

Submission by International Presentation Association of the Sisters of the
Presentation of the Blessed Virgin Mary to the Office of the United
Nations High Commissioner for Human Rights

"Towards a better investment in the rights of the child"

The International Presentation Association of the Sisters of the Presentation of the Blessed Virgin Mary is an ECOSOC accredited NGO whose members engage in formal, non formal and informal education, health and social services in 23 countries with an emphasis on human rights and child rights. In this paper, we will discuss the main challenges to the fulfilment of children's rights and our recommendations with some examples of efforts found to be fruitful in ensuring an increased national budget allocation for education and health.

EDUCATION

In our experience, some main challenges for children in relation to education are:-

1. Child participation in governance and decision-making;
2. Lack of access to quality education especially for those living in poverty
3. Insufficient infrastructure that keeps girls out of school on reaching puberty

1. Child participation in governance and decision-making

Challenges: Children are not encouraged to become involved in governance and/or decision-making and thus, remain uneducated about their rights.

Recommendations: Child involvement in governance and decision-making incorporates discussion, and therefore education, on the topic of children's rights and thus, must be pursued as a mechanism to educate children about child rights. Moreover, in our experience, children themselves are the best advocates and promoters of child rights and we believe that their creative and simple solutions to problems must be harnessed as resources for social reform. Forums which encourage child participation in governance should also be actively supported by the government as a government initiative rather relying solely on the support of the private sector.

Good practices: A good example of a campaign which combines effective children's participation and increased resource mobilization for children's rights to education and health is the "Nine is Mine" campaign led by Wada Na Todo Abhiyan in India.¹ Launched on October 16, 2006, the "Nine is Mine" campaign is an advocacy initiative which provides children with platforms to engage with their government. The campaign initially demanded that 9% of the gross domestic product be committed to health and education (it has now progressed to 11%: 6% for education and 5% for health), and holds the government accountable to its promises to end poverty, social exclusion and discrimination in order to meet the Millennium Development Goals.

¹For more information, please see the website: <http://www.comminit.com/?q=early-child/content/nine-mine-campaign>.

Another effective effort to increase budget allocation to education and health and facilitate children's participation in campaigning for these goals has been the Children's Parliaments in India.² Founded by Rev M J Edwin of the Kottar Diocese in Tamil Nadu India . Children's Parliaments provide forums in which children can campaign for greater resource allocation towards the fulfilment of child rights. Children are organized on a neighbourhood basis, forming "neighbourhood child parliaments", which are federated at various government levels. Children's Parliaments are also a creative method to educate children about their rights, issues pertinent to the neighbourhoods in which they live and how the children themselves can intervene to assist other children. Children often learn best from each other and Children's Parliaments provide a forum in which they can do so. By providing children with this important educative experience, Children's Parliaments not only advocate for the increased allocation of government resources to education, but also directly fulfil the child's right to education. Children from these movements have also acted as advocates at the United Nations in New York with the "Nine is Mine" campaign.

2. Lack of access to quality education especially for those living in poverty

Challenges: Growing up in relative poverty reduces a child's education opportunities. In particular, the high costs of sending a child to school and the reduction of government support in many countries means that quality education remains inaccessible to children from families living in poverty.

Recommendations: It should be the primary responsibility of National governments to provide free, compulsory and qualitative education to every child and increased financial assistance to those families that depend on child labour to substitute the family income .We propose the **Implementation of Universal Social protection Floors** towards this end .A3%Education cess on taxable income like in India is good way to effectively make education an accessible public good for all.

Good practices: Good examples of schemes targeted towards providing financial assistance to those families struggling to provide their children with education are the "Street to School" initiative and "Education Matters" program from Ireland.³ These programs, supported by the partnership between Focus Ireland (an organisation working to end homelessness) and Aviva Health Insurance Ireland, assist children in escaping the risks of street life and empowering them to access education and training opportunities. To date, over 600,000 youth have been assisted and young people involved in the program are reported to have improved in their attendance and attitudes towards school, as well as their general wellbeing, as a result of the project.

The "Area Based Approach to Childhood (ABC) Poverty Initiative" in Ireland has also proved effective in improving outcomes for children, young people and their families in some of the most disadvantaged areas of Ireland.⁴ The program has a

²For more information, please see the website: <http://www.childrenparliament.in>.

³For more information, please see the website:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB4QFjAA&url=http%3A%2F%2Fwww.aviva.com%2Fmedia%2Fupload%2FGlobal_report_PDF_1.pdf&ei=bZ8uVLHsFI-syAT_xICwDg&usg=AFQjCNE9u3A9VwWlKeU0zID6uaE4P9NVQA&bvm=bv.76802529,d.aWw.

⁴For more information, please see the website:

http://www.dcy.gov.ie/docs/Area_Based_Approach_to_Child_Poverty_Initiative/2574.htm.

particular emphasis on improving health, educational and social outcomes for children and young people, and on improving the effectiveness of existing services. Through the ABC programme, funding and support are given to a collaboration of services in areas selected by government as meeting ABC objectives on foot of an application and selection process. There has been an overall investment of almost €30 million into the ABC Programme between 2013 and 2016.

3. Infrastructure & Resources

Challenges: Poor education quality (including poor quality of educational environments, insufficient infrastructure, teaching staff, resources and emotional and social conditions at school) limits the extent of a child's education especially those of girls and thus, impedes the fulfilment of their rights.

Good practices: The introduction of "Child-Friendly Schools" (CFS), initiated by UNICEF in countries such as Thailand,⁵ is a good example of effective resource allocation improving the fulfilment of children's rights to education by improving the quality of education.⁶ The CFS model is simple – it promotes the operation of schools "in the best interests of the child". Under the CSF model, "[e]ducational environments must be safe, healthy and protective, endowed with well trained teachers, adequate resources and appropriate physical, emotional and social conditions for learning..."⁷The scheme has proved to be a powerful normative tool for increasing resource allocation for education at both national and community levels.

HEALTHCARE

In our experience, some main challenges for children in relation to healthcare are:-

1. Prenatal care
2. Poverty as a barrier to access.

1. Prenatal care

Challenges: Prenatal care is often provided too far from the homes of pregnant women in need of care and the service provided is inadequate. This issue is particularly significant for Australian Aboriginal communities. Aboriginal women do not seek prenatal care, even where it is available, primarily due to a lack of family support. Prenatal care also comes too late - education about sexual and reproductive health is required before pregnancy; prenatal care is only provided during pregnancy.

Recommendations: Prenatal care must be offered in close proximity to Aboriginal communities. Privacy must be respected, services offered must be non-judgmental and a continuous relationship with a known caregiver (e.g. a midwife) must be maintained. Female relatives and local senior women must also be involved in counselling pregnant women. In this counselling role, these women can provide a supportive link between the expectant mother and prenatal care providers. Moreover,

⁵ For more information, please see the websites: http://www.unicef.org/thailand/education_15799.html; <http://www.effectiveservices.org/our-work/area-based-childhood-programme>.

⁶For more information, please see the website: http://mpr.aub.uni-muenchen.de/23520/1/MPRA_paper_23520.pdf.

⁷ http://www.unicef.org/thailand/education_15799.html.

sexual and reproductive health education must be made available to females, even as early as primary school. This is not an easy task given so many females are not able to receive a formal education for numerous reasons including, among others, poverty, lack of schools and local tradition. Nevertheless, outreach initiatives must be established to communicate an accurate understanding of the female body and pregnancy.

Good examples: Good examples of effective provision of prenatal services come from Aboriginal communities in Australia. Efforts to provide culturally secure prenatal services in Australia to Aboriginal women have been effective where services utilise midwifery and/or Aboriginal Health Worker models of care with the inclusion of local senior women acting as a link between pregnant women and healthcare providers. Moreover, Aboriginal Community Controlled Health Services (ACCHS) provide excellent maternal and child health services to their communities.⁸ However, it is constrained in its ability to meet the gaps in service delivery due to inadequate resources, breaks in continuity of care and the lack of a shared national vision of the appropriate role for ACCHS.

2. Poverty as a barrier to access

Challenges: Children experiencing poverty cannot access adequate healthcare. The obstacle to healthcare access created by poverty is often greater for minority groups such as the Traveller children of Ireland and Maori children of New Zealand who suffer from greater instances of child poverty and infant mortality.

Recommendations: Social Protection floors should provide for free quality health care to children below 18 years of age

Good practices: Efforts to reduce the cost of medical care, and thus alleviate the poverty obstacle to healthcare, have demonstrated varying rates of success and have often proven difficult to implement. For example, the “GP Visit Card” is an initiative developed in Ireland whereby all children under 6 years of age can see a general practitioner free of charge.⁹ However, there is a legitimate concern that children who are 6 years of age and older with chronic illnesses are not covered by the scheme and hence, cannot reap its benefits. New Zealand has a similar scheme; however, most general practitioner services still incur a charge despite the scheme and thus, in reality, are not free.¹⁰ Moreover, even if parents can attend free doctor consultations with their child, often they cannot afford the medication the doctor prescribes, negating the scheme’s usefulness.

In New Zealand, the National Government also introduced a package called “Working for Families”. This package was designed to provide families with, among other things, 20 hours per week of free childcare for children under 5 years of age.¹¹

⁸ For more information, please see the website: <http://www.naccho.org.au>.

⁹ For more information, please see the website: http://www.citizensinformation.ie/en/health/entitlement_to_health_services/gp_visit_cards.html.

¹⁰ For more information, please see the website: http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11255720.

¹¹ For more information, please see the website: <http://www.minedu.govt.nz/parents/earlyyears/howeceworks/20hoursece/20hourseceinfo4parents.aspx>.

While intended to provide families with an opportunity to obtain extra income, and thereby alleviating poverty and facilitating expenditure on children's healthcare to some extent, the scheme has proven impracticable to implement— there are insufficient trained childcare workers and insufficient childcare centres close to parents' workplaces, and the scheme restricts parents' roles in raising children by encouraging both parents to work.

CONCLUSION

Greater allocation of funds and resources in Health and Education and reduced spending on military and arms trade could be the way forward to building a more healthy society that respects and protects the Rights of children everywhere

In this paper we have outlined the main challenges, our recommendations and some examples of good practices which have assisted in the allocation of resources towards the fulfilment of children's rights in the areas of education and health. These schemes have stressed the importance of child participation in governance and advocacy as well as the alleviation of poverty if we are to achieve the goals set out in the *UN Convention on the Rights of the Child*.

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