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The child centered community

The saying - 'child is the father of the man' shall be interpreted to mean that it is the accomplishment of one's childhood, that ultimately makes him up, when he attains manhood. Today's child is tomorrow's citizen. The future of a nation is brewed by its past and present and as such, special attention has (should) always been laid on the upkeep and uplift of the children. Viewed from a different angle, what is happening in this process is formation of capital - 'human capital' - knowledge, skills and experience that makes an individual more productive. Making of the child as the maker of future involves four components - Child survival, Child development, Child protection and Child - centered community participation.

Human being, like any other living specie is highly perishable. This has been the order of all days. "Child survival entails their basic right of being born in a safe and non - discriminatory environment and go through the formative years of life in a healthy and dignified way". Actually, here the work has to start from the womb of the mother. Pre-natal and post-natal care of the pregnant mother needs proper care and attention. Again, the level of mortality is used to be very high in the first few hours, days and weeks of life. While factors like the age of the mother, birth order, period of spacing between births, mother's health etc. affect neo-natal deaths, post - natal deaths
are caused by attack by communicable diseases, faulty feeding practices or poor hygiene. All these invite state intervention and enlightened self attention yoked together to see the child survival.

Child development implies the building in of standard physical and intellectual properties in the child. Malnutrition and nutrient deficiency injures both physical and cognitive growth by increasing the susceptibility to infection and disease, besides pulling down enrolment, retention and completion of educational attainment. These, pulling down the average level of productivity, nullify the overall growth itself.

Worldwide, in many countries, children are forced to work with disastrous consequences; according to the International Labour Organisation (ILO), "Born to parents who themselves were uneducated many child workers are forced to continue tradition that leaves them chained to a life of poverty". Child labour cause early physical decay, economic insecurity, low quality of life and high poverty. It denies the child of the right to education. Child development entails protection from such forced labour.

A relook at the three components of the above mentioned 'making up' reveals yet another of its component. "There exists an organic connection between the components, one supplementing the other. For instance, improvement in the health status cannot be achieved by simply expanding and developing health services. It
should be a part of a strategy aiming at satisfying the basic needs of the population, by ensuring the availability and distribution of food, improving the nutritional status and sanitation, raising educational levels, and the like”. It is stressed that ”Child survival, growth and development have to be looked at as a holistic approach, as one cannot be achieved without the others. There have to be balanced linkages between education and nutrition for proper development of a child”.

The existence of such an inter-sectoral connection demands effective community participation in each and every level of child development.

**A world out look**

Matters related to child health and survival have been in the agenda of the nations for long. The World Health Assembly, taking note of the poor health status of majority of world's population, launched a movement named ”Health for all” (HFA) by the year 2000, in the year 1977. This was followed by the 1978 Alma Ata International Conference where leaders of 134 countries signed a declaration pledging support for HFA and for implementing Primary Health Care (PHC) as the key strategy to achieve the goal. ”The PHC approach is based on the principles of equitable distribution, universal access, community participation, inter sectoral co-ordination and self reliance, and appropriate technology”.

Critics of the Alma Ata declaration argued that the proposed schemes were too idealistic having an unrealistic time frame.
They suggest 'selective primary health care', focused a vertical or relative intervention, based on cost effectiveness. The new approach, easily implementable, promising immediate result was accepted by countries and the movement for comprehensive PHC lost the desired pace. After a break, programmes on child health and survival gathered momentum with the declaration of eight Millennium Development Goals (MDG) by the United Nation in 2000. All the 193 member countries of the United Nation at the time and atleast 23 International Organisations are committed to help achieve the goals. With Starting points in 1990, each goal is to be reached by 2015. Of the goals, two are related to Child Development : 1) Reducing Child mortality and (2) Improving maternal health: Under - five mortality rate to be reduced by two thirds and maternal mortality rate to be reduced by three quarters.

"World Health Statistics 2014" – WHO’s annual compilation of Health related data for its 194 member countries - included a summary of the progress made towards achieving the health related Millennium Development Goals. Some of the revelations of the Report follows :5

Between 1990 and 2012, mortality in children under 5 years of age declined by 47 percent, from an estimate of 90 deaths per 1000 live births, to 48 deaths per 1000 live births. This means 17,000 fewer children dying every year in 2012 than in 1990. The risk of a
child dying before their fifth birth day is still higher in the WHO African Region (95 per 1000 live births) – eight time higher than that in the WHO European region (12 per 1000 live births).

Inequities in child mortality between high income and low income countries remain large. In 2012, the under 5 mortality rate in low income countries was 82 deaths per 1000 live births - more than 13 times the average rate in high income countries "Reducing these inequities across countries and saving the lives of their children by ending preventable child deaths are key priorities".

The first 28 days of life - the neo-natal period - represents the most vulnerable time for a child’s survival. In 2012, around 44% of under 5 death occurred during this period, up from 37% in 1990. All over, of under 5 mortality rate decline, the proportion of such deaths occurring during the neo- natal period is increasing. This highlights the crucial need for health intervention that specifically address the major cause of neo-natal deaths.

Current evidence indicates that under nutrition is the underlying cause of death in an estimated 45 percent of all deaths among children under 5 years of age. The number of under weight children globally declined from 160 million in 1990 to 90 million in 2012, representing a decline in the proportion of under weight children from 25% to 15%. The rate of progress is close to that required to meet the relevant MDG target, but varies between regions.
The Millennium Development Goal (MDG) has set out the target of reducing the Maternal Mortality Rate from its 1990 level by three quarters and achieving universal access to reproductive health services by the year 2015. The number of women dying due to complications during pregnancy and child birth decreased by nearly 50 per cent from an estimated 5,23,000 in 1990 to 2,89,000 in 2013. While such progress is notable, the average annual rate of decline is far below that needed to achieve the MDG target (5.5%) and the number of deaths remains unacceptably high in 2013 - nearly 800 women died every day from maternal causes. Almost all of these deaths (99%) occur in developing countries and most can be avoided as the necessary medical intervention exists and are well known. The key obstacle is the lack of access to quality care by pregnant women before, during and after child birth.

Although the proportion of women receiving ante natal care- atleast once during pregnancy- was 81% globally for the period 2006-2013; the figure dropped to around 66% for the recommended minimum of four visits or more. Around seven in every 10 births globally are attended by skilled personnel. However, coverage varies sharply across country income level - from almost all births (99%) in high income countries to less than half of births (46%) in low income countries.
"In conclusion, encouraging accomplishment across a broad range of international health related goals and targets have clearly demonstrated that focused global actions can make a difference. At the same time, much remains to be done, and efforts continue to be needed to accelerate progress in achieving the MDGs and related objectives. Furthermore efforts to improve health and to achieve health equity will continue well beyond 2015".6

**In India**

In 2011, the total number of children (in the age group of 0 to 6 year) is reported as 158.79 million. The share of children to the total population is 13.19% in 2011, the corresponding figures for male and female children are 13.3% and 12.9%. India has been in the forefront in matters of child care.

1. **Constitutional Provisions**7

Several provisions in the Constitution of India impose on the State, the primary responsibility of ensuring that all the needs of children are met and that their basic human rights are fully protected. Children enjoy equal rights as adults as per Article 14 of the Constitution. Article 15(3) empowers the State to make special provisions for children. Article 21 A of the Constitution of India directs the State to provide free and compulsory education to all children
within the ages of 6 and 14 in such manner as the State may by law determine. Article 23 prohibits trafficking of Human beings and forced labour. Article 24 on prohibition of the employment of children in factories etc., explicitly prevents children below the age of 14 years from being employed to work in any factory, mine or any other hazardous form of employment. Article 39(f) directs the State to ensure that children are given equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against moral and material abandonment. Article 45 of the Constitution specifies that the State shall endeavour to provide early childhood care and education for all children until they complete the age of 6 years. Article 51A clause (K) lays down a duty that parents or guardians provide opportunities for education to their child/ward between the age of 6 and 14 years. Article 243 G read with schedule-11 provides for institutionalizing child care to raise the level of nutrition and the standard of living, as well as to improve public health and monitor the development and well being of children in the Country.

2. **Union laws guaranteeing Rights and entitlement to Children**

A fairly comprehensive legal regime exists in India to protect the rights of Children as encompassed in the Country’s Constitution. The age at which a person ceases to be a child varies
under different laws in India. Under the Child Labour Prohibition and Regulation Act, 1986, a child is a person who has not completed 14 years of age. For the purposes of criminal responsibility, the age limit is 7 (not punishable) and above 7 years to 12 years punishable on the proof that the child understands the consequences of the act, under the Indian Penal Code. For purposes of protection against kidnapping, abduction and related offences, it is 16 years for boys and 18 for girls. For special treatment under the Juvenile Justice (Care and Protection of Children) Act 2011, the age is 18 for both boys and girls. And the Protection of Women from Domestic Violence Act 2005 defines a child as any person below the age of 18, and includes an adopted step- or foster child.

There are important Union laws guaranteeing Rights and Entitlement to Children :-

1. The Guardian and Wards Act, 1890
2. The Reformatory Schools Act, 1897
3. The Prohibition of Child Marriage Act, 2006
4. The Apprentices Act, 1961
5. The Children (Pledging of Labour) Act, 1933.
6. The Hindu Minority and Guardianship Act, 1956
7. The Hindu Adoption and Maintenance Act, 1956
8. The Immoral Traffic prevention Act, 1956
9. The Women’s and Children’s Institutions (Licensing) Act, 1956
10. The Young Person’s harmful Publications Act, 1956
11. The Probation of Offender’s Act, 1958
12. Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960
13. The Child Labour (Prohibition and Regulation) Act, 1986
17. The Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995
18. The Factories Act, 1948
19. The Commissions for Protection of Child Rights Act, 2005

3. National Policies and Programmes for Children\textsuperscript{9}

Further, the Nation is implementing a number of Child centric policies addressing the issues of Child Survival, Child Development and Child Protection. The important among them are,
a. **National Policy for Children 1974** is the first policy document concerning the needs and rights of children. It recognized children to be a supremely important asset to the country. The goal of the policy is to take the next step in ensuring the constitutional provisions for children and the UN Declaration of Rights are implemented. It outlines services the state should provide for the complete development of a child, before and after birth and throughout a child’s period of growth for their full physical, mental and social development.

b. **National Policy on Education, 1986** called for "special emphasis on the removal of disparities and to equalize educational opportunity," especially for Indian women, Scheduled Tribes (ST) and the Scheduled Caste (SC) communities. To achieve these, the policy called for expanding scholarships, adult education, recruiting more teachers from the SCs, incentives for poor families to send their children to school regularly, development of new institutions and providing housing and services. The NPE called for a "child-centered approach" in primary education, and launched "Operation Blackboard" to improve primary schools nationwide.

c. **National Policy on child Labour, 1987** contains the action plan for tackling the problem of child labour. It envisaged a
legislative action plan focusing and convergence of general development programmes for benefiting children wherever possible, and Project - based plan of action for launching of projects for the welfare of working children in areas of high concentration of child labour.

d. **National Nutrition policy, 1993**, was introduced to combat the problem of under - nutrition. It aims to address this problem by utilizing direct (short term) and indirect (long term) interventions in the area of food production and distribution, health and family welfare, education, rural and urban development, woman and child development etc.

e. **National Population Policy 2000**: The national population policy 2000 aims at improvement in the status of Indian children. It emphasized free and compulsory school education up to age 14, universal immunization of children against all vaccine preventable diseases, 100% registration of birth, death, marriage and pregnancy, substantial reduction in the infant mortality rate and maternal mortality rate etc.

f. **National Health Policy 2002**: The main objective of this policy is to achieve an acceptable standard of good health amongst the general population of the country. The approach is to increase access to the decentralized public health system by establishing
new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Overriding importance is given to ensuring a more equitable access to health services across the social and geographical expanse of the country.

g. *National Charter for children (NCC), 2003* highlights the Constitutional provisions towards the cause of the children and the role of civil society, communities and families and their obligations in fulfilling children’s basic needs. Well-being of special groups such as children of BPL families, street children, girl child, child-care programmes, and educational programmes for prevention from exploitation find special mention in the NCC. It secures for every child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation. The Charter provides that the State and community shall undertake all possible measures to ensure and protect the survival, life and liberty of all children. For empowering adolescent, the Charter states that the State and community shall take all steps to provide the necessary education and skills to adolescent children so as to equip them to become economically productive citizens.
h. **National Plan Of Action For Children (NPA), 2005** was adopted by Government of India in the pursuit of well-being of children. NPA has a significant number of key areas of thrust, out of which the ones relating to child protection are:

- Complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child,
- Addressing and upholding the rights of children in difficult circumstances,
- Securing for all children legal and social protection from all kinds of abuse, exploitation and neglect.

Various Schemes / Programmes are implemented by different Central Ministries, following the guidance of the national policies. They are aiming to tackle the issues relating to the overall welfare of children, work independently as well as hand in hand. The State/ UT Governments also execute numerous programmes from time to time for improving the lot of children.

4. **Programme and Strategies in the Five year Plans**

Plans for child development have been within the mainframe of India’s planning process from the First Plan itself. In the initial years, the main responsibility of developing childcare services had primarily rested with voluntary organizations. The Central Social Welfare Board played the lead role in planning and assisting voluntary
efforts. Over the years, the planning of strategies for children in the
country has evolved from welfare to development, to rights approach.
Considering that the opportunities for early childhood development
determine both the present and the future human resource
development of the nation, child development received attention from
the very First Five Year Plan. In the Second, Third, and the Fourth Plan
the same approach for the welfare of children continued.

The Fifth Plan saw a shift in focus from child welfare to
child development and an emphasis on integration and convergence of
sectoral and social inputs for the welfare of infants, children and
pregnant and lactating women, which finally took place by the
launching of Integrated Child Development Services (ICDS) in 1975,
which aimed to enhance the holistic development of the child through
the involvement of a community based voluntary worker called
Anganwadi worker. The Sixth Plan reiterated the approach and strategy
outlined in the Fifth Plan, and promoted consolidation and expansion
of the programmes started earlier. It witnessed expansion of ICDS
Projects and an accelerated implementation of Universalisation of
Elementary Education.

The Seventh Five Year Plan continued the strategy of
promoting early childhood survival and development through
programmes in different sectors - ICDS, universal immunization,
maternal and child care services, nutrition, preschool education,
protected drinking water, environmental sanitation and hygiene.
The main focus of the Eighth Five Year Plan was human development with policies and programmes for child survival and development receiving high priority. Children were viewed as the nation’s future human resource and investment in child development as an investment in the country’s future. The government declared its commitment to the development of ‘every child’, which was manifested in the two National Plans of Action adopted in 1992, one for children and the other exclusively for the girl child. The National Nutrition Policy 1993 and National Plan of Action 1995 were also adopted.

The Ninth Plan placed the young child at the top of the Country’s Developmental Agenda with a special focus on the girl child. It continued to lay a special thrust on the three major areas of child development viz., health, nutrition and education and universalisation of the Nutrition Supplementary Feeding Programmes.

The Tenth Plan advocates a convergent ‘Rights based Approach’ to ensure the survival, development, protection and participation of children with priority to the young child and the girl child. ICDS was recognized as the mainstay of the plan for child development. The thrust areas, during the eleventh plan are achieving ICDS universalisation, strengthening service delivery of Anganwadi centres, eradicating severe malnutrition and fostering public private and community partnership (PPCP).
5. **Primary Health Centres**

The PHC approach was recommended by the Bhore Committee in 1946. The principal elements of the approach is to make available to the public,

a) Maternal and child health care including family planning
b) Immunization against infectious diseases.
c) Promotion of food supply and proper nutrition.
d) Adequate supply of safe water and basic sanitation.
e) Prevention and control of endemic diseases.
f) Appropriate treatment of common disease and injuries.
g) Provision of essential drugs.
h) Educate about Prevailing Health Problems and their prevention.

It is only natural that the initial effort of PHC had been on the infrastructure development and setting up the system in the entire country.

Incorporating these as their functions, the Public Health Centres were started in 1956 in the country.

For long, quality of the health service remained poor, with limited funding for health and absentee doctors etc. However the launching of National Rural Health Mission (NRHM) in 2005 changed the situation.

It can be said that NRHM brought the necessary political will, funding and desired direction to review the PHC system itself.
The Mission scheme seeks to provide effective health care services to rural population including large population of children in the country. The programme seeks to raise spending on public health policies, strengthen public health management and services delivery in the country.

6. ICDS

The Integrated Child Development Services (ICDS) is a Centrally sponsored scheme of Government of India launched in 1975 for early childhood care and development. The prime objective of the programme is to lay foundation for proper psychological, physical and social development of the child, improve health and nutritional status of children below six years of age, reduce infant mortality, malnutrition and school dropout, and enhance capability of the mother to look after health and nutrition, education and other needs of her child. A community based worker called Anganwadi worker is trained to man the scheme. The international agencies like UNICEF, USAID, DFID and CARE INDIA serve as partners to provide technical and other support to the ICDS for its effective agenda.

To Recapitulate:

A representative World Report concludes, that "the efforts to improve health and to achieve health equity will continue well beyond 2015" India's efforts to improve it's health is also continuing - initially as a welfare proposition, over the years changing as an engine
for development and in recent times as a matter of "rights", from the Composite Public Health Centre to specialised Anganwadi centres, inspired by the directives of the Nation's Constitution, coupled with required policy changes and incorporated in the Five Year Plans, lately welded into the ICDS is indeed a close-knit phenomena that deserves a close-up study.
Footnotes


6. Ibid., P.18.


8. Ibid.

9. Ibid.