

UNICEF

Inputs to the new Universal Periodic Review mechanism of the Human Rights Council (HRC)

I. Trends

1. India's recent development performance is a contrast of impressive economic growth and major challenges in the social sector. The Government's commitment to child rights is reflected in national targets which relate closely to the Millennium Development Goals (MDGs). Given India's population of 1.1 billion, of whom 421 million are children, the achievement of the Goals globally depends on its success. For example, approximately 39 per cent of all underweight children worldwide and 32 per cent of all households without sanitation globally are in India. However, at the current rate of progress, many of the targets will not be reached by the deadlines.

2. National-level indicators do not adequately reflect internal disparities. Poverty is more widespread in the populous states of Uttar Pradesh, Bihar, Rajasthan, Orissa, Chhattisgarh, Jharkhand and Madhya Pradesh. There are pronounced disparities in indicators across and within states. For example, the national infant mortality rate (IMR) is 58 per 1,000 live births, but IMR ranges from 76 per 1,000 live births in Madhya Pradesh to 14 in Kerala.

3. The underlying challenge across all sectors is social exclusion. The Eleventh Five Year Plan emphasizes 'inclusive growth' and recognizes that social exclusion and inequality constrain the achievement of the MDG targets. For example, the under-five mortality rate among Scheduled Castes and Scheduled Tribes is more than 50% higher than the rest of the population and the alarming decline in sex ratios of children aged 0-6 years, from 960 females per 1,000 males in 1981 to 927 in 2001, is but one manifestation of pervasive discrimination against girls and women.

4. India is one of the world's most disaster-prone countries, with frequent floods, cyclones, earthquakes, landslides and droughts. Almost 80 per cent of India's geographical area is considered vulnerable to such natural disasters, which cause extensive loss of lives, property and livelihoods.

II. Recent developments in relation with children rights

1. India is signatory to a number of international instruments and declarations pertaining to the rights of children to protection, security and dignity. It acceded to the United Nations Convention on the Rights of the Child (UN CRC) in 1992, reaffirming its earlier acceptance of the 1959 UN Declaration on the Rights of the Child, and is fully committed to implementation of all provisions of the UN CRC. In 2005, the Government of India accepted the two Optional Protocols to the UN CRC, addressing the involvement of children in armed conflict and the sale of children, child prostitution and child pornography. India is strengthening its national policy and measures to protect children from these dangerous forms of violence and exploitation. India is also a signatory to the International Conventions on Civil and Political Rights, and on Economic, Social and Cultural Rights which apply to the human rights of children as much as adults.

2. Following the 2004 observations by the Committee on the Rights of the Child on the implementation of the Convention on the Rights of the Child in India, the Government has addressed several recommendations, including strengthening child budgeting, establishing the Commission for the

Protection of Child Rights and strengthening the Child Labour Act. The Government is currently preparing its combined third and fourth periodic reports for submission to the Committee in July 2008. A review by the Committee on the Elimination of all Forms of Discrimination against Women in January 2007 made a number of recommendations including strengthening the protective environment for children and women.

3. Recent policy developments have contributed towards a more enabling environment for child rights. Positive changes include the elevation of the Department of Women and Child Development to an independent Ministry of Women and Child Development (MWCD), the establishment of a Parliamentary Forum for Children. The Government is increasing focus on and resources to eight “flagship” programmes, namely the National Rural Health Mission, the *Sarva Shiksha Abhiyan* (primary education), Total Sanitation Campaign, National AIDS Control Programme, National Rural Employment Guarantee Scheme, the Rajiv Gandhi Drinking Water Mission, the Integrated Child Development Services (ICDS) and the Jawaharlal Nehru National Urban Renewal Mission. The allocations for the departments related to the social sector have increased by between 20-35 percent, and those for the above mentioned flagships have increased 43 percent from 2005-06 to 2006-07.

4. Several recent changes in policies have succeeded in creating a more enabling environment for children, including for example elevating the Department of Women and Child Development to an independent Ministry; universalizing quality ICDS by setting up community-based centres which provides a range of health and nutrition services, and pre-school education; levying three percent on major central taxes for education; approving the Juvenile Justice Act; and passing the Protection of Women from Domestic Violence Act. In line with the recommendations of the UN Committee on the Convention on the Rights of the Child, employing children as domestic help has been declared as hazardous work and therefore a criminal offence. The Ministry of Health and Family Welfare has made a policy decision that supplementation of Vitamin A should cover children from the age of nine months to five years at six monthly intervals; zinc will also be provided in addition to oral re-hydration solution when treating children with diarrhoea. UNICEF has actively advocated for all these initiatives.

5. There have also been positive changes in issues which respond to vertical, campaign-like approaches, such as literacy rates, enrolment of both boys and girls in primary school, vitamin A supplementation, salt iodisation and birth registration. However, progress has been slow in areas requiring systemic changes, such as in the case of the provision of good quality services (i.e., primary health care, community-based nutrition services, quality education, etc.). Efforts to improve the situation of disadvantaged women and children must be accelerated, particularly in the poorer states of Bihar, Uttar Pradesh (UP), Rajasthan, Orissa and Madhya Pradesh (MP), Chattisgarh and Jharkhand upon whom India’s attainment of the MDGs largely depends.

6. The Millennium Declaration (Chapter VI), encompassing Protection from Violence, Exploitation and Abuse, provides a strong focus on Child Protection. A study on Child Abuse in India was initiated by the Ministry of Women and Child Development in 2005 supported by UNICEF and Save the Children. This study covered 13 states with a sample size of 12,447 children, 2,324 young adults and 2,449 stakeholders. The sample for this study constituted children in the age group of 5-18 years. Children were divided into three age groups: younger children (5-12 years), children (13-14 years) and adolescents (15-18 years). The study looked at different forms of child abuse: Physical Abuse, Sexual Abuse and Emotional Abuse and Girl Child Neglect in five different evidence groups, namely, children

in a family environment, children in school, children at work, children on the street and children in institutions. The following are the major findings:

Physical Abuse

- Two out of every three children were physically abused.
- Out of 69% children physically abused in 13 sample states, 54.68% were boys.
- Over 50% children in all the 13 sample states were being subjected to one or the other form of physical abuse.
- Out of those children physically abused in family situations, 88.6% were physically abused by parents.
- 65% of school going children reported facing corporal punishment.
- 62% of the corporal punishment was in government and municipal schools.
- The States of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported higher rates of abuse in all forms as compared to other states.
- Most children did not report the matter to anyone.
- 50.2% of children worked seven days a week.

Sexual Abuse:

- 53.22% children reported having faced one or more forms of sexual abuse.
- Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls.
- 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse.
- Out of the child respondents, 5.69% reported being sexually assaulted.
- Children in Assam, Andhra Pradesh, Bihar, and Delhi reported the highest incidence of sexual assault,
- Children on street, children at work and children in institutional care reported the highest incidence of sexual assault.
- 50% abuses are persons known to the child or in a position of trust and responsibility.
- Most children did not report the matter to anyone.

Emotional Abuse and Girl Child Neglect

- Every second child reported facing emotional abuse
- Equal percentage of both girls and boys reported facing emotional abuse.
- In 83% of the cases the parents were the abusers.
- 48.4% of girls wished they were boys.¹

The Ministry of Women and Child Development, with support from UNICEF, is seeking to incorporate an Integrated Child Protection Scheme in the 11th Five Year Plan. Such an initiative would be timely; as

¹ Study on child Abuse: India 2007, Ministry of Women and Child Development

the Secretary-General's study on Violence against Children underscores, there is much work to do to protect children from violence, exploitation and abuse. Recently, a bill establishing a Commission on Children's Rights was passed.

III. Summary of UNICEF capacity-building and cooperation, 2003-2007

1. The current Government of India-UNICEF country programme contributed to the following national policies and schemes through advocacy efforts, expanded partnerships and the provision of technical assistance:

- (a) Re-instatement of the ban on the sale of non-iodized salt for human consumption increased the use of adequately iodized salt in households from 37 per cent in 2002 to 57 per cent in 2006;
- (b) Adoption of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) as a key strategy for child health within the national Reproductive Child Health Programme II (RCH II) and National Rural Health Mission (NRHM);
- (c) Acceleration of the Total Sanitation Campaign (TSC) raised household sanitation coverage from 23 to 42 per cent from 2002 to 2007;
- (d) Increased convergence between the TSC and SSA resulted in 65 per cent of schools having water supply and sanitation;
- (e) Improved in-service teacher training, school governance and child-friendly classroom environments;
- (f) HIV/AIDS prevention education for adolescents mainstreamed in 75 per cent of all government secondary schools;
- (g) Availability of services for prevention of parent-to-child transmission of HIV (PPTCT) in all states tripled the network of antiretroviral (ARV) treatment centres since 2004;
- (h) Development of the National Plan of Action for Children.

2. The following results in service delivery and evidence-based models were achieved through project implementation and the development of effective communication strategies for families and communities:

- (a) Community-based projects in West Bengal, Rajasthan, Orissa and Bihar reduced malnutrition rates by up to 10 per cent in two years and are being scaled up by the governments in these states;
- (b) Initiatives to reduce child and maternal mortality in 48 high-mortality and high-malnutrition districts in five states through support for newborn care units and nutritional rehabilitation centres resulted in a 45-per-cent reduction in neonatal mortality in these facilities;²
- (c) In collaboration with the Government, the World Health Organization (WHO) and the Clinton Foundation, paediatric AIDS treatment is being scaled up in high-risk states to reach 10,000 children, constituting 33 per cent of all children with HIV/AIDS;
- (d) The rate of birth registration increased from 56 to 62 per cent between 2004 and 2006.

²The Lancet, Neonatal Mortality Trends in a level II Sick Newborn Unit in Rural India. Vol. 366, 2005.

(e) As part of the United Nations Tsunami Recovery Support team, UNICEF is supporting interventions in health, nutrition, HIV/AIDS, trafficking, primary education, livelihoods, permanent shelters, water, sanitation and environmental protection. In disaster-prone states, UNICEF has been working with the Government, non-governmental organizations (NGOs) and communities to build capacities in disaster preparedness and management.

(f) The number of reported polio cases dropped from 1,600 in 2002 to 66 in 2005 although there was an increase in 2006 with 674 cases, mostly concentrated in Uttar Pradesh. Despite this temporary setback, transmission of the virus can be stopped and Government is embarking on its most aggressive and ambitious immunization schedule to date.

3. Influencing policy and going to scale

One of the niches of UNICEF is demonstrating what works at community and district levels and helping to scale up interventions by framing lessons learned into inputs for policy development. For example, support was given to the development of a joint Ministry covering Women and Child Development. In health and nutrition, UNICEF advocacy for legislation promoting iodized salt helped efforts to increase the percentage of Indian households using adequately iodized salt, from 37 per cent in 2003 to 57 per cent in 2005. In the state of Maharashtra, UNICEF supported an increase in growth-monitoring and counselling services, and promoted home visits by village-based workers to very young and undernourished children in four districts. After witnessing the reduction in severe malnutrition that resulted, the state government decided to adopt this approach as the cornerstone of a state-wide mission to reduce malnutrition and mortality, and then scaled up the approach to 10 severely affected districts.

Components of the Quality Education Package, initiated by UNICEF in partnership with the Government and civil society, have also been adopted by state governments. For example, with the intention to improve the quality of children's interaction and learning, UNICEF designed and supplied 'new style' desks for children in 900 schools in Lalitpur. This initiative has been adopted by the Uttar Pradesh state government, which made a policy decision to provide similar desks in some 95,000 primary schools across the state. The scaling-up of the education package also involved learning materials and teacher training. In the area of HIV/AIDS, UNICEF, through various advocacy events, has successfully brought the 'missing face of children' to the public domain in the national response. Largely as a result, the national strategic plan for HIV/AIDS 2006-2011 now includes a range of strategies to provide treatment for HIV/AIDS and mitigate its impact on children affected (those who are made vulnerable, infected and orphaned).

P.S: Above inputs are from the India Country Annual Report 2006, Country Programme 2008-2012 and Board Members report, E/ICEF/2006/CRP.15, 14 July 2006