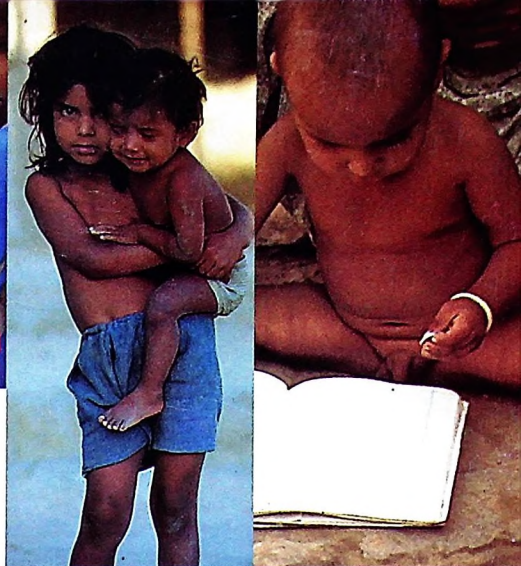


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children in india



unicef



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UP's opportunities

The state of Uttar Pradesh (UP) is usually introduced as the most populous state in India with a population of 170 million. UP is known for presenting many challenges, such as one of the highest maternal mortality rates in India at 707/100,000 live births, some 1.5 million children engaged in child labour and pervasive gender discrimination.

Against these odds, UNICEF considers UP a unique opportunity to develop reforms involving local elected bodies (called panchayats in rural areas, nagar palikas in urban settings). The 73rd and 74th constitutional amendments increased decentralisation and reserved one third of the seats in local bodies for women. Villages now have a greater say in the planning, delivery and monitoring of social services, including health and education.

Community participation fits into UNICEF's holistic approach to development with a human face, promoting the convergence of services and community ownership. Children and women are the first beneficiaries of this approach. In Uttar Pradesh, UNICEF supports the training of female panchayat members and the creation of bal panchayats - local bodies of elected children who are involved in the development of their communities and their own lives. The creation of the new state of Uttaranchal (out of UP) will not have a significant impact on social indicators as only 5% of UP's population will live in the future state.

Six of the most disadvantaged districts have been selected for intensified efforts based on close collaboration between all sectors: education, health, nutrition, child protection, communication, water and sanitation. Our starting point is the survival and development of the new born child, as some 150,000 babies die every year of preventable diseases. By mobilising and empowering communities, UNICEF can contribute to the reduction of the number of infant deaths.

Johan Fagerskiöld
State Representative
UNICEF Uttar Pradesh

saving children's lives

early childhood care for survival growth & development

There are many obstacles to the survival and full development of children under the age of 3 years in UP: malnutrition, lack of health care, poor parental knowledge of infant care and proper feeding practices. According to WHO, 55% of annual child deaths due to diseases could be prevented if children were well nourished in UP.

The causes of malnutrition are multiple. 46% of women are married before the age of 18 (although legislation fixes the minimum age of marriage at 18) giving rise to many early pregnancies. 40% of first conceptions are in the age group 15-19 years. And many of these women are anaemic or malnourished, and so they give birth to under-weight children. In fact, the incidence of low birth weight babies is four times higher among mothers below the age of 19.

Studies conducted by UNICEF in Uttar Pradesh reveal that the major at-risk factors leading to higher child mortality and malnutrition rates are: poor infant feeding practices, mother's low nutritional status, poor knowledge of hygiene and illiteracy of the mother.

Based on this analysis of the situation, UNICEF's approach to early childhood care for survival, growth and development is necessarily multi-sectoral. The water and sanitation sector needs to be involved to ensure that families have access to safe water and know about hygiene; the education sector should give priority to girls' education - so that future mothers can make informed choices; the health sector has the primary responsibility for informing families about correct child feeding practices and immunisation.

UNICEF in UP has been working with academics and medical colleges to develop a better understanding of early childhood care, particularly with regard to psychosocial stimulation and breast-feeding of young children. The focus on changing behaviour means that communities must be involved. Hence UNICEF supports a pilot project in 12 blocks of 6 districts - covering a population 2.4 million people, including about 150,000 children under 2 years of age - with the objective of improving family childcare behaviour and to create demand for services. Community health, nutrition and sanitation mobilisers called Bal Mitra Parivar have been identified. Each mobiliser is responsible for spreading awareness about early childhood care through 50 households. The UP Government has expressed interest in expanding the experience to other districts.

early childhood care for survival, growth & development

Early Childhood Care for Survival

Growth and Development

Scientific research has proved that the first three years of a child's life determine his or her future physical, cognitive, social and emotional development. Investment in early childhood care is not only crucial for the child but also for the country, as experience has shown that investment in early childhood care is an essential strategy for national development. Health and nutrition education should be enhanced by incorporating care in general and psychosocial support. Early childhood care can only be improved by strengthening families' and communities' ability to provide better care for young children.

Breastfeeding

Breastfeeding is widely practised in India, but not always in the right way. For instance, many communities discard Colostrum (first milk after birth) - this means that many lactating mothers start breastfeeding a few days after birth, preferring to give their children mixtures of water and honey for the first three days, until the mother's milk is no longer yellow. Mothers also tend to introduce water mixtures too early and do not complete six full months of exclusive breast-feeding - as a result, many children are malnourished and/or suffer from diarrhoea or other diseases. UNICEF and other partners have been working with the Government of India, local authorities, NGOs and medical professional groups to ensure: 1) pregnant and lactating women are provided with accurate information on breastfeeding; 2) the International Code on Breastfeeding and Breast-Milk Substitute is enforced in India, especially in hospital and maternity wards; 3) Hospitals and health centres become baby-friendly and promote early and exclusive breastfeeding.

* INFANT MORTALITY RATE: 72/1,000 LIVE BIRTHS

* WOMEN AGED 20-24 MARRIED BEFORE AGE 18 YEARS OLD: 50%

* MALNUTRITION RATE (CHILDREN UNDER 4): 47%

* CHILDREN AGED 12-23 MONTHS FULLY IMMUNISED: 42%

* TIMELY COMPLEMENTARY FEEDING OF INFANTS AGED 6-9 MONTHS: 33.5%

* LOW BIRTH WEIGHT BABIES: 30%

* POLIO IMMUNISATION: 1999-2000: 2 DOSES, 98.6%

* WOMEN AGED 15-49 YEARS WITH ANAEMIA: 51.8%

* CHILDREN AGED UNDER 3 YEARS WITH ANAEMIA: 74.3%

Immunisation

Immunisation has saved millions of children's lives since the first universal immunisation movement was launched in the 1980s. Children under 1 year of age need to be immunised against whooping cough, tetanus, diphtheria, polio, measles and childhood tuberculosis. Not only does immunisation save lives, it is also cost-effective as it prevents diseases and disabilities due to these diseases. In India, the immunisation rate has increased from 2.3% in 1985-86 to 78% in 1997, declining to 52% in 1998-99. National Immunisation Days for polio (NIDs) were launched in December 1995. Since then two rounds of NIDs were conducted every year covering around 87-95% of children under five years. In the 1999-2000 campaign, the country conducted four nationwide NIDs and two sub national immunisation days in 11 high-risk states - during which 96-6% of children under 5 received at least 2 doses. Despite this progress, immunising all children less than 5 years old in India against polio and all infants against the six main childhood diseases remains a challenge.

Anaemia

Anaemia is the result of iron deficiency. Although iron is present in certain categories of food, it is common for women and adolescent girls to suffer from anaemia. Anaemic women are tired, more vulnerable to infection, and when pregnant, anaemic women will have low birth weight babies. Severe anaemia mainly due to iron and folic acid deficiencies, is directly or indirectly responsible for about 20% of maternal deaths. To address the problem effectively, a life-cycle approach is required: anaemia needs to be tackled during adolescence and throughout reproductive age. Pre-school children have also been found to show a high prevalence of anaemia. Distribution of iron and folic acid tablets, particularly to pregnant and lactating women, is important for preventing anaemia.

news



A National Commitment to Early Childhood Care

A clear consensus on the priority of addressing the critical prenatal to under three years period of early childhood care in a rights perspective emerged at the first ever International Conference on Early Childhood Care for Survival, Growth and Development in India, which took place in New Delhi from 3-5 October 2000.

The Conference was organised by the Department of Women and Child Development, Government of India, and UNICEF, in collaboration with the World Bank and the National Institute of Public Co-operation and Child Development (NIPCCD). Over 300 participants from India and nine other countries gathered in order to renew strategies and propose recommendations for an action plan for India.

This event marked a major shift from exclusively government-based interventions to family and community delivery of early childhood care, highlighting the importance of nutrition, health, cognitive development and the psycho-social well-being of the young child.

The Conference was inaugurated by the Minister of State for Women and Child Development, Mrs. Sumitra Mahajan. She stressed that the recommendations made by the Conference would be incorporated into policy planning to enhance the quality of coverage given to young children by the State. The UNICEF Country Representative in India, Mr. Alan Court, emphasised the need for shared responsibility of both parents in the first three years in the life of a child. "With today's scientific knowledge and with political commitment, we can make a difference in the lives of children within one generation."

The Conference's major recommendation was that programmes intended to improve the well being of disadvantaged children should prioritise the youngest age group. Expanding on this decision, further recommendations were -

- * Constitution of national and state level task forces to bring together all sectors and partners to address the health, nutritional, cognitive, emotional and social needs of the young child.

- * Creation of a national 'early childhood care code' which promotes care for the very young child.

- * Inclusion of early childhood care as an integral part of all training programmes for Panchayati Raj institutions (village self government), urban local bodies and women's development programmes.

Meena in a town near you

Meena is a cartoon girl created by UNICEF to promote the rights of girls in South Asia. September 24th is celebrated as Meena Day in India. All over the country from September 18th to 24th, girl child week was celebrated with children's theatre productions, television actors speaking about the rights of girls, the screening of Meena films, painting competitions, panel discussions, debates and girls meeting to decide what they will do to make sure all girls go to school. One of the outstanding features of Meena Day 2000 was the large-scale participation of NGOs all over India. This year, the states of Punjab and Haryana participated in Meena Day celebrations for the first time - this is significant because 11 out of 12 districts in Punjab and 14 out of 16 districts in Haryana, cite less than 900 females for every 1000 males. Even amidst unrest, Jammu and Kashmir celebrated Meena Day. And the commitment of the NGOs extends beyond the day - NGOs have begun to create children's groups and Meena clubs, to identify and address the needs of children (especially girls) in their communities.

Meena's focus in the year 2000 has been on reaching the 'difficult-to-reach' population. In search of children, Meena wandered into interesting places...

Meena Visits Tihar Jail

Meena visited Tihar Jail, South Asia's largest prison, on the 25th of September. 30 children, some as young as two years old live with their mothers in prison. Over 400 women and their children gathered to watch Meena ask why she cannot go to school in the film "Count your chickens". Children clapped their hands in excitement every time Mithu, Meena's pet parrot, mimicked a human voice. What did the children remember? 'Mithu, Mithu' they squealed pretending to be parrots. One of the mothers answered sombrely, "this film is about educating girls, had I received an education I might not be in jail." Plans are being made for Meena to make regular visits to Tihar jail.

Meena the Landowner

Meena has become a proud owner of a piece of land in eastern Bihar. The district administration in Purnea has given Meena a piece of land to be used exclusively for activities of children.

The land was made available to Gatavidhi, a Patna based theatre group which specialises in Meena roadshows and Meena puppet training. The organisation plans to build a low-cost cottage for children, so that children have a place to learn collectively and express themselves. It will also seek funds from the local members of Parliament and the State Assembly to construct further facilities.

calender of events

a life cycle approach
to **child rights**

November

14TH NOVEMBER CHILDREN'S DAY
20TH NOVEMBER CHILD RIGHTS DAY

The Convention on the Rights of the Child (CRC) was unanimously adopted by the United Nations General Assembly on 20 November 1989. This was the first international human rights instrument focusing exclusively on children and it has been ratified by virtually all countries in the world. India acceded the CRC in December 1992. Child Rights Day is celebrated by children all over India. It is used as an opportunity to sensitise children and adults about child rights.

December

1ST DECEMBER HIV/AIDS DAY

HIV/AIDS is a growing threat in India, with some 3.7 million people reported to have been already infected. It is estimated that 570,000 young men and 340,000 young women are HIV positive. The number of HIV cases has increased by 400% over the past few years. UNICEF, as part of UNAIDS, works with the Government of India and other national and international agencies to increase awareness of the population, with a special focus on pregnant women and young people.

10TH DECEMBER INTERNATIONAL CHILDREN'S DAY OF BROADCASTING

A few years ago, UNICEF started working together with the radio and television to encourage child participation in their programmes. The 10th of December was selected as the day on which the electronic media would open their programmes and their studios to children. This year UNICEF in India has supported 4 regional orientation and planning workshops for the media. As a result, 31 state TV centres and 60 radio stations have agreed to consult with children on their interests and broadcast special programmes on this particular day.

11TH DECEMBER UNICEF DAY

12TH DECEMBER LAUNCH OF THE STATE OF THE WORLD'S CHILDREN 2001

The State of the World's Children Report is a flagship publication released annually by UNICEF. A new theme related to children's well-being is presented and analysed in each issue. This year, the report focuses on early childhood care for survival, growth and development. It also contains worldwide statistical tables on children's education, health, nutrition, survival and development. The launch will take place on the 12th of December both internationally and within India.



pulse polio campaign 2000

INDIA HAS THE LARGEST NUMBER OF POLIO CASES IN THE WORLD. POLIO CAN ONLY BE ERADICATED FROM THE WORLD WHEN INDIA BECOMES POLIO FREE.

1,934 polio cases were reported in India in 1998. This year as of September 21st, only 142 cases have been reported. As cases of polio are decreasing, pulse polio campaign 2000 is focusing on those communities who have traditionally remained out of reach.

Eastern State of Bihar, September 24th 2000. An auto-rickshaw stands on the corner playing popular film songs on a loud speaker. A woman's voice asks, "Why now? Why again? How many times?" The subject is polio. And the voice answers: every child under 5 years old should have four doses of two polio drops in the upcoming months.

The 1999-2000 evaluation of the polio campaign reveals that several communities remain unreached - especially several minority communities, populations of varying castes and the urban elite. So the September 24th campaign mobilised various means of communication, based on extensive qualitative research organised by UNICEF between April and September, in an attempt to 'reach the unreached.'

Research shows that some minority communities refused to accept the polio drops because of a prevalent myth that the vaccine will cause sterility. In response, UNICEF in Uttar Pradesh asked religious leaders to issue a statement dispelling misconceptions and to explain the need for every child to have two drops.

Caste is also considered to be a challenge - although there have been significant changes in perceptions, caste still dictates behaviour in India. UNICEF research maintains that if the volunteer or government worker is of a different caste, communities will not accept the vaccine from him or her, for reasons of superiority or inferiority. Even when a volunteer of a different caste visits the house, there is no success in vaccinating children. This year, a strategy was implemented to co-opt a volunteer from the local neighbourhood and predominant caste to accompany the government care worker.

Some of the urban elite are also cited as a hard-to-reach community - especially those who depend entirely on the family physician's advice. To mobilise private doctors and to convince them of the need to vaccinate every child, a national consultation of the Indian Academy of Paediatrics (IAP) was organised in May 2000. This was followed by state level workshops in seven States. IAP has committed to keeping private clinics open on national immunisation days, advising clients to immunise their children and promoting a high level of advocacy with national and state politicians, functionaries and technical experts, along with their members.

India's largest challenge to becoming polio free is the ever-growing population. For example, between the last immunisation round in March 2000 and the first immunisation campaign in August, approximately 4.5 million babies were born in Uttar Pradesh and Bihar alone. Communicating the need for children to receive their two drops is essential. UNICEF and partners continue to evaluate the results of every polio campaign and communicate the urgency to make India polio free.

POLIO DATES

24TH SEPTEMBER 2000 - UTTAR PRADESH, BIHAR, DELHI AND WEST BENGAL.
5TH NOVEMBER 2000 - UTTAR PRADESH, BIHAR, DELHI, WEST BENGAL, ORISSA, ASSAM, MADHYA PRADESH, HARYANA, PUNJAB, GUJARAT AND RAJASTHAN.
10TH DECEMBER 2000 - NATIONAL CAMPAIGN
21ST JANUARY 2001 - NATIONAL CAMPAIGN



PULSE POLIO SUNDAY SEPTEMBER 24TH 2000: UTTAR PRADESH, BIHAR AND WEST BENGAL

10: 32 am., Primary Health Centre, Khaptola Village, Nautan, West Champaran, Bihar

School children are running this polio booth. A yellow flag marks the spot. How many drops do children need? "Only two" a student says very seriously. Seven children are helping at the booth and the others are out in the village making sure everyone comes. The students organised a polio rally this morning to make sure everyone knew today was pulse polio day and they are planning another for tomorrow.

12: 30 p.m., Kemia Razkola Village, Khadiyan Gram Block, West Bengal

Rains welcomed the volunteers as they walked into the village. It has rained so much in the past months that many districts in West Bengal have been flooded. In the village of Kemia Razkola, it is still raining as government workers begin visiting houses to administer the polio drops. School children come rushing to help with umbrellas. By the end of the morning round, five black umbrellas are moving through the village, trying to keep the government workers dry so they can continue to give two essential drops.

12: 07 p.m., Bus Station, Kanpur Road, Ginzabad, Uttar Pradesh

The cadets are manning transit points today and for the next three days all over India. With their cold coolers on their shoulders they get onto the buses that arrive and are about to leave, identify a child under 5 years old, ask if he or she has been vaccinated and if not, give the child two polio drops. Why do the cadets think it is important to administer polio drops? "For a polio free India" they answer.

2:32 p.m. Lunch time, Hospital, Lajpat Nagar, New Delhi

Some cite the urban elite as being a hard-to-reach community. But at a hospital in South Delhi, members of this hard to reach community are arriving in cars with drivers to give their children the drops they need. "They are used to getting treatment here," a volunteer explains. A back room of the hospital is filled with cold carriers for the vaccines and maps of the areas the volunteers will begin to cover on their house to house trips tomorrow.

Last year, between 135 - 150 million children were immunised on pulse polio day.

voices of women and children

fingerprint postcards



In Nautala village, Uttar Pradesh (UP), India, children have sent postcards to the District Magistrate requesting water-testing kits to determine the quality of their water.

To the District Magistrate,
Why don't you come visit our village?
Abram Lincoln, age 8, Karmal Bal Sabha

If you had a problem in your village that you wanted to solve, what would you do? 100 children in a remote village of Uttar Pradesh wanted to know if the water they were drinking was safe, so they wrote postcards to the district magistrate (DM) asking for water testing kits.

One postcard after another arrived at the District Magistrate's office, on different days and from different post offices, but all asking for the same thing: water-testing kits. The children signed their names, added a finger print for good measure and reminded the DM of the name of their village: Nautala.

Dear Sir,
Our water is dirty and makes us sick. please send us the kits so we can see what is wrong with the water.
Guldi Devi, age 12, Nautala Village

The District Magistrate bound the postcards together with an elastic band and sent them to the department of water. In search of the postcards, we visited the office of the District Engineer. A fan spins overhead as the Junior Engineer explains, "Responding to the postcards' request, I went to the village and met children who wanted bottle kits to test for bacterial impurities." The Junior Engineer suggested that he take a water sample to be tested in the district lab - but the children were adamant, they had 50 wells, and all the water sources needed to be tested. One child added, "we have to see for ourselves if our water is safe to drink."

The children of Nautala decided at a meeting of all of the Bal Sabhas or children's groups in the village to test the quality of their water. Children's groups were created in the end of 1998 as a part of Project Masoom, supported by UNICEF Lucknow. Young people in the village



are trained as motivators who will in turn encourage children to form groups in their own community - the goal is to initiate children's participation in their own development. The children elect a chair person for the group and a postman who will let everyone know when and where the meetings are. Then the children meet twice a month to discuss their rights and what they can do to fulfil them. The children understand their rights to be what they need in their lives. They play games based on their 'needs' such as 'darpan' (mirror), a game where every child has to imitate the facial expressions of another: darpan celebrates every child's right to expression. At one of their meetings, the children were trained in testing water quality and decided to write postcards to ask for the water testing kits. Ambika Prasad, the retired schoolteacher from Nautala village, gave 100 rupees (US\$2.50) to buy stamped postcards.

Only 20% of the rural population in Uttar Pradesh has access to sanitary facilities. Although 88% of the population has access to water, contaminated water, lack of latrines and poor hygiene practices cause diseases that account for nearly 400,000 child deaths in India every year. Children are at risk from the water they drink. The District Engineer agreed to train children to be water-testing engineers, to be able to use the kits he can supply, so the children can ensure their water quality.

To date the children are still waiting for a response, but they are not disillusioned, "We will just send more postcards until someone comes," giggles Ancha, "and when they do, we'll send you a postcard."

Hello, we need water testing kits
Ancha



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