

Independent Stakeholder Report to the UN Human Rights Council for UPR III

National NGO Child Rights Coalition: INDIA



**“FIRST” RIGHTS & THE “LAST” CHILDREN:
SURVIVAL AND INCLUSION**

**Joint Stakeholders’ Report
United Nations Human Rights Council
Universal Periodic Review III**

Submitted by National NGO Child Rights Coalition (NNCRC) on behalf of organisations and concerned citizens who have contributed their information and concerns, and subscribe to the findings and recommendations of this report.

September 2016

INTRODUCTION

The present report is a joint submission by the National NGO Child Rights Coalition (NNCRC), a voluntary collective and open forum of NGOs, development professionals, researchers, activists, representatives from the theatre and the creative arts, and concerned citizens. The Coalition works for human rights of children, development with justice for marginalised groups in Indian society, and the cause of peace and honourable coexistence. This is the Coalition's second such report for the UPR process, following on from our joint NGO submission in 2011.

We are glad to record the enrichment of our 2015-16 initiatives to gather and review information on children's status and condition by the information search, field assessments, and appraisal activities and consultations generated by our partners and contacts in different states of India. We note in particular the contribution made by the Odisha Alliance for Child Rights, PECUC-Odisha, IACR North Zone (Chandigarh), ABHAS Action Beyond Health and Care, and Joint Women's Programme.

We also place on record our appreciation of the networking and interaction that have marked several processes of review and reporting undertaken by several NGO platforms; we have been glad to engage with many of these, and to endorse them.

FOCUS 2016:

In our present report, we have chosen to focus on the primary right to survival, on children's uneven access to staying alive and to the quality of life. This is a first indicator of children's access to rights. It is a serious concern that it is beset with uncertainty for millions of children in India.

In seeking to identify the least-served and most vulnerable among children as the signallers of rights defaults, we have found the sons and daughters of India's nomadic, semi-nomadic tribal communities, and those of the 'denotified' tribes previously classified as criminal. An important factor is the vulnerability of such groups to the deprivations, damage and displacement arising from natural and man-made hazards and related emergencies.

We are placing their situation as a core concern in our appraisal of those children who stand last in the queue for protection and support.

Recognising that children of shifting populations are also found in the urban areas, we have made a provisional assessment of the identities and occupations among them. We believe a related set of concerns – and therefore recommendations – will emerge on these children in urban locations. In this report, we are only able to flag this linkage for India's attention.

DEDICATION:

Noting the pioneering work of Indian public health expert, demographer and tribal development analyst Dr Almas Ali of Odisha, and his success in replacing the appellation 'Primitive tribal group' with 'Particularly vulnerable tribal group,' for the so-called backward tribes in India, we dedicate this report to his memory.



“FIRST” RIGHTS & THE “LAST” CHILDREN: SURVIVAL AND INCLUSION

Joint Stakeholders’ Report for UPR-III

National NGO Child Rights Coalition : India

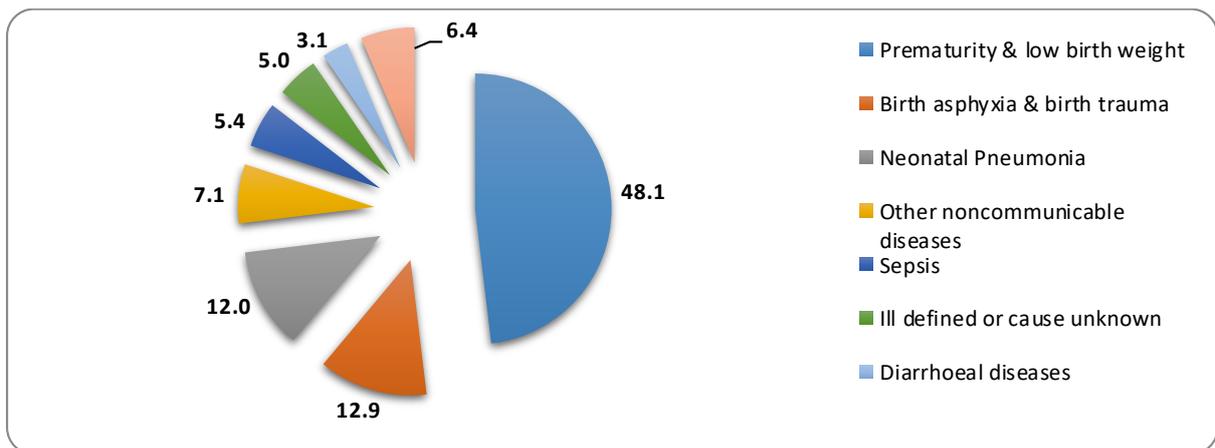
1. Survival and the right to life stand as the first fundamental right of every person, and thus every child. Other rights can only follow that first imperative.
2. Children’s right to survive -- and to grow up with dignity and hopefulness --, must not be curbed by either indifference or prejudice; this cannot be an option of the provider – whether that is the State or Society.
3. This report, coming as India marks 73 years of independent nationhood, offers a sad appraisal of broken promises, forgotten commitments, and failure to invest in the country’s greatest human resource – its children. We are submitting it with deep concern.
4. It is inspiring but ironic that the Constitution of India forthrightly affirms the obligation to safeguard children against exploitation and “against moral and material abandonment.”¹ The evidence of such abandonment and maltreatment is manifold. The starkest examples are to be found in the uncertainty of survival, and the compromised security of actual childhoods.
5. In this report, our effort has been to focus on basics, and it has been logical to give first place to the issue of survival. Tied to this is the quality of survival. Too many children struggle to make their way from the ‘minus-9’ of gestation to birth, and then to 18 years at a ‘subsistence’ level of being alive. Born weak, they battle lack of health care, poor access to food and safe water, deficits in shelter, sanitation, road links and proximity of the barest social development supports.
6. Added to these barriers to justice, some of them are simply invisible to the State. We hope they will be visible in this report.
7. The extent to which children are guaranteed the right to life – to survive birth and to be assured of safety and well-being through the childhood years – is the truest measure of whether the human rights of the common people are secure. The Litmus test is whether the economically poorest and socially least-advantaged among them are surviving and thriving comparably with the socio-economically better-off groups. Official data show India is failing the test.
8. This failure is not due to shortage of material resources or of national professional knowledge; it is a failure to invest. In failing to invest, there is also an apparent absence of concern at the price that the un-served are paying for subsisting on the margins of development.

¹ Constitution of India : Directive Principles of Policy: Article 39.(f).

9. This default affects all children, but its worst impact is on those who lack the means to compensate for what the State fails to provide for them. It is a different case, but a related problem, that there may be many families/households/children who do not know that they have entitlements.
10. Who qualifies? At peril ahead of those who do not know are those who are not on the active list for benefits. Here we find the children of the forgotten tribes.
11. The human rights constituency looks at the Constitution as a bill of rights, but we find that the Constitution missed out on fully defining who it means by "all."
12. Technically, people are categorised by scheme designs and mandates, and by definitions of eligibility. India has invented various systems of certification, and those who can find their way through the red tape – and the factor of bribery – get certified – as needy/disabled/this or that deserving identity, class or category.
13. On the ground, in theory, need should dictate access to services, and due attention and supportive care. In fact it often does not, and deserving clients of services are tuned away, or just ignored. The barefoot poor stand longest in the queue – and often fail to be seen. To become visible, they find themselves asked to pay something. Government policies and programmes now speak of "affordable" service provision – but forget to clarify to whom this is to be affordable. Two true reports deserve mention. An infant is brought to a government hospital. It is put in an incubator. A fee is paid and the incubator is switched on. The money coverage runs out; the incubator is switched off. The infant is in acute distress. The parents plead. They run outside looking for just anyone who could lend them money. They fail. The child dies. In another case, a child is carried to hospital with high fever. A payment is requested. The father cannot pay. Directed to another hospital, he again meets a request for payment. Running to a third hospital, he realises his child had died on his shoulders.
14. These are two cases of children entitled but not served. What is the assigned duty of the government health services, at any level of provision? On the ground, it should be to serve without charging.
15. The other category is the invisible Indian, who does qualify as a member of the public but does not exist as the beneficiary of a special benefits scheme. outlet should be to services
16. The curious absence of subsections of India's tribal people from both the national Constitutional promises and provisions, and the policies and programmes aiming to benefit the tribes listed as 'Scheduled Tribes'
17. India engaged in the UN formulation of the UDHR, and stands as one its first signatories. The Constitution of India echoes some of the UDHR principles, standards and provisions. The unmet challenge in the case of the left-out tribes is the State's failure to name them.
- 18.
19. Low central budget allocations and budget cuts during the reporting quadrennium speak for themselves. What they do not reveal is the chronically poor quality of those government health care services that are on offer.
20. One standard design fault is that primary health care services operate from fixed locations, without adequate outreach capability or worker mobility. Other serious deficits are startling: no electricity connection, no water supply, no access road. Access is impeded by distance of health care service locations from local habitations. India's rightly-valued 'Helpline-108' countryside

ambulance service cannot surmount the absence of roads. Women about to give birth are carried to health centres on string cots; and after giving birth are carried back the same way. Is this good for mother or child? Why are they discharged so soon?

21. In other locations, pregnant woman pleading at hospital gates are refused admission, give birth at the door or in a parking lot -- and die. And the newborn may die too. Some of these incidents appear in the newspapers; many may not. All of them are true stories. Why should this happen to anyone?
22. The whole issue of ante-natal care is a big question mark . Why are so many neonatal deaths due to premature delivery? Why are so many due to low birth-weight ?



23. Not much is reported about the status of girl children – or of girls pushed into child-bearing – among the invisible tribal groups. In many of them, boys are visible, often as performers. Girls are reportedly silent. The 2011 Census of India reported 103 million girls wed before 18, adding up to about 30% of all married females. Some reports on the nomadic tribes say that their girls marry at 8 years, and the boys at about 10 years. Are they in any Census count ? Who is tracking these marriages? Who is curbing their incidence? Are they getting annulled ? Of course not. What is the first pregnancy and child-birth age among these children? What is the maternal mortality rate among these girls? Does anyone know? Do they get ANC?
24. How many children need to have a question mark hanging over them for their situation to become a national concern and an issue for State attention?
25. There seems to be a crisis of attitude. What should the Indian State do about it? The 2008 and 2012 Govt of India National Human Rights Reports do not appear to have expressed any opinion. India's budgeting for health care is shockingly low, at around 1% of GDP. An old WHO call for 10% investment, with gradual reduction, is long-forgotten, and was never taken seriously. A more recent proposed increase to at least 3% awaits attention; even this would not suffice.
26. The shortage of doctors is known, and unaddressed. Training and skill deficits in health workers are known, and persist. Doctors' reluctance to serve in the countryside, and their readiness to piggyback on their health service jobs by

super-imposing their own private practice – all this is common knowledge. Why has India not tried to provide mobile health care through doctors' teams operating in 'clinics on wheels' from properly-equipped hub hospitals in towns? This was recommended by a national Government health services director-general only a generation ago.²

27. Other clues to poor health attention include the persisting toll taken by maternal mortality. Who is dying? Mainly the poorest. Quite often girls who are too young to bear children. Older government data show maternity-related deaths in the 14-19 age group³ at 13% of all female deaths in that age group. Is this still true? There is no follow-up report.
28. Recent reports on causes of neonatal deaths reveal an ominous 48.1 % of them recorded as due to low birth weight and prematurity. This raises a question on ante-natal care (ANC) provided to pregnant women and girls, and early detection of risks. Official ANC figures cite provision of iron-folic acid tablets, tetanus toxoid injections. They say nothing about closer examination, clinical check-ups.
29. The newborns – and their hapless mothers – are not the only casualties. And illness from disease is not the only cause of death. Nutrition deficits and sheer hunger also stalk the childhood years. If a child survives the first 1000 days, and even the first five years, is there any attention given to the crucial 'second growth spurt' (9-11 years for girls, and 11-13 years for boy children)? This is a period for targeted attention to special nutrition support for all children. Is there any programming for it? The short answer is 'No.'
30. Not much seems to be monitored on what is happening to boy children, but available under-nutrition data indicates that many are at risk. Injury and accident deaths also show boy victims.
31. With formal adoption of the SDGs, India has had a year to initiate both policy and programme positioning of health, nutrition, water security, and inclusive programming to address SDGs Goal #1. Its first national report is due.
32. The actual operation of the National Food Security Act deserves review and improved implementation.
33. India happily speaks of its successes in containing polio. It also reports good news on immunisation, even though coverage is not what it should be. The main causes of child death remain water-related infections and respiratory problems – neither of which are addressed by immunisation. Who are the least 'covered' and most prone to falter and die?
34. Why is India not officially and politically alarmed and motivated by this state of affairs? The question also arises as to whether access to development services and basic protections is regarded as a right. With official adoption of the SDGs, what will become of the health targets? India is proposing a three-year action plan, and a 7-year follow-on plan to make sure of reaching the 2030 goals. How many children will become safer and more likely to survive by 2020? And who will remain outside the magic circle of protection?
35. The question still remains: are there some invisible children who do not figure on any official list? Will the SDGs do anything to find them? If one takes note of the children of the nomadic tribes, official figures do not really tell us how

² Dr Doraiswamy, Director-General Health Services/Govt of India: 1970s.

³ Main Causes of Death report Registrar-General of India/2009, listing 2003 data: No data update.

many there are of them. In various counts, they may have been listed as scheduled castes, or scheduled tribals, or 'other backward castes.' Or listed without classification. In all lists, they are at the end of the line. What is their birth rate? What is their mortality rate? What diseases deficiencies afflict them? Do they go to the child care centres of the flagship Integrated Child Development Services Programme? Like migrants, if they have no fixed address, they cannot get in. Are they immunised? Who knows?

36. The status and condition of these tribes and their children were assessed in detail by a government commission. The commission strongly recommended urgent attention to their health and welfare needs. It also pointed out the plight of many who had moved into urban settings where they are engaged in rag-picking and precarious forms of work. Their poverty and helplessness were highlighted.
37. It is important for the Government to look into who the urban poorest are, and detect the presence and the needs of the lost tribes among them.
38. Has anyone noticed that they got left out of the promises list of the Constitution? They are the 'last' children in the long line of India's youngest. In any genuine mandate for socio-economic justice, national planning should have brought them to the front rank of development beneficiaries. In practical recognition of their vulnerability, government plans and concrete measures should – or could – have given special attention to curbing their higher rates of mortality, morbidity, and deprivation. The persisting gaps between these rates and the national averages show that this was either not done, or not effectively pursued.

39. RECOMMENDATIONS:

1. India may consider amending the Constitution to recognise the De-Notified, Nomadic and Semi-Nomadic Tribes, and pro-actively take steps to improve their survival and status.
2. India should declare health as a human right, and adopt a rights-based national health policy.
3. India should seriously review and enhance its health care budget and services, its provisions for child nutrition, and its provisions for food security.





A Child of the Nomadic Manganiyar Tribe