strategies to include marginalized and hard to reach children.

On behalf of ICANCL group we pledge to exert every prospective and comprehensive effort in implementing the principles pf child protection and tackle the issues by spreading awareness, capacity building and systematic training of medical and paramedical professionals including ASHA workers and aanganwadi workers in preventing, detecting and responding to cases of child abuse and neglect.

My best wishes to the ICANCL team to achieve all its important aims & objectives in this very crucial period as we believe in cause and effect. The new team of ICANCL2021 is sitting in the shade today because of the tree planted by stalwarts like Dr. R.N Shrivastav, Dr. Bannerjee and Dr. Rajeev Seth twenty five years back. Wishing everyone a very happy 2022 to be followed with utmost safety as safety in its widest sense concerns the happiness contentment and freedom of mankind.

Dr. (Prof) SANDHYA KHADSE

Chairperson Indian Child Abuse Neglect & Child Labour Group

Safe School Return Parents' guide

YOU PLAY AN IMPORTANT ROLE IN KEEPING YOUR CHILD HEALTHY AND SAFE AT SCHOOL.

1 Teach and model good hygiene practices for your child.

Remind your child to wash hands with soap frequently.

Wash hands in 7 steps

- Palms
- Backs of hands
- Between fingers
- Backs of fingers
- Thumbs
- Fingertips
- Wrists

Scrub for at least 20 seconds.

Tell your child to avoid touching her/his face. If your child needs to, tell her/him to wash hands first.

Teach your child to cough or sneeze into an elbow or a tissue, and to dispose of used tissues immediately.

2 Keep monitoring your child's health.

If your child has a fever or feels sick:

Tell the teacher right away and keep your child away from school.

Seek help from a doctor.

3 Encourage your child to ask questions and express her/his feelings with adults.

Be patient and show understanding.

Communicate and build trust.

4 Stay informed about the outbreak.

Prevent stigma and remind your child to be considerate of other children.

5 Maintain close contact with the school. Actively support school safety efforts.

Message from the Secretary ICANCL



Dr Uma Nayak
Vadodara

Dear ICANCL group Members,

I am indeed pleased to present CANCL NEWS dedicated to “Covid19 and Child Protection”. The socio-economic impact of COVID-19 will be felt hardest by the world’s most marginalized children. Many already live in poverty, and the consequences of COVID-19 response measures risk plunging them – and millions more – further into hardship.

Children without parental or family care, including those living on the streets, in alternative care and people bereft of their liberty are especially vulnerable under the present circumstances. The potential of being exposed to, or infected, by the virus in crowded settings is high as long as physical distancing and other basic sanitation practices are often difficult to watch. For children in residential care, a lack of capacity and resources could result in a rapid closure of such facilities, with children being returned to families without proper preparation. For children in street situations, access to assist and support services is probably going to be disrupted and even tougher.

While the pandemic’s impact on the number of children becoming child brides and grooms is not precisely known, experience shows that the circumstances created by this crisis may introduce risks for children. For example, child marriage is more common among poorer segments of the population, and pressures including a family’s economic burden and therefore the desire to secure financial stability for daughters are often cited as reasons that oldsters prefer to have girls marry at a young age. Thus, the unemployment crisis and economic uncertainty stemming from the pandemic might bring more families to use child marriage as a coping mechanism.

As National Secretary of ICANCL group, I invite all our members to address the impact of Covid19 pandemic on childhood, support their families, and address child abuse and neglect by early diagnosis and intervention. Together, we stand committed to support basic rights and provide protection to these vulnerable groups of children.

Greetings and wishing you and your families a very hopeful New Year 2022.

Dr Prof. Uma Nayak

Professor and Head, Dept of Pediatrics

Parul Institute of medical Sciences and Research (PIMSR) and Parul Sevashram Hospital Baroda, Gujarat, India

Visiting Consultant, KGPCH, Baroda Baroda, Gujarat, India

Past President, NNF / GSC 2007-2008 National Neonatology Forum, Gujarat State Chapter

Governing body member, West zone, NNF India, 2007-2008

Past president, IAP Vadodara.

Coordinator, Medical Education Unit, GMERS MC & GH, Gotri, Baroda (2011 - 2017)

West Zone Governing Body Member, ICANCL, (a Subspecialty Group of IAP) 2017-2018

Hon Secretary, ICANCL, 2019-2020, 2021-2022

MOBILE: 09327214065 **Email:** umasnayak@gmail.com

Child Protection Systems in India: What a Paediatrician needs to know



Dr Uma Nayak
Secretary, ICANCL
umasnayak@gmail.com

The issue of child protection is a complex subject and needs a comprehensive and multi-pronged approach. Children have manifold needs starting from health, nutrition, care, protection, development, education, love, affection and recreation. Some children, like those affected by HIV/AIDS or disabilities, have special needs that should be taken care of. Apart from these children either in conflict or contact with the law have additional needs that require interventions from the police, judiciary, panchayati raj institutions, urban local bodies and local administration.

The formation of the Indian child Protection Systems (ICPS) under the MWCD in 2009/2010 brought under its ambit a number of schemes which existed earlier separately viz the childline, juvenile justice, street children, child labour, child trafficking, adoption etc.

Objective of ICPS

- To create a system that will effectively and efficiently protect the ‘best interests’ and ‘rights’ of the children.
- To contribute to the well-being of the children in difficult circumstances and to reduce their vulnerabilities.
- The objective was to institutionalize essential services and strengthen structures for emergency outreach, institutional care, family and community based care, counselling and support services at the national, regional, state and district levels;
- As per the ICPS, There is a need to shift the focus of interventions from an over reliance on institutionalization of children and move towards more family and community–based alternatives for care. Institutionalization should be used as a measure of last resort after all other options have been explored.

The ICPS will focus its activities on:

- 1) children in need of care and protection
- 2) children in conflict with law as defined under the JJ Act and
- 3) children who come in contact with the law, either as victim or as a witness or due to any other circumstance.

State Child Protection Society (SCPS):

ICPS visualizes setting up of State Child Protection Society (SCPS) in every State/UT as the fundamental unit for the implementation of the scheme. The State Child Protection Society (SCPS) shall be functioning under the overall administrative control and supervision of the State Principal Secretary/Secretary currently dealing with child welfare/development programs, in the State Government/UT Administration. He/she shall spearhead the effective implementation of ICPS and all other child protection policies and programs at the

State/UT by facilitating formulation of the State Child Protection Policy and State Plan of Action for Children. He/she shall also ensure setting up of State Commission for Protection of Child Rights (SCPCR), Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs) and Special Juvenile Police Units(SJPU) in every district.

The SCPS shall also work with Universities and Educational Institutions for formulating new courses on counselling and other specialized child protection issues for building a cadre of professionally equipped manpower to work on child protection issues.

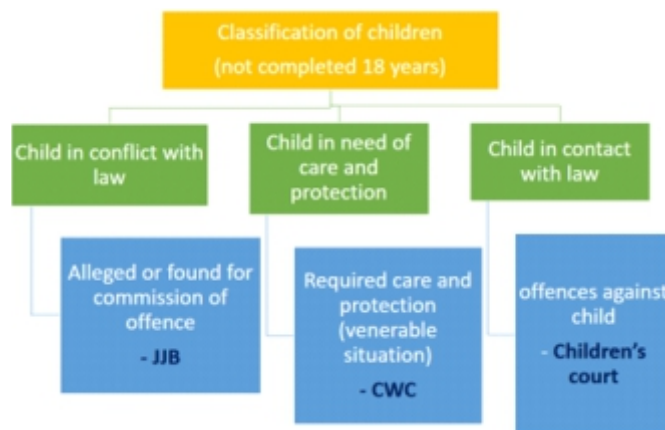
District Child Protection Unit (DCPU):

ICPS envisages setting up a District Child Protection Unit (DCPU) in each district as a fundamental unit for the implementation of the scheme.

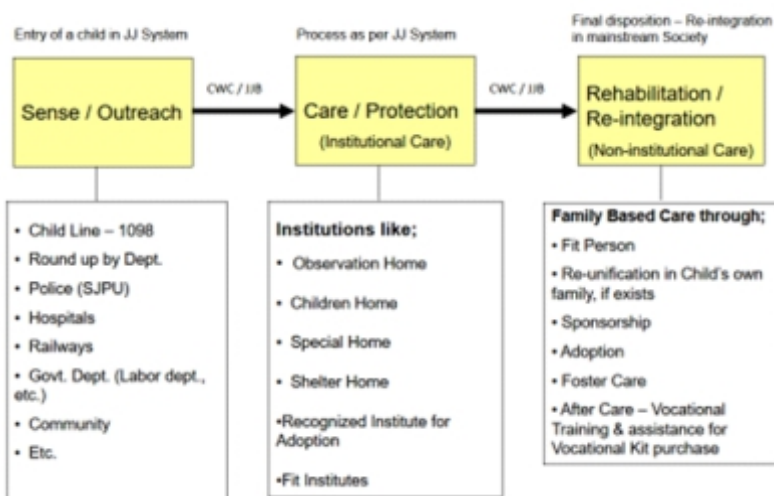
- DCPU has as its head the District Magistrate/Collector who ensures effective implementation of the Juvenile Justice (Care and Protection of Children) Act, 2000 and its Amendment Act, 2006 and 2015 at district/city levels by supporting creation of adequate infrastructure, viz. setting up Juvenile justice boards (JJB), Child welfare committee(CWC), Special juvenile police units (SJPU) in each district.
- Childline India Foundation (CIF) is the 'MOTHER NGO' managing this service as Childline telephone number 1098.
- As provided under the JJ Act, 2000, the Child Welfare Committee should hold its sittings in the premises of a Children's Home
- The Juvenile Justice (Care and Protection of Children) Act, 2000 makes it mandatory to have one Juvenile Justice Board (JJB) in each district to deal with matters relating to juveniles in conflict with law. To facilitate setting up of a JJB in each district and to ensure their effective functioning, the scheme provides adequate infrastructure and financial support to the States/UTs.
- As provided by the Juvenile Justice (Care and Protection of Children) Act, 2000, a JJB should hold its sittings in the premises of an Observation Home.
- The Juvenile Justice Act 2000 provides for setting up of Special Juvenile Police Units in every district and city to coordinate and upgrade the police interface with children
- Role of NATIONAL INSTITUTE FOR PUBLIC COOPERATION AND CHILD DEVELOPMENT (NIPCCD): NIPCCD shall be the nodal agency for training and capacity building at national and regional levels. ICPS proposes to set up a Child Protection Section within NIPCCD at the national level and in all its four Regional Centres to facilitate implementation of all child protection training and capacity building activities.
- Block Level Child Protection Committee: Every Block (ward in a city) shall have a Child Protection Committee under the Chairpersonship of the block/ward level elected representative (Head of the Block Committee) with the Block Development Officers (BDOs) as the Member Secretary to recommend and monitor the implementation of child protection services at block level. The committee could include a member of the DCPU, one ICDS functionary, representatives of education and health departments, Chairpersons of the Village Level Child Protection Committees as well as respected community members and civil society representatives.
- Village Level Child Protection Committee: Every village shall have a Child Protection Committee under the Chairpersonship of the village level elected representative (Head of the Gram Panchayat) to recommend and monitor the implementation of child protection services at the village level. The committee shall include two child representatives, a member of the DCPU, Anganwadi workers, school

teachers, auxiliary nurse midwives, as well as respected village members and civil society representatives.

ICPS: Target Group



Draft ICPS Model – An understanding



What a paediatrician needs to know:

It is good to know about the following and keep a contact with any of these

Statutory Support Services (as per the Juvenile Justice Act 2015)

- Juvenile Justice Board (JJB)
- Children court
- Child Welfare Committee CWC)
- Special Juvenile Police Units (SJPU)
- State & District Child Protection Unit (DCPU)
- Child line

Summary: The need for Paediatricians to know about the existent CPS in India has arisen after the POCSO act 2012 which makes reporting to authorities mandatory following child sexual abuse (CSA). Hence to know about the CPS, their locations and functions would facilitate Paediatricians to act appropriately while handling cases of CSA.

“An overview of Indian CANCL group activities in protection of children from abuse, neglect and exploitation over the past decade 2011-2021”



Dr. Rajeev Seth
President, ISPCAN
president@ispcan.org

The Indian Child Abuse and Neglect and Child Labour (ICANCL) Group (<http://icancl.org/>) is a nationally registered society (registration no. S-68745/2010). It is a group of the Indian Academy of Pediatrics (IAP) (www.iapindia.org). The ICANCL Group was initiated at the IAP Conference in 1996 at Mangalore. The theme of the conference was: **Child Rights: Our Concern**. It was widely approved that pediatricians ought to take a comprehensive view of childcare, well beyond the management of the sick child. Thus, the difficulties faced by children in socioeconomically underprivileged communities in our country need to be taken cognizance of and appropriately tackled by pediatricians, and allied frontline medical professionals. Post COVID, a larger proportion of children remain deprived of proper health care, nutrition and education. Older children are often employed in different forms of child labour; remain neglected and out of school. Child abuse, trafficking, child marriage and exploitation are widely prevalent of public health problems. Since its inception, 25 years ago, the ICANCL group pediatricians have stood committed to prevent and respond to such violence against children and enable realization of their rights to health, education, nutrition, development, and protection within the framework of Indian constitution and child welfare systems in the country.

OVERVIEW OF STATE OF CHILDREN IN INDIA

The health and security of country's children is integral to any vision for its progress and development. India is home to the largest child population in the world, with almost 39 per cent out of its 1.2 billion total populations (440 million) are children under the age of 18 years. In developing countries such as India, with its adverse socio-economic circumstances and large population base, child rights and protection are serious, widely prevalent public health problems.

Challenges & Opportunities

Poverty, illiteracy and poor access to health and family planning services often result in multiple births per family, which in turn leads to considerable pressure on families particularly in the Low & Middle income countries (LMIC) and consequently to low availability of resources for the care of children during their early formative years. In 2007, a study conducted by the **Ministry of Women and Child Development of the Government of India** study revealed that the prevalence of all forms of child abuse is extremely high (physical abuse (66%), sexual abuse (50%) and emotional abuse (50%).

Child Abuse & Neglect (Child Maltreatment) exerts a multitude of short- and long-term health effects on children. It can lead to serious and often lifelong consequences including for mental and physical health, reproductive health, academic performance, and social functioning. According to the Adverse Childhood Experiences (ACE) study, a major American epidemiologic research project, powerful relationships has been

established between child maltreatment & violence in childhood to adverse health effects in adult life, including development of adulthood high-risk health behaviors such as smoking, alcohol and drug abuse, promiscuity, and severe obesity, and correlated with ill-health including depression, heart disease, cancer, chronic lung disease and shortened lifespan.

Pediatricians and allied healthcare professionals are often the first point of contact for abused and neglected children. They play a key role in detecting child abuse and neglect and provide immediate and longer-term care and support to children. However, despite being important stakeholders, often pediatricians and medical professionals have a limited understanding on how to provide health care and protection to the abused groups of children? Therefore, there exists an urgent need to raise awareness systematically train them in recognition detecting and responding to various forms of child abuse and response in clinical settings. The training increases their capacity and enable them to provide offer high quality medical services to children and to work together with professionals from other fields in maximizing the impact of a comprehensive multidisciplinary response to child rights and protection.

OVERVIEW OF MAJOR CONFERENCES & EDUCATIONAL ACTIVITIES OF ICANCL GROUP 2011 -2021

International Conferences

The ICANCL group organized the 9th ISPCAN Asia Pacific Conference on Child Abuse & Neglect (APCCAN) at New Delhi in 2011: Theme Child Abuse & Neglect: Challenges & Opportunities. The conference left a major legacy. It developed an outcome document, Delhi Declaration which addressed the commitment of 600 delegates from 40 countries to advocate realization child rights and protection of children in the region. APCCAN enabled pediatricians, and allied multidisciplinary professionals from India and other low and middle income countries (LMIC) to come together on a common platform to realize child rights and to understand child protection systems in different countries

National Conferences:

The ICANCL Group organized national conferences (CANCLCONs)) every alternate year, across the country in order to educate, train and update pediatricians and multidisciplinary professionals regarding the most recent developments, understanding best practice models, and systems of child protection. The following national academic conferences (CANCLCON) were organized:

- Silver Jubilee conference of Indian CANCL group under planning phase Chandigarh, Punjab, India (2021)
- Theme: Medical Professionals Response to Child Abuse & Neglect Wayanad, Kerala (Dec 2015)
- Theme: Child Sexual Abuse: Prevention and Response Vadodara, Gujarat (2017)
- Theme: “Working Together for Child Protection and Development”. Guwahati, Assam (January 2019)

Expert Group National Consultations

1). UNICEF & ICANCL group partnership :“Prevention of child abuse and capacity-building of pediatricians and allied medical professionals”(2018-2019).

Creation of a reference Child Abuse handbook for pediatricians and allied medical professionals (2020)

The UNICEF-ICANCL group project (2018-2019) activities involved the creation of a reference handbook for medical professionals, through three consultative workshops with experts in the field. A handbook *Child Abuse: Recognition and Response* has been prepared and redacted under that project funded and supported

by our partnership with UNICEF India. The handbook aims to achieve understanding of the basic concepts; current guidelines and Standard Operating Protocol (SOP) for prompt recognition and management of survivors of child abuse by pediatricians and allied medical professionals in Indian settings.

BOOK released for training of pediatricians and allied medical professionals, at IAP National Conference, PEDICON 2020, Indore India

CHILD ABUSE: RECOGNITION & RESPONSE

Seth Rajeev, Srivastava RN, Jagadeesh N, Saldhana S, Sagar R.

Indian Child Abuse Neglect & Child Labour (ICANCL) group, Indian Academy of Pediatrics

Published 2020 Jaypee Brother's Medical Publishers, India

The above handbook **Child Abuse: Recognition & Response** was released at Indore PEDICON January 9, 2020 by Dr Bakul Jayant Parekh President IAP. This book provides an introduction of child abuse, its various forms and adverse health effects, concise chapters on clinical recognition and response to physical, sexual, emotional abuses and neglect. It contains a brief approach to trauma-informed care, medico-legal aspects, multidisciplinary team and case-based approach to learning. The ICANCL group endeavours to disseminate the handbook for further training and academic engagement with pediatricians, medical practitioners and allied medical professionals throughout the country through IAP networks as well as training workshops by ICANCL group.

The other Expert Group consultations and reports included the following : 2. Addressing Neglect & Protecting Children; Early Child Development, (October 2019) The Vivanta Ambassador Hotel, New Delhi

3. "Child Trafficking and Commercial Sexual Exploitation of Children: Medical & Psychosocial Services for the Victims", India International Centre, New Delhi India (October 2016)4. Comprehensive Early Childhood Care & Development (November 2016)"All India Institute of Medical Sciences, New Delhi

Indian Child Protection Medical Professional Network (ICPMPN) (2017-2021)

ICPMPN was developed in collaboration between ICANCL Group and the International Centre for Missing and Exploited Children (ICMEC), Virginia, USA. ICPMPN comprises of a network of pediatricians and allied medical doctors from across India. Doctors from a variety of disciplines, including Pediatrics, Obstetrics and Gynaecology, Forensic Medicine, Community Medicine and Mental Health, who are being trained to increase accessibility and improve the quality of medical evaluations for suspected victims of Child Sexual Abuse(CSA) /Child Sexual Exploitation(CSE), in compliance with the Protection of Children from Sexual Offences (POCSO), Act, 2012, Ministry of Women & Child Development, Government of India and Guidelines & Protocols: Medico-legal care for survivors/victims of Sexual Violence, Ministry of Health & Family Welfare, Govt. of India.

TWO DAY WORKSHOPS ON TRAINING OF PEDIATRICIANS & MEDICAL PROFESSIONALS IN MANAGEMENT OF CHILD SEXUAL ABUSE

The following three advanced training workshops were organized at New Delhi May 2019, Bengaluru Feb 2019, Kolkata, November 2019. Plans were disrupted due to COVID 2020, but an additional advanced training workshop is planned in May/June 2021.

ICPMPN has trained 81 clinicians from across India as regional experts to respond to Child Sexual Abuse (CSA) and Exploitation, who continue to get ongoing training, share cases, attend webinars and teaching programs through list-serve, and zoom online platforms

ONE DAY WORKSHOP ON TRAINING OF PEDIATRICIANS & MEDICAL PROFESSIONALS IN MANAGEMENT OF CHILD SEXUAL ABUSE

The following one day comprehensive workshop on Child Sexual Abuse: Prevention & response have been conducted under the IAP, ICANCL and ICMEC banner, with partnership of local IAP branches. Each workshop was led by expert national faculty, was interactive & had 50-100 participants from the region. More than 500 pediatricians and allied doctors has been sensitized to prevent and response to CSA/E.

Patna, Bihar, India, February 2019

Noida, Uttar Pradesh India, February 2019

Mumbai, Maharashtra, India, February 2019

Gurgaon, Haryana, India, December 2019

Indore, Madhya Pradesh, January 2020

Delhi , November 2020,

Hyderabad, December 2020

Bhubaneshwar, Odhisa, February 2021

Kolkata, West Bengal, March 2021

Workshops & Symposiums

PEDICON IAP National Conference 2015, Ashok Hotel Delhi

Care of Children in Institutions,

PEDICON 2016, Hyderabad India

Symposium Child Abuse & Neglect in developing countries: Socio-economic dimensions,

PEDICON 2017, Bengaluru, India

Symposiums organized:

- (1) Prevention of Violence against Children: Focus on the Girl Child
- (2) Child Trafficking & Sexual exploitation
- (3) Child Sexual Abuse

PEDICON 2018, Nagpur, India

Workshops organized

- (a) Child Sexual Abuse: Prevention and Response
- (b) Early Child Marriage & Prevention of Early Motherhood
- (c) Symposium on Child Abuse & Child Rights

PEDICON 2019, Mumbai, India

- (a) Management of Child Sexual Abuse

Keynote Lecture by Dr Prof Jordan Greenbaum, Virginia, USA (IAP Special invitee)

Symposium on Child Sexual Abuse

- (b) Child Sexual Abuse—an overview of the POCSO Act

- (c) Role of Pediatricians in Prevention and case-based approaches

PEDICON 2020, Indore, MP, India

- (a) Child Sexual Abuse
 - Dimensions of CSA
 - Prevention of Child Sexual Abuse
- (b) Trauma Informed Care
- (c) Addressing Neglect of the Rural Child
- (d) Panel Discussions: Child Protection Systems & Creating Convergence: One Stop Center

Orphan and Vulnerable Children (OVC) Program

Several ICANCL, IAP members continue to provide health care services weekly for the orphans and vulnerable children in various parts of India, through partnership with other nonprofit organizations. In the NCT of Delhi, the program is led by Dr Rajeev Seth (ex-Chair) & Dr Indra Taneja, member of ICANCL group, through collaboration with drop in centers (DIC) and a mobile health van(MHV) provided by BUDS. Besides 12 slums in urban Delhi, the program reaches out to 24 villages, in the most backward district of the country, Mewat, Haryana, India. The community health outreach functions on the principles of 3P (Prevention of disease, Promotion of health & Prompt treatment). It has so far benefited more than 40,000 street and vulnerable children since its inception in year 2000.

Children's Day Celebration

The ICANCL group, IAP celebrates Children's Day annually on November 14 in partnership with IAP Delhi, allied Governmental agencies and NGO's to benefit underprivileged children from NCT region of Delhi". The event aims to engage with more than 300 underprivileged children and help raise the self-esteem through a range of innovative and fun filled activities. In 2019, the Children's Day event was held at the BR Ambedkar Institute, Delhi and also focused to identify the education, health, economic and social needs of underprivileged children through conduct of a medical quiz, sports and cultural program

Public Health & Child Protection Advocacy

Social justice is integral to the management and efficient delivery of all child-serving programs – whether healthcare, nutrition, education, protection, early childhood care and development & child-friendly spaces (anganwadis) or sanitation. Neglect of our National Child Policy and Action Plans has incurred huge costs for both children and our society. In collaboration with allied professional medical societies, and multidisciplinary professionals, the ICANCL group, IAP looks forward to influence proactively& sustain evidence-based advocacy with government & civil societies.

The ICANCL group members take the lessons learned from voices of the vulnerable children and ground realities to the policy makers and government officials to advocate for improvement of child health and protection services within the framework of government programs such ICDS, National Nutrition POSHAN Abhiyaan, universal immunization program, Mission Indradhanush, Anemia mukt bharat, RBSK program, access to health care for children with disabilities, including regional and district levels programs. The ICANCL group has worked in collaboration with Ministry of Women & Child Development; Government of India the National Commission for Protection of Child Rights (NCPCR), a statutory body has been established by an Act of Parliament, the Commission for Protection of Child Rights (CPCR) Act, 2005, and its State branches.

The ICANCL group members have been invited to participate in National, State and regional consultations organized by the various government bodies. Along with the UN Child Rights convention (UN CRC), National Policy for Children (2013) & National Plan for Action of Children (2016) are other instruments that are widely used for advancing advocacy to prevent and protect children from various forms of deprivations and violence. In this regard, the ICANCL group provides a platform for public health advocacy for rights of children.

The ICANCL group members have been consulted during the development of Indian Child Protection Laws such as the Protection of Children from Sexual Offences (POCSO), Act, 2012, Ministry of Women & Child Development, Government of India and the amendments to the Juvenile Justice Act 2015. Government of India Guidelines & Protocols: Medico-legal care for survivors/victims of Sexual Violence, Ministry of Health & Family Welfare, Govt. of India has been frequently used to train doctors to achieve compliance of recognitions and response to these forms of child sexual abuse and exploitation.

Bibliography

1. Child Rights in India. Child in India Statistics & Children in India. <http://www.childlineindia.org.in/child-in-india.htm>
2. Seth R. Child Abuse and Neglect in India. *Indian J Pediatr.* 2015; 82:707-14
3. Srivastava RN. Child Abuse & Neglect: Asia Pacific Conference and the Delhi Declaration. *Indian Pediatrics* 2011; 49:11-12.
4. Census of India Data 2011. <https://www.google.com/search?q=census+of+india+2011+data>, accessed August 21, 2018
5. Sample registration system 2016. https://www.google.com/search?client=firefox-b-ab&ei=_mB8W5u3HsnFvQSS14WoBA&q=sample+registration+system+2016, accessed August 22, 2018
6. National Health Mission. Ministry of Health & Family Welfare, Government of India. <http://nhm.gov.in/nrhm-components/rmnch-a/child-health-immunization.html>, accessed August 21, 2018
7. Poshan Abhiyan: <https://currentaffairs.gktoday.in/tags/poshan-abhiyaan>, accessed August 21, 2018
8. POSHAN Abhiyaan to address Malnutrition through Convergence, Use of Technology and a Targeted approach. <http://pib.nic.in/newsite/PrintRelease.aspx?relid=177746>, accessed August 21, 2018
9. Constitution of India : <https://www.india.gov.in/my-government/constitution-india>, accessed July 20, 2018
10. UNICEF. (2018). Convention on the Rights of the Child. Retrieved June 18, 2018, from UNICEF for every child: <https://www.unicef.org/crc/>
11. India: Third & Fourth Combined Periodic Report on the Convention on the Rights of the Child 2011, available from www.wcd.nic.in
12. National commission of protection of child rights. (2018). [Ncp.gov.in](http://ncpcr.gov.in/). Retrieved 24 July 2018, from <http://ncpcr.gov.in/>
13. Juvenile Justice Act [http://en.wikipedia.org/wiki/The_Juvenile_Justice_\(Care_and_Protection_of_Children\)_Act,_2000](http://en.wikipedia.org/wiki/The_Juvenile_Justice_(Care_and_Protection_of_Children)_Act,_2000)
14. UNICEF (2014) Improving Children's lives, transforming the future of Child Rights in South Asia. Accessed from www.unicef.org/media/files/Child_marriage_Report

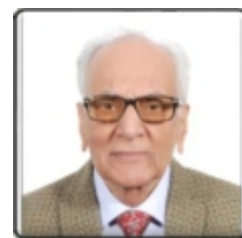
15. Child Labour in India: <https://en.wikipedia.org/wiki/>, accessed July 20, 2018
16. Study of Child Abuse India. <https://www.childlineindia.org.in/pdf/MWCD-Child-Abuse-Report.pdf>, accessed August 22, 2018
17. Prevention, C. F. (2016, April). About Adverse Childhood Experiences. Retrieved May 23, 2018, from Violence Prevention: https://www.cdc.gov/violenceprevention/acestudy/about_ace.html
18. Franke, A. H. (2014). Toxic Stress: Effects, Prevention and Treatment. *Children*, 390-402.
19. Dong et al. Adverse Childhood Experiences (ACEs) Study. *Circulation*, 2004; 110:1761
20. Indian Academy of Pediatrics. <https://www.iapindia.org/>, accessed August 22, 2018
21. Seth R. Child Protection: Assigning responsibilities? Child Abuse and Neglect in Asia Pacific Countries: Challenges and Opportunities. Srivastava RN, Seth R, Eds. New Delhi: Jaypee brothers. www.jaypeebrothers.com; 2013; 129-134.
22. Analysis of Union Budget for children (HAQ, 2018) <http://haqrc.org/wp-content/uploads/2018/02/haq-budget-for-children-2018-19.pdf>
23. Raman S, Kadir A, Seth R, Muhammad T et al Violence against children of the world: Burden, consequences and recommendations for action. *Pakistan Pediatric Journal* 2017; 41(4 (Special Supplement)): 30-54.
24. World Health Organization (WHO) INSPIRE: Seven strategies for Ending Violence against Children http://www.who.int/violence_injury_prevention/violence/inspire/en/ accessed November 5, 2017
25. UN Sustainable Developmental Goals: 17 goals to transform our world, Accessed June 30, 2018. <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

9 Internet Safety Tips

- 1. Always use strong passwords**
A good password needs to contain numbers, capital letters, and unique signs. There are also tools that can make this process easier.
- 2. Keep your personal data personal**
Finding out dates of birth, email addresses, and details about your family makes it easier for hackers to break into your account.
- 3. Visit only secure websites**
URI (uniform resource locator) beginning with "https" is safer than the one with "http", as letter "s" stands for security.
- 4. Use legitimate software**
Want to get an app or a program? Do that through an official website. Otherwise, you risk downloading a malicious program.
- 5. Be careful with your credit cards**
Don't use debit cards that are linked to your bank directly. Keep only one to use online. Consider adding a second layer of protection.
- 6. Use two-step verification**
Google offers this option to all the users. Instead of simply typing in your password, you would need to put in a code sent to your phone.
- 7. Steer clear of phishing scams**
Whenever you receive a message, think if the sender is someone you know. Don't click on any links in the messages from unknown senders!
- 8. Keep your home network safe**
Ensure the security of your network. Make sure you change the name and password after getting a router from your provider.
- 9. Don't forget to log out**
Staying logged in is dangerous for the security of your personal information. Online services save all your data.

Created by Custom Writing

Child protection, child abuse and exploitation, and civil society



Dr. R. N. Srivastava
Advisors, ICANCL
drnsri@gmail.com

Of various child rights, survival, health care, education, protection and prevention of abuse and exploitation are crucial. It is important to identify the most important problems and the challenges in addressing them appropriately. Although the child rights are globally applicable, they must be viewed in view of the prevailing socioeconomic and cultural factors and societal attitudes, and prioritized for action.

Challenges

The biggest challenge in India and many other developing countries is that of the large number of children. 26 million are added every year, the majority among the impoverished and underprivileged population. Each newborn must receive proper neonatal and subsequent care and learning opportunities. For a majority of children that is an uphill and often unattainable goal.

Family planning. Proper nutritional and learning inputs are difficult to ensure in the presence of poverty, illiteracy and large family size. Coercive methods for family planning must be avoided, but an explanatory and persuasive approach is called for. NFHS-4 survey had revealed that 8% of women between the ages of 15-19 were already mothers or pregnant, and a quarter of them were below 18 years. Although NFHS 2019 - 20 shows a declining fertility rates but the increase in population remains high. Access to appropriate family planning methods is a human right and important for individual and societal well being as well as overall national development. The message must go that proper care and nurturing and protection of their children are the parental responsibility. Adverse consequences of early child marriages should be explained to the communities.

The National Plan of Action for Children-2016 : Putting the last child first

The above-mentioned document of the Ministry of WCD specifies in extensive details various child rights issues and the measures to tackle the problems [1]. This report should be a compulsory reading for paediatricians, policymakers and all those concerned with child welfare. It identifies 4 key priority areas: i) survival and health care, ii) education and development, iii) protection and, iv) participation.

Survival and health care. Various measures for survival and health care have been extensively discussed and need to be widely implemented.

Education and development. The Right to Education acts mandated free education to all children between 6-14 years. Provision of education of the preschool child is more difficult especially among the illiterate communities. The Ministry of W&CD's policy document "National Early Childhood Care and Education" (ECCE) contains an exhaustive consideration of various issues and how the recommendations are to be put into practice [2].

Protection

1. **Birth registration must be ensured.** It is a right of every child and the first step for establishing the

identity. Care and protection are the responsibility of the parents and the proximate community. A watchful and caring awareness needs to be inculcated among the neighbourhood and community to attend to children in various settings and situations and look after their safety. Children in schools should also be accounted for, and any missing child brought to not the notice of the authorities.

2. ***Violence against children.*** All forms of corporal punitive acts must be opposed. The American Academy of Pediatrics discourages use of harsh language and emotional ways of imposing discipline. However, various domestic disciplinary measures are accepted as a way of life, especially in poor, illiterate households with a large number of children. Domestic violence is not uncommon among educated societies in affluent countries where social norms are different and the incidence of domestic discords and alcohol and substance abuse is high. In recent years a great deal of concern has been expressed over the relationship of violence and abuse in children with their long term harmful effects in adulthood. Development of such adverse effects is also likely to depend upon subsequent domestic and work environment and support of family and peers. Educated and successful persons often admit to being subjected to physical punishment during childhood, at home and occasionally at school, and claim that “no lasting harm was done”, and that such corrective measures were quite benign! School teachers, especially in primary schools, express the difficulty in controlling classes having large numbers of pupils. However, the teachers have to understand these issues and ensure that no child is subjected to physical or mental harassment [3].
3. ***Protection from abuse and exploitation.*** Instances of parental and school disciplinary punishment that cause serious injury are not uncommon, and perhaps unintentional, but still must be avoided. Maltreatment of children employed in domestic work and in a variety of non formal work (eg. roadside eateries, repair shops) and formal work is more serious and must be prevented.
4. ***Children in institutions.*** About 4% of the child population in India is termed “orphans”. A large number receive institutional care. The incidence of abuse is high in child care institutions [3]. Only a small numbers of children are being legally adopted, regulated by Central Adoption Resource Authority (CARA). A large number of NGOs have been providing alternative care to children in a variety of settings with the necessary inputs indifferent parts of the country.
5. ***Exploitation of children at work.*** Children are made to work in a variety of occupations as cheap labour. Abuse is frequent in these situations [4].
6. ***Child sexual abuse.*** Child sexual abuse carries a different dimension. The problems and protective measures have been reviewed [5]. Children, parents and schoolteachers should be informed about CSA. The responsibility of protection from CSA chiefly rests upon the parents.

6. Child protection systems

National Commission for Protection of Child Rights (NCPCR) and State branches (SCPCR) share the responsibility of child protection.

Integrated child protection scheme (ICSPS). It is a government –sponsored scheme aimed at building a protective environment for children in difficult circumstances, as well as other vulnerable children, through Government –Civil-Society Partnership (6). It brings together various child protective schemes of the ministry and integrates additional interventions for protecting children and preventing harm.

Child Protection Committees (CPC) are set up at state, district and village level. CPC in villages support community based management of violence against children, exploitation, child labour and prevention of child marriages. A multidisciplinary approach is required is required to tackle various problems. Village officials, Anganwadi workers, ASHAs, ANMs, school teachers are explained and oriented toward these

problems. Their involvement and responsibility are crucial. Protection measures cannot be centrally undertaken.

Childline. Childline (Phone: 1098) provides emergency services through coordination with several agencies for rescue and care and rehabilitation (7). It has a countrywide network. Childline India Foundation is the nodal agency of the Ministry of WCD for setting up and managing the childline service and documentation in the country.

Legal measures

A large number of legal measures are in place to prevent offences against children and impose punitive actions against the perpetrators [6]. Most notable of these include the Juvenile Justice (Care & Protection of Children) Act 2015, POCSO Act Amendment 2019, Child & Adolescent Labour (Prevention & regulation) Act 1986, Prohibition of Child Marriage Act 2006. JJ Act also addresses various issues concerning children in conflict with law. Implementation of these measures depends upon cooperation and surveillance of the community. Traditional beliefs, inimical religious practices and actions directly consequential to poverty cannot be counteracted by law alone. The root causes must be tackled.

Participation

Children need to be informed of their rights and entitlements. Attempts should be made to involve them during planning of programmes (such as those for various school activities) and their implementation.

Societal attitudes and advocacy

Poverty, illiteracy, inadequate health care, large family size, children of migrant population, homeless and street children, orphans and abandoned children, and children at work present gigantic problems that seem insurmountable. Equally important is the adverse and uncaring attitude of the society at large toward the difficulties faced by the majority of our population. We need to sensitise teachers, police personnel, medical staff, lawyers, religious leaders (who never seem to speak about children), media persons and the community at large toward child rights, child protection and child abuse and exploitation. Exploitative, abuse or demeaning portrayal of children by any form of media must be prohibited. Government must institute the necessary measures to provide comprehensive free health care and quality education to all children. We need to interact with NGOs, industrial and business houses, and most of all with politicians on behalf of children and advocate for their rights, welfare and development.

References

1. National plan of action for children. WCD.nic.in/sites/default/files/National%20Plan%20of%20Action
2. Early childhood care and education. WCD.nic.in/sites/default/files/National%20Early%20Care%20and%20Education%20Education-Resolution
3. Guideline for eliminating corporal punishment in schools. Ncpcr.gov.in/view_file.hp/fid=108
4. Children at work, child labour, modern slavery in India. *Indian Pediatr.* 2019;633-638
5. Seth R, Srivastava RN. Child sexual abuse. Management and prevention, and Protection of Children from Sexual Offences (POCSO) Act. *Indian Pediatr* 2017; 54: 949-953.
6. Integrated Child Protection Scheme. <https://wcd.nic.in/sites/default/files/revised%20ICPS%20scheme>
7. Childline. Childlineindia.org/a/about/childline-India
8. Child sexual abuse. *Indian Pedaitrics.* 2017; 54; 949-953
9. Child related legislation. F:/child%20Related%20Legislation.html

Issues and Challenges for Children During the Covid-19 Pandemic



Dr. (Prof) Sandhya Khadse
Chairperson, ICANCL
sandhyakhadse@yahoo.com

“If there will be no children, the world will be devoid of sunshine and laughter”

COVID-19 has been spread rapidly within and between countries across the globe. Children are widely recognized as a vulnerable population during disasters and emergencies and this current COVID19 pandemic is no exception. The impact of COVID19 in children is multifaceted and complex which includes psychological, mental, physical, social and cultural aspects.

These effects are not limited to health and well being but extend to many dimensions of children’s lives, their education, safety and poverty.

Impact on the under-privileged children:

In India, this pandemic has profoundly affected the lives of the most marginalized children. The poverty stricken regions have always been at the highest risk of disease spread, and due to the rampant overcrowding in the slums, social distancing was not feasible. The exodus of migrant workers from hostile metropolises has severely affected the well being of their children who took arduous trips to reach their villages. Despite the efforts taken by the national commission for the protection of child rights, to ensure protection of children moving with migrant workers, children suffered from extreme exhaustion and scarcity of food, water and medical aid.

Homelessness and loss of livelihood in poor families had direct impact on nutrition of their children.

The class divide is also very evident in the opportunities available for children in continuing schools in the online platform. Only 1 in 4 have access to digital learning. Lack of appropriate gadgets and absence of online teaching in municipality schools place the poor kids at a disadvantage in terms of learning during the COVID-19 pandemic. The government needs to take immediate cognizance of this issue and fill the gaps in education by providing the necessary resources to these children.

Impact on Breastfeeding:

Although the WHO recommendations on the initiation and continued breastfeeding of infants and young children also apply to mothers with suspected or confirmed COVID-19, parents who were breastfeeding their child before COVID-19 had concerns about continuing breastfeeding during the COVID-19 outbreak. The most common concern was fear of their baby getting infected from breastfeeding and fear of separation from their child due to COVID-19 infection. However, almost half of the respondents wanted to use infant formula or breast-milk substitute. This higher interest in using infant formula or breast-milk substitute among parents could be due to increased concerns or fears around breastfeeding during COVID-19 outbreak (1). Mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks

for transmission, in the context of infant survival and well being.

Impact on childhood nutrition:

Some of the strategies to respond to COVID-19— including physical distancing, school closures, trade restrictions, and country lock downs— are impacting food systems by disrupting the production, transportation, and sale of nutritious, fresh, and affordable foods, forcing millions of families to rely on nutrient-poor alternatives. The brunt of this inaccessibility to food is borne by the children in these families especially in the developing countries like India. It is suggested that that without timely action, the global prevalence of child wasting could rise by a shocking 14.3% , with an estimated 47 million children younger than 5 years affected by wasting globally before the COVID -19 pandemic this would translate to an estimated additional 6.7 million children with wasting during the first 12 months of the pandemic— 80 % of them in sub-Saharan Africa and south Asia (2) (3). The estimated increase in child wasting is only the tip of the iceberg. In India, a significant proportion of food intake of children from poor families comes from the mid-day meal programme implemented in Government schools and Anganwadis. The indefinite closure of these facilities has resulted in increase in wasting and stunting of the marginalized children. The COVID-19 pandemic has also increased other forms of child malnutrition, including stunting and micronutrient deficiencies.

Children from the privileged background are on the other end of the malnutrition spectrum –overweight and obesity, which has direct effects on their physical as well as mental health. With schools being closed indefinitely and shift to online teaching method, time spent on television and mobiles have increased considerably. This increase in screen time combined with binge eating to beat boredom has led to increase in overweight and obesity in children. Inconsistent sleep habits may particularly increase the potential for unhealthy eating .The lack of physical activity and outdoor playtime due to lockdown and social distancing is also a significant contributing factor.

According to a study from Italy, compared to behaviors recorded a year prior, children ate an additional meal per day; slept an extra half hour per day; added nearly five hours per day in front of phone, computer and television screens; and dramatically increased their consumption of red meat, sugary drinks and junk foods. Physical activity, on the other hand, decreased by more than two hours per week(4). Childhood obesity and COVID-19 are two simultaneous pandemics. The clashing of the two diseases and the subsequent changes in the bio-ecological environment have placed children and adolescents at increased risk to develop obesity and exacerbate obesity disease severity(5).

Impact of social isolation from peers:

School, that half day of chatter, learning, unlearning and finding your place among your peers, has shrunk to a tinny-voiced screen.

Due to lockdown, children have had no physical access to friends, peers, schoolmates and relatives for months. Governments worldwide have implemented measures to contain the spread of COVID-19, including school closures, home isolation/quarantine and community lockdown, all of which have had secondary impacts on children and their households. Children are also missing their share of celebration and fun on birthdays, festivals and temple visits which Limited or no opportunity for outdoor play and socialization may also impact children adversely, making them easily bored, angry and frustrated. Although many are active on mobile phones and virtually connected, there is higher probability that they will become increasingly engrossed in social media and online entertainment. There have been reports in Indian media of problems such as overuse of mobile phones and impact on functioning. Increased digital connections can also result in ‘emotional contagion’ where the distress and fear experienced by one spread to another person(6).

Impact on mental health:

The once familiar environments of family, home, school, and community and their multi-factorial interactions have changed to unrecognizable scenarios, increasing stress for children and families. All of these adversely impact children's mental health and welfare, leading to a wide variety of mental health issues, such as anxiety, stress, depression, and sleeping difficulties. There is a high prevalence of psychological health problems among adolescents, which is negatively associated with the level of knowledge about and the prevention and control measures for COVID-19. It is estimated that children and adolescents are more likely to experience high rates of depression and most likely anxiety during and after enforced isolation ends (7). Social isolation and loneliness mainly contribute to the increase in the risk of depression, and possibly anxiety in children during the lockdown(8). Large proportions of children are suffering from mental health disturbances during the lockdown period. Parents' ability to forestall their emotional pain or manifestation of depression from influencing their role as a parent might be a significant source of resilience for their children(9). COVID -19-associated mental health risks will disproportionately hit children and adolescents who are already disadvantaged and marginalized (10). Therefore, the Government should offer preventive support and early intervention where possible and be prepared for an increase in mental health problems. Child abuse and neglect and COVID-19:

One serious consequence of the COVID-19 pandemic has been increased risk of child maltreatment, including physical abuse, sexual abuse, emotional abuse, neglect, and exposure to family violence. Many factors contribute to the risk. For perpetrators, parenting stress, financial stress, mental illness, increased substance use , social isolation, and negative interactions with children— all of which may be present and potentially exacerbated during this pandemic— are associated with an increased risk of child abuse and neglect (11) (12) COVID-19 has exacerbated pandemics of violence and poverty in India. Families are resorting to negative coping mechanisms, including child labour, marriage and institutionalization (13). The exploitation of children for household labour, child work force in community kitchens and other places, practically goes unnoticed. Health care professionals should be aware of the risk factors for child maltreatment and pay particular attention to children in households where those risk factors are present. Physicians should pay special attention to children and caregivers who appear to be in distress, and to the relationship between children and caregivers.

CONCLUSION

The current pandemic, stressful and disruptive as it is, could provide the opportunity to introduce innovative approaches to deal with these varied impacts on our children. Child support packages for the marginalised children and ensuring their basics needs like food, water and shelter are met, has to be the primary responsibility of any government. NGOs can be motivated to crowd source the funds for electronic gadgets, thus creating equal opportunities for learning to all children. Delivering mental health services through telepsychiatry can possibly foster, efficient use of available resources. Online counselling sessions for burnt out parents, support groups for caretakers may help them deal with children in a better way. 24hour - Child helpline services are the need of the hour. Child maltreatment should be actively looked out for and ensure protection of our future generation.

Children are indeed the world's most valuable resource and its best hope for the future and to protect them is our foremost responsibility; the COVID-19 pandemic is no exception.

“WE HAVE TO BE MORE PATIENT THAN WE’VE EVER BEEN, MORE CONNECTED THAN WE’D EVER IMAGINE AND MORE RESPECTFUL TO ALL PEOPLE.”

-A17YEAROLDGIRLFROMPANAMA.

REFERENCES

1. Omoni, A., Rees-Thomas, P., Siddiqui, S., Arafat, Y. and Burgess M. The Hidden Impact of COVID-19 On Children's Health and Nutrition. 2020 ;
2. HLPE. Impacts of COVID-19 on food security and nutrition: developing effective policy responses to address the hunger and malnutrition pandemic. HLPE issues Pap [Internet]. 2020 ;(September):1–24. Available from: www.fao.org/cfs/cfs-hlpe
3. Robertson T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low- income and middle-income countries: a modelling study. *Lancet Glob Heal* [Internet]. 2020 ;8(7):e90 1–8. Available from: [http://dx.doi.org/10.1016/S2214-109X\(20\)30229-1](http://dx.doi.org/10.1016/S2214-109X(20)30229-1)
4. Pietrobelli A, Pecoraro L, Ferruzzi A, Heo M, Faith M, Zoller T, et al. Effects of COVID-19 Lockdown on Lifestyle Behaviors in Children with Obesity Living in Verona, Italy: A Longitudinal Study. *Obesity*. 2020;
5. Browne NT, Snethen JA, Greenberg CS, Frenn M, Kilanowski JF, Gance-Cleveland B, et al. When pandemics collide: The impact of COVID-19 on childhood obesity. *J Pediatr Nurs* [Internet]. 2020 ; Available from: <https://doi.org/10.1016/j.pedn.2020.11.004>
6. Coviello L, Sohn Y, Kramer ADI, Marlow C, Franceschetti M, Christakis NA, et al. Detecting emotional contagion in massive social networks. *PLoS One*. 2014;
7. Zhou SJ, Zhang LG, Wang LL, Guo ZC, Wang JQ, Chen JC, et al. Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. *Eur Child Adolesc Psychiatry* [Internet]. 2020 ;29(6):749–58. Available from: <https://doi.org/10.1007/s00787-020-01541-4>
8. Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, et al. Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *J Am Acad Child Adolesc Psychiatry* [Internet]. 2020 ;59(11):1218- 1239.e3. Available from: <https://doi.org/10.1016/j.jaac.2020.05.009>
9. Yeasmin S, Banik R, Hossain S, Hossain MN, Mahumud R, Salma N, et al. Impact of COVID-19 pandemic on the mental health of children in Bangladesh: A cross-sectional study. *Child Youth Serv Rev* [Internet]. 2020 ;117(July):10 5277. Available from: <https://doi.org/10.1016/j.chilcyouth.2020.105277>
10. Fegert JM, Vitiello B, Plener PL, Clemens V. Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child Adolesc Psychiatry Ment Health* [Internet]. 2020 ;14(1):1–11. Available from: <https://doi.org/10.1186/s13034-020-00329-3>
11. Brown SM, Doom JR, Lechuga-Peña S, Watamura SE, Koppels T. Stress and parenting during the global COVID-19 pandemic. *Child Abus Negl*. 2020 ;
12. Griffith AK. Parental Burnout and Child Maltreatment During the COVID-19 Pandemic. *Journal of Family Violence*. 2020 .
13. Discussion P. Impact of COVID-19 Crisis on the Lives of Children in India Panel Discussion with the Media. 2020; (November).

Udayan Care: A dream to build a just, equal and empowered communities



Shri Deepak Bhatnagar

Secretary General

Pellet Manufacturers' Association of India

deepas1949@gmail.com

Being in this world and just living your own life is not enough. If we are part of this community, we shoulder equal responsibilities for good and bad happening in society. Everyone has got a role to play towards community welfare. Playing its role for the community, 27 years ago, Udayan Care embarked on a journey of protecting, building, and empowering vulnerable children, women and youth of our society. Initially started with one city, one home and three children, Udayan Care is now mapping its footprints across 23 cities and 14 states, spreading inspiration and empowerment to women, children and youth.

Building just, equal and enabled communities is at the core of Udayan Care's philosophy. Family strengthening being the subset of community building, is of prime importance for the organization. Udayan Care is helping largely in family strengthening through their programmes, UdayanGhar, Aftercare, UdayanShalini Fellowship, Information Technology Centres, and A.R.T. (Advocacy, Research and Training).

A Public Charitable Trust, Udayan Care was founded in 1994 and is dedicated to bringing shine, strength and inspiration to the vulnerable women, children and youth of our communities. The organization has touched and transformed more than 30,000 lives across 23 cities and 14 states. With their key programmes, UdayanGhars and Aftercare for Children without Parental Care, UdayanShalini Fellowship for the disadvantaged girls for higher education, Information Technology Centres, Skill Development Centres for the youth and women of underserved communities, and A.R.T.(Advocacy, Research and Training) for child protection agenda, they are educating, nurturing, skilling and empowering youth, women and children, thereby leading to family strengthening, empowerment and sustainability.

India is home to approximately 23.6 million orphans and vulnerable children. So, there arises an acute need for stringent and prioritized child protection services in the country. UdayanGharprogramme, the cornerstone of Udayan Care, began in 1996, with just one home and three children, to provide a family-like environment to the children without parental care, and thereby ensuring nutrition, education, care and protection for them. L.I.F.E. (Living In family like environment), a unique concept of Udayan Care is centred on healthy upbringing and mentoring of the children for their bright future. They have nurtured and cared for over 1272 children in our 17 UdayanGhars since its inception.

Even providing alternative care services for children without parental care till the age of 18 years does not solve the problem completely. It's pretty difficult to imagine the pain and challenges of a youth who had been sheltered and protected in the shell of child care institutions till turning 18, and then at 18, being left alone to face the bitter realities of life, without any help or handholding. As per the legal mandate of the Juvenile Justice (Care and Protection of Children) Act, 2015, after turning 18, youth are required to exit from Child Care settings. However, it is a huge leap for young adults to transition into a phase of independence from a phase of dependency where handholding and mentoring is very crucial to ensure the security and

stability of their future. UdayanGhar Aftercare programme works extensively to bring meaningful interventions to youth leaving Child Care Institutions. The organization has set up formal Aftercare settings for these young adults where they offer emotional, moral, social, financial, mental and physical health support including educational and vocational training, till they attain economic independence. “Due to Aftercare support, not only did I get accommodation and education in college, but also huge mentoring and counselling support and today I am earning well,” says Pooja, one alumni, of the programme.

40% of girls aged 15-18 are not attending schools in India. We need a community free from gender biases that alone can pave the way to an empowered nation. USF (UdayanShalini Fellowship) programme, was set up in 2002 to mitigate gender discrimination, regarding education in the Indian community. The programme is centered on supporting and empowering girls from the weak socio-economic background by providing them 5 years of extensive financial support for their higher education, capacity building workshops, personal guidance and mentoring programme, the spirit of giving back to society, and employability training. USF is not only building enlightened citizens through the fellowship programme but also transforming lives to build long term committed change-makers of the community. Since its inception, they have supported and empowered over 9500 girls by supporting them in their higher education across 21 chapters in India.

“Coming from an economically backward family, education always seemed like a distant dream to me. With the rising domestic expenses, it became difficult for my parents to sustain our entire family on such a low income. Seeing this I decided that I would give up on my education, it is then that UdayanShalini Fellowship was introduced at my school which gave me new hope, and desire to study further.” Says AkankshaJugran, an UdayanShalini Fellow from its South Delhi chapter.

Our country is facing a big gap amid skilling and employment opportunities. Only 2% of the total workforce in India has undergone skill training whereas three-fourths of the youth are devoid of any kind of skill training. A skilled, empowered and inspired youth can contribute largely to nation-building. Driving the same sentiment, the Udayan Care Information Technology programme was launched in 2004 to provide digital education, skilling, and job oriented training to the youth from underprivileged sections of the community. Hence, Udayan Care is providing adequately created digital skilling and Information Technology courses to young adults to enable them to enter the job market equipped with the right skills and have skilled 17354 youth in 14 IT centres since inception. “I always wanted to study graphic designing after my 12th, but I found the market rates formidable, and then I found out about UCITVT centres, and here I am, working in the Art department of a pharmaceutical company, “says Deepak, an IT centre alumni.

Only 25.5% of the total workforce in India are women. In rural areas, the graph can go as low as 10%. Women's economic empowerment and skilling catalyze the pace of bringing gender parity across the community, apart from eradicating poverty and accentuating the economic growth of the family. Unequal access to education, skilling and employability training takes away the opportunity to be decently employed from women from the weak socio-economic background. Skill Development Centres of Udayan Care at Greater NOIDA & Srinagar, Uttarakhand have given successful training to 1504 underserved women in Stitching and Tailoring, Beauty Therapy, Paper Craft, Enamel Work, Block Printing, Graphic Design, China painting, etc. and provides livelihood opportunities for disadvantaged women by selling items created by them, under the label ‘Sukriti’. Courses based on Pottery, Cookery, and Photography, are helping to provide more career choices to girls and women for their future employability.

The Advocacy, Research and Training (A.R.T.) department at Udayan Care, has been doing meaningful interventions around Alternative Care practices especially in South Asia. Their advocacy efforts explore different aspects of policy and practice around alternative care for children and youth through research, publications, consultations, training, seminars and workshops. From recommendations for policy and

legislative reform to training practitioners on standards of care, the organization is also helping to develop the material and policy briefs on various aspects of Alternative Care.

The journey of building communities cannot be completed alone. Udayan Care Volunteering Programme believes in engaging varied talent and mapping them with our strong causes. The organization has short term volunteers, interns, long term volunteers including trustees, Mentor parents, USF (UdayanShalini Fellowship) chapter conveners, Core committee members and advisory board members, who are working relentlessly for fulfilling their mission.

Udayan Care is spreading the seeds of inspiration in the form of educated and empowered youth, women and children, further transforming into responsible and contributing citizens of our nation leading to an empowered nation.

TIPS FOR STUDENTS
DIGITAL CITIZENSHIP AND INTERNET SAFETY

- 1 LAWS** Many sites and web tools are 13+. Most images and work online are protected by copyright. 
- 2 TALK** Tell your parents what you're doing online. Always ask a trusted adult if you're unsure of anything. 
- 3 FRIENDS** Don't add or meet online friends without parent permission. Don't trust everything friends tell you. 
- 4 PRIVACY** Keep personal info private: **Y**our full name, **A**ddress, **P**hone number, **P**asswords, **Y**our plans and birthday. 
- 5 REPUTATION** Don't post anything you wouldn't want teachers, family, friends, and future employers to see. 
- 6 QUESTION** You can't believe everything you read and see online. There's a lot of incorrect and biased info. 
- 7 BULLYING** Tell someone if you think cyberbullying is happening to you or other people you know. 
- 8 ACCOUNTS** Choose sensible email addresses and usernames. Use strong passwords and don't share them with others. 
- 9 MANNERS** Be polite and respectful at all times. Treat others online how you'd like to be treated. 
- 10 UNPLUG** Balance your screen time and green time. Get outdoors, move, play, and interact face to face. 

If in doubt, **think** about and **talk** it out

WWW.KATHLEENAMORRIS.COM 

Activities of ICANCL Group during years 2020 and 2021



Compiled by

- **Dr. Uma Nayak**, Editor, ICANCL

- **Dr. Samir Shah**, Editor, ICANCL

icancleditor@gmail.com

Activities of the year 2020

The activity report is being presented for the period 1 st January 2020 to 31 st december 2020. In Spite of the challenges we faced due to the pandemic, the year has offered us a lot to learn be it academics, becoming digital savvy, handling illness to self and family or learning new skills. The activities are as follows:

1) **PEDICON 2020 at Indore.**

9 th -12 th January 2020: I am happy to state that for the first time after a lot of convincing and persisting, we could get a half day slot for our chapter symposium from 9 am to 1 pm. There were 4 talks: Dimensions of child sexual abuse By dr Uma Nayak, Prevention of child sex abuse by Dr Rajeev Seth, Addressing neglect of the rural child by Dr Sandhya khadse, and Trauma informed care approaches for Pediatricians by dr kiran Agrawal. This was followed by a one hour panel discussion on child protection systems and creating convergence: one stop centres (OSC). This panel was moderated by dr Neha Sharma and dr Ashok Kumar. The panelists were Dr Sudharsana Skanda, Dr R S Shrotia, Dr Vamshi Krishna Kondle, Dr bela Sachdev, Dr uma Nayak and Dr Lolichen Joseph.

2) **INAUGURATION of PEDICON 2020**

- a. The Handbook titled “Child abuse, Recognition and Response” was released with all fanfare. This is a handbook for Pediatricians and allied medical professionals. The booklet has been authored by Dr Rajeev Seth, Dr R N Srivastava, Dr Jagadeesh N, Dr Shaibya Saldanha and Dr Rajesh Sagar. The publishing cost of this handbook was supported in part by Global Karma Health and Education Trust.
- b. Dr R N Shrivastava received the ‘Life time achievement award’ by IAP. This is a great honour to ICANCL too as Dr R N Shrivastava is a senior and very respected member of our chapter.

3) **Webinar on ‘Child sexual abuse -**

Let’s talk about it’ was conducted on behalf of Parul university Baroda on 23-5-2020 for creating awareness amongst students, staff and general public. This was very well attended and appreciated.

Moderator: Dr Uma Nayak, Professor and head, Department of Pediatrics, PIMSR, Secretary, ICANCL, Indian child abuse neglect and child labour group

Faculties:

1. Dr Rajeev Seth, President elect, ISPCAN International society for prevention of child abuse and neglect. sethrajeev@gmail.com

2. Dr Samir Shah, west zone coordinator, ICANCL. Samirhiral1@gmail.com
 3. Dr Snehal Shirolawala, Pediatrician. drsnehals@yahoo.com
 4. Dr Bhupendra Kapadiya, Pediatrician, Past president AOP, Vadodara.
- 4) **Webinar on ‘child abuse-detection and management’ on 5-8-2020.**
This was conducted on behalf of dIAP moderated by Dr Chandrika Rao and was conducted as a case based panel discussion. Panelists were Dr Sandhya Khadse, Dr Uma Nayak, Dr Jagadeesan, and Dr Ramesh Pol. Very well attended and appreciated.
- 5) **Neurowebinar on 23-9-20;**
in collaboration with Neurology chapter, this webinar was conducted. The topics covered by ICANCL were: Addressing child abuse with neglect with children with neurodevelopmental disabilities by Dr Shabina Ahmad, Abusive Head Trauma: Role Of Pediatrician*, Dr Sandhya Khadse, Adverse Childhood Experience & Adult Onset Diseases:*, Dr Rajeev Seth, and multidisciplinary team approach to handle child abuse by Dr Uma Nayak.
- 6) **ICPMPN webinars** have been a very regular feature offering tremendous learning.

Sr. No.	Date	Topics
1.	28 th February 2020 Dr. Jagadeesh N	Mandatory reporting discussion with case studies.
2.	27 th March 2020 Dr. Shaibya Saldana	Attending court and giving testimony
3.	10 th April 2020 Dr. Jordan Greenbaum	Focusing on Systematic review on the facilitators and barriers to trafficked children accessing good medical and mental healthcare around the world
4.	8 th May 2020 Dr. Jordan Greenbaum and Mr. Ajay Kumar Sinha	Online Child Sexual Abuse and Exploitation
5.	29 th May 2020 Dr. Shekhar Seshadri	Psychological and Mental Health Interventions for CSA in India
6.	12 th June 2020 Dr. Preeti Galagali	Child Sexual Abuse- A case-based discussion Dilemmas of a practicing paediatrician
7.	17 th July 2020 By Dr. Chandrika Rao	Child Abuse in Covid Times: Bangalore experience
8.	31 st July, 2020 By Dr. Shekhar Seshadri	[Juvenile] [Sex] [Offenders]: Role of Health care professionals
9.	22 nd August, 2020 Ms. Tannistha Dutta and Dr. Vivek	Singh (UNICEF India) Protocol for management of child abuse and neglect during Covid19 times

Sr. No.	Date	Topics
10.	18 th September, 2020 By Dr. Jagadeesh Reddy	Medicolegal response in Child sexual abuse- case study approach
11.	23rd October, 2020 By Dr. Shekhar Seshadri	Developmental and mental health implications of evidence gathering under POCSO&quot;
12.	20th November, 2020 By Dr. Anita Rajorhia, Dr. Mrinalini Mani, Dr. Renu Manchanda, Dr.Sushma Sinha and Dr. Vinita Gupta.	Child sexual abuse cases and role of One Stop Centres
13.	18th December, 2020 By Dr. Shaibya Saldanha	Case report: The journey of a child survivor through the criminal justice system&quot;
14.	22nd January, 2021	By Shekhar Seshadri Trauma Informed Care - modules for field practice

7) Zonal activities:

- a. **South zone activities:** Dr Asho kumar has done tremendous work in celebrating a child rights week, many webinars, awareness programs and also release of a booklet on child rights. Needs a hearty applause.
- b. **West zone activities:** Dr Samir and I have conducted a number of activities in collaboration with Parul University, AHA, (Mission Kishore uday), Samvad, Digital parenting and many more. (details will be published as zonal coordinators report in CANCL news)

8) Election Dr T S Jain was the election commissioner and election was smoothly conducted.

Election Result of Indian Child Abuse Neglect & Child Labour group 2021-22 After closing date of withdrawal of nomination. It was observed that only one candidate for each office bearer post and one executive board members from each zone were left in the contest.

Therefore, we declare the result as follows:

Office bearers for the years 2021-2022: -

1. Chairperson DR SANDHYA SATISH KHADSE
2. Secretary DR UMA SIDDHARTH NAYAK
3. Treasurer-cum Jt. Secretary DR ASHOK KUMAR

Executive Board Members 5 (one from each zone viz. Central East, West, South, North)

- a. Central Zone DR RAMESH B DAMPURI
- b. East Zone DR SHABINA SHMED
- c. West Zone DR SAMIR R. SHAH
- d. South Zone DR SUDHARSANA SKANDA

- e. North Zone DR CHHAYA HARNARAIN SAMBHARYA PRASAD Dr Yogesh Kumar Sarin is interested to work for ICANCL and with permission of EB, has been Co-opted.
- 9) **ISPCAN chairperson:** Accolades to Dr Rajeev Seth for being chosen Chairperson of ISPCAN.
- 10) Protocol for CAN in Covid 19: Guidelines for child protection during covid 19 has been prepared by a core group. A number of national consultative online meetings were held for finalising the guidelines. The final proof reading is in process and would soon be sent for publication in Indian Pediatrics.

CHILD RIGHTS WEEK 2020

Indian Academy of Pediatrics, in association with ICANCL (Indian Child Abuse, Neglect & Child Labor) Group observed the Child Rights week 2020 from 15th November 2020 to 25th November 2020. Various programmes were organized by different District Branches of IAP and a number of National and State participated in it. In this connection, “Handbook of Child Rights” published by IAP Kerala was also released by National President elect 2020, Dr. Piyush Gupta.



CHILD RIGHTS WEEK CELEBRATIONS
November 15th to 25th

IAP KERALA 2020 PROTECT CHILD RIGHTS

Org by **IAP KERALA**

Theme oration's, Book Releases & Seminars

15. 11. 2020 @ 8.00 PM FROM PATHANAMTHITTA BRANCH
Inauguration of Child Rights week Celebrations.
Talk by **Dr. Aby Dany Varghese**
Topic: Right to Health and Education for Children

17. 11. 2020 @ 8.00 PM FROM COCHIN BRANCH
Talk by **Ms Maena Kuruvilla**, Project Director, Rajagiri outreach, Rajagiri College of Social Sciences
Topic: Child Adoption

19. 11. 2020 @ 7.00 PM FROM KOZHIKKODE BRANCH
3.00 - 3.10 - Introduction and Dynamics of Child Sexual Abuse
- **Dr. P. Ashok Kumar**, Consultant Pediatrician, Aluva.
3.10 - 4.30 - Management of Child Sexual Abuse (History taking, Examination & Reporting).
- **Dr. Shalbya Saldanha**, Consultant gynecologist, Co-founder, Entfold Proactive Health Trust, Bangalore

19. 11. 2020 @ 8.00 PM FROM MADHYA KERALA BRANCH
Book Release : 'Hand book on Child Rights' by IAP Kerala
Chief Guest : **Dr. Bakul Jayanth Parekh**, National President IAP
8.20 : Talk by **Mr. Bobby Kuriakose Allakuzhy**, Senior civil police officer, Cyber Cell, Ernakulam Rural.
Topic : Cyber Safety for Children.

20. 11. 2020 INTERNATIONAL CHILD RIGHTS DAY @ 3.00 PM FROM KOZHIKKODE BRANCH
Public function and Inauguration
Chief Guest: **Adv. Manoj Kumar P V**, Chairman, Child Rights Commission, Kerala
Talk by **Dr. Krishna Kumar P**, Director IMHANS, Kozhikkode

24. 11. 2020 @ 7.00 PM FROM THIRUVANANTHAPURAM BRANCH
Child Rights & Child Abuse:
When to suspect & How to respond?
Dr. Rajeev Seth, President Elect, ISPCAN
(International Society for the Prevention of Child Abuse and Neglect)

25. 11. 20. @ 8.00 PM FROM PARIYARAM BRANCH
Valedictory Function
Topic : POCSO Act - Role of Medical Practitioners.
Speaker: **SHRI. K.T. NISAR AHMED**, District Judge & Member Secretary, Kerala State Legal Services Authority.

DR M. NARAYANAN
IAP President, Kerala

DR. GEORGE F MOOLAYIL
Chairperson, ICANCL group

DR. BALACHANDAR
IAP Secretary, Kerala

DR ASHOK KUMAR
Conv ICANCL group



CHILD RIGHTS WEEK CELEBRATIONS
November 15th to 25th

INDIAN CANCL GROUP

ഭീതിനിറഞ്ഞ ബാല്യം..
From a fearful childhood

ചിരികളാക്കി മാറ്റണം..
To a cheerful life

IAP KERALA 2020 PROTECT CHILD RIGHTS
Theme oration's, Book release & Seminars

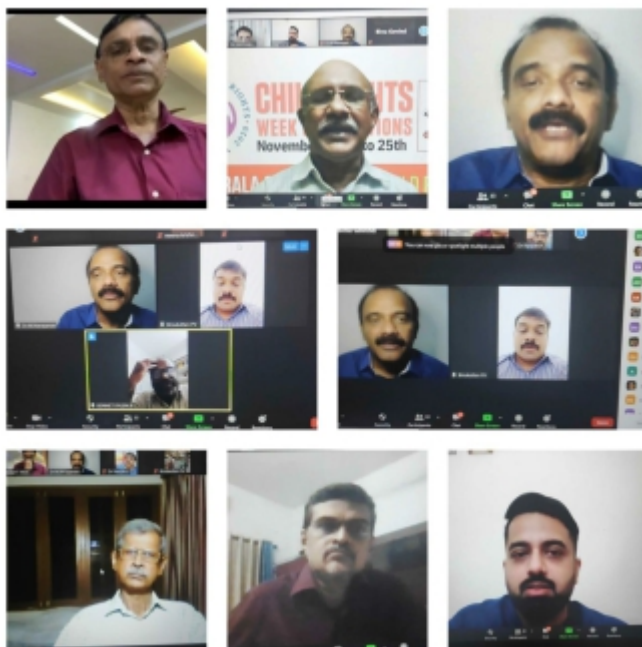
Dr.M.Narayanan | Dr.Balachander.D
Dr George F Moolayil | Dr Ashok Kumar

Sunday, 15.11.2020

Inauguration of Child rights week was held along with the Valedictory function of Child & Adolescent week on 15/11/2020. The programme was hosted by IAP Pathanamthitta Branch.

Dr. Binukuttan, IAP Pathanamthitta President, welcomed the dignitaries. Dr. George F Moolayil, President ICANCL group gave the presidential address. Dr. Ashok Kumar, Convener ICANCL gave the annual report. Dr. Narayanan, President IAP Kerala gave the inaugural address, followed by an address by the National VP SZ Dr. Ananda Kesavan. Felicitations were given by Dr. Jayaraman, Dr. Ashraf, Dr. Roy Alexander and Dr. Balachandar. Dr. Jijo Joseph John, secretary IAP Pathanamthitta gave the vote of thanks.

Dr. Aby Dany gave an excellent talk on Right to Health and Education for children. It was informative and thought provoking and was appreciated by all. 75 members participated in the webinar.



Tuesday, 17.11.2020

IAP Cochin Branch, along with IAP Kerala and ICANCL Kerala, conducted a webinar on 17/11/2020. Branch President, Dr. Pramod Wariyar welcomed the delegates. IAP State President Dr. M. Narayanan inaugurated the program. Ms. Meena Kuruvilla, Project Director, Rajagiri College of Social Sciences, Former member of Kerala State Commission of Child Rights, gave an extensive talk on Child Adoption. The session was moderated by Dr. Abraham K. Paul.



Thursday, 19.11. 2020 , 03:00 PM

A Postgraduate training program was organized by IAP Kozhikode, IAP Kerala , ICANCL, Kerala & Department of Pediatrics Baby Memorial Hospital, Kozhikode. Dr Shaji Thomas John President IAP Kerala 2013, welcomed the delegates. Dr Ashraf T P, President IAP Kozhikode, presided the meeting,

Dr. M. Narayanan, President, IAP Kerala Inaugurated the meeting, Dr Balachander D, Secretary, IAP Kerala felicitated the meeting. Dr.Nihaz Naha Secretary, IAP Kozhikode proposed vote of thanks.

Session was attended by around 100+ delegates in zoom.

SCIENTIFIC SESSION ON MANAGEMENT OF CHILD SEXUAL ABUSE was followed.

Dr. P. Ashok Kumar, Consultant Pediatrician, Aluva, Kerala, Introduced the topic and stressed on the importance of the topic in day today practice and need for the postgraduates & general practitioners to know about it.

Dr. Shaibya Saldanha, Consultant Gynecologist, Co-founder, Enfold Proactive Health Trust, Bangalore, talked on Management of Child Sexual Abuse (History taking, Examination & Reporting). Session was very informative and touched all the aspects of the topic. The vast experience of the speaker was reflected throughout the session.



Thursday, 19.11. 2020 ,

Dr. Meena Krishnan, ICANCL Member from Trivandrum conducted an awareness program on POCSO Act for the Medical Professionals at SK Hospital, Trivandrum



Thursday 19/11/202 8.00pm

Release of Soft copy of Handbook of Child Rights, published by IAP, Kerala.

This year, State President Dr. Narayana has taken Child rights protection for his action plan. In this connection, a hand book was released by National President Elect 2020, Dr. Piyush Gupta. Other National dignitaries like Dr. Basavaraja, HSG; Dr Remesh Kumar President elect 2021, Dr. Rajeev Seth, Chairman elect ISPCAN, South Zone Vice President Dr. Ananda Keasavan Past National president Dr. R,N. Srivasthava and many other national state leaders of IAP was present in the function.

This was followed by session on Cyber Safety for Children by Mr. Bobby Kuriakose, from the Cyber Cell Kerala Police.



INTERNATIONAL CHILD RIGHTS DAY & WEEK CELEBRATION

Friday, 20/11/2020 3.00pm

A Public programme was organized by IAP Kozhikode, IAP Kerala & ICANCL Kerala In Association with Higher Secondary National Service Scheme, Women & Child Department Kozhikode & Malappuram. Dr.T.P Ashraf, President IAP Kozhikode welcomed the meeting, Dr.M.Narayanan President, IAP Kerala Presided the meeting, Adv. Manoj Kumar PV., Chairman, Child Rights Commission, Kerala Inaugurated the meeting, Dr.Ashok Kumar. P. Convener ICANCL, Kerala, Dr Balachander D, Secretary, IAP Kerala, Fysal M K, Cluster Coordinator, NSS Kozhikode, Hafsath, District Program Officer, Women & Child Department, Malappuram, Suma, District Program Officer-Incharge, Women & Child Department, Kozhikode, Felicitated the Meeting, Dr. Nihaz Naha, Secretary, IAP Kozhikode proposed vote of thanks. Dr Ranjith P, Web Editor IAP Kerala Hosted the Meeting.

It was followed by a scientific session, on Rights of Children : An Overview, by Dr.P.Krishnakumar Director, IMHANS, Kozhikkode. Speaker enlightened on the " Rights of a child" on different aspects like good quality education and living environment, protection from violence, abuse and neglect. It was a very informative session for all the participants. All organizations concerned with children (school, health services) should work towards what is best for welfare of children. Opportunity for education, good quality education and living environment, protection from violence, abuse & neglect are rights of every child. Child with disability also has the same right as any other child without any discrimination. Here we discussed the salient points on child rights which all persons who deal with children (parents, teachers and officials) should be aware of.

The meeting was attended by 300 delegates in ZOOM and around 600+ delegates in YouTube. Delegates included Doctors, Staff, CDPOs, ASHA Workers, NSS coordinators and student.



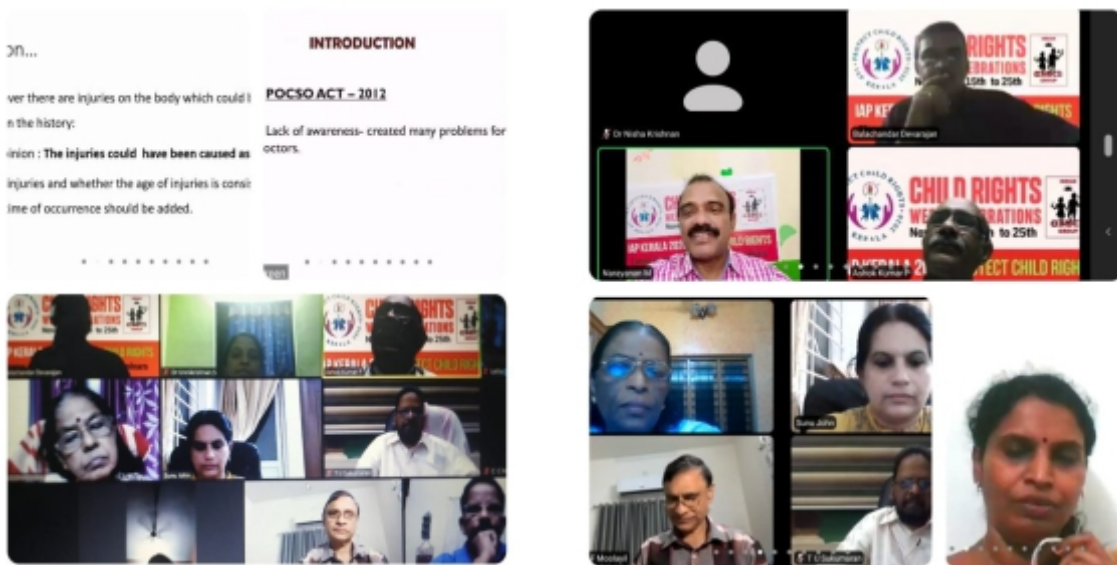
Monday, 23/11/2020

IAP Kottayam in association with IAP Kerala & ICANCL Kerala observed child rights week 2020, with Academic session on PCSO for practicing pediatricians.

Meeting started at 7:30 pm with welcome address by Dr Sunu John, president IAP Kottayam. The meeting was inaugurated by Dr Narayanan, president IAP Kerala and was hosted by Dr Balachander.D , secretary IAP Kerala. Dr Ashok Kumar, convener ICANCL chaired the sessions. The speakers were Dr George F Moolayil, ICANCL chairperson who spoke on Role of a doctor in POCSO . The importance of police intimation in such reports was stressed in the session.

Next session was on examination and reporting in child sexual abuse(CSA) by Dr Salini, Asst Professor and Police Surgeon, Govt medical college, Thiruvananthapuram. Both sessions were highly appreciated by the attendees .

Meeting was attended by over 67 participants on zoom including past national and state presidents,EB members , senior pediatricians and postgraduates and few members on live YouTube streaming. Session ended at 9:30 pm with vote of thanks by Dr Nisha, Secretary IAP Kottayam.



Tuesday, 24/11/2020

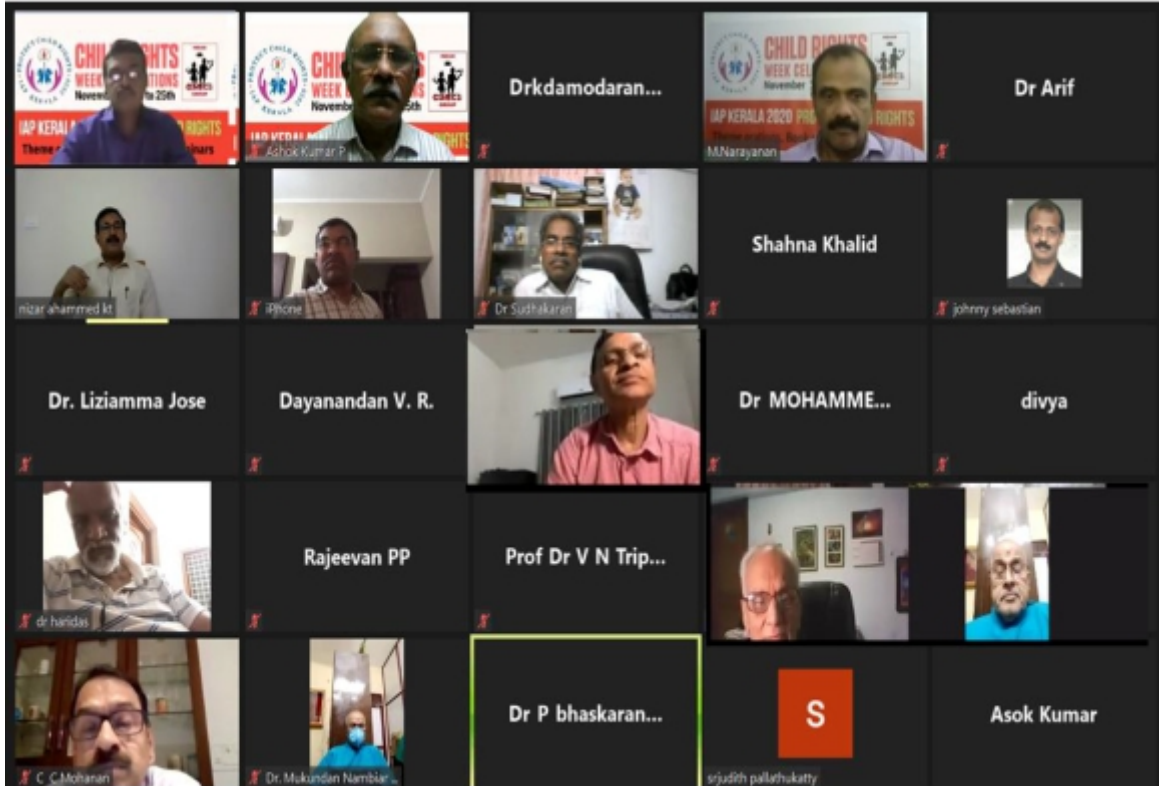
As part of Child Rights Week observation by IAP Kerala, IAP Thiruvananthapuram in Association with ICANCL Kerala conducted a Webinar as it's Tuesday series on 24th November 2020 with expert national speaker as faculty. Welcome by Dr Bennet Xylem, President, IAP TVM, Presidential Address-Dr Narayanan M, President, IAP Kerala, Felicitation - Dr Anandakesavan ,VP SZ, CIAP, Dr TP Jayaraman President Elect 2021, IAP Kerala, Dr Balachander, Secretary, IAP Kerala.

Academic Session followed in which Dr Rajeev Seth, Chairman Elect, ISPCAN, National Lead, ICPMPN Spoke on Child Rights & Child Abuse, When to suspect & How to respond. Dr P Ashok Kumar National EB Member, Convener, ICANCL Kerala, Chaired the session.



Wednesday 25/11/2020

Valedictory function of Child Rights week was hosted by IAP Pariyaram branch in association with IAP Kerala and ICANCL Kerala. Branch President Dr. Damodaran welcomed the delegates. IAP State President Dr. M. Narayanan inaugurated the function. IAP National President elect 2021, Dr. Remeshkumar, State President Elect Dr. T.P. Jayaraman, ICANCL Kerala Chairman Dr. George F. Moolayil and IAP Kerala Secretary Dr. Balachandran rendered felicitations. Branch treasurer Dr. Gulam proposed the vote of thanks. In the following academic session Shri K.T. Nissar Ahamed, District Judge and Member Secretary, Kerala Legal Service Authority spoke on the role of Medical Professionals in CSA Cases and his experiences as a presiding officer in a POCSO court. ICANCL Kerala convener Dr. Ashok Kumar moderated the session.



This is for the first time that IAP Kerala is conducting extensive programs in connection with Child Rights week. I would like to place on record my sincere gratitude to IAP State President Dr. M. Narayanan, Secretary Dr. Balachandar, EB Members, and the branch officials for making it a grand success. I also thank the national leaders who find time to join our programmes and grace the function.

Thank you all

Dr. P Ashok Kumar. Convener, ICANCL, Kerala.

This report was prepared by respective branch secretaries and compiled by Dr. Ashok Kumar

Activities of the year 2021

A) East zone Coordinator: Dr Shabina Ahmmed

Report of activities from East Zone for the year 2020 :

This year it was mainly on knowledge sharing and understanding the impact of Covid -19 lockdown on children, on the extent of family violence, incidence of abuse, and the aftershocks of the lock down.

Dr Shabina Ahmed attended a regional Workshop “ E Consultation on combating violence against children in Covid 19 post lockdown situation”.This programme was organized by NACG-EVAC India on 10 June 2020.

The second workshop was on 30th July 2020. “ Covid -19 and its aftershocks .The programme was conducted by World Vision to understand the impact on the Northeastern Region.

The third workshop was on” Child Trafficking post lockdown Situation due to Covid 19” where in it was discussed the rise of trafficking due to breakdown of family income and poverty and measures to be taken 29.7.2020 conducted by NCPCR

The fourth Regional Workshop “ Preventing child marriage Covid -19 post lockdown situation.This was organized by NACG-EVAC India. Wherein Dr Shabina participated in the discussion and informed the group of the services of ICANCL and that the health sector needs to get involved. Awareness must be carried at all levels if we have to reduce child marriage and its impact.

B) North zone Coordinator: Dr Chhaya Prasad

The activity on 4th March 2021

- Free Capacity Building Training Program for RBSK Doctors and Anganwadi Supervisors' at a village in Haryana March 2021
- Free Training Program for Adolescent Girls - Topic - Menstrual Hygiene; Nutrition and Awareness on POCSO Act;
- Career Counselling for the Adolescent Girls 8th to 12th Std Girls - By a Lady IAS Officer on Training from Hyderabad'.

Dr Chhaya Prasad and Dr Arun, were invited by the DC- Charkhi Dadri, Haryana to hold training programs for RBSK Doctors, Special Educators, Anganwadi workers and Adolescent Girls at Govt school; A session on Nutrition for pregnant mothers and newborns was done as well.

The program was conducted at two settings - One at the DC office Auditorium at Mini Secretariat and other at the Government Girls Senior Secondary School, Dadri

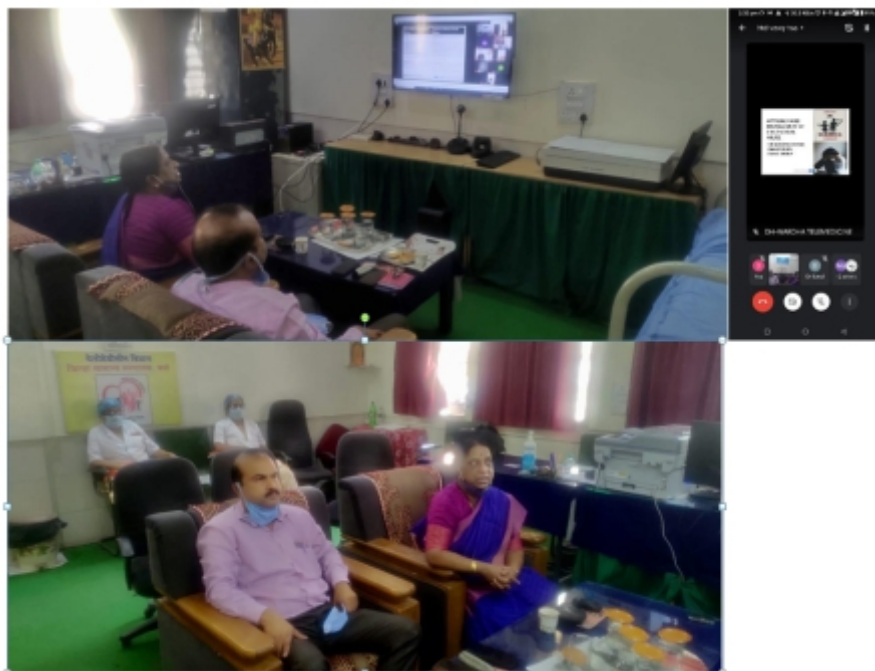
The program was a very enriching experience for both the teachers as well as learners.

The adolescent girls were very happy to hear about the POCSO Act and felt empowered with all the knowledge received. My daughter Akanksha Prasad, MSc Biotechnology provided a helping hand by talking to young girls' about menstrual hygiene, Media Addiction and nutrition in day to day life.



C) West zone Coordinator: Dr Samir Shah. (Also from west zone Dr Sandhya Khadse, chairperson and Secretary, Dr Uma Nayak)

1. 146 medical officers of Wardha district trained in child sexual abuse by Dr. Sandhya Khase online during covid 19 second wave in April 2021. Remote rural area medical officers.
2. Management of child sexual abuse: A Unique CME was organised at Vadodara on 28th and 29th August 2022.



Organiser

India CANCL group, AOP VADODARA, AOP GUJARAT, VAHA and ICMEC

Date : 28th and 29th Aug., 2021

Venue : Hotel Grand Mercure Surya Palace (Hybrid conference)

Faculties : 8 offline faculties and 3 online faculties.

Participants : 30 from various states of the country viz Karnataka, Kerala, Telangana, Tamil Nadu, Puducherry, MP, Bihar and Gujarat.

D) South zone Coordinator: Dr Sudarshana Skanda (also from south Zone, Dr Ashok Kumar, treasurer)

INDIAN CANCL **International Centre FOR WOMEN & CHILD RIGHTS EDUCATION** **VAHA** **ICMEC**

MEDICOLEGAL MANAGEMENT OF CHILD SEXUAL ABUSE

Date: August 28, 2021

Day 1 - 28th August Grand Mercure Vadodara Surya Palace, Vadodara, Gujarat

100 - 130 Pm Lunch & Registration

130 - 200 Pm **Introduction/Expectations** - Introduction to Child Sexual Abuse/Child Sexual Exploitation a public health problem
Dr. Rajeev Seth
National Lead, India Child Protection Medical Professionals Network (ICPMFN),
President, International Society for the Prevention of Child Abuse & Neglect (ISPCAN)

200 - 500 Pm **Trauma Informed Care Impact, Assessments, First Level Responses**
Dr. Shekhar Seshadri
Senior Professor, Department of Child & Adolescent Psychiatry
NIMHANS, Bangalore

5:00 - 5:30 Pm **Inauguration**

530 - 600 Pm **The laws and Child Sexual Abuse: Why is reporting mandatory & Overview of POCSO**
Dr. Shalbya Saldanha
Founder, ENFOLO Proactive Health Trust

600 - 700 Pm **Child Sexual Abuse Examination : MOHFW Guidelines**
Dr. Shalbya Saldanha
Founder, ENFOLO Proactive Health Trust

7:00 - 8:00 Pm **Panel Discussion: Prevention and Response**

Moderator: **Dr. Rajeev Seth**
National Lead, India Child Protection Medical Professionals Network (ICPMFN),
President, International Society for the Prevention of Child Abuse & Neglect (ISPCAN)

Panelists:

- Dr. Uma Nayak**
Professor and Head, Department of Pediatrics, AIIMS, Post University
Gurgaon, Gujarat
- Dr. Samir Shah**
Core Physician, Same Hospital & Sheikh Hospital, Deekhand, Gujarat
- Dr. Ashutosh Sing Rathore**
Pediatrician, Asst. Prof. Somnagar Hospital
- Ms. Priya Jagdale**
Senior Manager, Executive, Mumbai Children Council
- Kishora Upadhyay**
City Coordinator Childline-Nudea Organization, Faculty of Social work MGU

Day 2 - 29th August Grand Mercure Vadodara Surya Palace, Vadodara, Gujarat

800-900 Am **Case Discussions: Approach and Management**
Dr. Shalbya Saldanha
Founder, ENFOLO Proactive Health Trust

9:00-9:30 Am **Sexually Transmitted Infections**
Dr. Shalbya Saldanha
Founder, ENFOLO Proactive Health Trust

9:30-10:30 Am **Forensic Assessments, Documentation, Evidence Collection and Reporting**
Dr. Jayadeesh Reddy
Professor and Head of Forensic Medicine,
Vijaya Institute of Medical Sciences and RC, Bangalore

10:30-10:45 Am **ICPMFN (Indian Child Protection Medical Professionals Network)**
Dr. Anjali Saxena
Senior Consultant Paediatrics, Madhwal Rainbow
Childrens Hospital, New Delhi; National Co- Lead, India Child Protection
Medical Professionals Network / ICPMFN

10:45 - 12:00 Pm **Medicolegal case discussions**
Dr. Jayadeesh Reddy
Professor and Head of Forensic Medicine,
Vijaya Institute of Medical Sciences and RC, Bangalore

12:00 - 1:00 Pm **Testifying in court**
Dr. Jayadeesh Reddy
Professor and Head of Forensic Medicine,
Vijaya Institute of Medical Sciences and RC, Bangalore

1:00 - 2:00 Pm **Normal and Abnormal Anogenital findings**
Dr. Jordan Greenbaum
MD, Medical Director, Global Initiative on Child Health and Well-Being- ICMEC
(International Centre for Missing and Exploited Children)

2:00 - 2:15 Pm **Concluding remarks**
Dr. Rajeev Seth
National Lead, India Child Protection Medical Professionals Network
(ICPMFN),
President, International Society for the Prevention of Child Abuse & Neglect (ISPCAN)



REPORT OF CHILD RIGHTS WEEK - 2021 By Dr. ASHOK KUMAR

ICANCL in Association with IAP Kerala & AHA Kerala observed the Child rights week 2021 from 14th November, 2021 to 20th November 2021 on online platform.

14/11/2021 Sunday :

State level inauguration Child rights week organised by IAP Kerala, IAP Kozhikode, AHA Kerala & ICANCL, Dr T P Jayaraman, President IAP Kerala, inaugurated the programme. Dr Ashok Kumar, Joint secretary Indian CANCL Group inaugurated the Child Rights Week 2021. Was attended by National and State leaders of IAP. Dr. Ashok Kumar made a brief talk on Child Rights.

15/11/2021 Monday:

IAP Thalassery organized a webinar on Cyber Bullying & Cyber Crime. Dr. Sreepresan, Convenor, Safe Teen Media of IAP and Mr. Binuraj, Sub Inspector of Police were the speakers. In addition to IAP Members, Students' representatives also participated in this programme.

16/11/2021 Tuesday:

Programme was Organised by IAP Trivandrum. Dr. Bennet Xylem P, spoke on Child Adoption and What all a doctor should know. It was a well attended meeting.

17/11/2021 Wednesday:

IAP Kottayam in association with IAP Kerala, ICANCL group and AHA Kerala observed Child rights week on zoom platform. Dr George F Moolayil, Chairperson ICANCL Kerala gave the Inaugural address and Dr Ashok Kumar, Joint Secretary ICANCL gave the Keynote address. Session on child trafficking- Dr M Narayanan, President IAP Kerala 2020 and Child sexual abuse, A social Perspective - Mr Prasreen Kunnampalli, State co-ordinator Bachpan Bachao Andolan. Both sessions were highly appreciated and invited great interaction.

18/11/2021, Thursday:

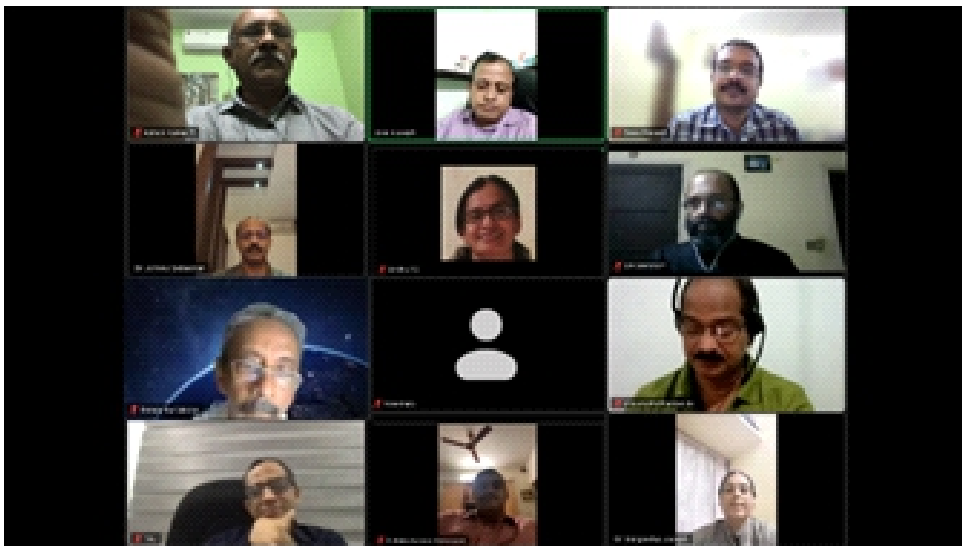
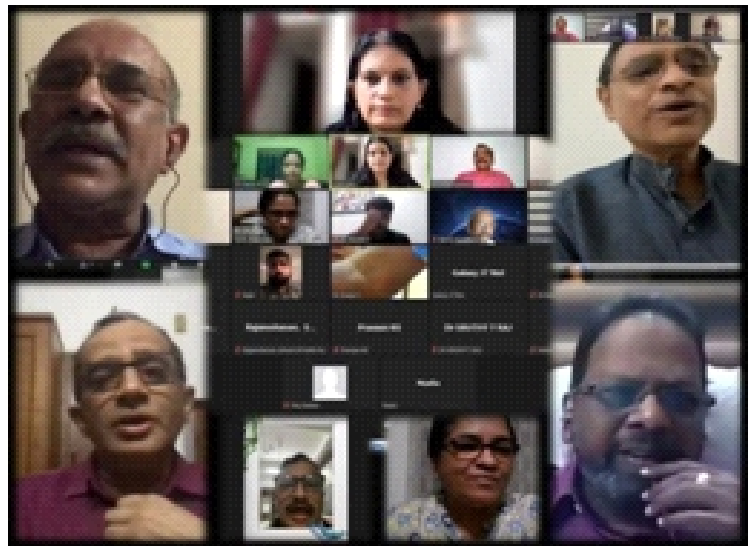
IAP PATHANAMTHITTA, & ICANCL Group conducted the programme. Dr.Aby Dany Varghese, MBBS, MD, FIPCC, PGDMLE, PGDCRL, Associate Professor, Department of Paediatrics, K S Hegde Medical Academy, Mangalore gave a talk on Introduction to Child Rights - Now or Never.

19/11/2021, Friday:

IAP Alleppy Branch in association with ICANCL Group conducted the programme. Dr Ashok Kumar, Joint Secretary ICANCL gave a talk on "Role of Pediatrician in CSA Cases"

20/11/2021, Saturday,

Valedictory function on Child Rights and Adolescent Week was conducted by IAP Madhya Kerala Branch on 20th November. In the scientific session Dr. Jagdeesh Narayan Reddy, Prof. & HOD., Forensic Medicine, Vydehi Institute of Medical sciences, Bengaluru, who spoke on "Issues Related to Reporting & Forensic Examination in CSA Cases". Dr. Ashok Kumar, Joint Secretary cum Treasurer, ICANCL moderated the Session.



Webinar & Workshop Details Jan. to Dec. 2021

Date	Category	Topic	Speaker	Moderator	No. of Participants
22nd Jan 2021	Webinar	Trauma Informed Care – Modules for Field Practice	Dr. Shekhar Seshadri Dr. Jordan Greenbaum	Dr. Rajeev Seth	46
12th Feb 2021	Webinar	Role of CHILDLINE in Child Protection during the Covid Pandemic in India: Experience sharing	Harleen Walia - Deputy Director, CHILDLINE India Foundation	Dr. Rajeev Seth	68
28th Feb 2021	Virtual Workshop	Medicolegal management of child sexual abuse (Odisha)	Dr. Jagadeesh Reddy & Dr. Shaibya Saldanha	Dr. Rajeev Seth	108
12th Mar. 2021	Virtual Workshop	Medicolegal management of child sexual abuse (West Bengal)	Dr. Jagadeesh Reddy & Dr. Shaibya Saldanha	Dr. Rajeev Seth	59
19th Mar. 2021	Webinar	Psychological Assessment and Intervention in Child Sexual Abuse (CSA) : AIIMS Experiences	Dr. Vandana Chaudhary	Dr. Jagadeesh N. Reddy	88
9th April 2021	Webinar	Responding to Child Trafficking: A major Public Health Problem	Dr. P.M. Nair	Dr. Jordan Greenbaum	44
11th April 2021	Virtual Workshop	Medicolegal management of child sexual abuse (Tamil Nadu)	Dr. Rajeev Seth, Dr. Jagadeesh Reddy & Dr. Shaibya Saldanha	N/A	145
22nd May 2021	Virtual Workshop	Medicolegal management of child sexual abuse (Bangalore)	Dr. Rajeev Seth, Dr. Jagadeesh Reddy, Dr. Shaibya Saldanha & Dr. Shekhar Seshadri	N/A	306
28th May 2021	Webinar	Child Friendly Measures in Indian Judicial Systems & Doctors in the witness Box	Justice Gita Mittal	Dr. Rajeev Seth & Dr. Jagadeesh Reddy	137
13th June 2021	Virtual Workshop	Medicolegal management of child sexual abuse (Kerala)	Dr. Rajeev Seth, Dr. Jagadeesh Reddy & Dr. Shaibya Saldanha	N/A	236

Webinar & Workshop Details Jan. to Dec. 2021

Date	Category	Topic	Speaker	Moderator	No. of Participants
18th June 2021	Webinar	The Dynamics of Child Witnesses for Medical Personnel	Dr. Karen Muller & Ms. Karen Hollely	Dr. Rajeev Seth & Dr. Jagadeesh Reddy	81
16th July 2021	Webinar	Experiences, Dynamics and Processes of Child Sex Trafficking	Dr. Shekhar Seshadri	Dr. Uma Nayak & Dr. P M Nair	72
30th July 2021	Webinar	Child Protection With Children With Special Needs	Dr. Shabina Ahmed	Dr. Sandhya Satish Khadse & Dr. Ashok Kumar P.	54
28th Aug. & 29th Aug. 2021	Physical Workshop	Medicolegal management of child sexual abuse (Vadodara)	Dr. Jordan Greenbaum, Dr. Shekhar Seshadri, Dr. Shaibya Saldhana, Dr. Rajeev Seth & Dr. Jagadeesh Reddy	N/A	27
22nd Oct. 2021	Webinar	Child sexual abuse: Issues with mandatory reporting	Dr. Jagadeesh Reddy	Dr. Rajeev Seth & Dr. Uma Nayak	57
19th Nov. 2021	Webinar	Update on child abuse terminology and benchmarks in child abuse management	Dr. Chandrika Rao	Dr. Rajeev Seth & Dr. Ashok Kumar P.	37
17th Dec. 2021	Webinar	Child rights - role of medical professionals	Dr. Ashok Kumar P.	Dr. R.N Srivastava & Dr. Rajeev Seth	54



My Rights = Your Rights

Learn about child rights.



I have the right to be protected from abuse and harm; and I should show care for others and not bully other children.



I have the right to a clean and safe environment; and I should find ways to keep my own surroundings clean and safe.



I have the right to good health care; and I can keep myself healthy by taking care of myself when I am old enough.



I have the right to freedom of religion and thought; and I must respect the religions and thoughts of other people.



I have the right to be cared for and respected; and I must respect others and show care for them.



I have the right to be taken seriously and share my views and ideas. I must also listen to others and respect their views and ideas.



I have the right to healthy and enough food; and I should try to eat healthy food and not waste food.



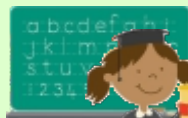
I have the right to special care and support when I need it; and should use every chance to be the best person I can be.



I have the right to play, have fun, do sport and relax; and I should include everybody in my activities and games.



I have the right to try new things and make mistakes; and should learn from my mistakes and not repeat them.



I have the right to a good quality education; and I have to learn, do my homework, read and take part in the classroom.



On this poster you learn about some of your rights. There are many more rights that you have as a child. Visit the following websites to see what the Convention on the Rights of the Child tell you about your rights:

<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>
http://www.unicef.org/southafrica/SAF_resources_crochildfriendly.pdf
<http://www.un.org/childrenschoolbus/treaties/child.asp>



Indian Child Abuse Neglect and Child Labour Group (ICANCL GROUP)

Executive Committee 2021-22

Office Bearers



Chairperson

Dr. Sandhya Khadse
sandhyakhadse@yahoo.com



Secretary

Dr. Uma S. Nayak
umasnayak@gmail.com



Jt. Secretary cum Treasurer

Dr. Ashok Kumar
ashokkumar.p33yy@gmail.com

Executive Board Members



North Zone

Dr. Chhaya Prasad
chhaya_sam@yahoo.co.in



West Zone

Dr. Samir Shah
samirhiral1@gmail.com



Central Zone

Dr. Ramesh B. Dampuri
dampurirb2013@gmail.com



East Zone

Dr. Shabina Ahmad
shabinaloveschildren@gmail.com



South Zone

Dr. Sudharsana Skanda
sudharsana.skanda@gmail.com



Co-opted Members

Dr. Yogesh Kumar Sarin
yksarin@gmail.com

President, ISPCAN



Dr. Rajeev Seth
president@ispcan.org

Editors



Dr. Uma S. Nayak
umasnayak@gmail.com



Dr. Samir Shah
samirhiral1@gmail.com

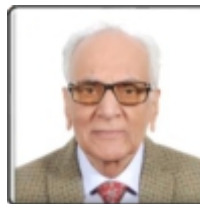
Advisors



Dr. Piyush Gupta
President, IAP 2021
prof.piyush.gupta@gmail.com



Dr. G.V. Basavaraja
Secretary General IAP 2020-2021
basavgv@gmail.com



Dr. R.N. Srivastava
drrnsri@gmail.com