

National Human Rights Commission of India

Subject: Report of the Human Rights Council on the Subject 'OHCHR Study on Children's right to health.

Question 1. Information on the main health challenges related to children in our country.

The main Health Challenges related to children are nutritional deficiencies, pre & post natal care, anemia during pregnancy, lack of awareness/ education about child health care, inadequate medical facilities for institutional delivery and immunization especially in rural and far-flung tribal areas, underweight children at the time of birth, etc. Infant mortality rate, malnutrition and incidence of stunted growth needs to be brought down.

Question 2: Information on national policies, strategies and plans of action for addressing the priority concerns and challenges identified in point (i) also include information as to whether the child's right to health, including the right to health care, is explicitly referred to in existing policies, strategies and plans of action

As per Article 39-f of the Indian Constitution, Children shall be given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth shall be protected against moral and material abandonment. The child's right to health, including the right to child care is explicitly referred to in existing policies, strategies and plans of actions.

Major policies and plans of action related to children's right to health:

- a) **The National Policy for Children (NPC):** NPC was adopted by the Government of India on 22nd August, 1974. This policy describes children as supremely important asset and makes the State responsible to provide basic services to children, both before and after their birth, and also during their growing years and different stages of development.
- b) **National Nutrition Policy 1993:** National Nutrition Policy identifies nutrition as a multi-sectoral issue and provides that it is important to tackle the problem of nutrition both through direct and in-direct nutrition interventions.
- c) **National Plan of Action on Nutrition (NPAN) 1995:** The National Plan of Action on Nutrition 1995 is a multi-sectoral plan with sectoral commitments to be undertaken by the 14 nutrition-related Ministries/Departments viz., Agriculture, Food Production, Civil Supplies and Public Distribution, Education, Forestry,

Information and Broadcasting, Health and Family Welfare, Labour, Rural Development, Urban Development, Welfare, Women and Child Development etc.

Question 3. Indicate what role schools have in promoting children's right to health. Is health promotion included in the school curricula?

Schools play a vital role in the overall development of a child into a competent productive adult who contributes usefully to society. Health is an important aspect of development of children and education is an important determinant of health. Schools are often the strongest social and educational institutions available for execution of interventional programs as they have the required structure and governance. Schools have profound influence on thinking patterns and behaviors of children, their families, and the community in general.

Mid-Day Meal Scheme (MDMS): In view to provide nutritional meal Mid-day Meal Scheme (MDMS) is being implemented since 15th August 1995. It has played a pivotal role in increasing enrolment, attendance and improving the health of children. Under the scheme, hot cooked food is served to all children attending Classes I-VIII in Government, local body, government-aided, and National Child Labour Project schools, EGCs/alternate and innovative education centres including madaras/maqtabs supported under the SSA across the country. The cooked mid-day meal provides an energy content of 450 calories and protein content of 12 grams at primary stage and an energy content of 700 calories and protein content of 20 grams at upper primary stage. Adequate quantity of micro-nutrients like iron, folic acid, and vitamin 'A' are also recommended for convergence with the NRHM.

Health Promotion & School Curricula: Adequate lessons related to health care, maintaining hygienic conditions in school and at home, role of games and sports for physical and mental fitness, etc. are included in curricula of each standard/class. Physical exercise/yoga and regular health check up are also included in the priority areas of the RTE 2009. Physical education, games & sports are being made an integral part of curriculum in schools for holistic development of children. The schedule to the RTE Act mandates that all schools shall be provided play material, games and sports equipments.

Question 4: provide examples of good practices undertaken to protect and promote children's right to health, particularly in relation to children in especially different circumstances.

National Rural Health Mission (NRHM): The NRHM launched in 2005 aims to improve accessibility to quality health care for the rural population, bridge gaps in health care, facilitate decentralized planning in the health sector and bring about inter-sectoral convergence. The NRHM has components such as pulse polio immunization and routine immunization for protection of children from life

threatening conditions that are preventable such as tuberculosis, diphtheria, pertussis, tetanus, polio, and measles.

Reproductive and Child Health (RCH): The RCH has components such as pulse polio immunization and routine immunization for protection of children from life threatening conditions that are preventable such as tuberculosis, diphtheria, pertussis, tetanus, polio, and measles.

Janani Suraksha Yojana (JSY): The JSY was launched with focus on demand promotion for institutional deliveries in states and regions where these are low. It integrates cash assistance with delivery and post-delivery care. It targets lowering of MMR by ensuring that deliveries are conducted by skilled birth attendants. The JSY scheme has shown rapid growth in the last three years, with 90.37 lakh beneficiaries in 2008-09 to 106.96 lakh beneficiaries in 2010-11.

Janani Shishu Suraksha Karyakram (JSSK): The JSSK is a new initiative launched on 1st June, 2011 to give free entitlements to pregnant women and sick new borns for cashless delivery, C-Section, drugs and consumables, diagnostics, diet during stay in the health institutions, provision of blood, exemption from user charges, transport from home to health institutions, transport between facilities in case of referral, and drop back from Institutions to home. In order to reach out to difficult, inaccessible, backward and underserved areas with poor health indicators, 264 high focus districts in 21 states have been identified based on concentration of SC/ST population and presence of left wing extremism for focused attention. A Mother and Child Tracking System has been introduced, which provides complete data of the mothers with their addresses, telephone numbers, etc. for effective monitoring of ante-natal and post-natal check-up of mothers and immunization services.

Question 5: indicate what the main barriers when are trying to implement children's right to health?

Major barriers to implement children's right to health are:

- (a) Improper delivery of programmatic services;
- (b) Lack of awareness among women due to low education;
- (c) Poor amenities for drinking water and sanitation.

