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The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

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^{*} Issued as received, in the language(s) of submission only.





Realizing the rights of the child through a healthy environment: Indian Context

It has been widely realized by now that there is close relationship between children's rights and a safe, clean, healthy and sustainable environment. It is therefore, important to strengthen commitments to adopt a child rights-based approach to health, environmental and climaterelated initiatives and to identify concrete measures for action.

Objective and purpose:

The Convention on the Rights of the Child (CRC) has adopted a holistic approach to child development and offers an excellent normative basis for strengthening environment-related children's rights. It contains provisions that make explicit reference to the environment, such as Articles 24 and 29, while many other child rights, particularly socio-economic rights have strong environmental dimensions or may be reinterpreted from an environmental perspective. The CRC has laid foundations of a legal framework for protecting environment-related children's rights. It is impossible to realize critical rights such as rights to life, health, play or an adequate standard of living for children, who are future of any nation, without an ecologically sound environment.

India is a signatory to the United Nations Convention on the Rights of the Child but the steps taken by successive governments remain insufficient and ineffective due to various reasons like multiplicity of authorities and allocation of funds and interventions to address health problems have been insufficient. The objective and purpose of this Statement is to review and analyze the measures taken by the Indian government to provide safe, clean, healthy and sustainable environment to children and what should be done to effectively implement these measures.

Overview of the issue:

The right to health can be regarded as part of human rights and applicable to all and children constitute the most neglected segment having been denied adequate health care. Moreover, children are totally dependent upon adults and have no control over adverse health events, proper nutrition, sanitation and environment. In the absence or lack of adequate parental care, the State must be responsible to meet their health needs by making child-centric policies and allocating sufficient funds. Indian judiciary has addressed several issues that include work in hazardous situations, bonded labor, and employment of children below the age of 14 years but even then health care of children has not received sufficient attention.

Addressing access to health is a key indicator of attaining children's rights. In India, nearly 1 million children die under the age of five, an estimated 39 deaths per 1,000 live births. In rural areas, there is acute shortage of qualified health personnel and therefore, barely 37% of births are assisted by qualified health personnel. India has more than 204 million undernourished people and Indian children remain the most affected. Around 73% of Indian children live in rural areas where access to potable water remains a considerable problem. As a result of this, it is the children living in these areas who are most exposed to various health problems linked to water.

Thousands of children lose their lives each day, not only because of poverty but also because female infanticides are practiced with impunity. The main threat to Indian children's right to life stems from these female infanticides, a cultural practice that persists. Every minute, 9 sex selective abortions of female fetuses take place in spite of law prohibiting sex selection and banning sex selective abortions having being implemented. Thousands of girls either die before being born or lose their lives because they are not desired or accepted by their family.

Government programs targeting child health and development:

The government has taken many initiatives for health and all round development of children. One of such schemes, Integrated Child Development Services (ICDS) was launched in 1975. The Government is committed to make it universal. Another scheme, Janani Suraksha Yojna (Women Security Scheme) was started in 2005, and modified in 2011 to include the neonates and renamed, Janani Shishu Suraksha Yojna (Women-Child Security Scheme), to provide free care to pregnant women and sick neonates. The National Rural Health Mission (NRHM) was launched in 2005 to address the health needs of underserved rural areas. It aims to establish fully functional, community owned, decentralized health delivery system with intersect coordination at all levels. The plans include having mobile medical units in remote areas, mother and child health wings and free drugs and diagnostic services at district hospitals and action on other health determinants such as sanitation, education and nutrition. In 2013, this mission has been expanded to include urban areas. Rashtriya Bal Swasthya Karyakram (National Children Health Program) was started in 2013 for screening children for diseases specific to childhood - developmental delay, disabilities, birth defects and deficiencies. This initiative is aimed at screening over 270 million children of 0-18 years of age. Children diagnosed with illnesses shall receive follow-up, including surgeries, free of cost under NRHM.

Lack of success of governmental measures:

The execution of various Government policies and implementation of various programs has been unsatisfactory. The main reason is multiplicity of authorities. Different child welfare and health programs are being implemented by different Ministries/Departments like Women and Child Development, Health and Family Welfare and Rural Development etc. but there is no single authority to monitor and coordinate different activities. There is a failure of macroeconomic structures, poor health care delivery and a lack of supervision and accountability. The basic health needs of children are not being met. There is a shortage of hospital beds (0.7/1000 people in India). Of Primary Health Centers, only 38% have the necessary manpower and 31% have critical supplies. While 73% of the population is in rural areas, 75% of the doctors are in cities. More than 90% of rural population has to travel more than eight Kilometers to access medical treatment. The "urban-rural divide" is well known. Provision of sustained access to safe water and sanitation facilities is very difficult in view of the costs, technological limitations; societal behavior and customs, illiteracy, and lack of political will. India has remained behind many developing countries in terms of healthcare expenditure. Signing of conventions and intentions has not been matched with adequate actions.

Misinformation, poverty and large family size are major constraints. Lack of safe water and disposal of solid waste, failure to observe simple hygienic precautions and inability to understand the need to provide appropriate care and avail of services made freely available by the Government contribute to the high disease burden and poor growth and development of children. Social evils, traditional beliefs and harmful practices (e.g. discrimination against girls, child marriages) are difficult to overcome and will need substantial attitudinal changes to be dispelled.

The way ahead:

A rights-based rather than a welfare approach is needed to be adopted by the government to realize child rights, of which health and education are crucial. The health needs of the newborn (survival), infant (vaccinations, nutrition) and preschool child (infections, development) require particular attention. Provision of potable water supply in all rural and urban areas is essential for health of children and their parents. Health care delivery systems should be made fully functional, programs properly implemented, and accountability ensured at all levels. Basic curative services must be provided free for all children. Functional health literacy should be provided to the underprivileged.

As a society there is an urgent need to address children, and not just the younger children but also the adolescents. The needs of children from different age groups and in different settings are divergent. There is not enough focus on many child health issues such as the concerns of children living in urban slums, the mental health of the lonely single child, how cultural practices influence nutritional status of children despite economic growth and many more. Child health requires protection, but since many children in India are adolescents, we also need to acknowledge the physical, mental and emotional changes of this section so that their health and wellness issues could be better addressed. The high proportion of mental health problems and violence against children are signs of a larger illness in society which does not acknowledge these needs of growing children.

A more concrete and compassionate road map is required to be chalked out to ensure that every child is healthy, safe and protected. This requires changes in resource allocation for right interventions and creation of platforms for integrated cross-sectoral approach, thus propelling healthy development. Information and technology should be used proactively to make progress in the medical field. They can be adapted to maintain a central repository of health records, bring down health welfare cost, provide distance consultation and educate and empower poor people against diseases so that our children can remain healthy and happy.

The required radical changes need concerted action both at the public or social level and the policy or governmental level then only we can realize rights of children in healthy environment in India.