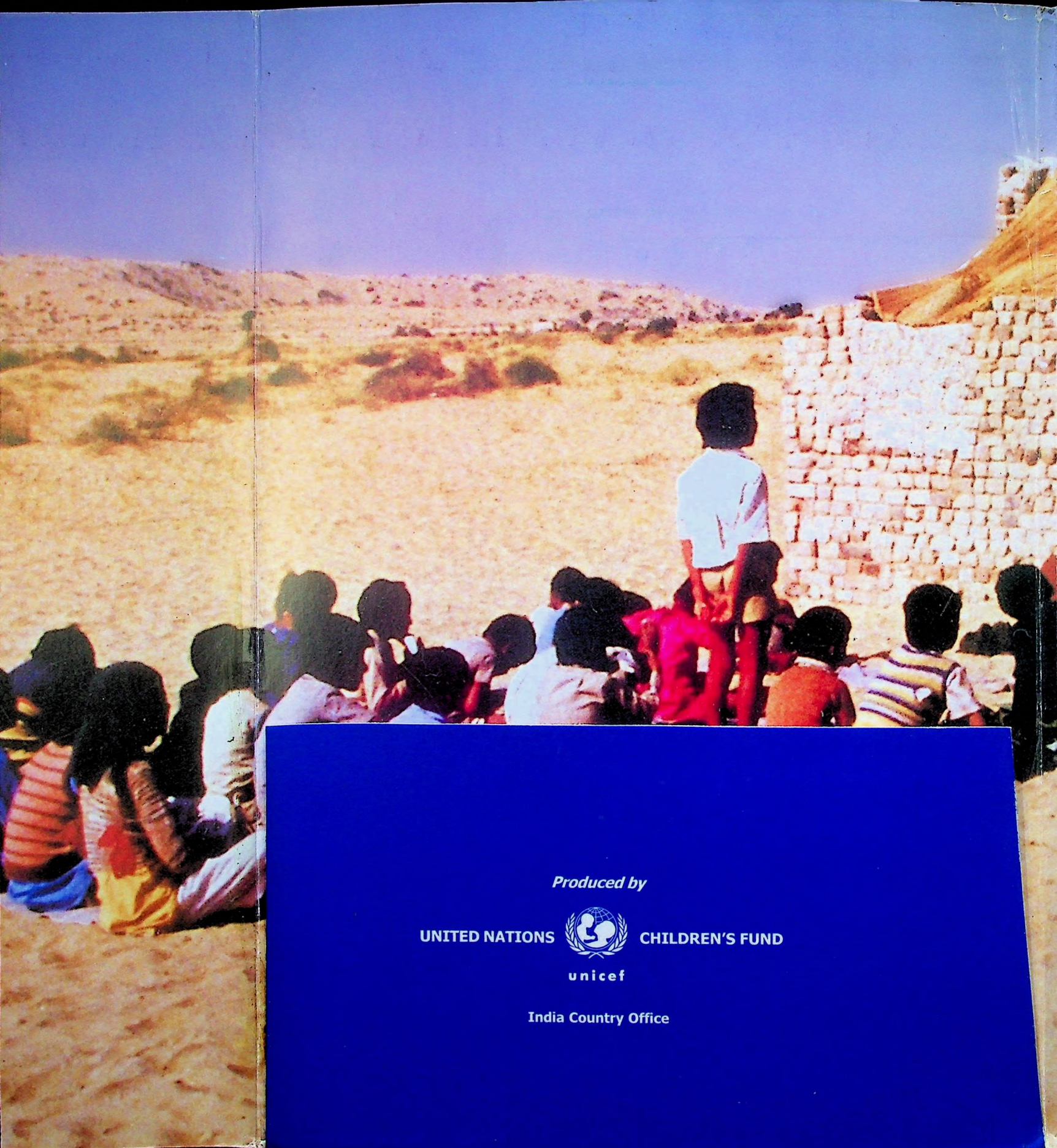


A close-up photograph of a baby's face, looking directly at the camera with large, dark eyes. A bright yellow cloth is draped diagonally across the lower right portion of the face, partially obscuring the cheek and chin. The background is dark and out of focus.

UNICEF IN INDIA 1999-2002

Challenges and Opportunities



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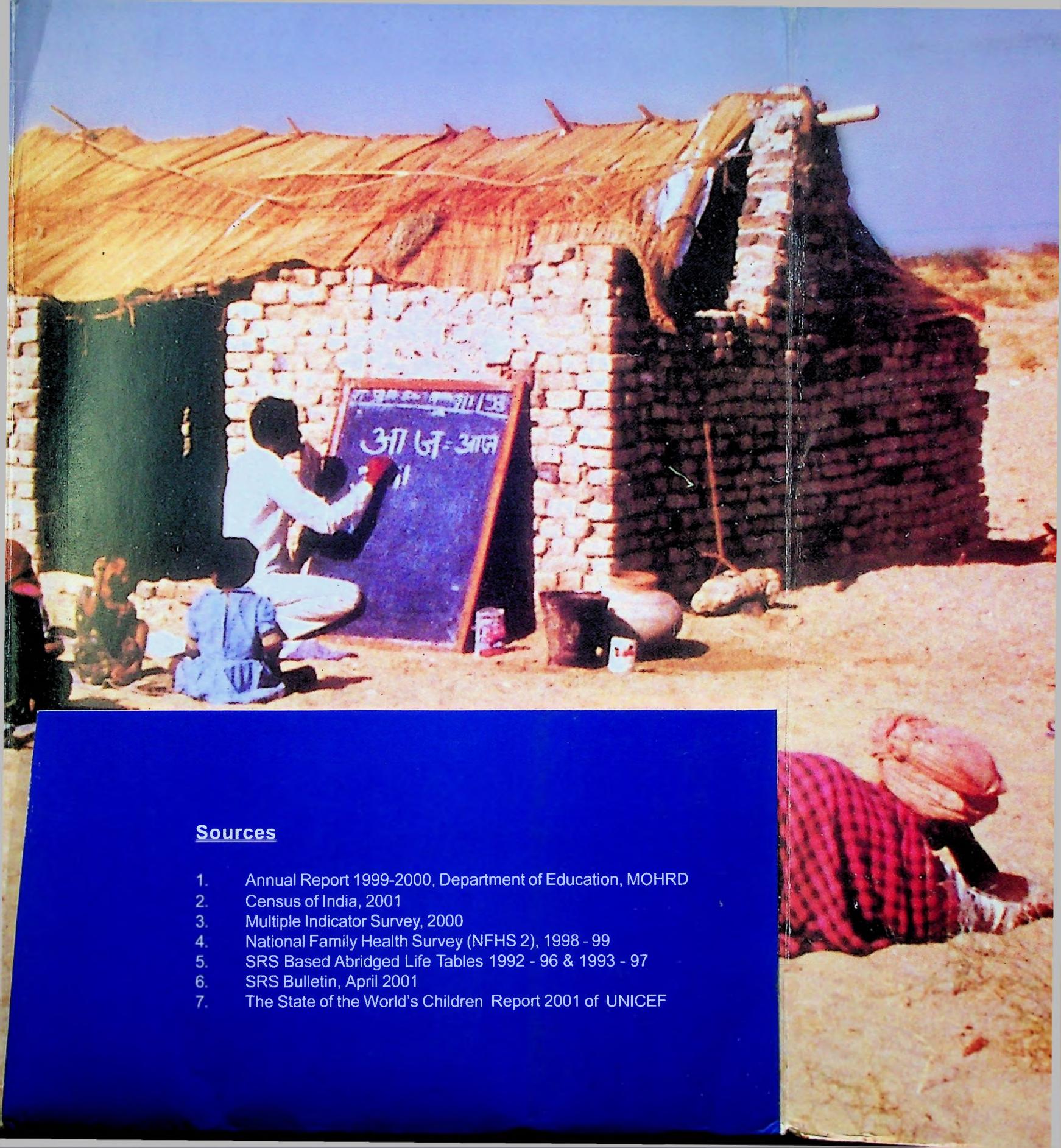
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CHILDREN'S FUND

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India Country Office



Sources

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2. Census of India, 2001
3. Multiple Indicator Survey, 2000
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5. SRS Based Abridged Life Tables 1992 - 96 & 1993 - 97
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7. The State of the World's Children Report 2001 of UNICEF

India: Social and Economic Statistics



Economic
Indicators

ICDS

Drinking Water
and Sanitation

Child Labour and Special
Protection Issues

Education

Gender
Disparity

Nutrition

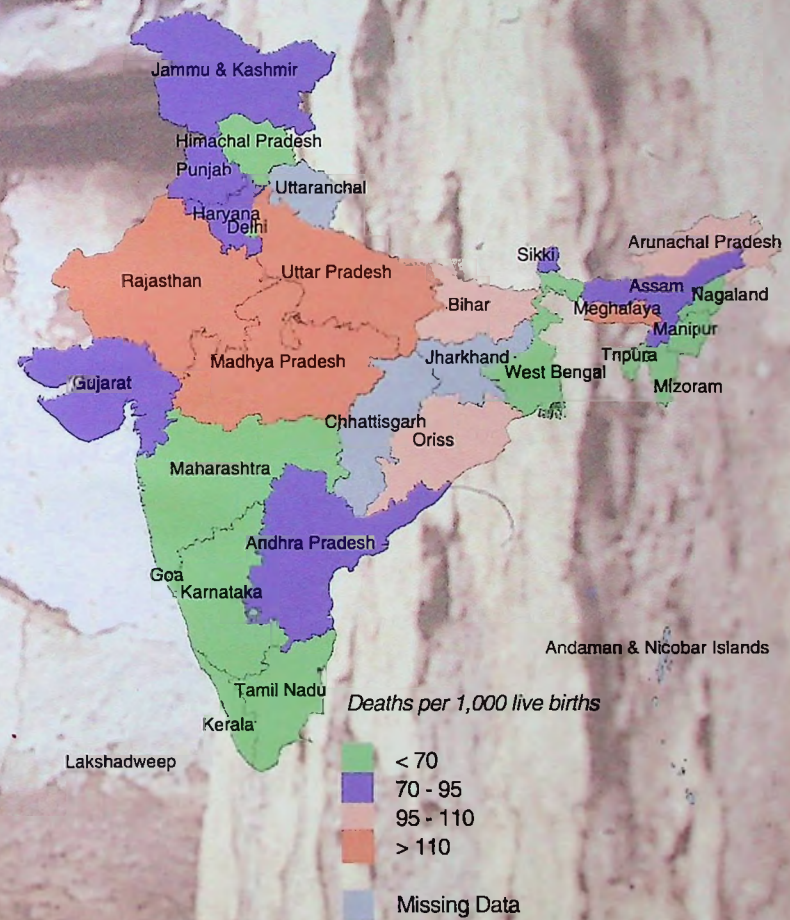
Health

Demographic
Indicators

Basic
Indicators



Under-five Mortality Rate 1998-99



Note : The boundaries and the names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations.



Basic Indicators

	India
Infant mortality rate: (1999)	70
Under-5 mortality rate: (1999)	95
Total population '000s (2001)	1,027,015
Annual number of births '000s (2001 estimate)	26,805
Annual number of under-5 deaths '000s (2001 estimate)	2,546
Life expectancy at birth (1993-97)	61.1



Demographic Indicators

	India
Total Population '000s (2001)	1.027,015
Population under 5 yrs '000s (2001 estimate)	118,107
Annual rate population growth (1991-2001)	2.13%
Crude birth rate (1999)	26.1
Crude death rate (1999)	8.7
Life expectancy at birth (1993-97)	61.1
Total fertility rate (2000)	3.3
Population urbanized (1991)	25.7%
Average annual growth rate of urban population (1981-91)	3.1%



Health

	India
Percentage of children 12-23 months (2000) receiving	
• BCG	67.5
• DPT 3	46.4
• Polio 3	58.8
• Measles	50.2
• Fully immunized	37.8
Percentage of children < 3 years (1999)	
• Had diarrhoea during last 2 weeks	19.2
• Used ORS during diarrhoea	26.8
• Given ORT during diarrhoea	47.7
Percentage of pregnant women (2000)	
• Had antenatal check-up	61.8
• Blood pressure measured	43.8
• Given TT injections	60.2
• Received IFA Tablets	53.8
• Delivered at institutions	34.5
• Delivery attended by health professional	42.5
Percent pregnant women experienced night blindness during pregnancy (1999)	12.1



Nutrition

	India
Infants with low birth weight (1999)	23%
Breast feeding (1999)	
• Exclusive breast-feeding 0-3 months	55.2%
• Breastmilk with complementary feeding 6-9 months	33.5%
• Breastmilk continued 12-15 months	88.9%
Children 0-3 years underweight (1999)	
• Moderate and severe (below-2 SD)	47.0%
• Severe (below-3 SD)	18.0%
Children 0-3 years (1999)	
• Moderate and severe wasting (below-2 SD)	15.5%
• Moderate and severe stunting (below-2 SD)	45.5%
Population living in food insecurity (less than 1890 Kcal/day) (1993-94)	13.4%
Chronic energy deficiency in women 15-49 gms (BMI<18.5 Kg/m ²) (1999)	35.8%
Anaemia (1999)	
• Women 15-49 years	51.8%
• Children <3 years	74.3%
Use of adequately iodised salt by households (1999)	49.3%
Children 12-35 months who received at least one dose of Vitamin A (1999)	29.7%

Missing Girls: Where are they going?

100% Ratio	Child Population (0-0)	Total Population	Ratio 100% girls
	150.15 as a percentage of	150.15	0.9997
8.1	100,000,000	100,000,000	100%

71.4

Gender Ratio

Male	Female	Ratio (1000)
8.07	8.08	1000
101	80	1000

Sex Ratio Trends: Implications for Girls

- Decline in sex ratio in India (1991)
- Need for more girls' education

75.6

100%	Ratio	Ratio
100%	100%	100%
100%	100%	100%
100%	100%	100%



Missing Girls: Where are they missing from?

India 2001	Total Population	Child Population (0-6)	% of Total
Sex Ratio	933	927	
Missing Women	35,595,564	5,979,506	16.8

Mortality Rates

India (1999)	Male	Female
Infant Mortality Rate	69.8	70.8
Under 5 Mortality Rate	98	105

Sex Ratio Trends: Implications for Girls

	1991	2001
Total Population	927	933
Child Population (0-6)	945	927
Population aged 7 and above	923	935

Gender Disparity

	India
Infant expectancy, females as a percentage of males (1993-97)	102.3
Literacy rate, females as a percentage of males (2001)	71.4
Enrolment ratios, girls as a percentage of boys (1999-2000)	
Primary	82.2
Secondary	75.2
Percent ever married women (1999)	
• Need permission to visit friends/relatives	75.6
• Beaten or physically mistreated since age 15	21.0
Maternal mortality ratio (1999)	540



Economic
Indicators

ICDS

Drinking Water
and Sanitation

Child Labour and Special
Protection Issues

Education

Gender
Disparity



Education

	India
Literacy rate (2001)	
• Total	65.38%
• Male	75.85%
• Female	54.16%
Primary school gross enrolment ratio (1999-2000)	
• Boys	100.9%
• Girls	82.9%
Secondary school gross enrolment ratio (1999-2000)	
• Boys	65.3%
• Girls	49.1%



Child Labour and Special Protection Issues

Official figures for child labour (1991)	11.3 million
Unofficial estimates for child labour	44 to 100 million
Out-of-school children in the age of 6-14	100 million
Estimated No. of women and child victims of commercial sex exploitation in 6 metropolitan cities (1998)	100,000
Inducted into commercial sex exploitation when they were less than 18 years of age	40%
Estimated No. of children living and working on city streets	0.5 million



Water Supply and Sanitation Facilities

National coverage of households	Access (%)	Usage (%)
Improved Water Supply - Rural	98	77
- Urban	95	93
- Total	97	80
Home Toilets - Rural	20	12
- Urban	85	80
- Total	38	36



ICDS

Coverage (December 2000)	Target	Functional
• Number of Projects (blocks)	4,498	4,384
• Number of AWCs	567,422	504,353
• Number of Functionaries		
▪ CDPOs/ACDPOs	5,834	4,501
▪ LS	27,947	19,366
▪ AWW	567,422	519,009

Number of beneficiaries (Centre based supplementary feeding)

• Pregnant and lactating mothers	4,923,975
• Children under 3 years	10,757,055
• Children 3-6 years	12,388,946
• Children 0-6 years	23,146,001



Economic Indicators

GNP per capita (1999)	US \$ 450
------------------------------	-----------

GNP per capita annual growth rate (%)	
--	--

- | | |
|-----------|-----|
| • 1965-80 | 1.5 |
| • 1990-99 | 3.9 |

Average annual rate of inflation (%) (1990 - 98)	9.0
---	-----

Population below \$ 1 a day (1990-98)	44.0%
--	-------

Percent of household share income (1990-97)	
--	--

- | | |
|---------------|-----|
| • Lowest 40% | 22% |
| • Highest 20% | 39% |

Percentage of population in poverty	1977-87	1987-88	1993-94
• Total	48.4	39.2	36.0
• Urban	40.5	36.2	32.4
• Rural	50.6	38.5	37.3

Percentage of central government expenditure allocated to:	
---	--

- | | |
|---|--------------------|
| • Health | 2 |
| • Education | 3 |
| • Defence | 16 |
| • Official development assistance inflow (1998) | US \$ 1595 million |
| • ODA inflow as % of recipient GNP (1998) | 0% |

Debt service as % of exports of goods and services	
---	--

- | | |
|--------|------|
| • 1970 | 22.0 |
| • 1980 | 11.9 |
| • 1990 | 25.0 |
| • 1998 | 19.0 |

The Situation of Children and Women in India





The Situation

India has made notable progress towards ensuring all children their rights to survival, protection and development over the past fifty years.

However, a gap persists between policy and the reality of the Indian child. India and UNICEF see this situation as one demanding change.

- Significant achievements include the steady reduction of infant and child death rates, provision of safe drinking water to over 85 per cent of rural settlements, increase in foodgrain production, a continuous decrease in vaccine-preventable diseases of childhood, and the expansion of health care and child development services and the primary and elementary school infrastructure.
- Policy commitment to the rights and needs of children is enshrined in the Constitution of India. Reaffirmed in India's accession to the Convention on the Rights of the Child (CRC), it is supported by national policies on issues such as nutrition, health, education and child labour.
- A gap persists between policy and the reality of the Indian child.
 - Mortality in the first month of life remains high
 - A disproportionate number of children, less than one year old, die each year
 - Nearly half the children below the age of 3 are malnourished
 - Girl children and women continue to suffer discrimination.
- India and UNICEF see this situation as one demanding change. Commitment to change is reflected in national action plans for the Year 2000 Goals for Children, and forward-looking strategies to fulfil the Convention obligations.



Child Rights

India's constitution, legislation and policies offer extensive safeguards to the human rights of children. The country's 1992 accession to the CRC has enlarged the range of national obligations. Recent policies and programmes, as well as judicial measures, have further strengthened prospects for realizing the full range of children's rights. The government has declared its commitment to "every child."

In reality, however, the country's 398 million children continue to face sizeable challenges in their effort to survive, develop, and prosper to their full potential in a secure and nurturing/caring environment.

While both government programmes and family and community care have combined to reduce mortality and improve development supports, major challenges remain:

- Adequate nutrition, care and shelter are still not guaranteed for every child. Many children still do not manage to enroll in school, and many more drop out of the school system. Girls remain disproportionately deprived in all sectors of development.
- One of the world's largest child development networks—the ICDS Programme—offers early learning opportunities. But for older children who should be in school, the picture is less positive.
- There are daily violations of the child's right to a secure childhood. Progressive law and policy have to still contend with adverse traditions and social attitudes. Extreme rights violations include bonded child labour, sale and trafficking of children for prostitution, and female foeticide and infanticide. India has outlawed such abuses, but they have not been eliminated.
- The child's civil rights—to identity, birth registration, freedom of expression and association, privacy and physical integrity—need to be better recognised and respected, and fulfilled in law and practice.



Gender Discrimination

Serious gender discrimination arises from the persistent traditional preference for sons over daughters. The government has launched bold new policies to promote and encourage families to value the girl child, and invest in educating her as a person.

Girls are more disadvantaged than boys from birth, receive less care and fewer opportunities, and are more rigorously socialised to accept a secondary status in the home and society.

The following facts give an idea of prevailing gender discrimination:

- A number of female births are consciously prevented. Indian laws now curb the use of amniocentesis and sonogram tests for sex determination, but they continue to be used, with consequent foeticide of unborn girls. Female infanticide persists in some rural areas.
- The skewed sex ratio — reflected in the national average of 933 females per 1000 males — is evidence of continuing discriminatory practices.
- The social pressure to provide girls with a dowry, at the time of marriage, undermines the effectiveness of anti-dowry laws. The ensuing economic burden influences parents' perception of daughters as liabilities. Dowry-related violence, sometimes resulting in the death of young brides, is common. Girls continue to be married off well before they reach the legal minimum age of 18, especially in northern India.
- Maternal mortality in India is still very high, estimated to be 540 per 100,000 live births. Contributing factors include poor nutrition and lack of general health care for girls, early and unsafe motherhood, and poor care during pregnancy. Negative social practices still inhibit health care services and family planning education efforts. Women often lack both the knowledge and the confidence to take better care of themselves.
- Lack of education, coupled with lack of opportunity for conscious social choice, continues to undermine the rights of Indian girls and women, and perpetuate a low self-image.



Health

India has made major strides in increasing access to health services across the country. Guinea worm disease has been certified as eradicated and polio is on the verge of eradication. The physical health care infrastructure has expanded. National health programmes to control communicable diseases have been strengthened. The risk and burden of other communicable diseases like neo-natal tetanus and measles have greatly reduced.

One fourth of babies born are underweight, one half of women are anaemic.

- Infant mortality rates have declined from 110 per 1000 live births in 1981 to 70 per 1000 lb in 1999. But wide disparities persist between states and among different sections of the population. IMR is 14/1000 lb in Kerala and 97/1000 lb in Orissa. The IMR for India in rural areas is 31 points higher than that of urban areas. IMR has stagnated at around 70 per 1000 live births for the past five years. About 60 per cent of all infant deaths occur in the first month of life.
- Nearly 23 per cent of babies are born with low birth weight caused by maternal factors such as inadequate care and nutrition during pregnancy and chronic nutritional and health care deprivation throughout a woman's life. Fifty two per cent of women are anaemic.
- With the successful implementation of the universal immunisation programmes deaths due to diphtheria, pertussis and measles have reduced by 70-80 per cent. However, immunisation reach and coverage remains a challenge with around 26 per cent of children born every year not being vaccinated at all.
- The primary health care system continues to be a major source of preventive and promotive care. However 70 per cent of curative care is delivered by the private sector.
- One in three children afflicted with acute respiratory infections seek no treatment. 15 to 20 per cent of infant deaths are due to infections of the lower respiratory system.
- Deaths due to diarrhoeal dehydration have decreased — but only 62.4 per cent of mothers know about Oral Rehydration Therapy (ORT), and only 26 per cent report ever having used Oral Rehydration Salts (ORS).
- Around 100,000 women die from pregnancy or pregnancy-related causes each year. Maternal mortality is estimated to be in the range of 428-653 per 100,000 live births.
- HIV prevalence in India doubled over the last four years, resulting in India having the highest number of HIV infections in the world — 3.6 million Indians.



Nutrition and Child Development

One third of the world's children suffering from malnutrition are in India. Micro-nutrient deficiencies such as nutritional anaemia, Vitamin A deficiency, Iodine deficiency are still widely prevalent.

Growth monitoring and awareness about breastfeeding and complementary feeding need to be strengthened.

Less than 37% put the baby to the breast within one day after childbirth.

- Forty seven per cent of India's children under 3 years of age are malnourished. These children comprise one third of the world total of children suffering from malnutrition. The rate of malnutrition is declining much too slowly—at less than 1 per cent per year.
- Micro-nutrient deficiencies continue to compromise the health and development of Indian children and women.
- Nutritional anaemia affects 74 per cent of young children and over 50 per cent adolescent girls and women in the reproductive age group.
- Vitamin A deficiency disorders lies behind much of the mortality and morbidity among children and pregnant women.
- Fifty one per cent of households do not consume iodised salt. As a result a large number of children are vulnerable to the threat of mental retardation and other iodine deficiency disorders.
- Growth monitoring—the only way to measure malnutrition—is not widely used, and not focussed on the youngest children. When available, the information is rarely used to promote growth.
- Only one third of children are fed complementary foods between the ages of 6 and 9 months, when breast-feeding should be supplemented. Awareness is low among families and health/nutrition workers alike.
- Care given to children favours boys. A first daughter may get good care, but second and third daughters are vulnerable and at risk of deprivation and denial as they are progressively less welcomed by their families.
- Thirty six per cent of children between 3-6 years attend some form of pre-school.

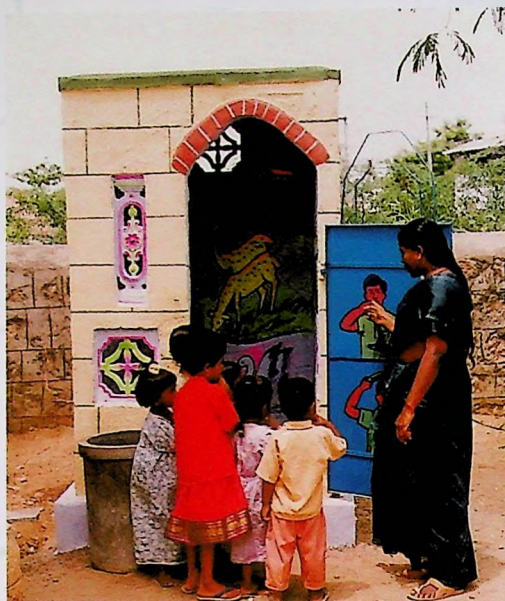


Education

India's Constitution directs the State to try and ensure free and compulsory schooling for every child up to 14 years of age within the first decade of its enactment (1950-1960). While the spread of school services has steadily increased, this promise is yet to be realised.

Quality of schooling, teacher training and empowerment, learning achievement and a better classroom environment still remain challenges.

- With this massive expansion in provision of schools, about 95 per cent of the population now has a primary school within a walking distance of one kilometer.
- Universal Elementary Education has not been attained. About 100 million Indian children are not in school, and many are at work. A large proportion of them belong to marginalized/deprived families like schedule casts and schedule tribes.
- 37 per cent of children who join school drop out before completing even the 5 years of primary schooling. Girls are denied equal opportunities to attend and complete primary education.
- About 460 million Indians cannot read and write including nearly 58 per cent of women.
- There is a growing demand for primary education for children, even among the poorest communities. Evidence suggests that poverty of income is not the reason why parents fail to enrol their children in school, or keep them there.
- Unmet challenges include the improvement of the quality of schooling. Key areas for investment are teacher training and empowerment, improved learning achievement and quality, a better classroom environment for learning and teaching, increased attendance and reduction in the high dropout rate.



Water, Sanitation, and the Child's Environment

In India it is estimated that about 37 per cent households are using toilet facilities. In rural areas this is even lower, at 19 per cent. One in five women reportedly wash their hands before serving food, although 75 per cent say they do wash their hands before eating. One in two women report washing hands after using toilet facilities. Annually 400,000 under-5 children die in India due to diarrhoea, which could be prevented and managed better with good sanitation, hand washing, food hygiene practices and family's knowledge of Oral Rehydration Therapy (ORT). UNICEF promotes and supports programmes for sanitation and handwashing through schools and *Anganwadi Centres* where children learn early in life the benefits of clean environment and sanitation.

Household access to proper sanitation has risen to 85 per cent in urban areas, but access to rural households remains at 20 per cent.

- Lack of sanitation and poor hygiene practices contribute significantly to malnutrition, which impairs the growth of some 58 million children. Over 70 per cent of the health problems faced by children in primary schools are attributable to inadequate hygiene.
- Low social awareness of the importance of hygiene and a clean environment persists.
- Less than half of the country's 600,000 primary schools have an improved water supply, while less than ten per cent have toilets. Among schools with toilets, few manage to use and maintain their toilets properly.
- The percentage of rural households with a home toilet is 20 per cent only, increasing at a rate of about one per cent per annum. Among urban households, coverage is 85 per cent, but much lower among the low-income population.
- While 85 per cent of rural settlements have access to improved water supply (a handpump or a piped water scheme), actual use is only 72 per cent. The 28 per cent of rural population which is not using water from an improved source, mostly use traditional, convenient, but polluted open dugwells.
- In India, agriculture is the largest user of ground water. Unsustainable pumping for irrigation is lowering ground water levels in many areas, thus threatening the sustainability of domestic water supplies, which depend largely on the use of ground water.
- Water quality is deteriorating as a result of pollution from industry, domestic sewage and the widespread use of fertilisers and pesticides. Fluoride and arsenic, occurring naturally in the ground, are found in excess measure in many areas. Iron and salinity deter people from using water from otherwise safe supplies.
- In 2000 and 2001, millions of children and women were severely affected by droughts and floods.
- In February 2000, after a visit by the International Commission on Certification of Dracunculiasis Eradication of the World Health Organization, WHO certified India as guineaworm free.



Child Protection

India continues to have the world's largest number of child labourers.

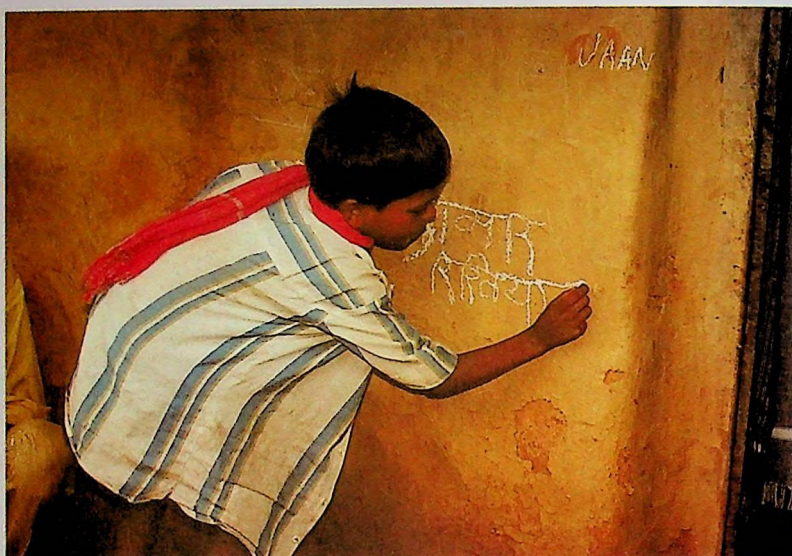
Following a Supreme Court judgement, the government is acting to halt child employment in hazardous industries. However, attitudinal change is slow, enforcement is difficult, and young children continue to be placed in dangerous situations.

- Bonded child labour persists due to parents' indebtedness and old feudal attitudes.
- Several industries and occupations have been declared hazardous for child workers. Following a Supreme Court ruling backing a Parliament Act, government is acting to halt child employment in these spheres of work.
- Domestic child labour and home-based work are the least visible and among the most difficult to detect and curb.
- Estimates indicate that girls outnumber boys in many areas of child labour.
- Policy recognises that provision of good quality school education opportunities could bring children out of the work force and progressively prevent child labour. The Indian Constitution is in the process of being amended, to set primary education as a fundamental right.
- Child prostitution and trafficking are known to be occurring on a large scale. Girls are trafficked from rural to urban areas. Child traffickers capitalise on adverse traditions in some areas, and on poverty. Apart from intra-country movement of children to urban brothels, inter-country trafficking in parts of the sub-continent is also rising. The SAARC nations have made a joint commitment to curbing this form of child abuse, but efforts to prevent it, or rehabilitate rescued children, have not yet proved effective.
- India has an estimated 500,000 street children, vulnerable to violence and abuse, struggling through their childhood years in the poorest slums or on the pavements, often without any family support. Their work includes rag-picking or peddling on the streets. They are hard to reach through conventional service systems.
- Disabled children seldom get the opportunities and supports to help them develop to their full potential. Some of these children, including those deliberately maimed, are still put to work as beggars.



Achievements, Challenges, Aims and Strategies





Achievements, Challenges, Aims and Strategies

Children

We will present a National Charter for Children. Our aim is to ensure that no child remains illiterate, hungry, or lacks medical care. We will take measures to eliminate child labour.

Education for All

We are committed to a total eradication of illiteracy. We will formulate and implement plans to gradually increase the government and non-governmental spending on education up to 6% of the GDP; this to provide education for all. We will implement the constitutional provision of making primary education free and compulsory up to 5th standard. Our aim is to move towards equal access to and opportunity of educational standards up to the school-leaving stage. We shall strive to improve the quality of education at all levels—from primary schools to our universities.

Empowerment of Women

We will legislate for the reservation of 33% of the seats in Parliament and State Assemblies for women; also institute plans for providing free education for girls up to college level, including professional courses, so as to better empower women. We will also set up a Development Bank for women entrepreneurs in the small scale and tiny sectors.

National Agenda for Governance
Govt. of India, January 1998



Achievements

- The Infant Mortality Rate (IMR) has declined from 110 deaths per 1000 live births in 1981 to 70 in 1999. Deaths from diphtheria, pertussis and measles are now as much as 70-80% less than pre-immunization levels. Deaths from neonatal tetanus have fallen.
- In 2000, 30 million children in West Bengal, Assam, Orissa, Madhya Pradesh and Bihar received two doses of Vitamin A.
- Approximately 95% of the country's population has a primary school within walking distance of one kilometre. India has over 150 million children being taught by 2.9 million teachers in 760,000 elementary schools.
- About 97 per cent of the population had access to safe water. This has effectively reduced the time and energy spent, particularly by women and young girls in obtaining water for the household.
- Concerned about the over-dependence on government to sustain rural water supplies, government started a major sector reforms initiative in 1999, aiming to base water and sanitation improvements on the needs of communities with their commensurate responsibilities for funding, planning, implementation, operation and maintenance.

- India has been certified to have eradicated the guineaworm disease. No case of guineaworm has been reported since 1997, the first year of zero incidence.
- India has evolved extensive constitutional and statutory safeguards for meeting the human rights of children. Recent policies and programmes, as well as judicial activism, have further strengthened the prospects for realising the full range of children's rights.
- On the policy front, India's commitment to the Year 2000 Goals for Children is backed by its National Plan of Action and several state-level action plans. It acceded to the Convention on the Rights of the Child (CRC) in 1992.
- Building on its acceptance of the 1990 mandate of Education for All, India joined the E-9 group of populous countries pledged to special efforts to attain education goals for all their children.
- India has made a policy commitment to equal opportunity for the girl child and reaffirmed this with a 1998 allocation of resources for girls' education.
- Following a Supreme Court ruling, some hazardous industries have been notified as unacceptable workplaces for children, and national measures to rescue children from these dangerous kinds of labour have been initiated. Some more industries have been added to the hazardous list.
- Echoing its massive all-out national action to achieve the Universal Child Immunization (UCI) in 1990, India is sustaining a country-wide initiative to wipe out polio. The "fixed-day" drives of the Pulse Polio Immunization campaign are covering 127 to 129 million children on single day sessions twice a year.
- Continuing the focus on Early Childhood Care and the life-cycle approach initiative in 1999, year 2000 saw significant progress in building commitment and developing capacity at state and national levels to improve childhood care for survival, growth and development.



Challenges

- Since 1993, the national IMR has been stagnating around 70 per 1000 live births, pointing to a slowdown in the momentum of child survival. In 1992, 66 per cent of infant deaths occurred in the first month of life.
- Throughout childhood the mortality rate among girls continues to be 20 per cent higher than among boys.
- The maternal mortality rate, estimated to be 540 per 100,000 live births, remains unacceptably high. Close to 100,000 women die from pregnancy or pregnancy-related causes every year.
- In spite of the universal salt iodisation programme being in place for over 15 years, half of the population do not use adequately iodised salt.

- India accounts for one-third of the world's children who suffer from malnutrition. About 23 per cent of all births in India are low birth weight.
- Despite significant expansion of early education services, nearly two in every three women and one in every three men, some 460 million in all are illiterate. Girls are consistently denied equal opportunities to attend and complete primary schooling. The primary school system needs major improvements in quality of education.
- The continued neglect of the environment in urban slums poses one of the greatest threats to progress on infant and child mortality and improving the nutritional status of children living in disadvantaged areas.
- India continues to have the highest numbers of child labourers globally, the official figure remaining at 11.3 million children and estimates from non-governmental sources ranging from 44-100 million children.
- Child prostitution is growing in scale. Hundreds of thousands of girls are trafficked and forced into prostitution in city brothels.
- There are an estimated 500,000 street children nationwide exposed to violence and exploitation.
- Disabled children are exploited as beggars.
- The challenge to establish child rights as mandated by the CRC will require sustained effort and commitment.
- School sanitation is increasingly emerging as a priority in Andhra Pradesh, Assam, Bihar, Jharkhand, Gujarat, Karnataka, Orissa, Maharashtra, Rajasthan, Tamil Nadu and West Bengal. UNICEF and Government of India are participating in a global school sanitation programme with technical support from IRC in the Netherlands.



Aims

Convergent Community Action (CCA)

Assist governments, civil society and communities, to work together to achieve child development goals and uphold children's rights.

Child rights

- Ensure the primacy of the child's right to first call on national resources.
- Overcome discrimination against the girl child and gender disparity
- Address the needs of children not accessible through family contact or conventional services.

Child protection

Ensure that every child is protected from exploitation and abuse, within the home and in the wider community.

Health of children and women

Ensure every child's right to survival and good health, by improving women's health and strengthening the health care delivery system.

Nutrition and child development

Help achieve every child's right to adequate nutrition, by addressing all aspects of early childhood care and development.

Water, sanitation and hygiene

Assure every child the right to safe water and a clean environment, by increasing the use of home toilets, improving personal and community hygiene practices and using drinking water from a protected source.

Primary education

Ensure and fulfill education rights of all children.

Strategic planning, monitoring and evaluation

Ensure children's rights are at the heart of all development plans and programmes.



Strategies

Four basic strategies will be pursued during the programme:

- Forging pro-active rights alliances for children that promote public awareness to change mind-sets and attitudes, influence behaviour, and prevent violations of child rights. Alliance for child rights will require strengthening partnerships with central, state and local governments. Wide partnerships with non-governmental organisations, the corporate sector, trade unions, human rights commissions, police, legal bodies and political rights, media and academic bodies will be mobilised for advocacy and delivering critical messages for children.

- The Country Programme strategy will rest upon the potential for people to initiate, sustain and support local action for children. This potential for local action can be effectively tapped by providing communities with critical inputs for decision making, and by establishing inter-sectoral linkages. The aim will be to support training initiatives to equip *panchayat* and *nagar palika* members, especially women, with skills to lead, implement and monitor local programmes and initiatives for children.
- The programme strategy will retain and reinforce the emphasis on expanding women's capabilities as vitally necessary for the fulfillment of child rights. UNICEF will provide flexible support for the involvement of women in social development projects in both rural and urban areas, as well as orientation and support to newly elected members of local governance bodies. It will support efforts to improve collection of and access to gender disaggregated socio-economic data.
- UNICEF sees Convergent Community Action (CCA)—support for capacity building to bring government service providers into a closer and more responsive working relationship with an informed and actively participating community—as an effective strategy for social development and social change directed at satisfying the rights of deprived children and women in a context of persistent disparities.
- A key element is to promote and channel action through women's leadership and participation in development, with conscious advocacy for the centrality of gender in all aspects of the Country Programme.
- Action in states and territories where UNICEF has no direct presence will focus on planning and technical support to the development of new models for child-related programming, and the encouragement of child-centred investment in development.

Children

"Investment on child development will be viewed not only as a desirable societal investment for the nation's future but also as fulfilment of the rights of every child to 'survival, protection and development' so as to achieve their full potential. In this context, the challenges are to correct the adverse sex ratio at birth and to reach every child without gender bias or any other social discrimination.

"Following universalization of ICDS and ensured availability of basic minimum services for the overall development of the child, emphasis will be consolidation and contents enrichment of ICDS through adequate nutrition, supplemented with necessary health check-ups, immunization and referral services. In this respect, priority will be accorded to focus attention on the child below 2 years. To achieve this, ICDS will continue to be the mainstay of the Ninth Plan to promote all-round development of the young child."

Approach Paper to The Ninth Five Year Plan

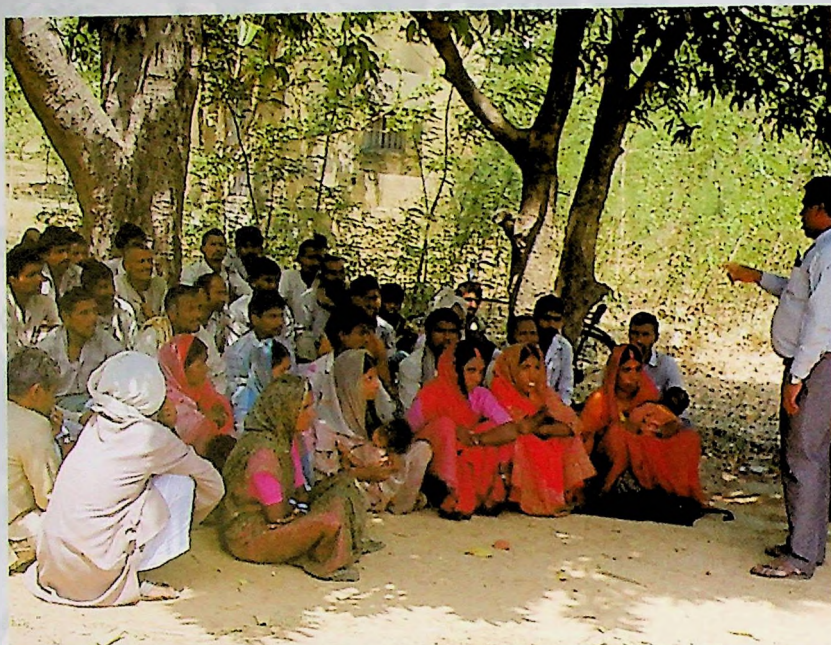
"Unless the life of the child in the family and community improves, all development efforts would be meaningless. There is, therefore, a need to raise awareness and create an ethos of respect for the rights of the child in society to meet his or her basic development needs. Advocacy and social mobilization are two crucial processes which are being emphasized to achieve this end. With India's ratification of the UN Convention on the Rights of the Child, the 'rights approach' to child development is gradually gaining importance and will henceforth form the basis of Government's strategy towards child development."

- India Country Report on the Convention
on the Rights of the Child (1997)

The UNICEF
Country Programme
in India, 1999-2002



Empowering Women



Convergent Community Action (CCA)

Goal: Assisting governments, civil society and communities, to work together to achieve child development goals and uphold child rights.

Resources Required: US \$16.3 million [Supplementary Funds: US \$ 7.5 million].

UNICEF advocates that communities should be the main actors of the development process, receiving support from the various government agencies and NGOs. This 'convergent community action' (CCA) strategy decisively moves the focus of attention to the community or sub-district level. This strategy reflects the decentralization of governance through the 73rd and 74th Constitutional Amendments and empowering women to join and lead the process of local self-government.

The design and development of inter-sectoral approaches with indicators to measure progress will be focused in 50 districts. CCA will be an integral part of each sectoral programme. UNICEF will support CCA both by helping to empower communities and by improving government responsiveness to community demands.

The rural CCA Programme will be the responsibility of the Department of Rural Development, Ministry of Rural Areas and Employment. The Ministry of Urban Affairs and Employment and the Department of Women and Child Development will coordinate the urban Programme.

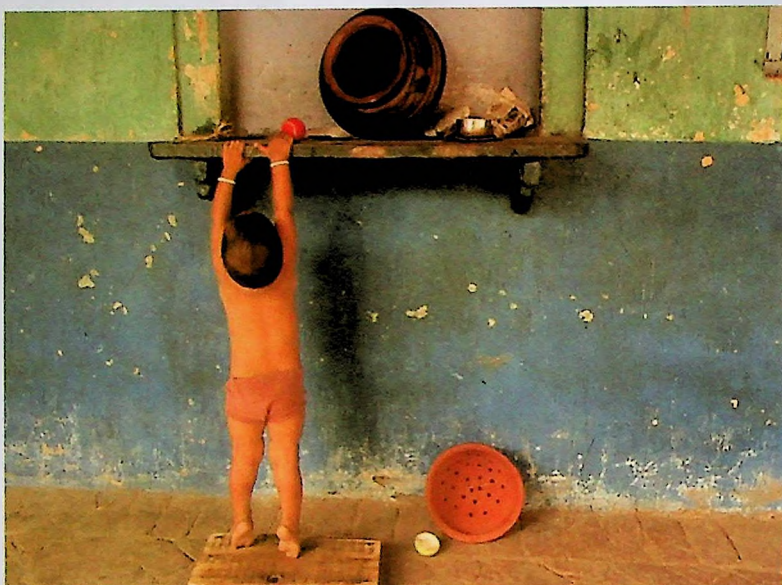
While CCA is the strategy on which every UNICEF programme will be run, provision has been made for programme support.

Projects include:

- Expand and Strengthen Cross-Sectoral Processes:** This project aims to mobilize the poorest rural communities (including at least half the women) and assist the formation of community and women's self-help groups. The project will operate in both urban and rural areas but will have different goals in each region. In rural areas, the project will work in 50 districts spread over 15 states.
- Build Capacity of Panchayats and Nagar Palikas to Fulfil Children's Rights:** This project will train and work with 500,000 elected women members of panchayats and nagar palikas, to assess the situation of children in their constituencies and to take action to fulfil children's rights.

In urban areas, the project will aim to mobilize the poorest communities in at least one city or town in each of the major states. It will support the establishment of effective community structures for improving delivery of basic social services for impoverished communities. To better understand the specific needs of the urban poor, the project will initiate action research studies.

Advocacy through Communications



Child Rights

Goal: Ensure the primacy of children's right to first call on national resources.

Resources Required: US \$ 10 million (Supplementary Funds: US \$ 4 million).

India's accession to the Convention on the Rights of the Child (CRC) in 1992 gave fresh impetus to the fulfilment of children's rights. UNICEF will support the Government of India's efforts to address all the rights of children, but will give extra weight to a child's right to primary education; adequate nutrition; child protection against abuse, neglect and exploitation; survival—the survival of female babies; street children and the girl child.

The advocacy strategy will focus on establishing the concept of the 'caring community' for children, aiming to change attitudes at policy, societal and service levels.

Projects:

Creating Constituencies around the CRC through Alliances and Networks:

The project will aim to create strong, committed and articulate networks of government institutions, individuals, NGOs and other civil society organizations. Special attention will be given to mobilising communicators who will advocate and monitor progress on child rights, and enrich media channels.

Establish a Special Constituency for the Girl Child: Work towards changing attitudes about gender and childhood, and heighten public awareness of violations of girl child rights. Public communication media/mediums will utilise the MEENA communication initiative to draw attention to the right to equality.

Promoting the Rights of Specially Disadvantaged Children: Focus on the rights of children with disability and those affected by violence either within the home or in the wider community. Special attention will be given to promoting government and civil society linkages in Jammu and Kashmir and the north-eastern states.

Combating Abuse



Child Protection

Goal: Ensure that every child is protected from exploitation and abuse, within the home and in the wider community.

Resources Required: US \$17 Million (Supplementary Funds: US \$10 million).

Children at greatest risk of abuse and exploitation tend to be from socially disadvantaged groups. Girls particularly in need of protection are children in institutions, victims of armed conflict and those affected by HIV/AIDS. The strategy for child protection recognizes that many child rights violations are closely linked to entrenched social, cultural and economic systems. Programme will attempt to change public attitudes: shifting opinions from 'denial' to 'willingness to debate' to 'social and legal responses' to 'societal norms' and finally to 'concerted action'.

UNICEF will support the Government of India's efforts to eliminate child labour, child prostitution and child trafficking. The programme will develop city-level actions to address the rights of street children, including those who come into conflict with the law.

Projects include:

- **Elimination of Child Labour:** Advocate for the enforcement of child labour legislation, and implementation of compulsory primary education. Support efforts to monitor the extent and range of child labour. Work with the corporate sector and building civil society networks, which can act as watchdogs. In at least 25 districts, across India the project will support elements of the National Programme for the Elimination of Child Labour. Links will be established with micro-finance initiatives to reduce family indebtedness, a factor leading to child labour.
- **Reviewing and Adapting Legislation and Policy:**
 - (i) Laws for the protection of children are enforced;
 - (ii) National and state laws are in harmony with the Convention on the Rights of the Child. While supporting implementation of the CRC country report recommendations, the project will establish a participatory process for the preparation of India's second report, due in 2000.
- **Collective Action to Eliminate Child Trafficking and Prostitution:** Public campaigns to mobilize opinion against child trafficking and prostitution will be supported. For local communities complementary training materials, which inform and suggest possible child-friendly actions, will be developed. In at least 10 districts, principles of convergent community action will be used to develop prevention strategies. Since trafficking is a cross-border issue, UNICEF will support SAARC initiatives to curb the practice, and collaborate with UNIFEM to assist inter-country efforts within the SAARC region.
- **City-level Actions for Street Children and Juvenile Justice:** The Juvenile Justice Act will be reviewed and its implementation strengthened in line with the CRC. The project will explore non-institutional ways to protect and rehabilitate children in conflict with the law and develop an improved data base. Concentrating on urban areas, the project will develop training strategies for public officials who deal with children in conflict with the law: Police, Judiciary and NGOs. While trying to protect children already on the streets, this project will aim to prevent the family disintegration which forces children out of their homes.

Ensuring Right to Survival and Good Health



Health of Children and Women

Goal: Ensure every child's right to survival and good health, by improving child care and women's health, and strengthening the health care delivery system.

Resources Required: US \$99 million (Supplementary Funds: US \$83 million).

For Indian children, the most dangerous year is their first year of life. Child health depends critically on the health of mothers. The poor levels of health and nutrition of many Indian women mean that both mothers and children remain at severe risk.

The programme has prioritized the reduction of high maternal mortality, especially in the northern and eastern states. In addition, UNICEF will continue its support to the national immunization programme and will focus on eradicating polio.

UNICEF's health cooperation with the Government of India will be primarily through the Reproductive and Child Health Programme—concentrating efforts at the community level to try and ensure that local demands for health care receive a rapid and effective response. Primary focus will be on revitalization of the

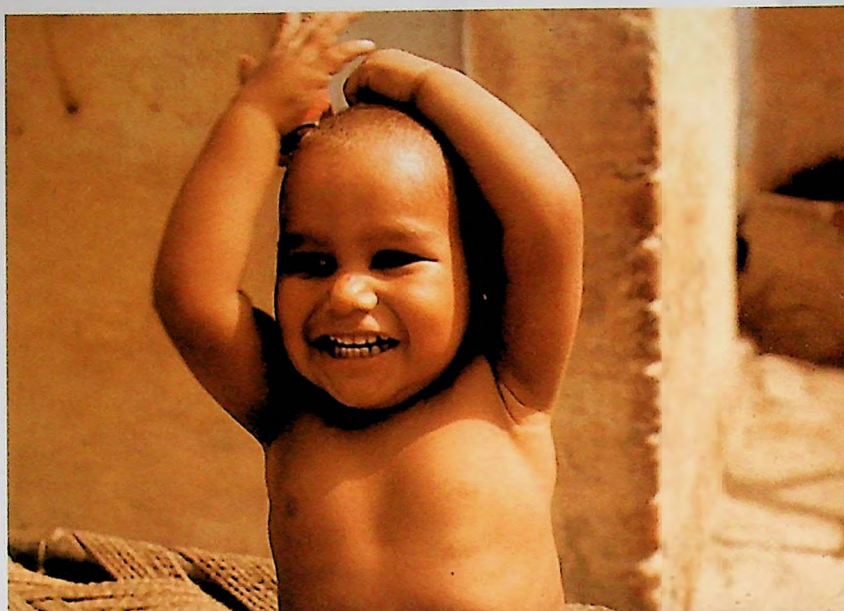
health care sub-centre through a programme of closer cooperation with the community and local elected representatives on the one hand. On the other hand an intensive programme of strengthening the sub-centres through re-training of workers, improving the availability of drugs and making the referral process more effective will be taken up during this programme cycle.

UNICEF has traditionally concentrated attention on improving health care in rural areas. The 1999-2002 programme cycle will pay increased attention to effects of urbanization, highlighting the need for an integrated approach to health care in urban slums—given their serious environmental problems.

Projects include:

- **Integrating Child Health and Survival:** Improving primary health care services—making them more responsive to the community will be the principal aim of the project.
- **Safe Motherhood and Women's Health:** Aiming at a more integrated approach to women's health, the project will try to empower communities to demand more effective health services for women and adolescent girls.
- **Community Action for Health:** Based on the principles of convergent community action, the project will strengthen linkages between the primary health care sub-centres, the ICDS, and safe water use.
- **Enhancing Supply Management for Primary Health Care:** In collaboration with UNFPA this project will pilot in selected districts an improved system for drugs management—including greater use of less expensive, generic drugs.
- **Participatory Training and Communication:** To support community action for health, the project will develop effective training packages and communications materials on reproductive and child health.
- **Nutrition and Health of Adolescent Girls and Women:** The programme will make special efforts to improve adolescent girls' knowledge of good health habits and of the nutrition they deserve.
- **Monitoring the National Health System:** Aimed at improving the quality of decision-making at the local level, the programme will build capacity for data gathering and analysis that enables communities to monitor health care service delivery.

A Crucial Investment for Progress



Nutrition and Child Development

Goal: Achieve every child's right to adequate nutrition, by addressing all aspects of early childhood care for survival, growth and development.

Resources Required: US \$43.5 million (Supplementary funds: US \$22 million).

The Country Programme will help achieve every child's right to adequate nutrition by addressing all aspects of early childhood development. This programme will aim to reduce malnutrition among young children, adolescents and women. UNICEF supports the ICDS network's ability to reach out to children in the most vulnerable age group, from 0 to 3 years. The programme takes a life-cycle approach—intervening at each stage of a child's development, focusing on difficult to reach communities and girls.

UNICEF is strongly advocating an integrated approach to Early Childhood Care for Survival, Growth and Development (ECC-SGD). The focus is on promoting best caring practices, early stimulation and the nurturing role of fathers, who share responsibility for ensuring the survival, maximum development and protection of children from conception onwards. This is an important strategy for arresting growth faltering in children below 3 years.

UNICEF's advocacy efforts will also focus on ensuring that the care and development of children in their earliest years is recognized as a crucial investment for social development and economic progress.

Projects include:

- **Community Action for Nutrition:** Aiming to mobilize communities to prevent malnutrition in adolescence, pregnancy and early infancy, pilot projects have been initiated in each major state. The universal registration of pregnancies as the basis for antenatal care is a priority. The project also addresses reduction of anemia in adolescent girls, elimination of Iodine Deficiency Disorders through Universal Salt Iodisation and elimination of Vitamin A deficiency disorders.
- **Early Childhood Development:** Using community-based approaches to improve the quality of care young children receive, the project collaborates with NGOs, and local self-governing bodies to ensure field-level convergence of services that a child below the age of three requires.
- **Advocacy and Communication for Nutrition Rights:** Encouraging policy makers from different sectors to prioritize the right to adequate nutrition as a basic right of every child and woman is the goal of this project. The effort is to place nutrition and early childhood care and development high on both national and state agendas.

Improving the Child's Environment



Water, Sanitation and Hygiene

Goal: Assure every child the right to safe water and a clean environment, by increasing sanitation coverage and improving community hygiene practices.

Resources Required: US \$48 million [Supplementary Funds: US \$28 million].

The maturing of the water well drilling sector allows UNICEF to phase out support in this area, allowing attention to shift to water quality, sustainability and the management of fresh water resources. In this programme cycle, UNICEF will make a strategic shift, moving beyond expansion of drinking water supply to focus more intensively on sanitation and hygiene. Around 45% of UNICEF resources will flow to the 6 major states that have the lowest indicators for child survival and development rights—Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. Another 30% is allocated for 7 other states, with 25% earmarked for the remaining states and for national activities.

In this programme, UNICEF will work in partnership with the Ministry of Urban Affairs and Employment and through the Technology Missions of the Ministry of Rural Areas and Employment, the World-wide Fund for Nature and other UN and bilateral agencies.

Key to the success of the programme will be cooperation with children, particularly in support of the Government initiative to promote hygiene through schools. This provides an opportunity to influence the attitudes and long-term behaviour patterns of over 100 million young Indians.

Projects include:

- **Environmental Sanitation and Hygiene:** Sanitation promotion in 13 major states through government and NGOs, will be the principal activity. The project will work with students in one-fourth of all primary schools to improve hygiene practices. Research into new technologies and rural sanitation programme monitoring will be supported.
- **Rural Water Supply:** Developing sustainable technologies and community-based approaches for the most difficult to reach communities in 6 focus states will be the priority. To improve and protect water quality, the project will aim to develop systems for community water surveillance and water treatment by panchayats in at least three districts in each of the 13 major states.
- **Urban Environment:** The project will help develop child-friendly city plans for water and sanitation. It will also gather data on the situation of the urban poor and disseminate best practices on community management, water conservation and water quality monitoring.
- **Management Information Systems and Surveillance:** In each of the six states, the project will establish an effective community-based system to monitor water use and environmental sanitation. This system will be pilot-tested in at least three districts in each state.
- **Guinea Worm Eradication Project:** India was certified as guineaworm free in February 2000, by the International Commission on Certification of Dracunculiasis Eradication of the World Health Organization

Upholding Every Child's Right to Education



Primary Education

Goal: Ensure and fulfill education rights of all children.

Resources Required: US \$48 million (Supplementary Funds: US \$28 million)

The programme will collaborate with the Government to make elementary education a fundamental right with the focus on universalization of quality primary education. The Programme will attempt to improve quality of student-teacher interaction in the classroom. Closing the gender gap and reducing caste and class disparities in educational achievements will be a priority.

The challenge which needs to be faced is to bring about a change in the mind-sets of people with regard to elimination of child labour as a necessary prerequisite to promotion of elementary education.

UNICEF will support strengthening the District Information System on Education (DISE), improving the collection of data on such variables as enrolment, attendance, dropout rates, especially of girls and other marginalised groups, and essential levels of learning achievement.

Projects include:

Support for Primary Education Renewal (SUPER) project: Implemented in 102 districts, the project aims at promoting teacher motivation, empowerment and learning achievement. It also aims at establishing replicable models of schools with joyful learning strategies which can be adopted across the country. It will be progressively expanded during the programme cycle.

A major sub-component will be support for the Joint UN Education Initiative. With the aim of making primary education more decentralised, accessible and involving the community in school management, the project will develop and advocate use of child-centred and gender-sensitive teaching methods in multi-grade schools. The Government of India is pursuing the initiative with five UN agencies: UNICEF, UNDP, UNFPA, UNESCO and ILO.

Schooling for the Urban Poor: Extending the activities of SUPER to urban disadvantaged areas, the project will focus attention on addressing the educational needs of the poorest children, especially those living in illegal colonies. By focusing on improving enrolment and retention it will complement efforts towards elimination of child labour and rehabilitation of street children.

Bihar Education Project: Since 1991, UNICEF has been working with the Bihar government to accelerate efforts to reach and retain every child in school at least until Class five. The coverage extended from 7 to 27 districts under the District Primary Education Programme (DPEP).

Sarva Shiksha Abhiyan: The Sarva Shiksha Abhiyan aims to provide useful and relevant elementary education for all children in the 6 to 14 age group by 2010. There is also another goal to bridge social and gender gaps, with the active participation of the community in the management of schools.

Useful and relevant education signifies a quest for an education system that is not alienating and that draws on community solidarity. Its aim is to allow children to learn about and master their natural environment in a manner that allows the fullest harnessing of their human potential both spiritually and materially. This quest must also be a process of value based learning that allows children an opportunity to work for each others well being rather than to permit mere selfish pursuits.

Linkages with other programmes: The programme will make special efforts to establish linkages with ICDS to better prepare children for entry into primary schools and with water supply, sanitation programmes to introduce life skills in primary classes. Emphasis will be placed on linking with programmes aimed at elimination of child labour.

Measuring Progress



Strategic Planning, Monitoring and Evaluation

Goal: Ensure children's rights are at the heart of all development plans and programmes.

Resources Required: US \$4.4 million [Supplementary Funds: US \$0.5 million].

To measure and analyse the effort to promote child rights, planning, monitoring and evaluation are built into the Country Programme. UNICEF will work with the Government and the Planning Commission to monitor goals set out for the years 2000 and 2002. The programme will focus on (i) Social policy analysis; (ii) Strengthening evaluation component of the programme and (iii) Expanding the use of monitoring, and enhancing its quality, at national and sub-national levels.

Projects include:

- **Strategic Planning:** A strong information base is central to long-term goal setting and strategic planning to achieve the goals. Preparation of the national situation analysis for children and women and the companion state-specific analyses will be critical outputs. In addition, UNICEF along with Government and civil society organizations, will prepare analytical papers on issues such as violence against women, child prostitution and child abuse. The review of state plans of action for children, to sharpen their focus on rights will be part of this.
- **Monitoring:** Indicators will be developed at all levels for each programme and its objectives. This will include support for Management Information Systems; Multiple Indicator Surveys; and the development of community-based monitoring systems in partnership with NGOs, *panchayats* and *nagar palikas*.

The Programme Knowledge Network—an electronic database of UNICEF's learnings based on studies, evaluations and assessments—will be developed for use by Government, NGO partners and other civil society organizations.

The annual and midterm reviews of the Country Programme will be part of this project. Other activities planned include specific programme and project evaluations based on the Integrated Monitoring and Evaluation Plan.

- **Evaluation:** Technical support will be given to ensure quality and consistency of project and programme evaluations at state and national levels. Programmes and their components will be assessed in order to draw lessons from successes and failures. Methodologies will be developed to evaluate changes in attitudes and behaviours.

A Reminder of Key Challenges in India – 1999

	Status	Absolute numbers (millions)		India as % of developing World
		India	Developing World	
Population under 18	40%	398	1858	21
Population under 5	12%	115	534	21
Annual No. of births	26 per 1000 population	24	116	21
Infant deaths	70 per 1000 live births	1.7	7.3	23
Child deaths (under 5)	95 per 1000 live births	2.4	10.5	23
Malnourished children	47%	54	177	30
Low birth weight babies	23%	5.5	20	27
Child labourers	25%	100	250	40
Illiterate adult women (15+)	56%	170	544	31
Births not attended by trained health personnel	66%	16	57	28
Level of Birth Registration	35%	8	40	20
No access to sanitation	62%	619	2400	26
In absolute poverty	44%	439	1242	35

