Manual for Early Childhood Rights Indicators
(Manual of the Indicators of General Comment 7*)

A Guide for State Parties Reporting to

The Committee on the Rights of the Child

EARLY CHILDHOOD RIGHTS INDICATORS GROUP

December, 2010

*This document is draft 3.0 of the manual. It has been prepared following the first pilot of the indicators, the Tanzania pilot.

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Collaboration between UNICEF, UN Committee on the Rights of the Child, WHO, HELP (Human Early Learning Partnership, University of British Colombia), ICC (International Children's Center), Bernard van Leer Foundation, Aga Khan Foundation, SOS Kinderdorf International, Consultative Group on Eearly Childhood Care and Development, World Bank

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This manual is based on the work of the United Nations Committee on the Rights of the Child (UNCRC) and a host of representatives from expert organizations who have come together to develop early childhood indicators . The complete list of these organizations and individuals is included within this manual.

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Early Childhood Rights Indicators Group

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Glossary

Absolute and/or relative poverty. Absolute poverty refers to some absolute standard of minimum requirement, while relative poverty refers to falling behind most others in the community.

Alternative care. Care of children who are temporarily or permanently deprived of their family environment or in whose own best interests cannot be allowed to remain in that environment.
Alternative reports. Reports produced by NGOs and children's organizations that are submitted to the Committee on the Rights of the Child with a government's main report.

APGAR. A method devised by Dr. Virginia Apgar to assess the health of newborn children based on five criteria: Activity, Pulse, Grimace, Appearance and Respiration.

Article. One part of a legal document, usually referred to by number.

Baseline data. Basic information gathered before a program begins. It is used later to provide a comparison for assessing program impact.

Child education settings. These can include homes, crèche, daycare centres, kindergarten, play groups, etc.

Child rights stakeholders. Any party that has an interest ("stake") in child rights.

Cluster sampling. A sampling technique used when natural groupings are evident in a statistical population.

Committee on the Rights of the Child or **the Committee.** A group of 18 independent experts on children's rights nominated by State parties to examine government reports on children on behalf of the United Nations.

Communicable disease. An infectious disease that readily spreads from person to person, and is easily caught from an infected person (such as a cold or chicken pox).

Concluding Observations. A report prepared by the Committee on the Rights of the Child after it has heard all the evidence from a country. These reports contain recommendations on how governments can improve their record on children's rights.

Convention. A legally binding agreement between states.

Corporal punishment. Corporal punishment is the deliberate infliction of pain as retribution for an offence, or for the purpose of disciplining or reforming a wrongdoer, or to deter attitudes or behaviour deemed unacceptable.

Demographic Health Survey (DHS). Provides data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition.

Desk review. A study of existing implementation strategies and approaches of early childhood, analyse experiences to date, and draw lessons for future application in policy and program design, planning, and implementation.

Disaggregate. To separate or break down into components of exclusion and vulnerability of the young child, including indigenous children, children from ethnic minorities, and so on.

Discrimination. The unfair treatment of a person or group on the basis of prejudice.

Dissemination. To distribute or spread word

Duty bearer. An organization or individual responsible for ensuring someone can claim their rights.

Early Development Instrument (EDI). A population-based tool used to measure the state of children's development at primary school entry.

Excluded populations. Populations that are socially excluded from mainstream society based on any number of factors including, but not limited to, socio-economic status, religion, ethnicity, etc. These populations are classified as vulnerable as a result of their exclusion.

Female infanticide. The intentional killing of baby girls due to the preference for male babies and from the low value associated with the birth of females.

Foster homes. Homes of foster families who provide foster care to children without parental care.

General Comments. Guiding documents on a specific topic developed by the Committee on the Rights of the Child to provide authoritative guidance to State parties.

Human rights education (HRE). Teaching of the history, theory, and law of human rights in schools and educational institutions, as well as outreach to the general public.

Impact evaluation. Assessment of the changes that can be attributed to a particular intervention such as a law, program, project, etc.

Inclusive education. Educational setting that actively includes all children including the vulnerable.

Infectious disease. A disease caused by a microorganism that is potentially transferable to new individuals. An infectious disease may or may not be easy to catch and is thus not a great threat to others.

Indicators. Pointers that help to determine the extent to which a particular obligation or standard has been, or is being, met.

International Chamber of Commerce International Code of Advertising Practice. Is an expression of the business community's recognition of its social responsibilities in respect of commercial communications. It is concerned with promoting high standards of ethics in marketing via self-regulatory codes intended to complement the existing frameworks of national and international law.

Multiple Indicator Cluster Surveys (MICS). A survey program developed by the United Nations Children's Fund to provide internationally comparable, statistically rigorous data on the situation of children and women.

Outcome indicators. Indicators that help a State monitor the variable dimension of the right to health that arises from the concept of **progressive realization**. Outcome indicators measure the results achieved by early childhood-related policies and programs. They show the "facts" about

young children's lives, such as infant mortality, prevalence of HIV, prevalence of abuse and neglect, and so on. Outcome indicators usually reflect many interrelated processes that collectively determine an outcome, e.g. infant mortality — an outcome indicator — is influenced by various processes, including health care, sanitation and education. (adapted from the report of Paul Hunt, Special Rapporteur of the Commission on Human Rights on Right to Health, 2003).

Participation. In this manual, participation means the right of young children and their caregivers to be involved in decisions that affect young children.

Participative research methodologies. Method of research in which research is designed to address specific issues identified by local people, and the results are directly applied to the problems at hand.

Population-based surveys. Surveys that are statistically representative of their target populations.

Positive Agenda. Years of research show that a deficit approach to supporting early childhood development, that is reactive, remedial and specialist, is costly, and limited in its impact. Therefore, Committee on the Rights of the Child (UNCRC) purports a positive agenda as a policy framework that is pro-active, preventive, and mainstream to better respect, protect and fulfil the rights of the child in early childhood.

Poverty line. A level of personal income defining the state of poverty.

Primary educators. These can include parents or caregivers, child care workers, teachers, etc.

Process indicators. Indicators that help a State monitor the variable dimension of the right to health that arises from the concept of **progressive realization**. Process indicators provide information on the processes by which a certain policy is implemented. They measure the degree to which activities that are necessary to attain certain early childhood development objectives are carried out, and the progress of those activities over time. They monitor, as it were, effort, not outcome. (adapted from the report of Paul Hunt, Special Rapporteur of the Commission on Human Rights on Right to Health, 2003).

Progressive realisation. Under international law, States are legally obligated to realise the economic and social rights (ESR) of everyone in their jurisdiction progressively. The concept of 'progressive realization' is based on the recognition that fulfilling ESR may require economic resources and States may not realise all ESR with immediate effect. However, States have to realise all ESR in time and show the progress they are making towards full realisation of all rights.

Ratification. The process of adoption of a legal document or treaty.

Redress. The act of correcting an injustice, making justice and reparation, in the form of compensation, rehabilitation, official acknowledgement of the wrong and formal apologies.

Reprisals. The act of retaliation. For instance, if an adult punishes a child after learning that child made a complaint against him or her at school.

Retention. The keeping or holding of something.

Right. A power or liberty to which a person is justly entitled, or something to which a person has a just claim.

Rights holder. A person who is entitled to claim rights.

Social network analysis. The mapping and measuring of relationships and flows between people, groups, organizations, computers, and other connected information/knowledge entities.

State party. A State that has ratified a treaty**.**

Structural indicators. Indicators that address whether or not key structures, systems and mechanisms are in place in relation to a particular issue. (adapted from the report of Paul Hunt, Special Rapporteur of the Commission on Human Rights on Right to Health, 2003).

Systematic data collection. A process of preparing and collecting data in a consistent and organized manner.

Transparency. The quality of being clear; implying openness, communication, and accountability while and after governing a country, a project, etc.

Vulnerable groups. Such groups include, but are not limited to: ethnic minority, abandoned, orphans, asylum seeking, refugee, migrant, indigenous, physically or mentally disabled, excluded, girl children, with parents in institutions, in closed institutions such as prisons, children with low socio-economic status, children unaccompanied or separated from family, etc.

Abbreviations

AAAQ	Available, Accessible, Acceptable and of good Quality
ACSD	Accelerated Child Survival and Development
AIDS	acquired immune deficiency syndrome
ARI	acute respiratory infection
BvLF	Bernard van Leer Foundation
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	Convention on the Elimination of All Forms of Racial Discrimination
CHW	Community health worker
CRC	Convention on the Rights of the Child
CRED-PRO	Child Rights Education for Professionals
CRPD	Convention on the Rights of Persons with Disabilities
DHS	Demographic Health Survey
ECCE	Early Childhood Care and Education
ECD	Early child development
EDI	Early Development Instrument
EFA	World Declaration on Education for All
GC7	General Comment 7: Implementing Child Rights in Early Childhood
HELP	Human Early Learning Partnership
HIV	Human immunodeficiency virus
HRE	Human Rights Education
ICC	International Children's Center
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICRMW	International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
IMCI	Integrated Management of Childhood Illnesses
IMR	infant mortality rate
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Surveys

MTCT	Mother-to-Child Transmission of HIV
NGO	Non-governmental organization
NPA	National Plan of Action
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of High Commissioner for Human Rights
ORS	Oral rehydration solution
ORT	Oral rehydration therapy
U5MR	Under 5 Mortality Rate
UNCRC	United Nations Committee on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Foreword

The Convention on the Rights of the Child ratified by 193 States enshrines the inherent human rights of all children under the age of 18 years, whether they belong to the younger or the older age cohorts of childhood. However, the reports of the State parties submitted to the monitoring committee established by the Convention demonstrate that the rights of the younger children are often overlooked.

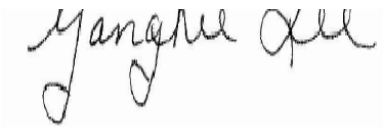
In order to draw the State parties' and other duty bearers' attention to the rights of young children the Committee has issued a General Comment 7 in 2005: Implementing Child Rights in Early Childhood, in which the Committee reminds all responsible for young children that young children are entitled to all rights under the Convention. The General Comment laid the groundwork for developing child rights indicators for young children based on human rights. Strong foundations for the development of competencies and personality are required in early childhood. Numerous studies give evidence that material and social investments in early childhood generate remarkable and highly needed social, economic and other life-quality returns for individuals and society.

The Committee gratefully accepted the proposal of an expert group, now the authors of this Manual, to elaborate a set of indicators inspired by the General Comment, which will help to shed more light on the state of child-rights implementation in young childhood. With high appreciation the Committee sees the product of two years of intense work by members of the expert group who all are under the pressure of other responsibilities, but were willing to provide professional expertise and experience for this endeavour.

This *Manual for Early Childhood Rights Indicators* enhances our understanding of the rights of young children with respect to their special needs and vulnerabilities. It presents a set of 15 child-right indicators for early childhood that help to assess whether young children's rights are being upheld. It promotes better data collection, more careful analysis of data and consequently more complete reporting and monitoring of young children's rights.

The Manual gives comprehensive advice on which questions to ask, which ways and where to find the information and which duty bearers to involve. Data disaggregation will help to better understand the problems of care, development and education in young childhood, identify target groups of young children with particular needs and develop policies and programs that effectively contribute to overcome poverty, poor health, illiteracy and dependency on social welfare. Most importantly, it will assist State parties to fulfill their obligation towards the youngest members and rights holders of their societies.

The Committee owes particular thanks to the members of the GC 7 expert group from UNICEF, WHO, the Bernard van Leer Foundation, the Aga Khan Foundation, the Human Early Learning Partnership, the Consultative Group on Early Childhood Care and Development, the International Children's Center, the World Bank and the SOS-Kinderdorf International for their dedicated work.



Yanghee Lee

Chairperson of the UN Committee on the Rights of the Child

Preface

In September 2006, the Committee on the Rights of the Child proposed to develop early childhood rights indicators to improve State party reporting on the realisation of children's rights in the early years. Since then, the United Nations Committee on the Rights of the Child (UNCRC) and a host of expert organizations have been working together to develop early childhood indicators.

These organizations include the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Bernard van Leer Foundation (BvLF), the Human Early Learning Partnership (HELP), and the International Children's Center (ICC). This expert group, namely the Early Childhood Rights Indicators Group, presented a final draft of the Early Childhood Rights Indicators Framework to the UNCRC on 19 May 2008.

The Committee welcomed the work of the Group. It recommended that "a set of broadly applicable indicators regarding the implementation of rights of young children [become] available." In her letter addressed to the Group dated 20 July 2008, the chairperson of the Committee, Yanghee Lee, further suggested that "the next steps have to be pilot studies in order to test and revise the list of indicators if necessary."

In the same letter, the Committee chairperson acknowledged that "the outcome [of these pilot studies] will be an essential component of the Committee's efforts to consolidate and strengthen the data base for child rights implementation." Therefore, the group started preparing a manual to pilot the developed indicators set in few countries.

This manual is the product of collaborative work by an international group of experts with years of research and field experience. For the names of Group members, please see the copyright page.

Introduction and Background

The indicators framework proposed in this document has been prepared by the Early Childhood Rights Indicators Group. This group was formed in 2006 under the invitation of the UN Committee on the Rights of the Child (UNCRC or the Committee). Since then it has sought to address issues with respect to the realization of human rights for young children as elaborated in General Comment 7: Implementing Child Rights in Early Childhood (GC7).

In early 2008, the Early Childhood Rights Indicators Group produced a key document, "A Framework of Early Childhood Indicators for General Comment 7: Implementing Child Rights in Early Childhood." This document was presented to the UNCRC on 19 May 2008. The Committee recognized a pressing need to provide tools to State parties to improve the implementation of child rights in early childhood as enshrined in the Convention on the Rights of the Child (CRC). The Committee also recognized the need for an effective indicators framework and a manual as tools to collect data which help to develop targeted policies for strengthening the implementation of child rights in early years.

Aims and structure of the manual

This manual describes in clear and concise terms 15 sets of child rights indicators for early childhood that can be used by government representatives to

- gather better data on the state of child rights implementation in early years
- promote the rights and needs of young children
- facilitate State parties' periodic reports to the Committee on the Rights of the Child

Examples and checklists are provided for each set of indicators. The manual employs rights-based language. Each set of indicators includes:

- a key question that summarizes the indicator set
- a distinction of structure, process and outcome indicators
- examples of policies, programs and projects from various countries

Concluding Observations from the UNCRC on government reports

The manual is based on the structured reporting guidelines of the UNCRC. These guidelines outline eight clusters under the Convention on the Rights of the Child.[1] They are listed here followed by the relevant CRC article numbers to which they relate.

[1] Overview of the reporting procedures CRC/C/33 adopted by the Committee on the Rights of the Child at its seventh session, on 24 October 1994.

1. General measures of implementation (CRC articles 4, 42, 44.6)
2. Definition of the child (1)
3. General principles (2, 3, 6, 12)
4. Civil rights and freedoms (7, 8, 13–17, 37a)
5. Family environment and alternative care (5, 9, 10, 11, 18.1–2, 19, 20–21, 25, 27.4, 39)
6. Basic health and welfare (6.2, 18.3, 23, 24, 26, 27.1–2, 27.3)
7. Education, leisure and cultural activities (28, 29, 31)
8. Special protection measures:
    8.1. Children in situations of emergency (22, 38, 39)
    8.2. Children in conflict with the law (37, 39, 40)
    8.3. Children in situations of exploitation, including physical and psychological recovery and social reintegration (32–36, 39)
    8.4. Children belonging to a minority or an indigenous group (30)

An international team representing many disciplines, cultures and sectors has collaborated and co-operated to develop this manual over a number of meetings and in consultation with the Committee since 2006.

Whom this manual is for

This manual has been prepared mainly to assist government representatives who are responsible for drafting State party reports to the Committee on the Rights of the Child. Other audiences may include the following:

- representatives of relevant ministries or government departments such as planning, finance, labour, education, health and development
- representatives of relevant non-governmental organizations (NGOs) with programs and projects that affect the lives of young children
- NGO coalitions that monitor the implementation of child rights and write alternative reports to the Committee
- academics and students in the field of early childhood, child rights, and the assessment of children's well-being and rights
- staff members of international organizations, such as the United Nations, UNICEF, UNESCO, OECD

This manual may be used as a policy framework to strengthen practices related to early childhood development, education and care. Its aim is to help State parties collect data on early childhood, within a context of child rights, to better inform laws, policies, programs and projects.

How the manual is organized

The 15 sets of indicators presented in this manual are grouped into six categories, based on six of the eight "reporting clusters" of the Convention on the Rights of the Child (see above):

- General Measures of Implementation
- Civil Rights and Freedoms
- Family Environment and Alternative Care
- Basic Health and Welfare
- Education, Leisure and Cultural Activities
- Special Protection Measures

Each set of indicators is first introduced, with a sidebar highlighting relevant articles of the CRC.

The introduction is followed by a key question that summarizes the indicator set. The question is directly linked to the summary table at the end of the introduction of the indicator set.

Example: In a disaggregated database system, when we realize we have been receiving more complaints about child injury from a specific region, we would be able to take appropriate planning and policy decisions to understand why complaints are from that region and address the reasons.

Introductory section are strengthened by vivid examples of policy and program suggestions in the textboxes containing excerpts from the Committee's Concluding Observations on government reports. These excerpts also provide words of caution with respect to what the Convention and the Committee ask governments to provide to young children as rights holders.

Subsequent flowcharts detail the indicators to help readers better understand and implement early childhood rights. This section explores and elaborates the questions of structural, process and outcome indicators with a solution-oriented logical structure to enable the user understand the needs and accordingly address them following this logical sequence.

How to read the flow charts

If answer to the question is YES, please document and then follow arrow down.
If answer to the question is NO, follow arrow left or right.
The numbers in the boxes reference suggestions that appear after the flow chart.

The flow chart is followed by a section listing possible duty bearers, key sources of data and evidence for those implementing and monitoring child rights.

An example from a particular country highlights the implementation of child rights. These examples are meant to illustrate good practices. They show how each country's situation is unique and requires a targeted response. The authors hope these country examples will inspire users of the manual to develop suitable and sustainable policies, programs and projects in their own country.

How to use this manual

The indicators laid out in the Indicators table and flowcharts can be utilized as a guide but should not be used as a comprehensive checklist by countries preparing reports to the UNCRC.

Note that all indicators need to be broken down or "disaggregated" by age, sex, race, residence, ethnicity, disability, socio-economic status, and other relevant categories of exclusion or vulnerability. Such categories may include but not limited to:

- indigenous children
- children from different religious and ethnic minorities
- migrant, asylum-seeking and refugee children
- children affected by/infected with HIV/AIDS
- children born out of wedlock
- children born outside hospitals
- caregiver status (i.e. parents or caregivers with mental or substance abuse problems)
- differences in rural and urban settings

When indicators are not disaggregated, the difficulties experienced by the disadvantaged or marginalized groups of children will not be recognized and addressed properly.

Because the manual has so far not been tested in the field, the Early Childhood Rights Indicators Group welcomes comments and suggestions for the manual's improvement.

Child Rights in Early Childhood

Children's rights mean that every child enjoys a safe and nurturing childhood in which they develop and grow to their full potential free from violence and want, protected from neglect and exploitation, to have good health, to learn and to play; i.e. enjoy their childhood to the full. Children's rights are legally guaranteed in international law with the United Nations Convention on the Rights of the Child (CRC) adopted by the United Nations in 1989 and ratified by 193 States.

The international monitoring body of CRC, the Committee on the Rights of the Child (UNCRC) defines early childhood as a period below the age of 8 years. Early childhood is a time of special importance in terms of the physical, cognitive, psychological and social development of a child that affects who that child becomes. These years are marked by extremely rapid development of the brain and other key biological systems and a high dependency of the child on a nurturing and stimulating physical and social environment.

State Obligations regarding Child Rights in Early Childhood under the Convention on the Rights of the Child

General obligations:

Respect: duty of the state not to violate rights by its actions by refraining from interfering directly or indirectly with the enjoyment of human rights of young children.

Protect: duty of the state to prevent violations of young children's human rights by others by preventing third parties from interfering with or violating human rights of young children. This means taking the necessary measures to prevent individuals or groups from violating the rights of young children.

Fulfill: duty of the state to act in order to ensure that rights can be enjoyed and excercised by the young children themselves through adoption of appropriate legislative, administrative, budgetary, judicial, promotional and other measures to facilitate the full realization of human rights of young children. This means taking the necessary measures to ensure that each person has the opportunity to satisfy their entitlements, as guaranteed in human rights instruments. The obligation to fulfill is often broken down to include the obligations to facilitate; to provide; and to promote.

Obligations of conduct: refer to the content of government policies affecting early childhood.

Obligations of result: refer to the outcomes (results) of policies affecting young children.

Adopted from Maastricht Guidelines on Violations of Economic, Social and Cultural Rights (Maastricht, 1997)

Many adult health problems—including obesity, depression, heart disease, and non-insulin-dependent diabetes—have their roots in the early years. Later literacy and numeracy skills are also impacted by how a child develops in these years (Irwin, Siddiqi and Hertzman, 2005). Additionally, there are sometimes harmful traditional practices and "norms" in societies that amount to clear violation of fundamental human rights as indicated in the Article 24.3 of CRC (for example, right to health and survival), and as a result, endanger a child's life (for

example, female circumcision). To improve the health, the prosperity and the quality of life of their population, it is critical for societies to invest in their children's early development. The Convention on the Rights of the Child provides the basis for a clear planning framework that can better protect and fulfill the rights of young children. This framework, which approaches early childhood from the perspective of child rights, looks like this:

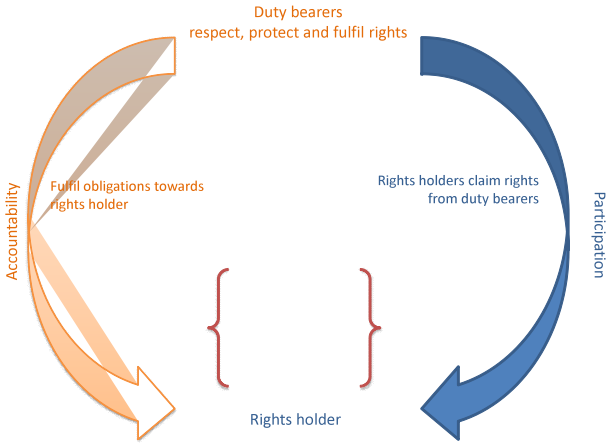


Figure 1: Rights-Based Approach to Early Childhood
Source: Joachim Theis, Brief Introduction to Rights-based Programming (Save the Children Sweden, August 2003)

About General Comment 7 and evolving international law on child rights in early childhood

Since the Convention on the Rights of the Child (CRC) came into force, the Committee on the Rights of the Child (UNCRC) has identified specific issues out of State party reports that require further clarification. One typical way of creating clarification is through the development of a General Comment on children's rights within a specified content area.

The UNCRC's mandate is enshrined under articles 42–45 of the CRC, making the Committee an integral part of the Convention. As a part of its mandate under CRC article 45(d), the UNCRC issues General Comments to guide governments to better understand, implement and monitor the implementation of the Convention in their countries. General Comments are developed through consultation with relevant experts or during the UNCRC days of general discussion. They represent authoritative guidance to State parties based on the expertise and experience of the Committee.

To date, the UNCRC has adopted twelve General Comments, with others currently in preparation. These General Comments focus either on specific provisions of the Convention or general problems of implementation, for example, the aims of education, children with disabilities, and protection from degrading punishment. General Comments are intended specifically to help State parties analyze their problems, enhance implementation with respect to specific issues, and improve reporting to the UNCRC.

Limited information exists on the use of General Comments by State parties. Often General Comments are not known and not distributed. If they are read, they are regarded as theoretical in nature, because they address problems or issues in general. The key two-part challenge here therefore becomes how to support the realisation of child rights within the States party to the CRC and how to facilitate State parties in meeting their specific legal obligations under the CRC with regard to the topic discussed in a General Comment.

General Comment 7 was drafted and adopted in 2005 in response to the observation by the UNCRC that young children, under the age of eight years, were essentially and often entirely overlooked in State parties' reporting in progress towards implementing the CRC. Where young children were discussed, references were limited to child mortality, birth registration, and basic health and welfare. Reports neglected broader considerations of the realisation of child rights for young children as active social participants and rights holders.

An inadequate awareness of young children's rights by State parties implies that governments simply overlook their obligations towards young children. They regard young children more as objects of care and need than as rights bearers. They do not regard young children as active subjects participating in their own development and in the social lives of their families, peer groups, and wider community (see obligations chart below to better understand social ecologies with positive obligations towards young children).

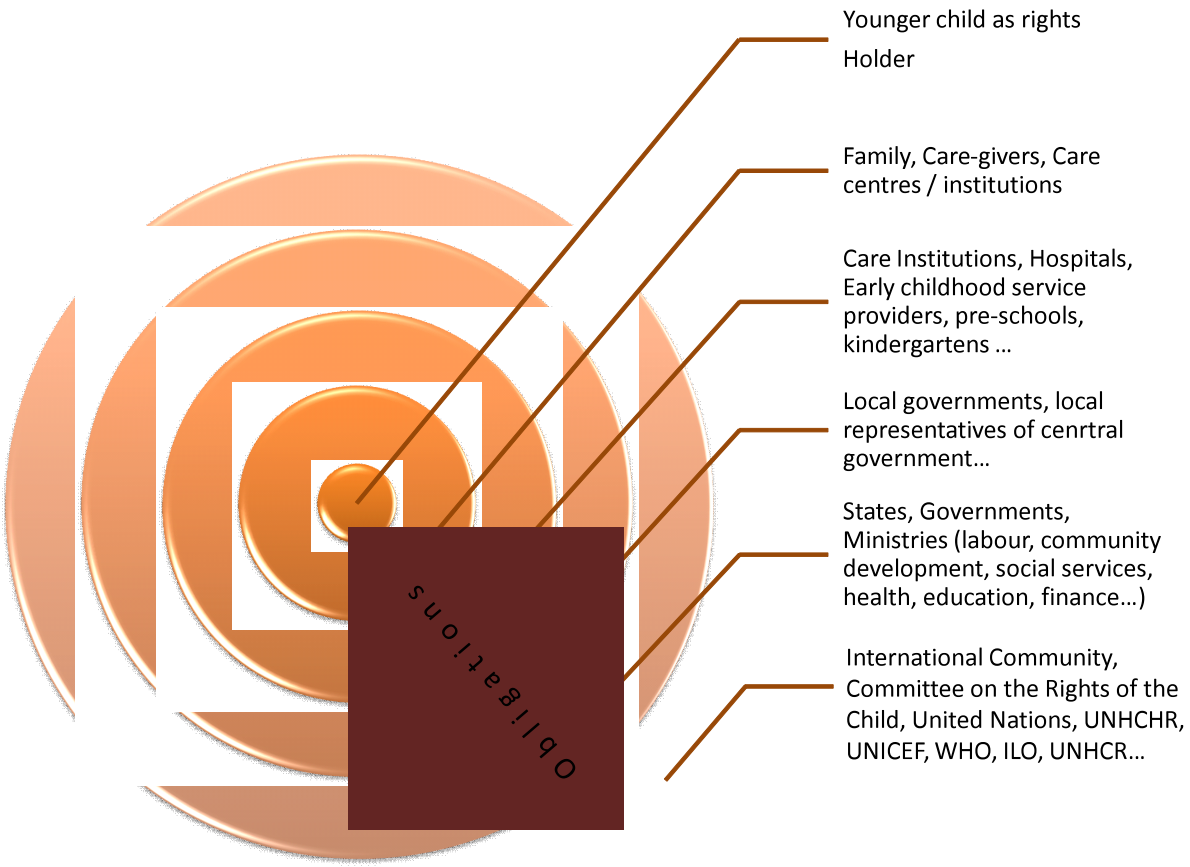


FIGURE 2: OBLIGATIONS CHART WITH RESPECT TO THE YOUNG CHILD
SOURCE: ADAPTED FROM CIRCLES OF INFLUENCE AND OBLIGATION: GETTING IT RIGHT FOR CHILDREN, A PRACTITIONERS' GUIDE TO CHILD RIGHTS PROGRAMMING (INTERNATIONAL SAVE THE CHILDREN ALLIANCE, 2007)

United Nations Secretary General's Report and subsequent United Nations General Assembly Resolution on Implementation of Child Rights in Early Childhood

Every year, Secretary General of the United Nations (UNSG) is requested by the member States of the United Nations (UN) to submit a report to the UN General Assembly (UNGA) on the status of the rights of the child with a focus on a specific topic. At the 65th plenary meeting on 18 December 2009, UNGA requested UNSG to submit a report on child rights with a focus on early childhood (UNGA resolution 64/146). The UNSG submitted its report in August 2010 with a considerable emphasis on child rights indicators in monitoring progress of implementation of child rights in early childhood (UNSG report 65/206). The UNSG report encouraged the members States of the UN to develop and establish "an internationally agreed set of core indicators ... and reported upon regularly." The "Manual for Early Childhood Rights Indicators: A Guide for State Parties Reporting to the Committee on the Rights of the Child" was referred to in the report in paragraph 13.

Subsequent resolution on the promotion and protection of the rights of children adopted by the UNGA at the sixty-fifth session in December 2010 in the Third Committee underlined the necessity of a better monitoring instrument with respect to “develop, strengthen and implement national systems for collecting, monitoring and evaluating disaggregated national data on relevant aspects of early childhood development.” (UNGA resolution 65/L.21/Rev.1)

These two UN documents further strengthens the international agreement around the need for operationalizing GC7 into the form of indicators for better monitoring and reporting the implementation of child rights in early childhood. Furthermore, both report and the subsequent resolution bolster the legal clout of the GC7 and the recognition of young children as rights holders.

Monitoring the Implementation of Child Rights in Early Childhood

Using indicators to prepare reports

General Comment 7: Implementing Child Rights in Early Childhood (GC7) aims to "strengthen understanding of the human rights of all young children and to draw States parties' attention to their obligations towards young children."[2] The purpose of the framework of and manual on child rights indicators for early childhood is to help states parties fulfil their obligations towards young children more easily.

Indicators are based on the rights of children enshrined in the Convention. Governments can use these indicators to get a clearer picture of the situation, to make better policy choices, to identify rights violations and good practices, and to make adjustments to policies, programs and projects to address rights violations or scale up good practices. Using the indicators to monitor child rights in early childhood, governments will be able to:

- improve the lives of young children
- allocate resources more efficiently
- help their countries prosper and develop better

The UNCRC has repeatedly underlined "the obligation of States parties to regularly assess and evaluate the impact of laws, policies and programs of governments on children—using established statistical systems, based on indicators as practical evidence turned into data that respond to a given reality."[3] By using early childhood indicators, governments can measure and monitor their interventions on young children.

Child rights indicators for early childhood provide tools that can be used in several ways. They help governments analyze a country's current situation and needs. They also help governments develop solutions to problems that currently compromise the lives of millions of children, especially young children.

Because it is so important that child rights in early childhood be improved over time, both the UNCRC and the Committee on Economic, Social and Cultural Rights recommend that State parties develop and use indicators along with a set of specific goals (benchmarks) to measure progress in the realisation of rights and compliance with obligations.[4]

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[2] Committee on the Rights of the Child , General Comment 7: Implementing Child Rights in Early Childhood, para. 2a.
[3] Committee on the Rights of the Child, General Comment 5: General Measures of Implementation of the Convention on the Rights of the Child (articles 4, 42 and 44, para. 6), 2003, CRC/GC/2003/5 at para. 45. Also see G.A. Traverso and N.P. Meza, Monitoring and Evaluation of Children's Participation in Development Projects (Save the Children Sweden, program in Peru, September 2007).
[4] Ibid. General Comment 5; also United Nations, Office of the High Commissioner for Human Rights, International Covenant on Economic, Social and Cultural Rights, General Comments 12: Right to Food (1999), 13: Right to Education (1999), and 14: Right to Health (2000).

For the purposes of this manual, these indicators are grouped under the headings of Structure, Process and Outcome:

- Structure, indicating a commitment to action, refers to constitutional and legal provisions, institutions in place and policies aligned with the CRC and the realisation of young children's rights
- Process refers to efforts made and actions taken, following on from commitment: specific activities (action plans and programs), resources, and/or initiatives that help to realise young children's rights
- Outcome refers to a resulting, measurable change either in the "rights environment" or directly in early childhood development measures; such as increase in number of children having birth registration from the previous State report

These three categories of indicators complement other human rights indicator categories governments will need to use in reporting their observance of other human rights monitoring mechanisms.[5]

Indicators are monitoring tools that are essential to the realisation of rights in early childhood. In particular, they help to identify inadequacies in laws, policies and practices as the first step towards changing them for the better. Used with benchmarks or goals, they are powerful statements that help to monitor state obligations subject to progressive realisation of rights in early childhood.

[5] See United Nations, Report on Indicators for Monitoring Compliance with International Human Rights Instruments, HRI/MC/2006/7, 11 May 2006, Eighteenth meeting of chairpersons of the human rights treaty bodies Geneva, 22–23 June 2006; Fifth inter-committee meeting of the human rights treaty bodies, Geneva, 19–21 June 2006.

Data sources

When working with indicators, it is important to be aware of the limitations of the available data. A human rights approach to early childhood focuses on the needs of the most disadvantaged and vulnerable young children in a society. Data used for monitoring early childhood rights thus needs to be broken down or "disaggregated" so governments can monitor the status of, and changes within, these vulnerable groups.

Disaggregated data can highlight the differential treatment of groups of young children and government responses to differential treatment. Disaggregated data can also help determine:

- which groups of young children need or might need additional attention
- which groups of young children are suffering from discrimination in accessing services and facilities
- which practices and behaviours need to be promoted, supported, induced or changed
- which service provisions need to be enhanced and in what ways
- what financial mechanisms are needed to ensure that those who need more attention and/or services actually receive more[6]

A number of sources of information help to measure whether early childhood rights are being upheld by governments. Few of these include standard-based data, such as maternal mortality rates, data based on services provided, such as percentage of births attended by qualified staff and early childhood specifics, such as increased time for young children to play – both with other children and with parents/caregivers.

When you are looking for evidence to show your country's implementation of child rights, remember that The Committee on the Rights of the Child has stressed the importance and limitations of both qualitative and quantitative data. Because of this, it is advised that governments utilize General Comment 7 whose main objective of is to address the need for substantive information about what State parties are doing in implementing the rights of the child during the early childhood period.

When using indicators and writing the periodic report to the UNCRC, start by using what information you have at hand. If you are sure you will not be able to respond to all parts of the set of indicators, first consult with relevant government departments. One or more departments or ministries may have some or all of the information needed.

If you still do not have the information, this means existing systems needs to be strengthened and improved to incorporate early childhood rights data and information, to be in compliance with the international child rights legal framework.

Any attempts made by a State party to realize the rights of young children will leave clues of three types:

1. commitments made—relating to Structure, as above
2. actions taken—relating to Process
3. measurable changes in the "rights environments" or in ECD measures—relating to Outcome

[6] Judith Asher, *The Right to Health: A Resource Manual for NGOs* (London: Commonwealth Medical Trust, August 2004), http://shr.aaas.org/Right_to_Health_Manual/index.shtml.

Indicator Sets

General Measures of Implementation

Indicator Set 1: Dissemination of GC7

CRC Article 42

States parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

Adults and children alike must know their rights in order to exercise them. General Comment 7 (article 2) reminds State parties of their obligation under article 42 of the Convention on the Rights of the Child to take appropriate and active steps to make both adults and children more aware of the principles and provisions of the CRC. Ways to raise awareness include educational curricula, public education/ training, conferences, media/press briefings and professional training.

States parties are under international obligation to show that they are committing both human and financial resources to educating their citizens about childhood rights. They are required to enact both policies and practices, following the guidance presented in GC7.

What is termed “active dissemination” includes not only raising awareness and implementation of child rights principles by government officials. Educational efforts should also aim to inform and guide all duty bearers, including parents, caregivers, professionals and policy-makers.

Raising awareness of GC7 reinforces a rights-based understanding of early childhood and young children. A rights-based understanding requires, for example, that governments include young children as active social participants, as rights holders entitled to an opinion on processes that affect their development.

As well, a rights-based understanding promotes understanding [increased awareness?] of the “evolving capacities” of a young child as an “enabling principle” (GC7 para. 17). It encourages increased government services to support young children and demands that such services be accountable.

In line with states parties’ obligations under article 42, governments are expected to provide the required baseline levels of awareness about GC7. They must also demonstrate that their educational efforts have increased awareness of child rights in general and young children’s rights specifically.

Key Question: With respect to obligations under article 42 of the Convention on the Rights of the Child, what measures have been taken by your government to disseminate and promote a rights-based understanding with respect to young children and to assess the impact on knowledge and practice of such "dissemination" processes?

Excerpts from the Committee's Concluding Observations on Government Reports

"The Committee recommends that the State Party: (a) Upgrade its system of data collection on the coverage of the social security plans currently in place, and ensure that all data and indicators are used to evaluate and revise these plans whenever necessary; …" (Nigeria CRC/C/15/Add.257, paras. 59 and 60)

"[T]he Committee recommends that the State Party: (a) Improve knowledge, data collection mechanisms and the causal analysis of problems related to child protection, including trafficking, at the central, departmental and local authority levels; …" (Benin CRC/C/BEN/CO/2, para. 72)

"The Committee notes with appreciation the efforts made by the State Party in translating the Convention on the Rights of the Child and the Children's Act into six Ghanaian widely spoken languages to facilitate its appreciation and use among the general public. It also notes the efforts made in carrying out sensitization programs, including through civil society organizations with the assistance of the vibrant media. The Committee is, however, of the opinion that these measures are not implemented in an ongoing, comprehensive and systematic basis.

"The Committee recommends that the State Party strengthen its efforts to ensure that the provisions of the Convention are widely known and understood by adults and children. It also recommends the reinforcement of adequate and systematic training of all professional groups working for and with children, in particular law enforcement officials, teachers, including teachers in rural areas, religious and traditional leaders, health personnel and social workers, personnel in childcare institutions as well as the media." (Ghana CRC/C/GHA/CO/2, paras. 21 and 22)

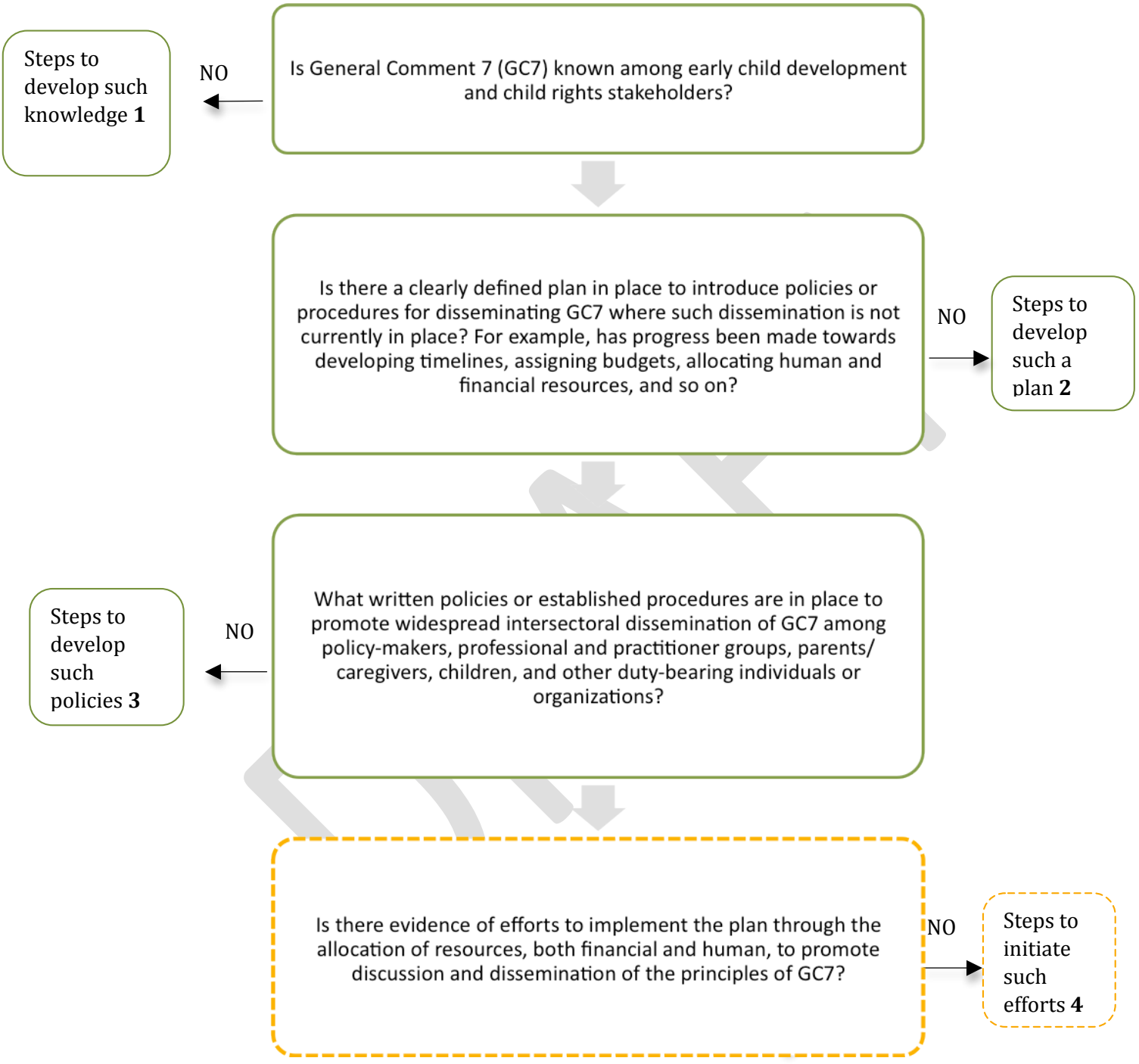
Indicator Set 1: Dissemination of GC7 (CRC Article 42, CRC General Comment 5: General Measures of Implementation for the Convention on the Rights of the Child)	
Structure	• Is General Comment 7 (GC7) known among early child development and child rights stakeholders? • Is there a clearly defined plan in place to introduce policies or procedures for disseminating GC7 where such dissemination is not currently in place? For example, has progress been made towards developing timelines, assigning budgets, allocating human and financial resources, and so on? • What written policies or established procedures are in place to promote widespread intersectoral dissemination of GC7 among policy-makers, professional and practitioner groups, parents/caregivers, children, and other duty-bearing individuals or organizations?
Process	• Is there evidence of efforts to implement the plan through the allocation of resources, both financial and human, to promote discussion and dissemination of the principles of GC7? • Is there evidence of dissemination activities? These could include: o professional training o dissemination workshops o press or media coverage
Outcome	• Have awareness levels increased amongst relevant duty bearers with respect to the CRC in general, and specifically as it applies to young children? • Have awareness levels increased amongst young children with respect to the CRC in general, and specifically as it applies to themselves? • Is there evidence of changes in policy and legislation, or definite plans to make such changes? • Is there evidence of changes in practice among all relevant duty bearers with respect to young children's rights and GC7?
Sources of Information	• Surveys of relevant stakeholders/duty bearers to determine awareness of GC7 • Interviews with key informants about their awareness of GC7 • Desk review of relevant legislation and policy and the resulting impact on all policy affecting children, including jurisprudence/case law, interviews with key informants about changes in practice in education, health, the judiciary, social work, and any other relevant sector
Duty Bearers	• Designated coordinating body as suggested by the Committee • Ministry of Foreign Affairs (primary recipient of GC7) • Ministries of Health, Education, Social Welfare, Constitutional Affairs, Finance, Labour (as direct policy impact) • Ministries of Housing, Transport, Environment, and so on (indirect policy impact) • National human rights and other bodies (e.g., children's commissioner, advocate, ombudsman, and so on) • Organizations providing child services (public, private and civil society)Parents and caregivers and/or organizations representing parents

General Comment 7 (paragraphs)	Reporting Guidelines (section)
2 : Objectives	6b : programs 6c : resources 9 : general measures 16 : raise awareness 17 : broad dissemination 18 : organizational co-operation on implementation

Monitoring and reporting

Figure 3 displays some of the steps to take and questions to ask when reporting on the **Dissemination of GC:7** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 1: DISSEMINATION OF GC7



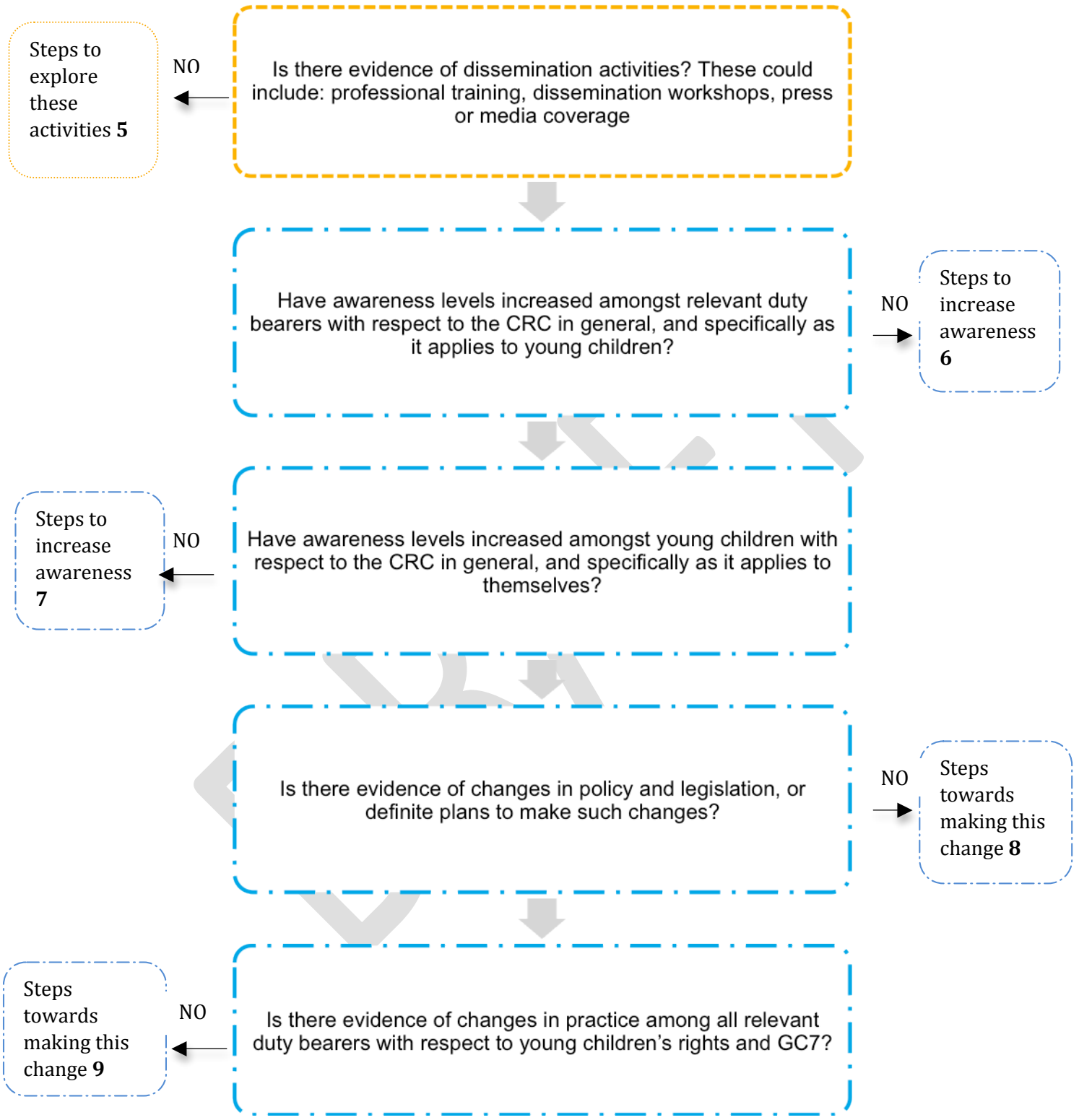


FIGURE 3: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 1: DISSEMINATION OF GC7.

Suggested Steps

1.

- Introduce GC:7 among early child development and child rights stakeholders via seminars, in service education, communications and other means
- Distribute GC7 amongst relevant stakeholders
- Establish awareness-raising campaigns, media campaigns, and a national committee for the dissemination of GC7
- Provide in-service education on GC7
- If applicable, translate GC7 into local language

2. Disseminate GC7 information to all stakeholders to highlight the need to develop a policy recommendation strategy.

- Create an intersectoral committee at the level of the cabinet (including senior bureaucrats) to generate policies and procedures aligning with the CRC.
- Review current policies before convening a committee to develop new ones.

3. Create a plan to introduce policies or procedures for dissemination.

- Sample work plans from other countries that have done this type of work in the past to represent best practice.
  http://www.crin.org/resources/infodetail.asp?id=22668
- Develop a plan of action to implement the policy (with a budget attached).

4. Work with key partners in health, education and other ministries relevant to children to implement the plans and promote discussion and dissemination of GC7 within your country's existing capacity.

- Borrow examples from other countries that show the amount of time/activities necessary to do this.
- Provide staff and resources to facilitate implementation

5.

- Create linkages with training institutions to people who deal with developing curriculum.
- Work towards mainstreaming GC7 into existing training activities for teachers, caregivers and health professionals.
- Develop resources for public and media educating them about GC7

6. Investigate the lack of change by evaluating:

- dissemination strategy
- GC7 awareness-raising strategy
- current policies

7. Investigate the lack of change by evaluating the current strategies in place for children, including their appropriateness and child-friendliness. Model strategies on other child-friendly initiatives.

http://www.childfriendlycities.org/en/to-learn-more/examples-of-cfc-initiatives/south-africa

8. Conduct a chronological review of policy (ies) developed since the previous CRC report.
9. Investigate the potential reasons for a lack of change, such as language or cultural barriers, a possible lack of existence of user-friendly versions of plans and policies, etc.

Where to look for evidence/data

Here are some places to look for evidence that the government is educating people about General Comment 7:

- designated coordinating body as suggested by the Committee
- Ministry of Foreign Affairs (primary recipient of GC7)
- Ministries of Health, Education, Social Welfare, Constitutional Affairs, Finance, Labour (as direct policy impact)
- Ministries of Housing, Transport, Environment, and so on (which might have indirect policy impact)
- national human rights and other bodies (for example, children's commissioner, advocate, ombudsman, and so on)
- organizations providing child services (public, private and civil society)
- parents and caregivers and/or organizations representing parents

Here are a few suggested ways to collect evidence or data:

- Survey relevant stakeholders/duty bearers to determine awareness of GC7
- Interview key informants about their awareness of GC7
- Review relevant legislation and policy and the resulting impact on all policy affecting children, including jurisprudence/case law
- Interview key informants about changes in practice in education, health, the judiciary, social work, and any other relevant sector

Country example: Jamaica

Pilot Study on the Implementation of Young Children's Rights

The Bernard van Leer Foundation (BvLF) has been leading a study to evaluate how General Comment 7 is received by State parties and how General Comments have been interpreted since 2006. The foundation is also looking at the systems in place for widespread distribution and dissemination of the General Comments.

The foundation selected Jamaica as the research site for various reasons. These included Jamaica's recently established legislative framework for early childhood, a strong early childhood movement and strong political will to address early childhood rights. As well, Jamaica was expected to present its State party report to the United Nations in 2008.

The Bernard van Leer Foundation and the UNCRC have been collaborating with the Early Childhood Commission in Jamaica to assess the awareness and understanding of General Comment 7 and child rights in Jamaica. In the first stage of the study researchers have:

- analyzed existing government policies
- identified gaps between policy and reality
- interviewed ECD stakeholders to garner their understanding of GC7

The products of this study at this stage include a user-friendly version of GC7, a draft Positive Agenda for Children through consultations with stakeholders inclusive of children, and the analysis of gaps between policy and reality.

Preliminary data from the project indicates a general lack of awareness of GC7. However, there is awareness of some issues surrounding human rights. Awareness to further implementation of GC7 will need to take into account three levels: influencing 1) awareness, 2) understanding, and 3) action.

The foundation expects at the end of the pilot study that critical stakeholders will become aware of child rights in the early childhood period and aware of GC7 in Jamaica. These same stakeholders would then develop an understanding of the Comment that would help them develop an action/implementation plan to incorporate the tenets of the Comment in their programs.

After key stakeholders have developed an understanding of GC7, legislative in Jamaica would publish two key documents: the Plan of Action for Implementing the Positive Agenda for Early Childhood and the signed Declaration of the Commitment to Implementing the Positive Agenda for Children.

The foundation will assess Jamaica's implementation of the Positive Agenda both on an individual level and institutional commitments. A launch of the user-friendly guide of GC7 will take place. Finally, training and sensitization will be conducted to provide stakeholders with the tools and knowledge needed to put the Positive Agenda into action.

The pilot study has taken place in three phases:

1. *Developing an action plan for the dissemination of GC7 and a Declaration of Commitment for the Implementation of the Positive Agenda for Children.* The action plan will involve three levels—a national plan, organizational plans and individual plans. These plans will be monitored and evaluated during the life of the project by the Foundation

2. *Training and sensitization of stakeholders.* A three-day conference attended by about 500 people from different sectors and professions, including children, international development partners and media—designed to increase awareness of GC7 and the development of the Positive Agenda for Jamaican children.

3. *Evaluating the short- and medium-term impact of training and sensitization.* This evaluation will assess the short-term effectiveness of the training in increasing awareness. The "activation phase" will be monitored during the nine months in which the dissemination plan is being implemented, following the conference where plans are developed (medium-term impact). In addition, a one-year follow-up survey with a random sample of the conference participants will be undertaken (also medium-term impact).

Indicator Set 2: A Positive Agenda

Years of research show that a deficit approach to supporting early childhood development, that is reactive, remedial and specialist, is costly, and limited in its impact. Therefore, Committee on the Rights of the Child (UNCRC) purposes a positive agenda in its General Comment 7 (para 5) calls on State parties to construct a positive agenda as a policy framework that is pro-active, preventive, and mainstream to better respect, protect and fulfil the rights of the child in early childhood. GC7 obliges State parties to assign resources to develop and implement a country-specific positive agenda in the form of a National Plan of Action (NPA) for young children or a similar policy framework. positive agenda in whatever form it is should be prepared with the consultation of all relevant stakeholders and should be approved in the parliament/legislative as a State policy.

Positive agenda should promote GC7 principles that view children as rights holders and as active participants in their development. At the same time, it should challenge traditional views of young children as passive objects of care and need.

In each country, a positive agenda can support the development of intersectoral planning to achieve the following goals:

- support the holistic development of all young children
- support and train parents and caregivers in their duties
- provide suitable education or training on child rights (for young children, parents and all relevant professionals)
- support age-appropriate rights-based practice in all relevant professional spheres
- the development of policies and practices that address the rights of young children, particularly those in vulnerable groups

Article 4, Implementation of rights

The State must do all it can to impleme
rights contained in
the Convention.

These goals might be achieved in various direct and indirect ways. For example, they could be achieved directly through policies in the areas of education or health. They could be achieved indirectly through environmental, housing or transport policies in the areas of the environment, housing or transportation.

State parties could also achieve such goals by developing public-private-civil partnerships and networks that have clear goals to deliver results based on a positive agenda.

Besides supporting these goals, a positive agenda should identify the specific issues that require attention in a particular country. And it should identify the measures needed to address those issues of concern and to realise the rights of vulnerable groups within the population of young children (GC7 para. 36).

Developing and implementing a positive agenda thus assists State parties in two particular ways. First, it helps with the analysis of problems and challenges. Second, it provides a framework to implement solutions to those challenges. In this way, positive agenda guides State parties in the effective allocation and use of resources obligated under article 4 of the Convention.

Key Question: With respect to obligations under article 4 of the Convention on the Rights of the Child, what resources have been allocated to develop, implement, assess and report on the impact of a Positive Agenda on the realisation of child rights for all young children and particularly those from vulnerable or otherwise excluded groups?

UNCRC's view on a positive agenda

The Committee encourages States parties to construct a positive agenda for rights in early childhood. A shift away from traditional beliefs that regard early childhood mainly as a period for the socialization of the immature human being towards mature adult status is required. The Convention requires that children, including the very youngest children, be respected as persons in their own right. Young children should be recognized as active members of families, communities and societies, with their own concerns, interests and points of view. For the exercise of their rights, young children have particular requirements for physical nurturance, emotional care and sensitive guidance, as well as for time and space for social play, exploration and learning. These requirements can best be planned for within a framework of laws, policies and programs for early childhood, including a plan for implementation and independent monitoring, for example through the appointment of a children's rights commissioner, and through assessments of the impact of laws and policies on children (see general comment No. 2 (2002) on the role of independent human rights institutions, para. 19).
CRC GC7:4

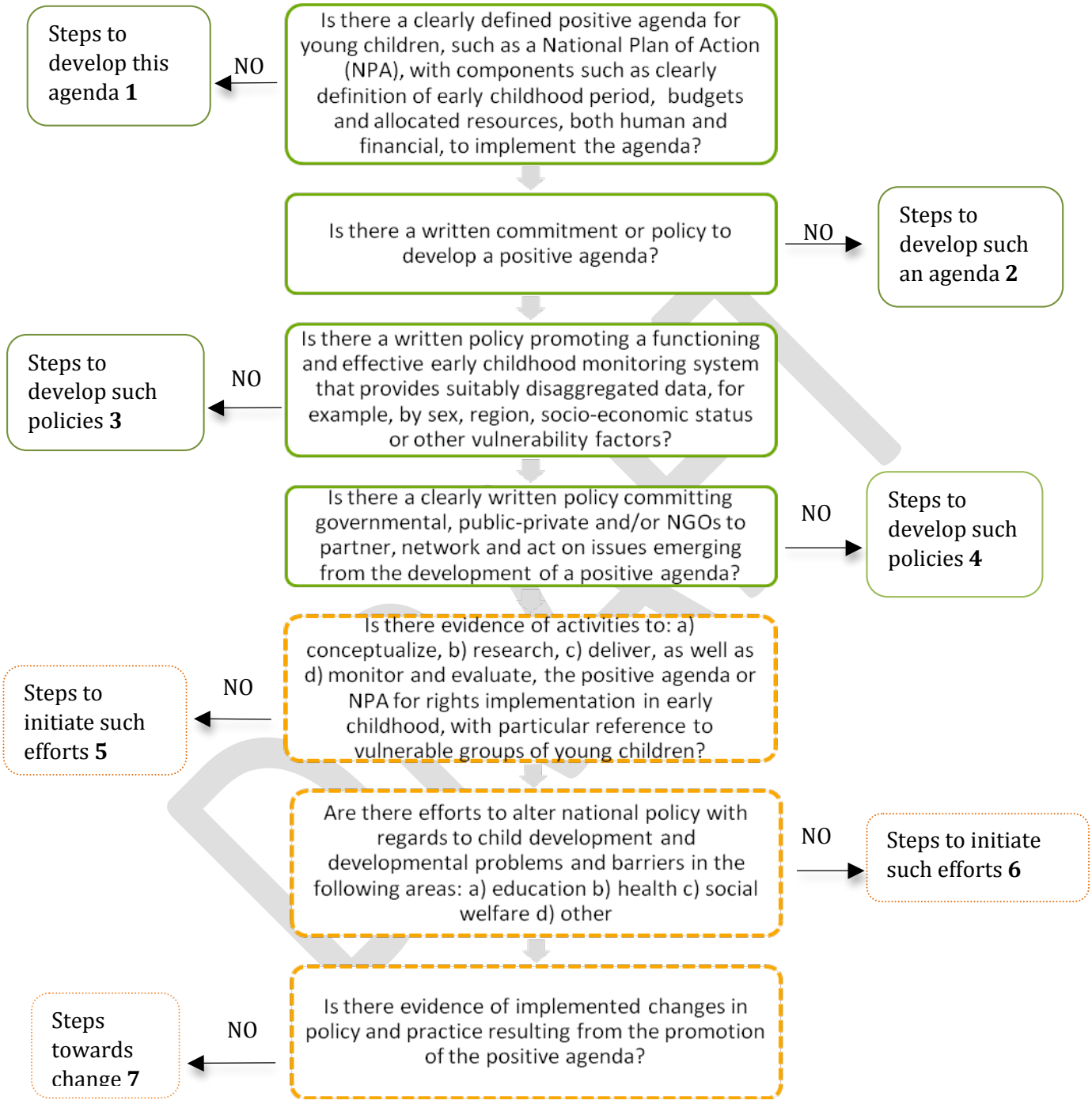
Indicator Set 2: A Positive Agenda (CRC Article 4, Implementation of rights; CRC General Comment 5: General Measures of Implementation for the Convention on the Rights of the Child)	
Structure	• Is there a clearly defined positive agenda for young children, such as a National Plan of Action (NPA), with components such as clearly definition of early childhood period, budgets and allocated resources, both human and financial, to implement the agenda? • Is there a written commitment or policy to develop a positive agenda? • Is there a written policy promoting a functioning and effective early childhood monitoring system that provides suitably disaggregated data, for example, by sex, region, socio-economic status or other vulnerability factors? • Is there a clearly written policy committing governmental, public-private and/or NGOs to partner, network and act on issues emerging from the development of a positive agenda?
Process	• Is there evidence of activities to: a) conceptualize, b) research, c) deliver, as well as d) monitor and evaluate, the positive agenda or NPA for rights implementation in early childhood, with particular reference to vulnerable groups of young children? • Are there efforts to alter national policy with regards to child development and developmental problems and barriers in the following areas: o education o health o social welfare o other • Is there evidence of implemented changes in policy and practice resulting from the promotion of the positive agenda? • Is there evidence of progressive action towards implementing the positive agenda (such as in the NPA) where not currently in place? This action could include: o planning activity o development of timelines o human and financial resources o concrete goals o intermediate goals o monitoring mechanisms • Is there an emergence of new public–private–civil society partnerships actively addressing issues identified in the positive agenda?
Outcome	• Are there changes in written policy commitment across various government sectors with respect to the challenges identified in the preparation of the positive agenda? • Are there any changes implemented in the training of relevant professionals and parents/caregivers with respect to issues affecting young children, as is elaborated on in the positive agenda? • Is there evidence of improvements in the development of young children in general, and with specific reference to vulnerable groups affected by issues described in the positive agenda? • Is there increased awareness or activism resulting from joint organizational efforts? For example, actions promoting change through implementation of the positive agenda.
Sources of Information	• Written positive agenda such as a National Plan of Action (specifically including young children) • Alternatively, a report on progress or plans towards construction and/or implementation • Multisectoral key informant interviews to assess progress towards, or evidence of, improved realization of rights with regards to positive agenda issues, and/or desk reviews of evaluated interventions, trainings, programs, and so on • Multisectoral key informant interviews to explore the development of partnerships between public–private–civil organizations and/or desk review of evaluations of advocacy or lobbying outcomes with respect to changes in policy and practice. • Communications outputs from emerging intersectoral networks co-operating towards the goal of either constructing or implementing a positive agenda for young children
Duty Bearers	• Coordinating role for one ministry or the office of a child advocate or early childhood commissioner • Ministries of Health, Education, Social Welfare, Constitutional Affairs, Finance, and so on • National human rights and other bodies • Public, private and civil society–based providers of any child services • Parents and caregivers and professional and/or lay bodies representing or supporting these stakeholders
General Comment 7 (paragraphs)	**Reporting Guidelines (sections)**

5 : Positive Agenda 36 : special protections for vulnerable groups	6b : programs 6c : resources 9 : general measures 11 : legislative conformity 12a and b : international assistance	14 : available remedies 15 : independent human rights institution 16 : raise awareness 17 : broad dissemination 18 : organizational co-operation on implementation

Monitoring and reporting

Figure 4 displays some of the steps to take and questions to ask when reporting on **A Positive Agenda** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 2: A POSITIVE AGENDA



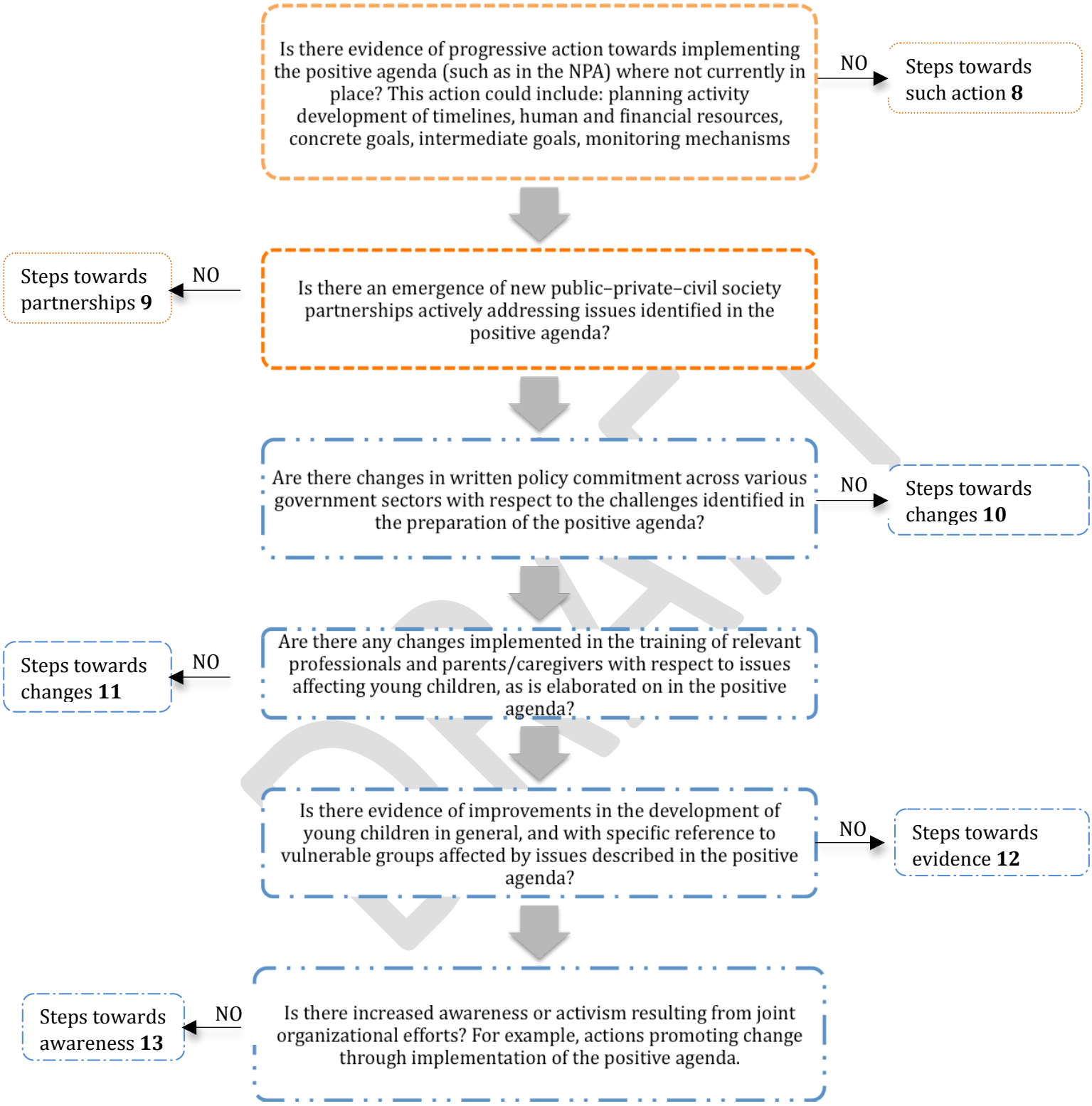


FIGURE 4: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 2: A POSITIVE AGENDA.

Suggested Steps

1. Take steps towards developing such plan of action with involvement of all relevant stakeholders.

    - Sensitize and train policy-makers to the issue of a positive agenda and develop the positive agenda (including a framework of laws, policies and programs for early childhood development) as an outcome of this awareness- raising.
    - Develop a NPA on early childhood development. *For guidance on steps to take, see the national reports of the World Fit for Children UNICEF initiative, which promote and evaluate the development of an NPA:* http://www.unicef.org/worldfitforchildren/index_41713.html

2. Develop a written policy around the promotion of functioning child rights implementation monitoring in early years. *An example of this is available for reference in the Canadian National Plan*: http://www.canadiancrc.com/PDFs/Canadas_Plan_Action_April2004-EN.pdf

3. Mobilize demand for a positive agenda among agencies and create commitment at the higher level among ministries, parliament and policy-makers. Pilot activities and create an evidence-based inclusive evaluation.

4. In consultation with WHO and UNICEF, share and adapt other country plans.

    For general guidelines on NPAs, see: http://www.crin.org/GMI/NPA.asp
    For specific country examples on early childhood, see:
    United Nations Special Session on Children National Reports:
    http://www.unicef.org/specialsession/how_country/index.html
    Sri Lanka's National Plan of Action to improve Early Childhood Care and Development:
    http://www.unescobkk.org/fileadmin/user_upload/esd/documents/other_doc/Adult_Literacy_Sri_Lanka.pdf
    Georgia's National Strategic Plan of Action for Early Childhood Development:
    http://www.unicef.org/ceecis/media_9323.html

5. Proceed with investing in these activities as the returns from proactive investment on children is high.

    - Study and model after countries who have implemented a positive agenda for vulnerable children.

        For country specific examples please see:
        http://www.zimrelief.info/files/attachments/doclib/NPA%20for%20OVC.pdf
        http://www.fao.org/righttofood/inaction/countrylist/Bangladesh/Bangladesh_NationalPlanofActionforChildren2004-2009.pdf

    - Develop a monitoring and evaluation cycle for the positive agenda with particular reference to vulnerable children. Evaluate outcomes, outputs, impact, and so on. Put an institution in charge of this process with a requirement to report on progress.

6. Implement statutory monitoring that requires regular reporting on actual efforts to alter national or other policy in the mentioned areas.

7. Execute rigorous evaluation of outcomes and periodic progress reports to see if there have been changes resulting from the implementation of the positive agenda.
8. Encourage the development of a clear plan of action outlining the urgent priorities surrounding children. Include timelines, resources and the milestones towards outcomes.
9. Build on the work of countries and regions where public–private–civil society partnerships have emerged. Adapt these as needed to create a locally acceptable model.

   For example, see:
   http://www.unicef.org/infobycountry/tanzania_51662.html
   http://www.iadb.org/topics/education/educationAndTheIDB/index.cfm?lang=en&artid=6629
10. Investigate the barriers to making the changes in written policy commitment. For example:
    - bureaucratic barriers
    - process barriers
    - cultural barriers
    - other
11. Adjust the training of the professionals based on the premises of proactive approach to child right and early child development.
    - Review the reasons for the lack of change in training programs.
    - Assure the efficiency of existing programs.
    - Implement changes in training would address the positive agenda with respect to early child development.
12. Investigate whether the lack of improvements is because of:
    - lack of processes in place that would illuminate advancements in child development
    - poor delivery of policies and programs that support child development
    - poor use of the tools and resources provided by the programs
    - other
13. Investigate the lack of awareness and activism.
    - Are there adequate tools to measure this, such as a data collection system to develop a baseline?
    - If there are measurement tools in place, look into the lack of change through investigating program campaign efficiency, bureaucratic limitations, joint organizational efforts and so on

Where to look for evidence/data

Here are some places to look for evidence that the government is constructing and implementing a positive agenda for the early years:

- written positive agenda such as a National Plan of Action (specifically including young children)
- alternatively, a report on progress or plans towards construction and/or implementation
- multisectoral key informant interviews to assess progress towards, or evidence of, improved realisation of rights with regards to positive agenda issues, and/or desk reviews of evaluated interventions, trainings, programs, and so on
- multisectoral key informant interviews to explore the development of partnerships between public-private-civil organizations and/or desk review of evaluations of advocacy or lobbying outcomes with respect to changes in policy and practice
- communications outputs from emerging intersectoral networks co-operating towards the goal of either constructing or implementing a positive agenda for young children

Country example: Chile

"Chile Grows With You" Policy

Early in her mandate the current president of Chile created a national commission to propose reforms for improving the conditions of early childhood. Out of that process has come a series of new funded initiatives that, when they reach maturity, will create long-lasting gains for young children. At least six initiatives are being rolled out simultaneously.

First is Chile Crece Contigo ("Chile Grows With You"), a program to bring universal access to quality pre-, peri- and post-natal care to all children. At the same time, the program aims to identify and intervene, as early as possible, with children who have social or biological vulnerabilities. This program builds upon the existing near-universal access to primary health care platforms in Chile and strengthens the public, free-of-charge system.

A second initiative is JUNJI, a diverse national program to expand access to quality early childhood education and care for children age 6 months to 4 years. This program aims to provide quality care to special groups that may otherwise be left out (such as teenage mothers who want to stay in school while raising their children).

Both Chile Crece Contigo and JUNJI are funded nationally but are being managed in a local, collaborative way at the level of the municipality. The [federal?] office of budget and planning is monitoring the programs to ensure that intersectoral collaboration actually occurs at the municipal level.

A third initiative, JUNAEB, is a program originally designed to provide food in schools for children age 4 and up. It is expanding its mandate to include national programs of psychosocial stimulation and support. Fourth, a program of neighbourhood strengthening has already been implemented in 200 targeted neighbourhoods nationwide. This program aims to increase local access to quality physical spaces that can promote civic culture and create more welcoming places for children.

Fifth, levels of income support for families with children have been increased. Finally, measures have been taken to make workplaces friendlier to mothers with children. Laws have been passed allowing breastfeeding at work and mandating nursery services in workplaces where the workforce has 19 or more young children.

Indicator Set 3: Human Rights Training

General Comment 7 (para. 41) refers in particular to the need for human rights training that is targeted at the following groups:

- all relevant professional groups (for example, in health, education and social welfare)
- parents and caregivers
- members of the general public

With regards to human rights training, GC7 reminds state parties of their obligation under article 42 of the Convention on the Rights of the Child to take active steps to ensure that the "principles and provisions of the Convention" are made widely known.

In addition, state efforts, programs and resources, both human and financial, are essential in order to fulfill the obligations under the article 4 of the CRC. For example states must provide professional training, schools, further education and parenting information.

State parties are required to (1) identify systematic measures taken to promote the rights of young children in policy and practice, and (2) evaluate how effective these measures are.

Human rights training as an indicator is primarily proposed in response to GC7 para. 41 and articles 4 and 42 of the CRC. Human rights training as an indicator aims to provide specifics beyond a "general awareness" of human rights and thereby further a particularly vital aspect of the Positive Agenda requested by GC7 para. 5.

Article 4, Implementation of rights

The State must do all it can to implement the rights contained in the Convention.

Article 42, Making CRC known

States parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

The *Guidelines for Periodic Reports (Revised 2005)* asks States to include in their reports statistical data on training on the Convention for professionals working with and for children, including, but not limited to:

(a) judicial personnel, including judges and magistrates;
(b) law enforcement personnel;
(c) teachers;
(d) health-care personnel;
(e) social workers.
CRC/C/58/Rev.1, Annex, para. 3

Key Question: With respect to articles 4 and 42 of the Convention on the Rights of the Child, what resources have been allocated to the development, delivery and impact assessment of specifically targeted good-quality human rights training through professional organizations, educational institutions, parenting information, or other organizations and media?

Excerpts from the Committee's Concluding Observations on Government Reports

"The Committee recommends that the State Party strengthen its efforts to ensure that the provisions of the Convention are widely known and understood by adults and children. It also recommends the reinforcement of adequate and systematic training of all professional groups working for and with children, in particular law enforcement officials, teachers, including teachers in rural areas, religious and traditional leaders, health personnel and social workers, personnel in childcare institutions as well as the media." (Ghana CRC/C/GHA/CO/2, paras. 21 and 22)

"The Committee encourages the State Party to pursue efforts to promote children's rights education in the country, including initiatives to reach those vulnerable groups who are illiterate or without formal education." (India CRC/C/15/Add.115, para. 25)

"With regard to article 42 of the Convention, … the Committee is concerned that professionals working with and for children and in particular the general public, including children and their parents and other caregivers, are not provided with sufficient information and systematic training in international human rights standards, including the rights of the child." (Saudi Arabia CRC/C/SAU/CO/2, paras. 19 and 20)

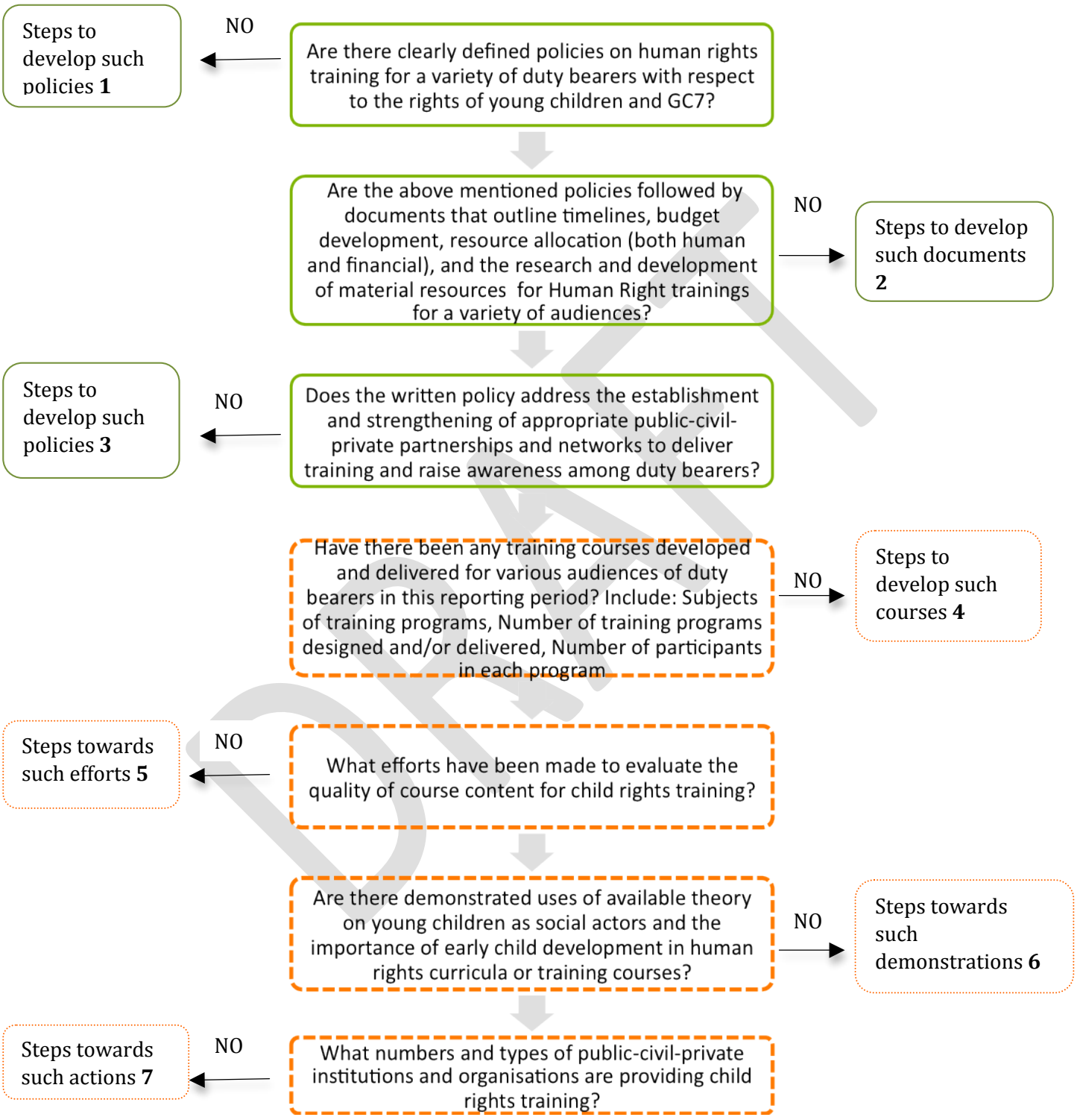
Indicator Set 3: Human Rights Training (CRC Articles 4 and 42, Implementation and dissemination of rights; CRC General Comment 5: General Measures of Implementation for the Convention on the Rights of the Child)	
Structure	• Are there clearly defined policies on human rights training for a variety of duty bearers with respect to the rights of young children and GC7? • Are the above mentioned policies followed by documents that outline timelines, budget development, resource allocation (both human and financial), and the research and development of material resources for Human Right trainings for a variety of audiences? • Does the written policy address the establishment and strengthening of appropriate public-civil-private partnerships and networks to deliver training and raise awareness among duty bearers?
Process	• Have there been any training courses developed and delivered for various audiences of duty bearers in this reporting period? Include: o Subjects of training programs o Number of training programs designed and/or delivered o Number of participants in each program • What efforts have been made to evaluate the quality of course content for child rights training? • Are there demonstrated uses of available theory on young children as social actors and the importance of early child development in human rights curricula or training courses? • What numbers and types of public-civil-private institutions and organizations are providing child rights training? • What numbers of professionals, policy-makers, practitioners and parents/caregivers have received human rights training? • What efforts have been made to evaluate the impact of human rights training on practices affecting young children?
Outcome	• What improvements have been made in practices, across various spheres, that impact on young children's development? • Are there increased levels of awareness among parents and caregivers and all relevant professional groups working with young children, and the general public, including, but not limited to, the following themes: o the young child as a rights holder o evolving capacities of children as a principle that enables development o children as active social participants o early childhood expression of views o consideration of the best interests of the child • Are there an increased number of trainers, courses, materials and resources specifically promoting child rights among audiences of early childhood duty bearers? • Is there evidence of behaviour change towards young children among early years workers?
Sources of Information	• Government data on budgets and the allocation of financial, human and material resources dedicated to developing child rights training programs to professionals and parents. • Institutional and organizational reporting budget allocations, numbers and proportions of professionals by sector and parents reached by child rights training programs • Monitoring and evaluation of course content and impact • Impact evaluation of course content • Interviews with key informants who are recipients of human rights training
Duty Bearers	• National and local government departments responsible for training practitioners in delivering public service to young children (in education, health, justice, welfare, and so on) • National and local government departments responsible for supporting children and families, including information provision and dissemination • Civil society and private-sector providers of services for young children • Practitioners in all relevant services. • Parents, other caregivers, and professional and/or lay bodies representing or supporting these stakeholders
General Comment 7 (paragraphs)	**Reporting Guidelines (sections)**

2 : objectives 3 : young child as rights holder 8 : use/dissemination of theory on child as "social actor" 15-21: parents as primary conduit for rights realization, first educators, particularly evolving capacities (GC7:17) 23 : health workers 28 : early education 41 : training for rights – parents, professionals, and so on	6b : programs 6c : resources 11 : legislative conformity 12a and b : international assistance 15 : independent human rights institution 16 : raise awareness

Monitoring and reporting

Figure 5 displays some of the steps to take and questions to ask when reporting on **Human Rights Training** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 3: HUMAN RIGHTS TRAINING



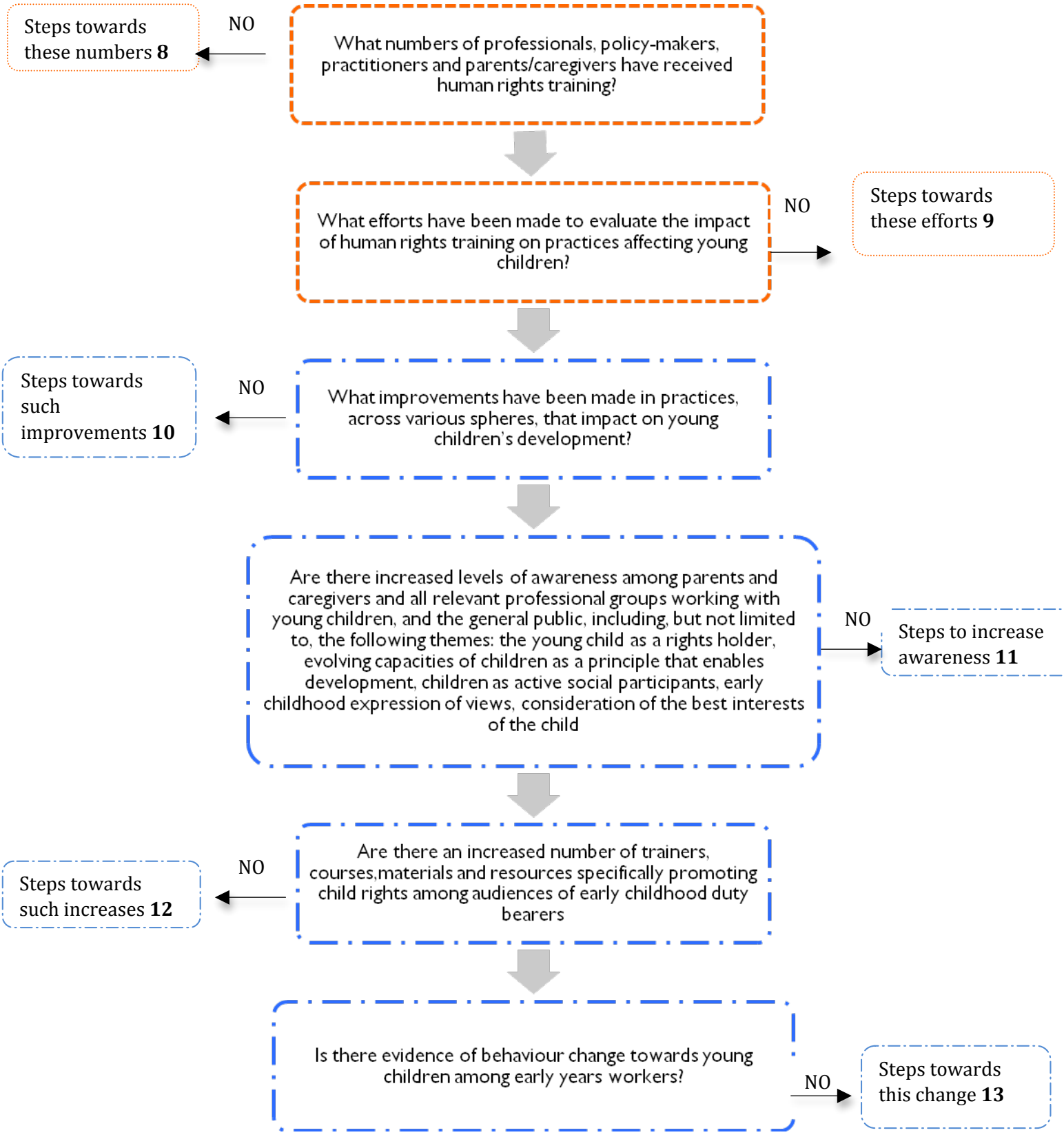


FIGURE 5: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 3: HUMAN RIGHTS TRAINING.

Suggested Steps

1. Develop policies that promote human rights education training to duty bearers. Additionally, support these policies by, for example, allocating a proportion of the budget to human rights education training that has an early years component, based on GC7.
2. Ensure that the policies have clear plan of action for their implementation.
    a. Clearly outline policy commitment in budgets and resource allocation strategy.
    b. Investigate potential funding sources, including public, private, NGO and international economic co-operation, based upon the principle of mutual benefit and international law.

    See article 4 of UNCRC: http://www2.ohchr.org/english/law/crc.htm#art4
    See article 1.2 ICESCR: http://www2.ohchr.org/english/law/cescr.htm#part1
3. Develop policies that support public-civil partnerships.

    An example of such a partnership is the International Human Rights Training Program created in Canada (implemented internationally):
    http://www.equitas.org/english/programs/IHRTP.php.
    Additionally, see Human Rights Education in the School Systems of Europe, Central Asia and North America: A Compendium of Good Practice: http://www.hrea.org/pubs/Compendium.pdf, *as well as the Portal for Human Rights Schools at:*
    http://www.hrea.org/index.php?base_id=27&language_id=1
4. Support the development of training courses by:
    - promoting the development of a strong curriculum for health professionals, early childhood educators, social workers and other professionals dealing with young children.
    - engaging community volunteers to assist in the delivery of programs by, for example, pairing with organizations that specialize in this

    For example, the Habitat for Humanity project in Bolivia:
    http://www.habitat.org/lac_eng/newsroom/2009/03_09_2009_vol_bolivia_eng.aspx
5. Establish a committee to evaluate the quality of course content, using successful international programs as a benchmark.
6. Research the theory of young children as social actors and utilize it as a building block for developing programs and training courses.
7. Support existing programs, or implement new programs where they are not currently in place, which focus on human rights training. *For an example of such programs, see the Children's Rights Centre in South Africa:*
    http://www.childrensrightscentre.co.za/site/awdep.asp?depnum=20722
8. Create a database, or record into the existing database, the numbers of professionals and policy-makers who receive human rights training.
9. Encourage impact evaluations modeled after successful evaluations in other countries. *For examples of impact evaluations regarding human rights education, see:*
    http://www.hrea.org/index.php?base_id=103&language_id=1&category_id=4&category_type=3&group

10. Investigate whether this lack of improvement is due to a lack of success in relaying the message, or the existence of a gap between knowledge acquired and knowledge acted upon.
11. Investigate whether this lack of response is due to inefficiency in training programs for professionals; inefficiency in programs for parents/caregivers; and/or, inefficiency in media's educational campaign.
12. Investigate whether this lack of response is due to a lack of demand; lack of increasing human or financial resources; and/or the capacity and efficiency of existing programs.
13. Investigate this lack of improvement and its root causes. For example, is this due to a gap between knowledge acquired and knowledge acted upon?

Where to look for evidence/data

Here are some of the sources to verify the rate of compliance with respect to human rights training:

- national and local government departments responsible for training practitioners in delivering public services to young children (in education, health, justice, welfare, and so on)
- national and local government departments responsible for supporting children and families, including information provision and dissemination
- civil society and private-sector providers of services for young children
- practitioners in all relevant services
- parents, other caregivers, and professional and/or lay bodies representing or supporting these stakeholders

Here are few suggested ways to collect data:

- Review government data on budgets and the allocation of financial, human and material resources dedicated to developing child rights training programs to professionals and parents.
- Review institutional and organizational reporting budget allocations, numbers and proportions of professionals by sector and parents reached by child rights training programs.
- Monitor and evaluate course content and impact.
- Undertake impact evaluation of course content.
- Interview key informants who are recipients of human rights training.

Country example: Tanzania

Child Rights Education for Early Years Professionals

Child Rights Education for Professionals (CRED-PRO) was established in 2005 under the International Institute for Child Rights and Development (IICRD, Centre for Global Studies, University of Victoria, Canada) as an international initiative to develop sustainable educational programs on the human rights of children for professionals working with and for children.

Since 2008, the Bernard van Leer Foundation (BvLF) and CRED-PRO have been working with relevant agencies in Tanzania to develop a sustainable child rights curriculum for professionals working with young children. This curriculum is to be part of the training received by staff working in the fields of, for example, health, education, ECD and community development, as well as staff working for civil society organizations.

Tanzania's Ministries of Education and Community Development, Gender and Children, as well as relevant civil society organizations, strongly welcomed the BvLF and CRED-PRO's proposal to collaborate with relevant stakeholders in helping to develop the child rights dimension of an early years curriculum.

The initiative, spanning two years, aims to develop and implement a targeted child rights curriculum that can serve as a stand-alone course and also be adapted and incorporated into staff training for workers in the fields of health, education, ECD, community development, and so on. The goal of the project is to ensure a sustainable, ongoing process in which the maximum possible number of professionals working with young children are trained in child rights in the long term.

Indicator Set 4: Data Collection Systems

General Comment 7 (para. 39) emphasises the need for relevant data on early childhood in the implementation strategies of State parties and in fulfilment of their reporting obligations under article 44 of the Convention on the Rights of the Child.

Governments are required, under CRC article 4, to allocate resources for the collection of adequate qualitative and quantitative data that will allow the assessment of rights implementation in early childhood.

Data collection systems must include information that evaluates all programs and services delivered to young children, to find out how effective they are and what impact they are having.

Responses to this indicator set are therefore intended to address two issues. First, they are meant to assess the collection and analysis of qualitative and quantitative data related to rights implementation in early childhood:

- Is such data being collected?
- What quality of data is being collected?
- Is the data being analysed and how?

Article 4, Implementation of rights

The State must do all it can to implement the rights contained in the Convention.

Article 44.6, making CRC reports known

States Parties shall make their reports widely available to the public in their own countries

Note that this data may be being collected by preferably the State party or using indicator systems such as Multiple Indicator Cluster Surveys (MICS), Demographic Health Survey (DHS), the Early Development Instrument (EDI) or another appropriate system.

Second, responses to this indicator set aim to promote the development of good-quality holistic research into cognitive, social and emotional development of young children. They also promote the *capacity* to conduct such research. The research methods promoted by these indicators both elaborate and support the realisation of the rights of the young child, and they describe in particular the needs of vulnerable groups of young children.

Key Question: With respect to articles 4 and 44 of the Convention on the Rights of the Child, what resources and measures are in place to ensure that your government develops and implements suitable data collection systems that can provide disaggregated analysis on the impact of services on the development of all young children across social groups? What resources and measures are in place to promote and support good-quality multidisciplinary research on issues affecting the development of these young children?

Excerpts from the Committee's Concluding Observations on Government Reports

"The Committee recommends that the State Party: (a) Upgrade its system of data collection on the coverage of the social security plans currently in place, and ensure that all data and indicators are used to evaluate and revise these plans whenever necessary; …" (Nigeria CRC/C/15/Add.257, paras. 59 and 60)

"[T]he Committee recommends that the State Party: (a) Improve knowledge, data collection mechanisms and the causal analysis of problems related to child protection, including trafficking, at the central, departmental and local authority levels; …" (Benin CRC/C/BEN/CO/2, para. 72)

"This non-discrimination obligation requires States actively to identify individual children and groups of children the recognition and realization of whose rights may demand special measures. For example, the Committee highlights, in particular, the need for data collection to be disaggregated to enable discrimination or potential discrimination to be identified. Addressing discrimination may require changes in legislation, administration and resource allocation, as well as educational measures to change attitudes. It should be emphasized that the application of the non-discrimination principle of equal access to rights does not mean identical treatment."

Committee on the Rights of the Child, General Comment 5, 2003, CRC/GC/2003/5, para. 12

Indicator Set 4: Data Collection Systems (CRC Articles 4 and 44, Implementation and dissemination of rights; CRC General Comment 5: General Measures of Implementation for the Convention on the Rights of the Child)	

Structure	• What policy(ies) exist to ensure official national statistics systematically collect and analyze appropriate data on young children's lives?
	• Is there a commitment to ensure that data collection systems:
	  ○ are based on child rights
	  ○ are both qualitative and quantitative
	  ○ holistically investigate a broad range of developmental issues, from basic nutrition to well-being to caregiver status
	  ○ explore rights implementation in early childhood and the position of young children in society
	  ○ have intersectorally cross-cutting services provided by a number of ministries in coordination, and from both private and civil society
	  ○ broadly monitor and evaluate the impact of a range of programs or services
	  ○ take particular account of the difficulties faced by vulnerable populations?
	• What policy is in place to ensure that such data is publicly and freely available to concerned organizations and individuals?
	• Are there policy provisions to ensure the monitoring and evaluation of data collection systems, as well as the improvement of those systems?
	• Is there a policy (specifically written with an implementation timeframe, budget and other resources) on the promotion of quality research on child rights issues in early childhood?

Process	• Are there systematic efforts to collect valid and reliable, disaggregated qualitative and quantitative data on child rights implementation in early childhood?
	• Are there specific centres for research on early childhood? Do these centers conduct specific in-depth studies on early childhood rights implementation?
	• Do data, research and in-depth studies adhere to a set of minimum standards and requirements? For example:
	  ○ participative research methodologies
	  ○ dissemination of findings to participants and other relevant stakeholders
	• Have suitable data collection systems been introduced, or do plans exist to do so? For example, Multiple Indicator Cluster Surveys (MICS), Demographic Health Survey (DHS), the Early Development Instrument (EDI) or any other relevant system?

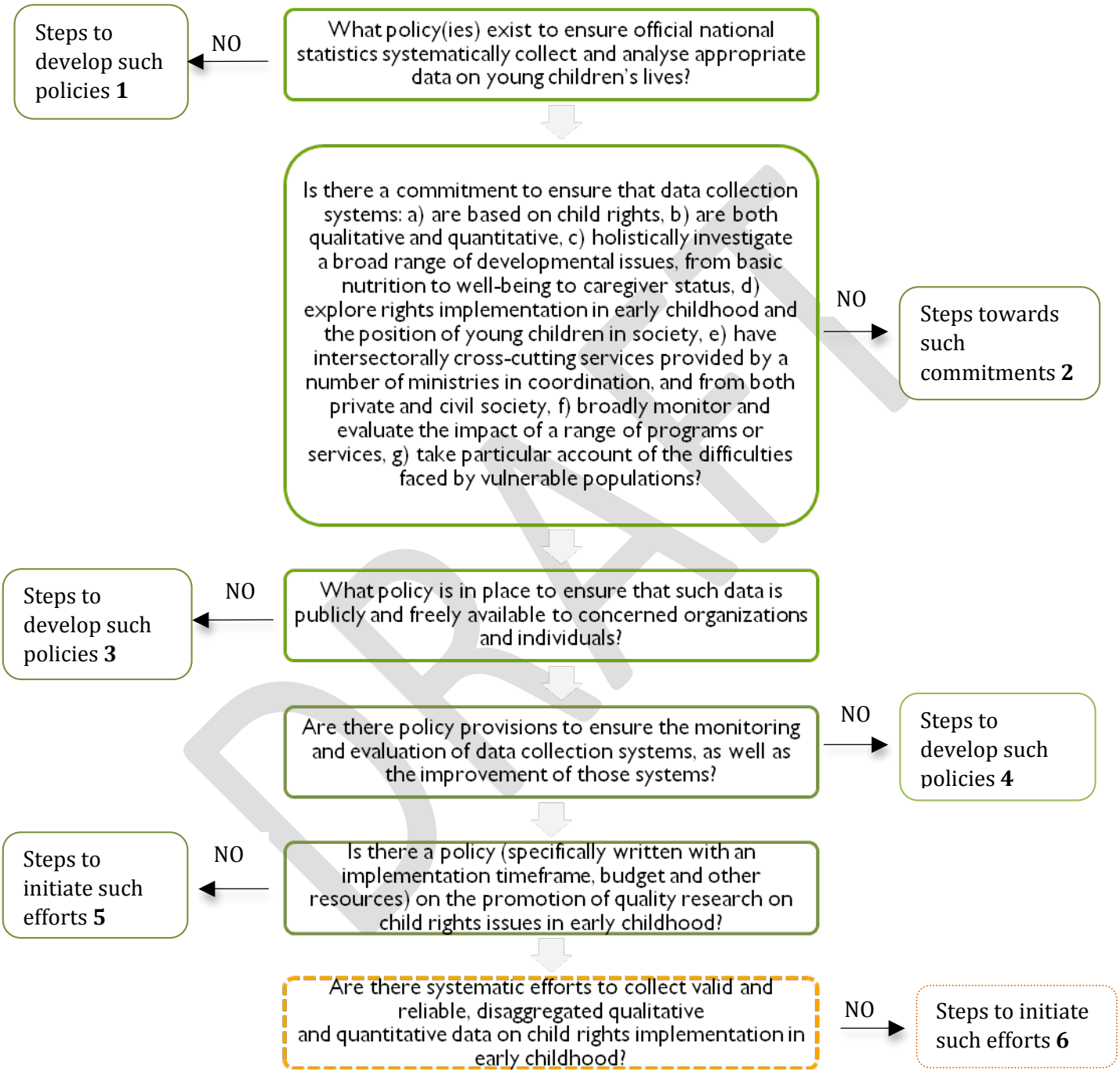
Outcome	• Are data collection/analysis systems adequately disaggregating data? • Is there increased use of, and reference to, high quality quantitative and qualitative data in state reporting to the UNCRC? • Is there an increase in the number of institutions studying early-childhood related issues and/or conducting specific in-depth studies?
Sources of Information	• Previous and current levels of resource allocation and quality evaluation of data collection and analysis • Desk review and description of multisectoral efforts to collect and analyse appropriate data illustrating rights implementation in early childhood • Desk review and statistical intersectoral analysis presenting disaggregated qualitative and quantitative data from various sectors relevant to early childhood • Desk review and key informant interviews on academic research and the development of centres or networks focusing on early childhood development and child rights in early childhood • Studies and reviews of policy development, service delivery, and child development using human rights–based evidentiary principles, that is, AAAQ—Available, Accessible, Acceptable, and of good Quality
Duty Bearers	• National and local government departments responsible for collecting population data, census data, and so on • National and local government departments responsible for delivering public service to young children (in education, health, justice, welfare, and so on) • Civil society and private-sector providers of services for young children

General Comment 7 (paragraphs)	Reporting Guidelines (sections)
36 : vulnerable groups 39 : data collection 40 : capacity building	6c : resources 6d : statistical data 7 : data and indicators 9 : general measures

Monitoring and reporting

Figure 6 displays some of the steps to take and questions to ask when reporting on the **Data Collection Systems** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

Indicator Set 4: Data Collection Systems



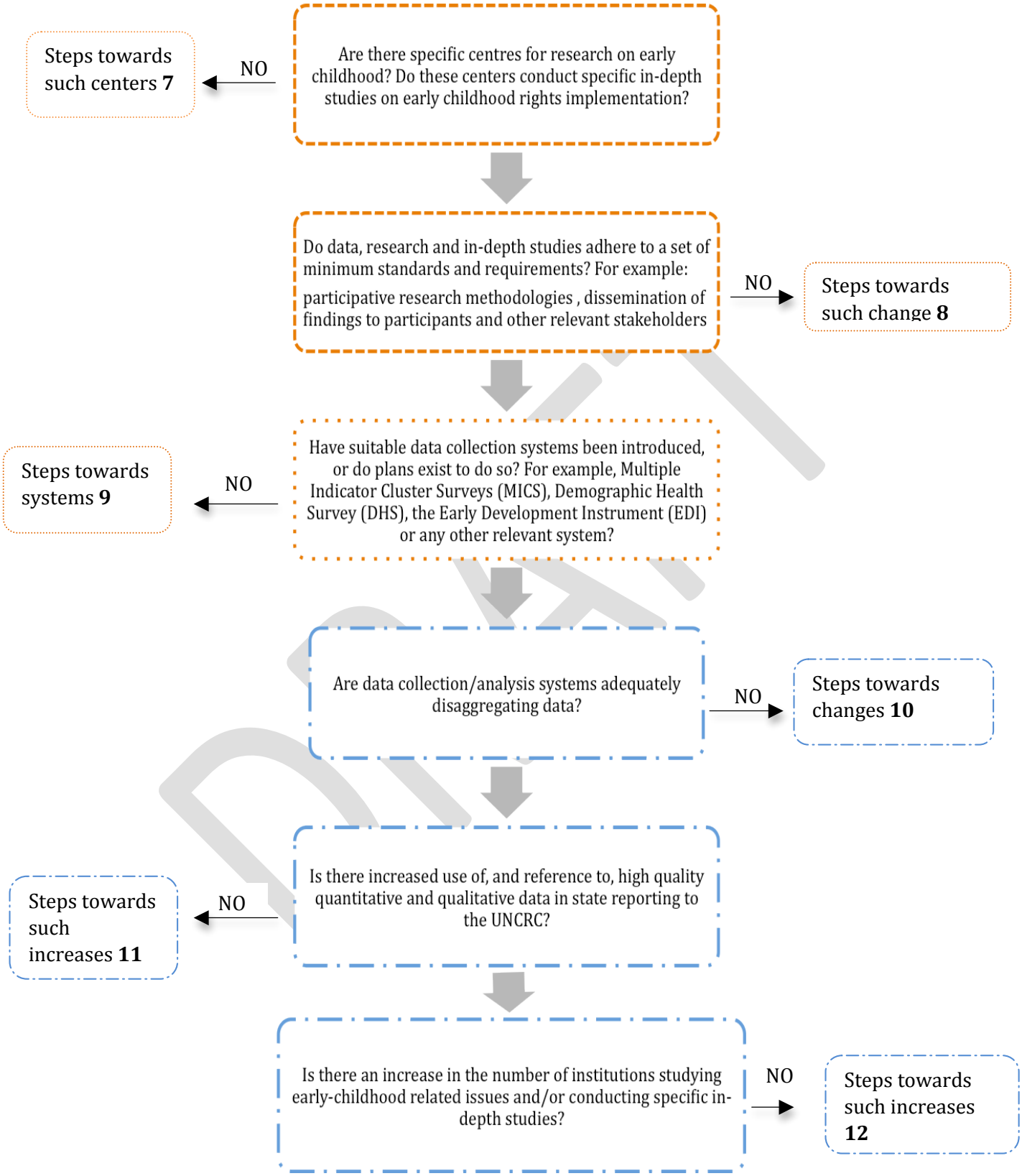


FIGURE 6: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 4: DATA COLLECTION SYSTEMS.

Suggested Steps

1. Develop policies that support continuous systematic data collection. For example:
    - promote the use of social indicators. *For examples, see The Composite Learning Index in Canada:* http://www.cclcca.ca/CCL/Reports/CLI/?Language=EN
      OECD Social Indicators Society at a Glance: www.oecd.org/els/social/indicators/SAG
    - invest in longitudinal surveys of children and youth, *such as the longitudinal studies conducted in the UK*: http://www.cls.ioe.ac.uk/studies.asp?section=000100020003
    - implement population-based surveys at the national level, *such as the Early Development Instrument (EDI):* http://www.councilecd.ca/internationaledi/Consortium_Resources.html
    - encourage intersectoral data linkage. *For example, the data linkage done at the Human Early Learning Partnership (HELP):* http://www.earlylearning.ubc.ca/research/initiatives/developmental-trajectories/
    - Create a federal database system that will compile and track existing ECD related systems and resources across the country
2. Ensure that these systems are proficient by initiating:
    - systems that explore and create comprehensive baseline data on implementing Child Rights in early childhood
    - programs that are designed to promote CRC and related regular monitoring
3. Encourage policy development for transparency and accessibility of data to the relevant organization.
4. Develop policies that allocate funding towards ensuring the monitoring and evaluation of quality data collection systems.
5. Develop a clear policy that encourages institutions to establish child rights research units such as:

    Human Sciences Research Council, Child, Youth, Family and Social Development Research Program: http://www.hsrc.ac.za/CYFSD.phtml
    Center for the Human Rights of Children: http://www.luc.edu/chrc/
    Child Rights Information Network: http://www.crin.org/organizations/viewOrg.asp?ID=2
    International Centre for Child and Youth Studies: http://www.crin.org/organizations/viewOrg.asp?ID=2
6. Create systems that periodically collect data on child development. *For example:*

    Human Early Learning Partnership (HELP) Early Development Index: http://www.earlylearning.ubc.ca/EDI/
    Commission for Children and Young People and Child Guardian: http://www.ccypcg.qld.gov.au/index.html
7. Encourage establishment of research centers on early childhood. *For example:*

    The African Population & Health Research Center (APHRC): http://www.aphrc.org
8. Draw on organizations that have outlined these minimum standards, such as:

    Human Early Learning Partnership (HELP): http://www.earlylearning.ubc.ca/

Commission for Children and Young People and Child Guardian: http://www.ccypcg.qld.gov.au/index.html
Offord Center: http://www.offordcentre.com/

9. Investigate the barriers to introducing data collection and analysis systems (for example, lack of personnel or resources).
10. Ensure repeat of every analysis with disaggregated data, as the pooled data could easily mask significant information and lead to false conclusions.
11. Review previous concluding observations from CRC reports and include evidence of existing data when reporting on issues raised in previous CRC report.
12. Investigate why efforts have not resulted in measurable change, while looking into potential shortcomings, such as lack of personnel, interest or funding.

Other Reference Tools

Center of Excellence for Child's Well Being:
http://www.excellence-earlychildhood.ca/colloques.asp?docid=12&lang=EN

Eismann, Sandra. (2009). Routine data collection and monitoring of health services relating to early childhood development: A two-nation review study. UNICEF Innocenti Research Centre:
http://www.unicef-irc.org/cgi-bin/unicef/Lunga.sql?ProductID=535

OECD, *Starting Strong II: Early Childhood Education and Care*, chapter 8, "Systematic Attention to Data Collection and Monitoring":
http://www.oecd.org/document/63/0,3343,en_2649_39263231_37416703_1_1_1_1,00.html#ES

WHO Health Metrics Network:
http://www.who.int/healthmetrics/en/

Where to look for evidence/data

Here are some of the sources to verify the rate of compliance with respect to data collection systems:

- national and local government departments responsible for collecting population data, census data, and so on
- national and local government departments responsible for delivering public services to young children (in education, health, justice, welfare, and so on)
- civil society and private-sector providers of services for young children

Here are a few suggested ways to collect data:

- Analyse previous and current levels of resource allocation and quality evaluation of data collection and analysis.
- Review and describe multisectoral efforts to collect and analyse appropriate data illustrating rights implementation in early childhood.
- Undertake a desk review and statistical intersectoral analysis presenting disaggregated qualitative and quantitative data from various sectors relevant to early childhood.
- Undertake a desk review of or interview key informants on academic research and the development of centres or networks focusing on early childhood development and child rights in early childhood.
- Study and review policy development, service delivery and child development using human rights–based evidentiary principles, that is, AAAQ—Available, Accessible, Acceptable and of good Quality.

Country example: Canada

Data Collection Systems, Manitoba

The province of Manitoba, in Canada, is leading the world in creating data collection systems that can monitor child development from the start and point the way towards improvement. The system is set up under the auspices of Healthy Child Manitoba, a legislated program of inter-ministerial collaboration for children. It is managed, at arm's length, through the Manitoba Centre for Health Policy.

In brief, the system allows for the population-based, person-specific (but anonymous), longitudinal linkage of data from vital statistics, health services, schools and the Early Development Instrument (EDI).

Thus, basic developmental trajectories can be created for young children, starting with their status at birth (for example, birth weight, gestational age, APGAR scores, based on Activity, Pulse, Grimace, Appearance and Respiration). The system tracks the timely receipt of health care services throughout childhood; identifies children's physical, social/emotional, and language/cognitive development when they enter school at age 5 (using the EDI); and, finally, tracks their success and progress through school.

This data system allows Healthy Child Manitoba to understand the distribution and determinants of successful and worrisome developmental trajectories across the province. This knowledge assists the government to create policies and programs to reduce the proportion of worrisome trajectories over time.

The most up-to-date computer privacy techniques allow for the production of high-quality information at the individual level that is, nonetheless, anonymous and impossible to attribute to any known individual. Thus, the data collection system meets the two objectives of freedom of information and protection of privacy at the same time.

Civil Rights and Freedoms

Indicator Set 5: Birth Registration

Every year, 51 million children around the world are not registered at birth.[7] This is an alarming number, for birth registration is a basic human right. The right to be registered at birth is enshrined in article 7 of the Convention on the Rights of the Child. Because several other rights depend upon it, birth registration is a core human right in early childhood.

CRC Article 7, Name and nationality

The child has the right to a name at birth. The child also has the right to acquire a nationality and, as far as possible, to know his or her parents and be cared for by them.

CRC Article 8, Preservation of identity

The State has an obligation to protect, and if necessary, re-establish basic aspects of the child's identity. This includes name, nationality and family ties

As article 7 states, every child has the right to a name at birth and the right to acquire citizenship. These are basic aspects of the child's identity. The state has a duty to protect and preserve these basic aspects of the child's identity (article 8). Indicator set 5 aims to inform State parties of their duties under articles 7 and 8.

To realize these basic rights, countries require effective birth registration. This helps to ensure the best interests of children (article 3). An effective system of birth registration recognizes that children have rights. It is free of charge, does not discriminate (article 2), and is available to all.

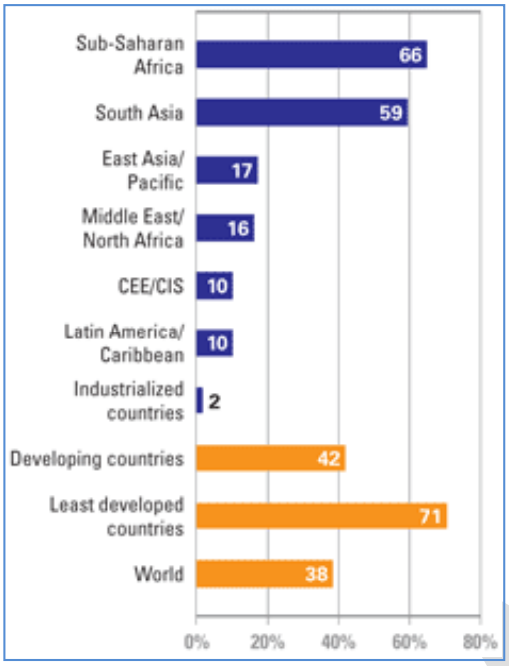
> "This general comment arises out of the Committee's experiences of reviewing States parties' reports. In many cases, very little information has been offered about early childhood, with comments limited mainly to child mortality, birth registration and health care."
>
> CRC GC7 para 1.

Children without proof of birth may lack essential protections. They may be denied access to crucial services, including health care, education, and social security. They may be denied their right to inherit property. They may also be denied citizenship rights, such as the ability to hold a passport, voting rights, and marriage rights.

An effective system of registration makes sure births are registered as early as possible but also makes it easy to register births later. Effective birth registration is a key part of national planning and policy.

Indicator set 5 aims to measure and monitor the effectiveness of State parties' systems for registration. It wants to make sure children around the world have the basic right to be registered at birth.

7 UNICEF, *The State of the World's Children 2008*, http://www.unicef.org/sowc08/report/report.php.



The UN Convention on the Rights of the Child does not list what information must be registered at birth. However, other rights named in the Convention imply that registration should include, as a minimum:

- the child's name at birth
- the child's sex
- the child's date of birth
- where the child was born
- the parents' names and addresses
- the parents' nationality status[8]

FIGURE 7: PERCENTAGE OF CHILDREN UNDER FIVE WHO ARE NOT REGISTERED, BY REGION, 1987–2006
SOURCE: UNICEF, PROGRESS FOR CHILDREN: A WORLD FIT FOR CHILDREN STATISTICAL REVIEW (2007)

[8] Rachel Hodgkin and Peter Newell, Implementation Handbook for the Convention on the Rights of the Child, 3rd ed. (New York: UNICEF, September 2007), p. 101.

Key Question: With respect to articles 2, 3, 7 and 8 of the Convention on the Rights of the Child, what measures are in place or what progress has been made towards implementing or analysing the success of a free-of-charge, non-discriminatory and accessible birth registration system intended to encourage the maximum levels of child registration as soon as possible after birth?

Excerpts from the Committee's Concluding Observations on Government Reports

"The Committee recommends that special efforts be developed to guarantee an effective system of birth registration, in the light of article 7 of the Convention, to ensure the full enjoyment of their fundamental rights by all children. Such a system would serve as a tool in the collection of statistical data, in the assessment of prevailing difficulties and in the promotion of progress in the implementation of the Convention …" (Ethiopia CRC/C/15/Add.67, para. 29)

"There is widespread misunderstanding, for numerous reasons, of the purposes of birth registration … The Committee recommends that the State Party … [c]onduct information campaigns for the general population explaining the importance and purposes of birth registration." (Mozambique CRC/C/15/Add.172, paras. 34 and 35)

"While noting the high level of birth registration, the Committee is concerned at the information that some groups of children, in particular children abandoned at maternity wards, children whose parents cannot afford the registration (related) fee, refugee children and children of internally displaced persons still do have difficulties with proper birth registration." (Georgia CRC/C/15/Add.222, para. 26)

"[C]hildren whose births have not been registered and who are without official documentation should be allowed to access basic services, such as health and education, while waiting to be properly registered." (Belize CRC/C/15/Add.252, para. 33)

"The Committee… recommends that the State Party improve the existing birth registration system by:

(a) Introducing birth registration units and public awareness-raising campaigns to reach the most remote areas of its territory;

(b) Strengthening co-operation between the birth registration authority and maternity clinics, hospitals, midwives and traditional birth attendants, in order to achieve better birth registration coverage in the country;

(c) Continuing to develop and widely disseminate clear guidelines and regulations on birth registration to officials at the national and local levels; and

(d) Ensuring that children whose births have not been registered and who are without official documentation have access to basic services, such as health and education, while waiting to be properly registered." (Thailand CRC/C/THA/CO/2, para. 32)

Indicator Set 5: Birth Registration (CRC Articles 2, 3, 7 and 8)	
Structure	• Is there a written policy and/or law about implementation of an official, universal and free-of-charge birth registration system? • What policies are in place to reach out to the remote areas with limited transportation and access to the registration centres? • What policy is in place to ensure and/or facilitate the late registration of children not covered by existing registration systems? ○ Is this system also free of charge? • What policy commitments are in place to raise awareness of parents, caregivers, prospective parents and professionals on the benefits and advantages of birth registration?
Process	• What programs and projects are in place to introduce new systems and/or improving existing systems of birth registration? • What programs, projects, and nationwide or regional information campaigns are raising awareness among key stakeholders on the benefits of registration and their obligations to facilitate birth registration? • What programs and projects are improving the registration of perinatal, neonatal and post-neonatal deaths and deaths in the first five years of life? • What programs, projects and activities are in place to reach vulnerable young children and to facilitate registration for them, as well as for older children? • Are there procedures (both incentives and consequences) in place to strengthen co-operation between the birth registration authority and maternity clinics, hospitals, midwives and traditional birth attendants, to achieve better birth registration coverage in the country? • Has the number of registration centers in remote areas increased over the past five years? • Has the number of mobile registration centers increased over the past five years?

Outcome	• Is there a periodic system in place to record the number of programs designed and implemented, which encourage and aid parents and other caregivers in registering the birth of all children under their care?
	  ○ Has there been an increase in the number of such programs in the past five years?
	  ○ How are these programs evaluated?
	  ○ Please explain the methods used to involve parents/caregivers in registering children in these programs.
	• Is there a system in place to educate and then record the level of knowledge of parents/caregivers, practitioners and professional groups on the benefits and advantages of early registration?
	• Has there been any change in the level of knowledge of parents/caregivers and professionals about birth registration over the past five years?
	  ○ What is the change in proportion of registered births compared to expected births per year (disaggregated by age, sex, race, residence, ethnicity, disability, socio-economic status, and other relevant categories of vulnerability)?
	  ○ Is there any record of the number of unregistered children and adults of all age groups?
	  ○ Has there been any change in the number of unregistered children and adults of all age groups since five years ago?

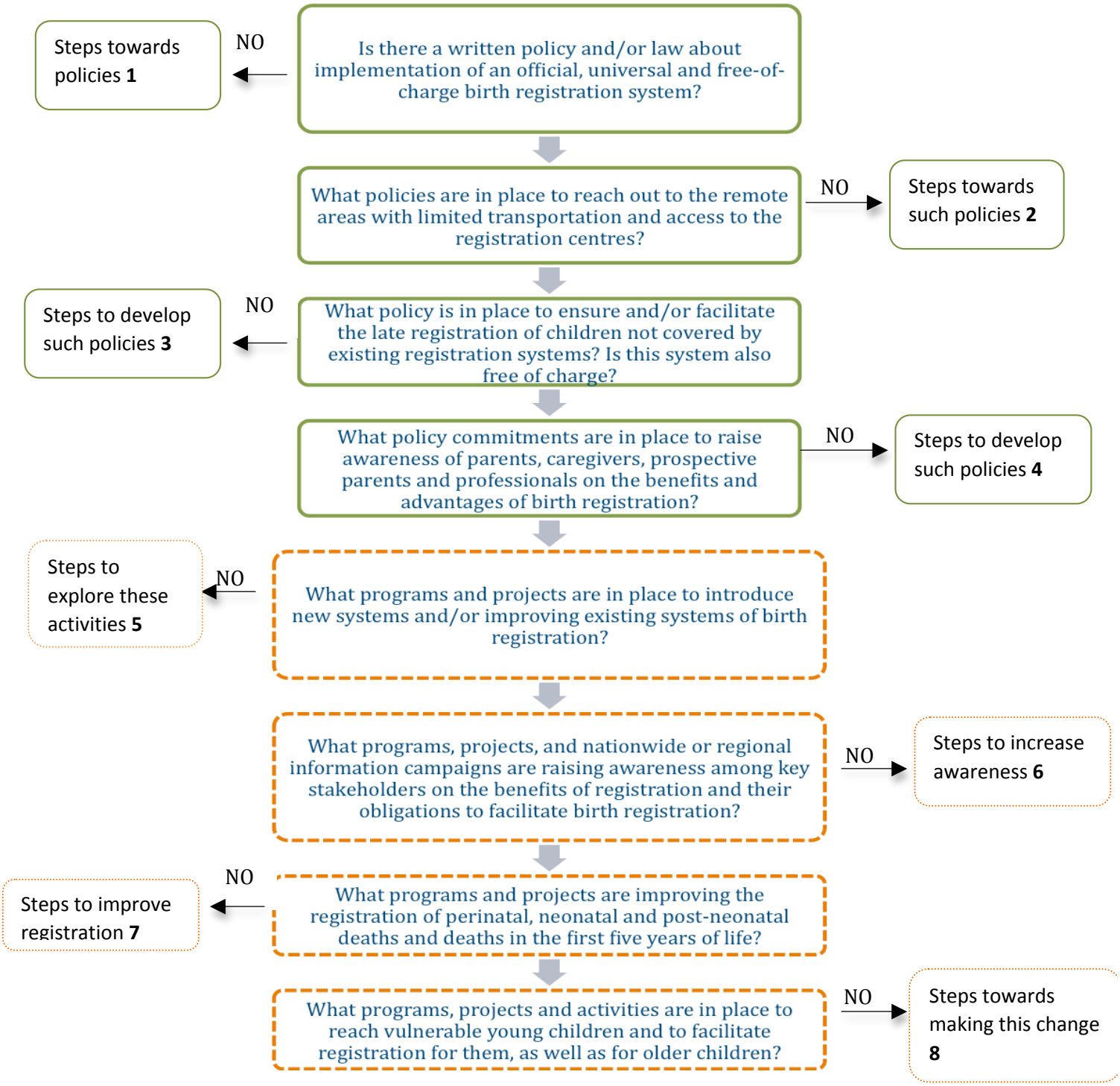
Sources of Information	• National statistics on proportions of children aged 0–4 whose births were reported registered compared to total number of children aged 0–4 surveyed (or live births) • Household survey, survey of street children, survey of children in institutions, caretaker questionnaires, evidence of documentation, also possibly available through MICS/DHS surveys • Data for both early 0–4 age group for trend analysis but also for older 0–8 age group with particular reference to late registration, and differentiated by factors of vulnerability/exclusion
Duty Bearers	• Departments or ministries of health, finance and/or other actors responsible for allocation of funds, national legislature and judicial system • National and local government departments responsible for the collection of population data, census, and so on • International organizations involved in child health programs • Civil society and private-sector providers of services for mothers and infants • Parents, other caregivers, and professional and/or lay bodies representing or supporting these stakeholders

General Comment 7 (paragraphs)	Reporting Guidelines (sections)
3 : young child as rights holder 15 : birth registration 24 : access to services	6b : programs 6c : resources 6d : statistical data 7 : data and indicators, 16 : raise awareness, 25a : name and nationality, 25b : preservation of identity 26 : refer to vulnerable populations

Monitoring and reporting

Figure 8 displays some of the steps to take and questions to ask when reporting on **Birth Registration** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 5: BIRTH REGISTRATION



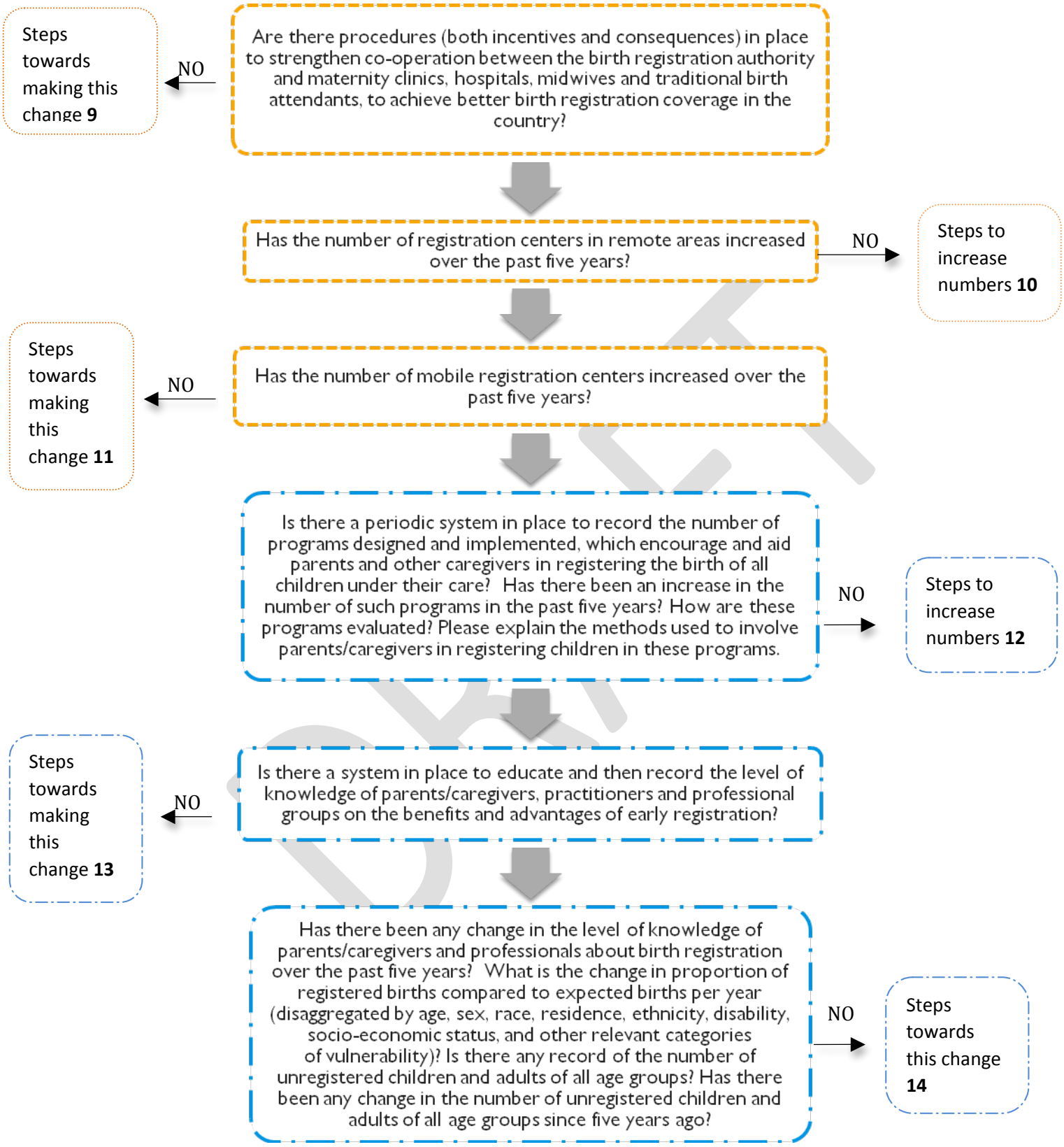


FIGURE 8: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 5: BIRTH REGISTRATION.

Suggested Steps

1. Develop policies to provide incentives for and access to registration. This policy may include:

    - passing legislation that makes birth registration universal and free
    - embedding birth registration initiatives in the National Plan of Action
    - supporting awareness-raising initiatives for families that outline the importance of birth registration

    Further examples of strategies and policies can be found at: http://www.unicef.org/newsline/2003/03fsbirthregistration.htm

2. Develop policies regarding provision of birth registry systems to the remote and disconnected areas. For example, create mobile registration in rural areas that experience low levels of birth registration. *See Mozambique's National Plan of Action on Birth registration:* http://www.unicef.org/mozambique/protection_4904.html

3. Develop policies to prohibit penalizing parents for late registration.

4. Develop policies to provide free educational programs to educate parents/caregivers about the significance of birth registration through community centers and other settings. *For examples of strategies, see the Plan Universal Birth Registration initiative:* http://plan-international.org/birthregistration/resources/country-case-studies

5. Develop policies to allocate financial resources within the national budget to free of charge universal birth registration, including initiatives such as:

    - financial incentives for registration
    - mobile birth registration centers
    - birth registration services in hospitals
    - birth registration papers to midwives who deliver babies at home

6. Promote awareness-raising as a part of strategic policy document highlighting "significance of birth registration" as a fundamental right of the child at all relevant levels, including educational curriculum and in-service training of child care professionals.

    For example, see the global guidelines and strategies for Universal Birth Registration (Plan International): http://plan-international.org/birthregistration/the-campaign

7. Recognize the importance of registering the deaths with particular focus on these populations. For example, develop programs and projects for:

    - additional surveillance of new births in refugee and immigrant families through immigration offices
    - additional surveillance of new births in homeless teenagers through relevant departments such as community development, social development, health, education and social services
    - provision of mobile birth registration centers for remote and isolated areas. *For example, see:* http://plan-international.org/birthregistration/resources/country-case-studies/cambodia
    - additional surveillance of stillbirths

8. Develop programs targeting vulnerable young children. *For example, see:* http://www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid=41b705a74&query=birth registration

9. Create efficient lines of communication between authorities handling births (birth attendants, doctors, midwives, etc.) and birth registration authorities. *For example, see:* http://plan-international.org/birthregistration/resources/country-case-studies/indonesia

10. Investigate if the existing centers are adequate, compared to the regional birth rate of the region.

11. Investigate if the existing mobile centers are adequately governing their assigned region.

12. Implement methods to ensure birth registration, such as door-to-door verification or registration of a person at any age (child or adult) at exposure to any professional point of contact (for example, doctor's office, school, church, child care centre, etc.).

    Develop a monitoring and evaluation strategy for existing and future birth registration programs and projects, including a baseline survey and regular reviews of the outcomes of the programs and projects.
    For example, UNICEF Good Practices in Integrating Birth Registration into Health Systems:
    http://www.unicef.org/protection/files/Birth_Registration_Working_Paper.pdf
    http://www.childinfo.org/files/birthregistration_Digestenglish.pdf

13. Develop a simple questionnaire given to parents/caregivers when they come for late registration or when an unregistered baby is detected through the surveillance system. This would help to understand the awareness level of parents/caregivers and their access to the programs that are meant to increase awareness on birth registration.

14. Ran a large scale public education campaign on this issue of the significance of birth registration through the public media adds, messages and films

Other reference tools

UNICEF Innocent Digest: Birth Registration, Right From the Start:
http://www.unicef-irc.org/publications/pdf/digest9e.pdf

PLAN: The Global Campaign for Universal Birth Registration:
http://www.planusa.org/stuff/contentmgr/files/d9ee355af9fc9e39564ba31f686d519b/miscdocs/countmein.pdf

Where to look for evidence/data

Most State parties provide adequate and sufficient statistical information on birth registration to the Committee on the Rights of the Child. However, qualitative information about progress or setbacks in birth registration, including violations and potential violations, is inadequate. This section suggests some ways to improve the quality of information being provided in periodic government reports to the Committee.

Statistical evidence is of vital importance in measuring implementation of efficient, accessible, flexible birth registration as an early childhood right. Judging from the statistical data available, most, if not all, governments should make it a priority to improve the quality of vital statistics, including birth registration.

However, statistical data by itself does not explain why there are setbacks or how progress in birth registration is achieved. Therefore, statistical data should be disaggregated by age, sex, race, residence, ethnicity, disability, socio-economic status, and other relevant categories of exclusion or vulnerability.

Here are some of the sources to verify the rate of compliance with birth registrations:

- departments/ministries of health, finance and/or other actors responsible for allocation of funds, national legislature and judicial system
- national and local government departments responsible for the collection of population data, census, and so on
- international organizations involved in child health programs
- civil society and private-sector providers of services for mothers, babies and infants
- parents, other caregivers, and professional and/or lay bodies representing or supporting these stakeholders

Birth registration provides the Committee with data that is based on services provided. This is the Committee's primary data source, which states are under immediate obligation to fulfill under the Convention on the Rights of the Child. Because it is plain and easy to access this information while preparing your government report to the Committee, use the checklist outlined above to verify whether you must take further action to answer all the questions there.

You may find that further actions need to be taken by the government to provide sources of data to understand the implementation of the birth registration as a right. You may need to collect quantitative data to monitor vulnerable groups.

For example, perhaps there is an increase in birth registrations in only certain regions of your country. If this is the case, you may need to conduct surveys to understand the convergence.

There are several ways to fulfill your government's obligation towards young children's right to birth registration. Most are easy to use. Some require material and human resources. Working with academic institutions and NGOs can help to overcome difficulties such as a lack of resources

Here are few suggested ways to collect data:

- Review the policy environment for departments of justice, home affairs, social welfare and health.

- Survey birth rates from hospitals, community centres and midwifery centres using tools such as simple questionnaires and focus group discussions.
- Conduct in-depth interviews and/or general interviews and focus group discussions as part of a community-based study.

Words of Caution

Implementation

☑ When running awareness-raising campaigns about birth registration, make sure to provide indigenous communities with sufficient information in their own language as well as in a child-friendly format.

☑ Always consider confidentiality related to any information of a sensitive nature on birth registration, to protect children's right to privacy. For more information about rights-based registration of vital statistics, please refer to the United Nations Statistics Division (http://millenniumindicators.un.org/unsd/demographic/sources/civilreg/civilreg3.htm).

☑ Fraudulent birth registration should be prevented through legal actions, including applicable criminal sanctions and administrative measures to protect under-age children from being exploited in the labour force.

☑ Lack of registration is sometimes strongly tied to lack of parental recognition of children, especially for children born out of wedlock. Also unwed girls who bear children are sometimes criminalized and stigmatized, preventing birth registration. These issues should also be considered, especially in information campaigns and awareness-raising campaigns promoting birth registration.

☑ Registration at birth must be the primary aim of State parties. However, imposing a fine on parents who register the birth of their child after the expiry of the official deadlines may become counterproductive to birth registration. Therefore, make sure your system is flexible enough to accommodate late registration while also promoting registration at birth.

☑ Always remember it is the fundamental right of each and every child to access basic services, such as health and education, with or without official birth registration. The absence of a birth certificate should not be used to punish children by denying their basic rights, even though it is of vital importance to have disaggregated vital statistics to inform better policies and improve the provision of services.

Reporting

☑ When you are putting statistical information into your government's report to the Committee, be sure to provide data disaggregated by age, sex, race, residence, ethnicity, disability, socio-economic status, and other relevant categories of exclusion or vulnerability, such as indigenous children; children from ethnic minorities; migrant, asylum-seeking and refugee children; children affected by/with HIV/AIDS; children born out of wedlock; and children born outside hospitals.

Country example: Cuba

"Educate Your Child" Program

The Cuban Early Child Development (ECD) system is an efficient system that has resulted in many positive outcomes in Cuba. The focal point of the Cuban ECD strategy is prevention rather than treatment. Preventative measures, to optimize early child development, are taken early on, even before the child is conceived.

The system screens and detects women whose pregnancy could be at higher risk. These mothers-to-be are prepared for pregnancy through services such as nutritional consultations and/or health education. The ECD system follows them to and through their pregnancy and beyond.

The "Educate Your Child" program is an ECD program run by the ministry of education. It operates under a non-institutionalized, multisector, community model and positions the family at the centre with services arranged around it.

The program aims to maximize early childhood development for all children and children-to-be. It does this through aiding families to provide stimulation and nurturance for children. The program is free and available to all in Cuba. Under this program the mother-child pair is enrolled when a woman's pregnancy is confirmed. Two are entered into a system that monitors them closely all through pregnancy to birth and onward.

This enrolment also registers the mother and child in the National Maternal-Child Program, run by the ministry of health. This enrolment has been shown to reduce the following:

- disease associated with pregnancy and low birth weight
- incidence of perinatal complications
- acute respiratory illness
- accidents

In addition, the official recoding of the pregnancy leads to a timely birth registration for children and promotes compliance with UNCRC's article 7 (the right to both name and nationality) and article 8 (the preservation of child identity).

Family Environment and Alternative Care

Young children first learn about human rights in their own homes. The family environment and other care environments are the first places where young children:

- learn to respect the rights of others
- experience respect for and protection of their inherent dignity without fear of violence (physical, mental, verbal or any other form) [need types here?]
- experience democratic decision-making by participating in family and community life

The family environment is where young children first receive care, are nurtured and develop within a context of human rights. The preamble to the Convention on the Rights of the Child upholds the family as "the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children." The family provides most of a young child's human contact; it also mediates the young child's contact with other, larger social environments.

Families' social resources are perhaps some of their most significant features. These include relations between family members as well as parenting skills, parenting practices, and approaches to the child (how parents interact with their children).

To develop in a healthy way, young children need to spend their time in a warm, responsive family environment that protects them from inappropriate disapproval and punishment. This kind of environment will reinforce children's self-value by listening to them and respecting their opinions. These actions show respect for children's inherent physical, moral, spiritual and psychological dignity.

The CRC emphasizes the primary role of the family environment to recognize and realize young children's rights. It defines "family" more broadly than the traditional notion of a husband and wife living together with or without children. Instead, the Convention places all caregiving environments under the umbrella of "household." A household would include:

- a child's extended family (grandparents, aunts/uncles, and so on)
- Community environments
- other formal and non-formal environments

By defining household in these broad terms, the Convention states that children have a right to participate in daily and long-term decision-making in the family, in foster care, in child-headed households, in residential care, and in other care settings. Also, the CRC broadly defines "violence against children" to cover both verbal intimidation and physical harm.

Indicator Set 6: Participation in Decision Making

The Convention, for the first time in international law, recognizes the right of children to be actively involved in the decisions made within their homes and in all other settings whenever a matter or a procedure affects the child. CRC highlights the fact that the child is not just a passive recipient of his/her parents' or caregivers' protection and service provision, that the child is an active participant entitled to have his/her voice heard and opinions considered. As a fundamental right taken for granted by adults, implementation of participation of young children in decision making in all settings is crucial for young children to exercise their rights in accordance with their evolving capacities.

Article 5, Parental guidance and the child's evolving capacities

The State must respect the rights and responsibilities of parents and the extended family to provide guidance for the child which is appropriate to her or his evolving capacities.

Article 12, The child's opinion

The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

Participation of young children in decision making at home and in care and education settings is a means for young children to learn peaceful, active and fair/just participation and to witness how their participation influence outcome. It highlights the fact that the young child and young children as a constituency are active change agents in their immediate environments, community and in society in general.

The right to participate in decision-making is enshrined in article 12 of the Convention as well as other CRC articles and GC7 (para11.b.iv, para14, para17, para27a&b, para40) especially:

- parental provision of direction and guidance in accordance with respect for children's evolving capacity (article 5)
- non-separation of children from families without the right to make their views known (article 9)
- freedom of expression (article 13)
- freedom of conscience, thought and religion (article 14)
- freedom of association (article 15)
- privacy (article 16)
- information (article 17)
- education that promotes respect for human rights and democracy (article 29)

Key Question: With respect to articles 5, 12 and 18.2 of the Convention on the Rights of the Child, what measures are in place to provide parents and caregivers with information which supports child participation in household decision making, promotes respect for evolving capacities as an enabling principle, and assesses the impact of such programs?

Excerpt from the Committee's Concluding Observations on Government Reports

"[T]he Committee is of the view that children's right to free expression and to participation is still limited in the State Party, partly due to traditional attitudes." (United Republic of Tanzania CRC/C/TZA/CO/2, para. 29)

"The Committee recommends that the State Party review legislation with a view to removing inconsistencies related to the respect for the views of the child." (France CRC/C/15/Add.240, paras. 21 and 22)

"The Committee recommends that the State Party develop a systematic approach to increasing public awareness of the participatory rights of children in the best interests of the child, particularly at the local levels and in traditional communities, with the involvement of community and village leaders, and ensure that the views of the child are heard and taken into consideration in accordance with their age and maturity in families, communities, schools, care institutions, and the judicial and administrative systems. In that regard, the Committee recommends that the State Party launch campaigns to change the traditional attitude and values which do not allow children to express their views." (Malawi CRC/C/15/Add.174, para. 30)

"The Committee encourages the State Party to pursue its efforts: … (b) To provide educational information to, among others, parents, teachers, government administrative officials, the judiciary, traditional leaders and society at large on children's rights to participate and to have their views taken into consideration …" (Burkina Faso CRC/C/15/Add.193, para. 27)

Indicator 6: Participation in Decision Making (CRC Articles 2, 5, 12 and 18.2)	
Structure	• What policies are in place to promote the view of young children as rights holders entitled to participation in all decisions affecting their lives in all home or caregiving settings? ○ Are children in public care entitled to participate in decision-making processes affecting their lives? ○ Are all preschools legally required to involve children in decisions affecting them? ○ Do family laws include provisions on parental obligation that require parents to involve children in decisions affecting them? ○ Are these laws accompanied with policies and programs to support and facilitate the implementation of the laws (such as a child participation policy paper, an implementation strategy and/or a plan of action)? ○ Are children entitled to be heard at all stages of child protection procedures? ○ Are confidential mechanisms in place for young children at home as well as in institutions to complain and to seek redress in cases of violence, abuse and neglect, without fear of reprisals? • What policies and/or practical measures are in place to facilitate parents and other caregivers with respect to the different forms of communication used by young children to express their expectations and intentions? ○ Are parenting programs compulsory for families expecting children and/or families with children? ○ Are there programs promoting democratic decision-making at home and in care institutions? ○ Is human rights education included in the preschool and primary school curriculum? ○ Is child right training, including a focus on participation in decision-making, introduced at pre-service (university and orientation) and in-service levels for all professionals working with and for young children in institutions? • Is the principle of non-discrimination in child participation in decision-making upheld, for example for gender, disability, and/or other grounds considered? ○ Is legal and policy information readily available in gender-sensitive, child-friendly and accessible formats appropriate to children of different ages and those with physical and/or cognitive challenges (drawings, cartoons, songs, and other activities? ○ Is information available in local and regional languages, if applicable? ○ Is information made available to children of non-citizens, refugees, asylum seekers and migrants in a manner they can understand?
Process	• Have there been efforts to develop and deliver appropriate resource materials for parents and caregivers ○ Has the number of personnel who train parents and child care professionals about child participation in decision-making increased in the past five years? ○ Has the budget for positive parenting education and in-service caregiver education on child participation increased in the past five years? ○ Has the number of written materials on child participation increased in the past five years? • Is there evidence of specific training courses for professionals and/r public information campaigns specifically targeted at parents, that raise awareness on the various modes of communication used by young children? ○ Has there been a public information campaign on child participation (both at home and in institutions) with the participation of all relevant stakeholders, including young children, parents, early childhood professionals, media professionals, etc.? ○ Has there been an increase in the number of university programs that teach about children's right to participate? ○ Has there been an increase in the number of training courses for professionals, such as early childhood workers, community workers, health professionals and teachers, on child participation as a right? • Are systems in place to evaluate the impact of programs on parenting practices and on children's experiences in the family? ○ Is impact evaluation part of a child participation policy paper, an implementation strategy and/or a plan of action to understand the change in children's lives following implementation of the policy and programs? • Has research been done to assess discriminatory factors in child participation in household decision-making? ○ Please provide the number and results of such research efforts.

Outcome	• Are there increased levels of awareness of, and a commitment to implementing, genuine child participation in family and caregiving practice? • Is there an increase in practice of participation by young children in family decision-making, particularly those from vulnerable populations?

Sources of Information	• Key informant interviews investigating awareness of child rights among parents and caregivers on:
	  ○ the multiple forms of communication used by young children to express their views and feelings
	  ○ the consideration given to these expressed views and feelings in line with the child's evolving capacities
	• Household surveys of adult attitudes to child participation, actual child participation, and child perceptions of and reporting about their participation
	• Desk review of policy, resources allocated, and impact evaluations of awareness-raising designated to influence parental practice
	• Data disaggregated by vulnerability considerations, for example, gender, disability, and/or typologies of families

Duty Bearers	• National and local government departments responsible for supporting families and young children, particularly on health, education and social welfare • Parents, other caregivers, and professional and/or lay bodies representing or supporting these stakeholders • Civil society and private-sector providers of services for parents, caregivers and infants • Schools and colleges where caregivers and other professionals are trained

General Comment 7 (paragraphs)	**Reporting Guidelines (sections)**	
3 : young child as rights holder 15-21: Parents as primary conduit for rights realisation, first educators, particularly evolving capacities (GC7:17) 36b: children in alternative care settings	6b : programs 6c : resources 6d : statistical data 7 : data and indicators 16 : raise awareness	25c : freedom of expression 25d : freedom of thought 25g : access to appropriate information 25h : degrading treatment 26 : refer to vulnerable populations

Monitoring and reporting

Figure 9 displays some of the steps to take and questions to ask when reporting on the **Participation in Decision-Making** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 6: PARTICIPATION IN DECISION MAKING

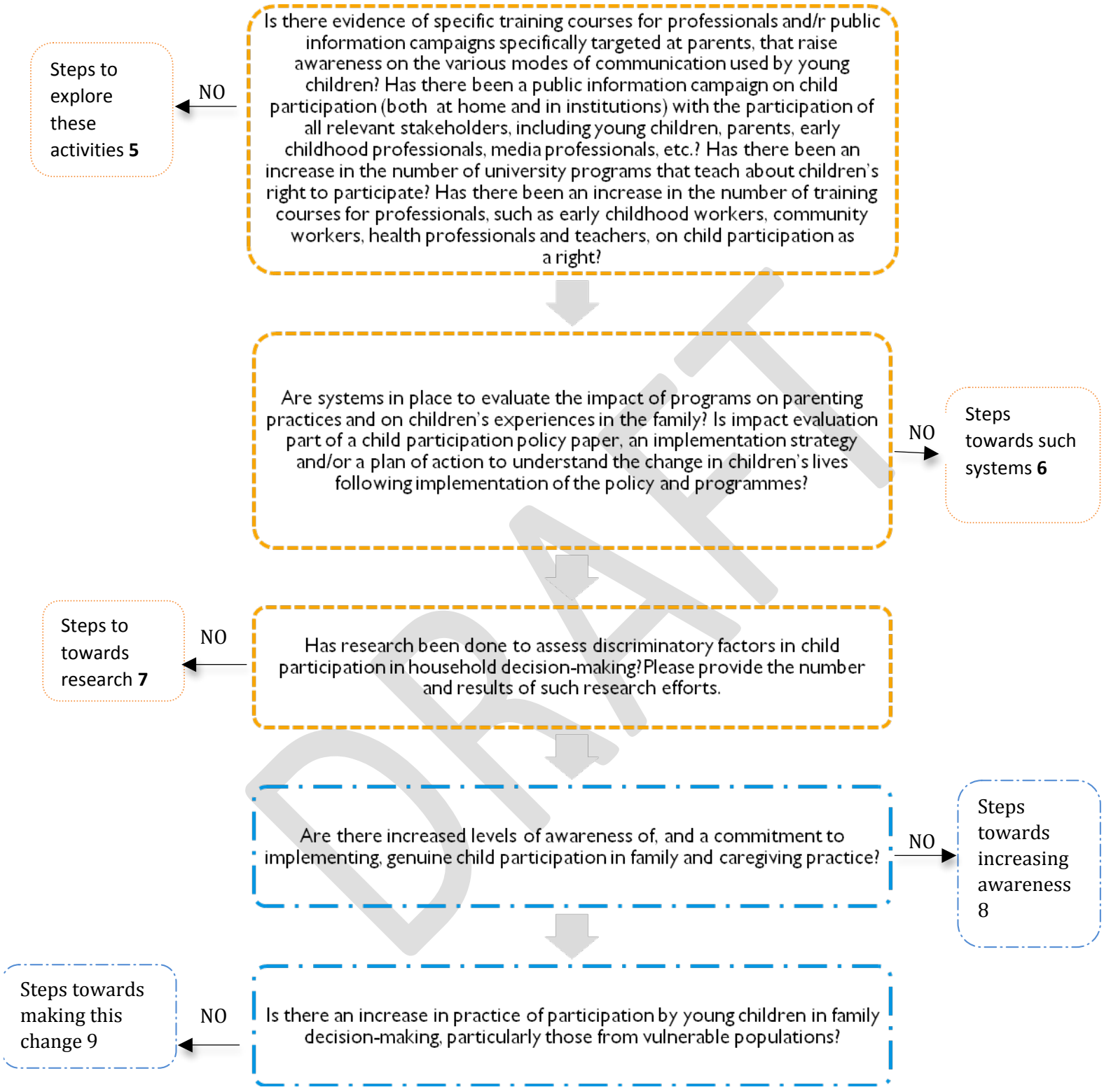


FIGURE 9: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 6: PARTICIPATION IN FAMILY DECISION-MAKING.

Suggested Steps

1. Support policies that promote the view of the young child as a rights holder.

   Examples of policies that can be modeled include the Child Protection Act of Australia: http://www.childsafety.qld.gov.au/child-protection/rights/children.html

   Childwatch International Research Network's child participation page: http://www.childwatch.uio.no/research/participation-and-citizenship/

   Child to Child Trust and UNICEF cooperation on children's participation and early childhood development program around the world: http://www.child-to-child.org/action/gettingreadyforschool.htm.

   For good practice examples, see How-to Guide: Child Participation in Education Initiatives http://www.crin.org/docs/CRS%20ZIM%20Matrix3%20web.pdf

2. Develop policies and systems geared towards increasing parents' knowledge about child communication by, for example:

   - integrating such information into training of prenatal health service providers (such as doctors, nurses, community support workers)
   - supporting programs for educating and informing parents on child rights. *For examples:* http://www.unicef.org/evaldatabase/index_31123.html http://www.childrenandyouth.org/earlychildhood.html

3. Support and fund programs that allow child care professionals to work with vulnerable groups. *For example see India Together, which highlights successful programs in India:* http://www.indiatogether.org/2005/jul/hlt-grayzone.htm

4. Collaborate with training and academic institutions to develop materials and resources for parents or caregivers about:

   - the young child as a rights holder. *For example:* http://www.unicef.org/crc/
   - the parent or caregiver's role in regard to willingness to listen and consideration of child views

   For further suggestions, refer to the UNICEF/WHO publication Care for Development: http://www.who.int/child_adolescent_health/documents/imci_care_for_development/en/index.html

5. Promote awareness-raising strategies by:

   - developing programs targeted towards encouraging child participation in family decision-making
   - producing pamphlets to inform parents on the rights of the child in decision-making

- encouraging educational media campaigns that highlight these issues. *For example, Child Rights in Romania:* http://www.childrights.ro/ *as well as, UNICEF Magic/The Oslo Challenge Network:* http://www.unicef.org/magic/users/media.html

6.
   - Examine reasons for lack of impact evaluation on existing programs
   - Design a monitoring and evaluation framework to access the impact of CRC training courses

7.
   - Encourage researchers to investigate these areas by enlisting them as priority research areas
   - Encourage funding agencies (both philanthropic and government) to allocate funds for research conducted in this area

8.
   - Investigate reasons for lack of awareness-raising
   - Design awareness-raising strategies, such as media campaigns, user-friendly pamphlets, questions in countrywide surveys, etc.

9.
   - Assign a task force to review current practices and evaluate strategies currently in place
   - Look at existing data and disaggregate data based on criteria of vulnerability within your country or cultural context and repeat analyses based on these criteria
   - Model data collection systems after successful examples from other countries, while accounting for country specific factors. *For examples see UNCRC's General Comment 12 on child participation:* http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC-C-GC-12.doc
     UNICEF is also in preparation on a guide on monitoring child participation. See the first draft at: http://www.childrightsinpractice.org/forum/topics/measuring-child-participation

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation of the right to participation of children in family decision-making:

- national and local government departments responsible for supporting families and young children, particularly in the areas of health, education and social welfare
- parents, other caregivers, and professional and/or lay bodies representing or supporting these stakeholders
- civil society and private-sector providers of services for parents, caregivers and infants
- schools and colleges where caregivers and other professionals are trained

Here are a few suggested ways to collect data:

- Conduct key informant interviews to investigate awareness of child rights among parents and caregivers on the following themes:
    - the multiple forms of communication used by young children to express their views and feelings
    - the consideration given to these expressed views and feelings in line with the child's evolving capacities
- Undertake surveys (Multiple Indicator Cluster Surveys, Demographic Health Survey, and so on) of adult attitudes to child participation, actual child participation, and child perceptions of and reporting about their participation.
- Undertake a desk review of policies, resources allocated, any evaluation of the impact of awareness-raising activities, trainings and influence on parental practice.
- Collect and analyze data disaggregated by vulnerability considerations, for example, gender, and disability.

Words of Caution

☑ In developing appropriate resource materials for parents/caregivers and in designing programs to raise awareness, consider the specific needs of new immigrants, refugees and other groups with limited language literacy.

☑ While ensuring that children have means to report any abuse or neglect, make sure that relevant laws and policies are in place to protect these children against any punitive action from the their abusers.

Country example: India

Butterflies Program for Homeless Street and Working Children

Butterflies is a program that works with about 800 mostly homeless children living and working on the streets of New Delhi, India.[9] The program gives the children skills and knowledge to protect themselves and to develop as respected and productive members of society.

A team of street educators is at the centre of the program. These educators build trust with the children by involving them in a range of activities, including non-formal education. This education, about money-saving plans, leisure activities and health programs, takes place at various contact points.

A Children's Council is in place that meets once a month. Child representatives bring issues raised by the children at each contact point to these meetings. In this way, children participate in planning most of the activities offered by Butterflies. They also have a chance to discuss and share information on issues such as:

- drugs
- police harassment
- non-payment of wages
- the need for better jobs
- the problem of gambling

Child representatives observe various social and political current events and work towards joint action to address some of the problems they observed.

The Children's Council enables children to learn the principles of democracy. At the same time, participating in the council educates them and empowers them to take legal action when their rights have been violated. Concrete initiatives arising from the council meetings are a Child Workers Union, a Credit Union and the Child Workers Voice, a periodical for and by working children.

The children not only plan most of their activities but also contribute materially towards them. Being obliged to contribute increases their sense of ownership of the program. The children are committed to making the program succeed.

This program demonstrates that children are able to participate in and contribute towards the development and running of programs that serve them. It also shows that such programs are more efficient when children are directly involved.

An important requirement for the program is that adults be prepared to give up power to share decisions with the children. Without a doubt, negative adult mind-sets are a great obstacle faced by the children.

[9] Gerison Lansdown, *Promoting Children's Participation in Democratic Decision-Making*, Innocenti Insight (Florence: UNICEF, Innocenti Research Centre, February 2001), http://www.unicef-irc.org/publications/pdf/insight6.pdf.

Many employers, community members and government officials believe that they know best and do not believe in children's capacity to participate in decision-making. As well, police officers and members of the general public often see these children as thieves rather than as individuals struggling to survive.

One challenge remaining is that the parents of working children who live at home are often do not wish to let them participate in the programs available. Butterflies highlights the need to educate adults as well as children. Adults need to be made more aware of the importance of respecting children's rights and acknowledging children's active participation in the exercise of those rights.

Indicator Set 7: Violence Against Young Children

The United Nations' Global Study on Violence against Children revealed that millions of children are subjected to violence everywhere, in all settings, in every country and society and across all social groups. Apart from extreme violence against children that we see in the news, the study exposed that that daily, repeated small acts of violence and abuse hurt children more. The study shows that most violent acts against children are carried out by people they know and should be able to trust like their parents, other family members, schoolmates, teachers. Violence against children includes physical and psychological violence such as insults and humiliation, discrimination, neglect and maltreatment. The study once more provided evidence that short- and long-term effects of violence on children are grave and damaging.[10]

Violence continues partly because children are often reluctant to speak out for fear of punishment. Also, children's complaints are often not taken seriously.

The relative powerlessness and vulnerability of young children is recognized many times in General Comment 7. The Convention on the Rights of the Child also emphasizes the State's obligation to protect children from all acts of violence (article 19).

Article 19, Protection from abuse and neglect

The State shall protect the child from all forms of maltreatment by parents or others responsible for the care of the child and establish appropriate social programs for the prevention of abuse and the treatment of victims.

"Article 5 requires States to respect the responsibilities, rights and duties of parents 'to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention'. Here again, interpretation of 'appropriate' direction and guidance must be consistent with the whole Convention and leaves no room for justification of violent or other cruel or degrading forms of discipline."

(Committee on the Rights of the Child, General Comment 8, 2006, CRC/C/GC/8, para. 28)

[10] The United Nations Secretary-General's Study on Violence against Children, 2006. http://www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf

All forms of corporal punishment are threats to a child's physical and/or emotional integrity. Both the CRC (article 18.1) and GC7 (para 18) recognize the primary role of parents and caregivers to protect young children from violence. These documents require State parties to take measures to prevent and/or criminalize violence and degrading punishment or treatment in two important ways:

- through enacting and enforcing effective laws and administrative measures (CRC article 19)
- through providing information or training and support to parents and caregivers on alternative, non-degrading or non-harmful, positive disciplinary measures (CRC article 18.2)

It is particularly important to note the issue of violence towards young children extends to professional fields such as education and law enforcement systems. For example, article 28.2 of the CRC obliges the State party to ensure appropriate discipline in schools and other educational environments.

Effective first steps in protecting children against violence of all kinds could include:

- helplines that are accessible to all children
- ombudspeople to represent children and protect their interests in courts or other settings

Data collection systems are also central to the implementation of this right. These techniques of data collection should be accompanied by active measures to

- promote alternative forms of punishment, reprimand or control
- protect and rehabilitate children who are victims of violence
- prosecute parents, caregivers and professionals who violate the rights of young children through abusive or violent disciplinary methods

Note that once the mechanisms to report violence against children are improved, the rate of reporting may increase. However, this increase in reporting does not necessarily indicate an increase in the actual incidence of violence.

This indicator set also includes obligations due under article 39 of the CRC for State parties to support the physical and/or psychological recovery of young children affected by violence or abuse. Although the manual recognizes that certain aspects of violence are subjective, this indicator set seeks to include as many forms of abusive, disempowering or degrading behaviours as possible. These range from the verbal (such as humiliation and shaming) to the physical (ranging from shaking babies to injurious beating, female circumcision and female infanticide).

Violence consists of more than actions; overlooking a problem is also a form of violence. While all children could be subjected to both kinds of violence, factors such as gender increase violent incidents for some children. For example, female children may be subjected to negligence and a lesser quality of care and nurturance. This inequity highlights the importance of disaggregating data during data analysis.

Key Question: With respect to articles 18.1, 18.2, 19, 28.2 and 39 of the Convention on the Rights of the Child, what measures are in place to support parents and other caregivers in preventing violence or abuse towards young children, to hold perpetrators accountable, to facilitate the recovery of affected young children, and to ensure adequate recording of the prevalence of violence or abuse and the impact on prevalence of any preventive measures?

Excerpts from the Committee's Concluding Observations on Government Reports

"The Committee expresses its concern about the lack of prohibition in local legislation of the use of corporal punishment, however light, at home. In the view of the Committee, this contravenes the principles and provisions of the Convention." (Libyan Arab Jamahiriya CRC/C/15 Add.84, para. 14)

"[T]rain parents, teachers, law enforcement officials, care workers, judges, health professionals and children themselves in the identification, reporting and management of cases of violence and abuse, using a multidisciplinary and multisectoral approach." (Mauritius CRC/C/MUS/CO/2, para. 48(c))

"[S]et up a comprehensive and nationwide response system designed to provide, where appropriate, support and assistance to both victims and perpetrators of family violence, rather than only intervention or punishment …" (Poland CRC/C/15/Add.194, para. 35(b))

"[L]egal procedures dealing with cases of child abuse are child sensitive, do respect the child's privacy and prevent re-victimization of the child, inter alia, by accepting videotaped testimony of the child victim as admissible evidence …" (Costa Rica CRC/C/15/Add.266, para. 38)

Indicator 7: Violence Against Young Children (CRC Articles 18.1, 18.2, 19, 28.2 and 29; CRC General Comment 8: The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment)	

Structure	• What policy measures are in place to ensure adequate monitoring and data collection on violence against young children?
	• Is there a written policy intended to protect, remove and/or rehabilitate young children subjected to severe physical punishment, and, if in the child's best interests, to reunite separated children with parents/caregivers?
	• What policy measures exist to:
	  ○ assess the prevalence of violence or abuse of young children in general and in informal caregiving and/or formal professional settings?
	  ○ raise awareness among parents, caregivers and professional groups about the negative consequences of violent (physical and verbal) disciplinary measures?
	  ○ promote alternative forms of discipline that serve to minimise or eradicate the use of violent forms such as spanking, beating infants, shaking babies or other, non-physical forms of discipline, such as shouting, shaming or withdrawal of affection?
	• What laws and policies are in place to illegalize violence or abuse of young children (for example, female genital cutting and female infanticide) and to prosecute adults (parents, caregivers and professionals) who violate these laws?

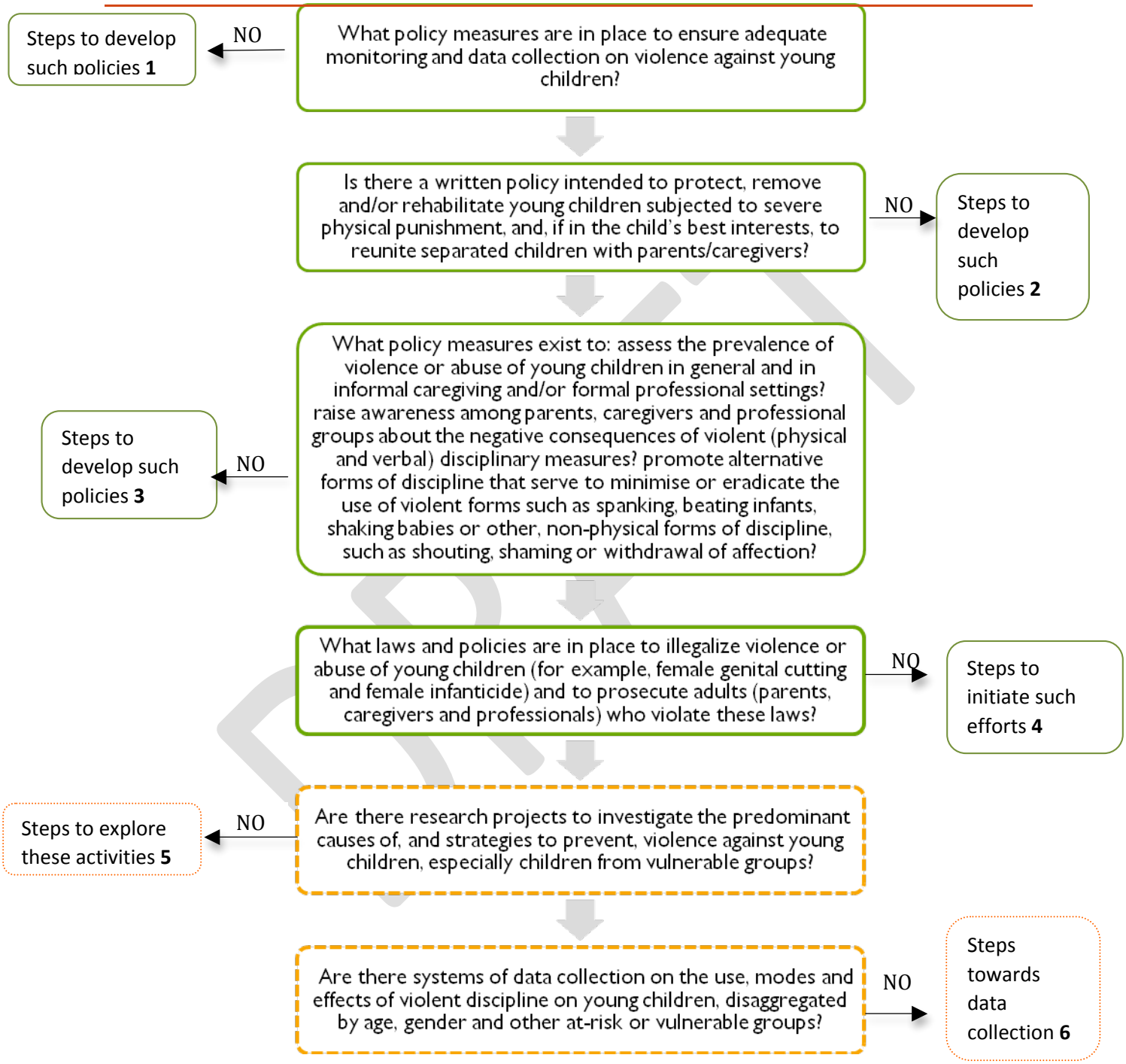
Process	• Are there research projects to investigate the predominant causes of, and strategies to prevent, violence against young children, especially children from vulnerable groups? • Are there systems of data collection on the use, modes and effects of violent discipline on young children, disaggregated by age, gender and other at-risk or vulnerable groups? • Are there initiatives to raise awareness and prevent violent physical and emotional (demeaning, ridiculing) disciplinary measures on children? • Are there initiatives to raise awareness of alternative non-violent, non-abusive disciplinary measures that respect the child as a rights holder? • Are there systems, or efforts in place to build systems, to ensure quality monitoring in the provision of social services to ensure appropriate removal of at-risk children and, where appropriate, to return these children to their primary family or caregiving environment?
Outcome	• Has there been a reduction in the levels of violence perpetrated against young children, as indicated by such sources as hospital statistics, police reports, church officials, etc.? • Are there improved levels of awareness among duty bearers as to the effects of violent discipline and the benefits and potentials for alternative non-violent methods of discipline? • Are there improved standards in the provision of social services with regards to protection, removal and reunification of at-risk children? • Are there improved standards in the provision of social services with regards to disciplinary methods used with children in state/foster care? • Is there disaggregated data on the use of violent punishment across a variety of vulnerable groups?
Sources of Information	• Desk reviews of injury or abuse statistics, hospital statistics, social work cases, and so on with respect to vulnerable groups and causes of childhood injury • Quantitative reporting of numbers and proportions of young children (also with respect to vulnerable groups) who have experienced injurious physical punishment or otherwise unexplained injuries • Qualitative surveys or studies of childhood experience of violence in early childhood (possibly with older children but wherever practicable as young as possible)
Duty Bearers	• National and local government departments with responsibility for supporting families and young children, particularly on child protection and social work but also not excluding areas such as health and education • Civil society and private sector providers of services for vulnerable families, particularly those working on child protection issues • Social leaders, for example, religious or community leaders • Parents, other caregivers and professional and/or lay bodies representing or supporting these stakeholders

General Comment 7 (paragraphs)	**Reporting Guidelines (sections)**
3 : young child as rights holder 16 : parents as conduit of rights 18 : parenting and caregiving styles, and child protection 29 : parents as first educators 36a : abuse and neglect	6b : programs 6c : resources 6d : statistical data 16 : raise awareness 28a : parental guidance 28b : parental responsibility 28f : deprived of family 28g : adoption; 28i : abuse and neglect

Monitoring and reporting

Figure 10 displays some of the steps to take and questions to ask when reporting on Violence **Against Young Children** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 7: VIOLENCE AGAINST YOUNG CHILDREN



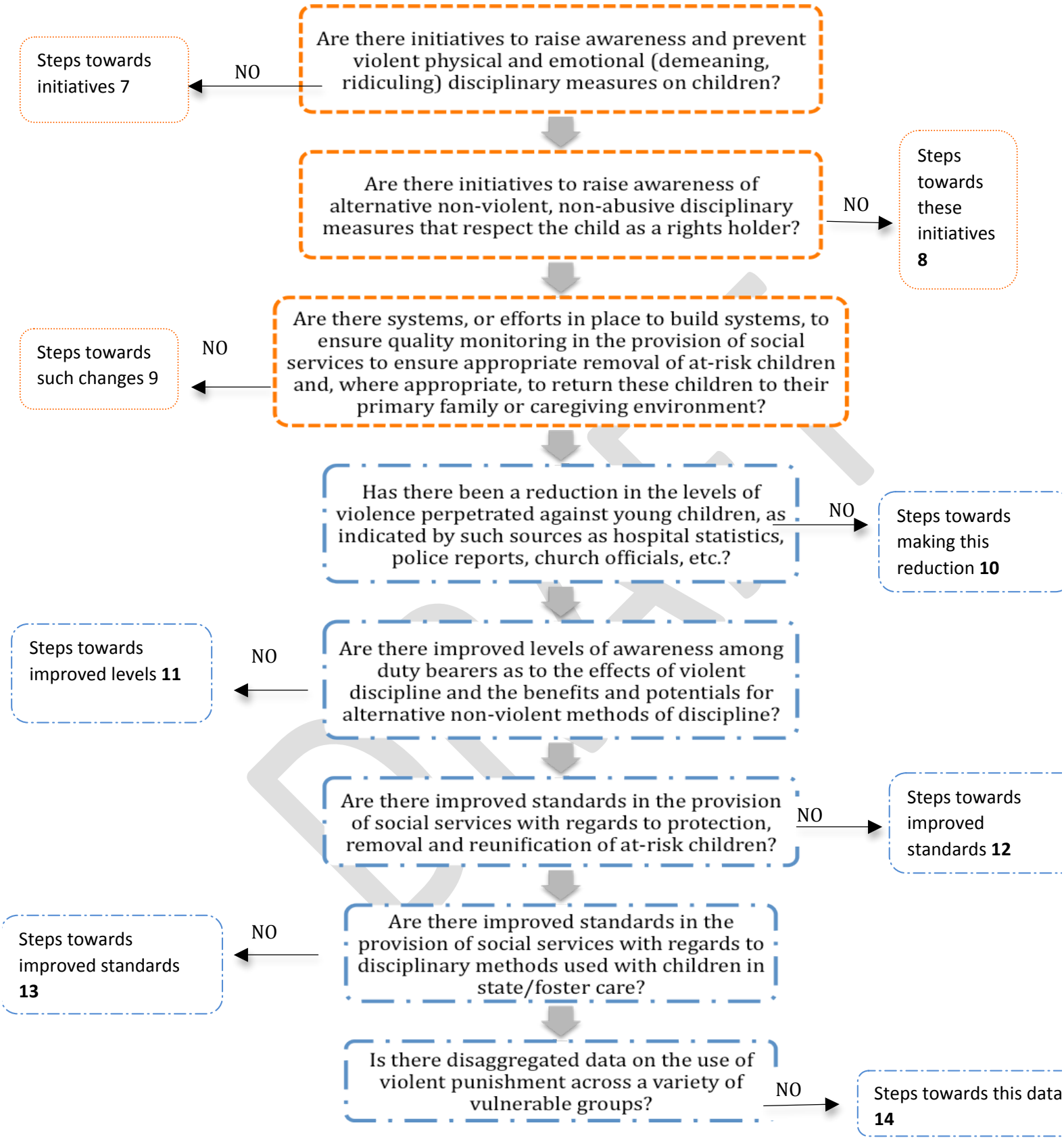


FIGURE 10. SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 7: VIOLENCE AGAINST YOUNG CHILDREN

Suggested Steps

1. Develop policies that support the monitoring of violence against young children.

   For example, international, regional and national policies and campaigns for law reform to prohibit all corporal punishment of children can be found at the Global Initiative to End All Corporal Punishment of Children's website: http://www.endcorporalpunishment.org/pages/reform/campaigns.html

   Further, the European Union's DAPHNE program promotes surveys and studies around this cause: http://ec.europa.eu/justice_home/daphnetoolkit/html/welcome/dpt_welcome_en.html

2. Promote policies that protect, rehabilitate and reintegrate young children subjected to violence, by:
   - supporting foster homes for children exposed to violence in the home. *An example of such policy is outlined in the Domestic Violence Intervention Act of Nova Scotia, Canada:* http://www.gov.ns.ca/legislature/legc/statutes/domestcv.htm
   - creating a code of conduct that forbids physically disciplining children in care centers. *For examples, see:* http://www.endcorporalpunishment.org/pages/reform/leg_measures-school.html
   - supporting counseling programs for children and their families exposed to violence

3. Develop policies that:
   - implement policy for periodical assessment of the prevalence of violence within different sectors of early childhood services (for example, daycare centers, preschools, etc.)
   - encourage the development of materials that educate parents and caregivers on suitable forms of discipline, *such as the Council of Europe Positive Parenting web-brochure:* http://www.coe.int/t/dg3/familypolicy/Source/Plaquette%20positive%20parenting%20ENG.pdf
   - support awareness-raising campaigns (pamphlets, public health education) that inform caregivers on the negative consequences of violent behavior. *For example, the Stop the Violence Campaign in Kenya:* http://www.unicef.org/infobycountry/kenya_35408.html

   See also the Council of Europe Campaign website, which gives policy examples for 47 countries in Europe: http://www.coe.int/t/dg3/corporalpunishment/

   As well, the Recommendation of the Committee of Ministers to member states on integrated national strategies for the protection of children from violence https://wcd.coe.int/ViewDoc.jsp?id=1539717&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383

   See also the United Nations Secretary-General's Study on Violence against Children, which gives policy examples and recommendations around the world: http://www.unviolencestudy.org/

4. Encourage laws and policies that prohibit abuse of children. *For examples, see:*

   Canadian laws that prohibit child abuse, child sexual assault and exploitation: http://www.justice.gc.ca/eng/pi/fv-vf/facts-info/child-enf.html

   WWSF International Clearinghouse for Prevention of Child Abuse and Violence Against Children: http://www.woman.ch/index.php?page=children-clearinghouse&hl=en_US

5. Encourage and facilitate projects investigating and collecting qualitative and quantitative data on child violence and periodic follow-up of vulnerable young children and their families.

6. Initiate the establishment of data collection systems within the relevant sectors, such as the justice system, law enforcement and hospitals, etc.

7. Support awareness-raising and prevention initiatives on the negative consequences of violent disciplinary measures through:

    - media campaigns, pamphlets, publications (web/print)
    - community lectures and seminars
    - in-service training for child care professionals

8. Support awareness-raising and initiatives that highlight alternative non-violent, non-abusive, disciplinary measures that respect the child as a rights holder through:

    - media campaigns, pamphlets, publications (web/print)
    - community lectures and seminars
    - in-service training for child care professionals

9. Establish a quality monitoring and evaluation task force in every step of child removal while ensuring the child is the first priority.

10. Investigate whether the lack of change is from:

    - lack of support for programs and awareness campaigns
    - lack of efficiency of such programs and campaigns
    - barriers that create a gap between acquired knowledge and action
    - cultural barriers

11. Investigate whether the lack of change is from:

    - lack of funding towards programs and awareness campaigns
    - lack of efficiency of such programs and campaigns
    - barriers that create a gap between acquired knowledge and action
    - cultural barriers

12. Investigate what is the root cause for the lack of change, for example:

    - lack of funding
    - poor delivery and monitoring of social services
    - inefficient policy

13. Investigate what is the root cause for the lack of change, for example:

- lack of funding
- poor delivery and monitoring of social services
- inefficient policy

14. Disaggregate and review data from, for example, vital statistic, immigration data and/or social services and welfare data. *For example see*: http://www.secasa.com.au/index.php/children/1023/383/10

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation of the right to protection from violence against young children:

- national and local government departments responsible for supporting families and young children, particularly in the areas of child protection and social work, but also including areas such as health and education
- civil society and private-sector providers of services for vulnerable families, particularly those service providers working on child protection issues
- social leaders, for example, religious or community leaders
- parents and other caregivers and professional and/or lay bodies representing or supporting these stakeholders

Here are a few suggested ways to collect data:

- Conduct desk reviews of injury or abuse statistics, hospital statistics, social work cases, and so on with respect to vulnerable groups and causes of childhood injury.
- Undertake quantitative reporting of numbers and proportions of young children (also with respect to vulnerable groups) who have experienced injurious physical punishment or otherwise unexplained injuries
- Commission or undertake qualitative surveys or studies of experience of violence in early childhood (perhaps with older children but, wherever you can, with children as young as possible)

Country example: Multinational

The Prohibition of Corporal Punishment

The *UN Study on Violence against Children*[11] is the second study on violence to be conducted requested by the Committee on the Rights of the Child, exercising a power granted by the Convention on the Rights of the Child. The first study, in 1996, examined the effects of armed conflict on children.

The Committee requested the most recent study on violence against children after devoting two Days of General Discussion to the theme in 2000 and 2001. After the request was approved by the General Assembly, in February 2003 UN Secretary-General Kofi Annan appointed the Brazilian professor Paulo Sérgio Pinheiro as the independent expert to direct the study.

The study's aim is to "lead to the development of strategies aimed at effectively preventing and combating all forms of violence against children, outlining steps to be taken at the international level and by States to provide effective prevention, protection, intervention, treatment, recovery and reintegration."[12] The study is a joint initiative supported by the Office of the High Commissioner on Human Rights (OHCHR), the United Nations Children Fund (UNICEF) and the World Health Organization (WHO).

The study suggests that young children are at greatest risk of physical violence. Some violence against very young children causes permanent damage and even death, although those responsible may not aim to cause such harm. Research from various countries indicates that the "shaken baby syndrome"—the abuse of small children by shaking—frequently causes head injuries and severe brain injury.[13]

Neglect also contributes to death and disease in young children. Neglect includes failing to:

- meet children's physical and emotional needs
- protect children from danger
- obtain medical or other services when needed

The imbalance in the sex ratio between girls and boys in some regions suggests that girls are at particular risk of neglect as well as violence. Disability also increases the risk of neglect. Disabled children may be abandoned, a practice that may sometimes be accepted and encouraged in some societies.

The *UN Study on Violence against Children* sets a target date of 2009 for universal prohibition of corporal punishment, including in the home. As of September 2008, 23 states had prohibited corporal punishment in all settings, including the home. Supreme Courts in two more states—Italy and Nepal—have ruled that corporal punishment in childrearing is against the law. At least 24 more states are

[11] United Nations Secretary-General, *UN Study on Violence against Children*, Report of the independent expert for the United Nations, Paulo Sérgio Pinheiro, Promotion and Protection of the Rights of Children, United Nations General Assembly, Sixty-first session, A/61/299 (August 2006), http://www.violencestudy.org/r242.

[12] Letter dated 12 October 2001 from the Chairperson of the Committee on the Rights of the Child addressed to the Secretary-General, United Nations General Assembly, Fifty-sixth session, Agenda item 115, Promotion and protection of the rights of children, A /56/488, 19 October 2001.

[13] O. Flodmark, "Imaging in Battered Children," *Rivista di Neuroradiologia* 17 (2004): 434–36.

committed to fully outlawing corporal punishment and/or are actively debating prohibitionist bills in parliament.

New Zealand was the first English-speaking state to enact fully outlaw corporal punishment (June 2007). The first Latin American state to legislate prohibition was Uruguay (November 2007), followed by Venezuela and Costa Rica. The Council of Europe is the first intergovernmental body to launch a campaign for its 47 member states.

Basic Health and Welfare

Indicator Set 8: Basic Material Needs

A recent study revealed that the lives of 200 million young children[14] are being compromised because governments are not fulfilling their commitments under the Convention on the Rights of the Child, which was created through state negotiation to ensure that every child reaches their full potential.

The statistics on child poverty and hunger are alarming. According to UNICEF:

- 600 million children worldwide live in absolute poverty
- 30,000 children die each day due to poverty
- over 300 million children go to bed hungry every day[15]

One of the main reasons why State parties created the CRC was that children experience many things differently from adults. Childhood experiences that are negative and/or not supportive of the specific needs of young children, may hold back maximum developmental achievement. These children may experience problems throughout their lives that in turn could affect the development of countries themselves.

State parties need to remember this very basic fact when they are making all legal and policy decisions. Each and every legal and policy decision affects how a child experiences the standard of living.

Research shows that children experience a poor standard of living differently from adults. Poverty and deprivation of basic material needs have permanent effects on children. Even short periods of deprivation can impact children's long-term development.

According to UNICEF, "Children experience poverty as an environment that is damaging to their mental, physical, emotional, and spiritual development."[16] Therefore, as an umbrella right, the best interest of the child should guide all economic policies, such as fiscal, monetary, and exchange-rate policies (CRC article 3 along with articles 2, 6, 4, 5, 26 and 27).

CRC Article 26, Social security
The child has the right to benefit from social security including social insurance.

CRC Article 27, Standard of living
Every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development. Parents have the primary responsibility to ensure that the child has an adequate standard of living. The State's duty is to ensure that this responsibility can be fulfilled, and is. State responsibility can include material assistance to parents and their children.

[14] Sally Grantham-McGregor, Yin Bun Cheung, Santiago Cueto, Paul Glewwe, Linda Richter, Barbara Strupp, and the International Child Development Steering Group, "Early Child Development: The Global Challenge," *Lancet* 369, no. 9555 (2007): 60–70.
[15] UNICEF, *The State of the World's Children 2008*; also *The State of the World's Children 2005: Childhood Under Threat*, http://www.unicef.org/publications/index_24432.html.
[16] UNICEF, "Defining Child Poverty" [policy document] (2005).

Governments should consider the interest of the child as early and as comprehensively as possible when setting economic policies. After all, the purpose of the economy is to improve people's lives, including children's lives. And children make up more than 37 per cent of the world's population.[17]

In discussing states' obligations to meet basic material needs, the CRC offers a holistic approach to child and human development. The Convention considers development to include physical, mental, spiritual, moral and societal aspects.

In articles 2, 6, 3, 4, 5, 26 and 27, the CRC underlines not only general access to opportunities through a family's or community's living standards, but also the importance of the individual child's realization of an adequate standard of living.[18] Therefore, GC7 (article 26) refers to the CRC obligations under article 27.1, which asks State parties to ensure an adequate standard of living to promote child development.

The primary responsibility for providing an adequate standard of living rests with the parents (CRC article 27.2). However, both GC7 (article 20) and the CRC (article 27.3) emphasise the obligation of State parties to provide appropriate information and material support for parents and caregivers in fulfilling their responsibilities.

Whereas the CRC and GC7 speak generally to social security and welfare provisions (CRC article 26), this indicator set aims to measure basic material needs. This set of indicators is intended to assess the capacity of families to provide basic material needs for children under their care. The indicator set also extends consideration of children in alternative care environments.

We suggest here that a blanket, shoes and two sets of clothes may be priority needs. However, other priorities may make more sense in different countries (for example, sleeping mat, sheets, school books, soap, and so on). The indicator set also emphasises that the issue of basic material needs is particularly relevant to those groups that require special protection measures, for example, refugees, children working or living on the streets, or groups defined by socio-economic status (CRC article 2).

[17] John Micklewright, "Macroeconomics and Data on Children," Innocenti Working Papers 73 (Florence: UNICEF Innocenti Research Centre, 2000), http://www.unicef-irc.org/cgi-bin/unicef/Lunga.sql?ProductID=195.

[18] Arlene B. Andrews and Natalie H. Kaufman, eds., *Implementing the U.N. Convention on the Rights of the Child: a Standard of Living Adequate for Development* (Westport, CT: Praeger, 1999).

Key Question: With respect to articles 26 and 27 of the Convention on the Rights of the Child, what measures are in place to assess the basic material needs of young children? Further, what measures are in place to provide for those needs and to assess the effectiveness of these measures in meeting the needs of both the general population of young children and those in vulnerable categories?

Excerpts from the Committee's Concluding Observations on Government Reports

"The Committee is seriously concerned over the growing gaps in the standard of living and the increasing number of children living in poverty or extreme poverty, also evidenced through the rising Gini coefficient, an international standard used to measure levels of inequality … The inequalities in the standard of living present a serious obstacle to the equal enjoyment of the rights in the Convention … The Committee recommends that the State Party prioritize and allocate sufficient funds in order to counteract the increasing inequality and effectively reduce the discrepancies in the standard of living, inter alia, between urban and rural areas …" (Colombia CRC/C/COL/CO/3 paras. 65 and 66)

"In view of the high proportion of children living in poverty in the State Party, the Committee notes with concern the lack of reliable information regarding the coverage of the social security plans in place vis-à-vis the needs of children and their families. The Committee reiterates that such data is crucial for the monitoring and evaluation of progress achieved and impact assessment of policies with respect to children. The Committee is also concerned that the social security system currently in place in the State Party is not in full compliance with article 26 of the Convention … The Committee recommends that the State Party:

(a) Upgrade its system of data collection on the coverage of the social security plans currently in place, and ensure that all data and indicators are used to evaluate and revise these plans whenever necessary; and

(b) Make efforts to revise or/and establish a social security policy along with a clear and coherent family policy in the framework of poverty reduction strategy, as well as effective strategies for using the social safety net benefits to further the rights of children." (Nigeria CRC/C/15/Add.257, paras. 59 and 60)

Indicator Set 8: Basic Material Needs (CRC Articles 2, 6, 3, 4, 5, 26 and 27)	

Structure	• Is there policy in which the government identifies the relevant basic material needs for young children in your country?
	• Is there written policy identifying an official poverty line?
	  ○ Does it consider the effects of poverty on young children?
	  ○ Does it take into account rural-urban and/or regional differences?
	  ○ Does it take into account categories of vulnerable groups?
	• Is there written policy identifying structures to implement and steps to take towards poverty reduction?
	  ○ Do poverty reduction strategy documents prioritize early childhood?
	  ○ Are there provisions governing international, multilateral or bilateral poverty reduction and/or development agreements?
	  ○ Do these policies define indicators and benchmarks regarding early childhood development and care to measure progress?
	• What are the policies that define the minimum standards for basic material needs in early childhood that must be guaranteed by the State?
	  ○ Do these policies employ standard material needs or a hardship index, catalogue or list? Such a list might include housing or shelter security and safety, nutrition and food security, potable water, clothing, medical care and health insurance.
	  ○ What constitutes basic material needs for
	  – Children (disaggregated by sex, social status, disability, etc.)?
	  – Families with children?
	  – Children in all forms of alternative care (disaggregated by form of care, for example, kinship, fostering, residential, etc.)?
	  ○ Is there a free, confidential and easy-to-reach system (linked to all relevant government departments) for children and their families to seek basic material needs?
	• What policy and practical measures are in place to support parents and caregivers of young children to ensure that basic material needs are fulfilled?
	  ○ Does the government provide housing or shelter security and safety, nutrition and food security, potable water, clothing, medical care and health insurance for all young children?
	  ○ How are available resources planned for in the policies and implemented in practice? These could include financial, personnel, know-how, organizational capacity, mobilised resources of the general public and civil society organizations.
	  ○ Since children of working parents have a right to benefit from childcare services (CRC article 18.3), does the government provide childcare services to parents with young children?
	• Are measures in place to ensure basic material needs are met for vulnerable young children and their families?
	• What programs and projects enable and empower parents to fulfill their responsibilities in terms of basic material needs of their children?

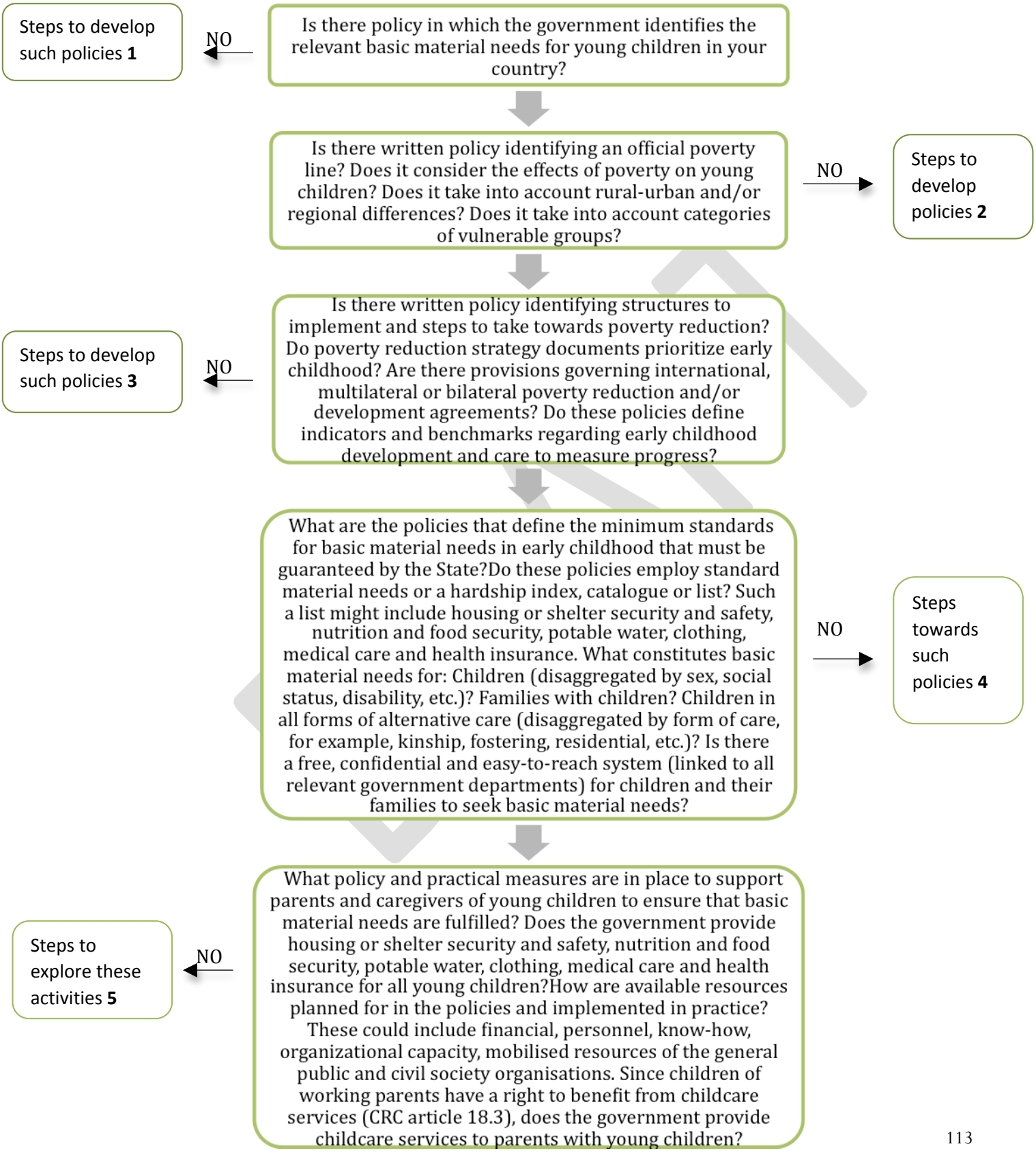
Process	• Does the government conduct or commission research into poverty issues affecting young children's standard of living? • What are the government initiatives and allocated resources, either alone or in partnership with private and civil society sectors, to provide basic material needs to all young children requiring assistance, particularly those from vulnerable populations? • Does the government have a system for collecting data to help determine whether the defined minimum standards are being met, disaggregated with respect to: ○ Proportions and absolute numbers of young children in absolute and/or relative poverty? ○ Different age groups of children (born in a given time period)? ○ Different levels of implementation across standards? ○ All families but particularly excluded and marginalized families, and other vulnerable populations?
Outcome	• What change has there been in the proportion of children receiving basic material needs assistance from government and other sources each year? • Have the above-mentioned changes been disaggregated by sex, social status, vulnerability categories, etc. to understand the level of change based on these different criteria? • Have the programs established to provide basic material needs been reviewed within the last 5 years for: ○ ease of accessibility of the program for all families, particularly the vulnerable? ○ the regions/areas covered by the program?
Sources of Information	• Desk review of social welfare policy as it relates to identifying basic material needs and ensuring provision of those needs • Monitoring and evaluation of the effectiveness of policy implementation in delivering basic material needs • Household survey, or other data, on numbers of children with or without basic material provisions overall, and with respect to vulnerable populations
Duty Bearers	• National and local government departments with responsibility for supporting families and young children, particularly on social welfare but not excluding health and education • Civil-society and private-sector providers of services for vulnerable families

General Comment 7 (paragraphs)	Reporting Guidelines (sections)
3 : young child as a rights holder 20 : assistance to parents 26 : standard of living 36 : vulnerable groups	6b : programs 6c : resources 6d : statistical data 31a : survival 31d : social security 31e : standard of living 32 : high-risk groups

Monitoring and reporting

Figure 11 displays some of the steps to take and questions to ask when reporting on the **Basic Material Needs** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 8: BASIC MATERIAL NEEDS



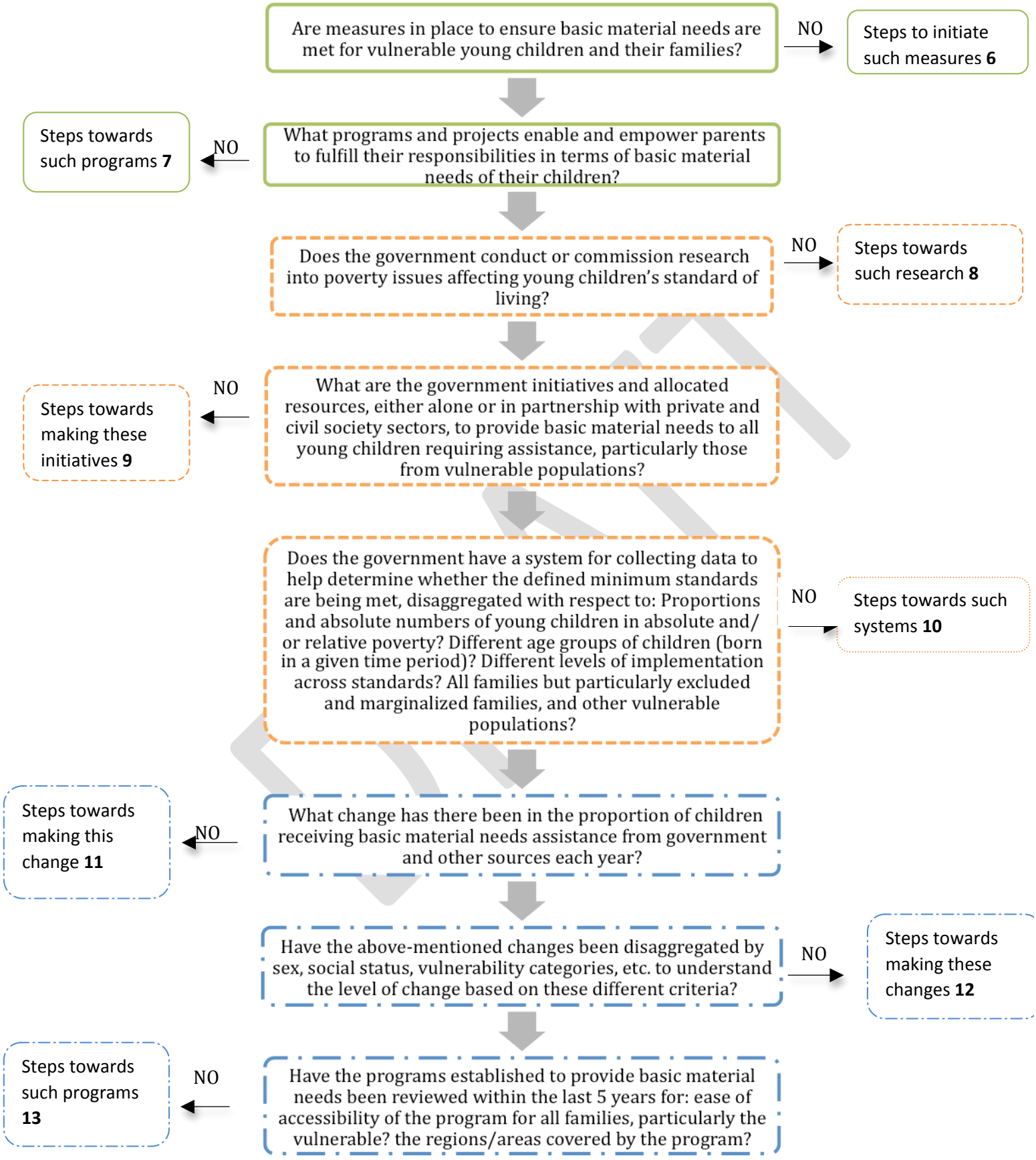


FIGURE 11: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 8: BASIC MATERIAL NEEDS.

Suggested Steps

1. In view of the norm and lifestyle of your country's communities, work towards developing a policy that clearly defines country-specific minimum basic needs.

2. Develop policies by drawing on examples from OCED countries that have a poverty line established from sources other than the World Bank definition and UNICEF Global Study on Child Poverty and Disparities.

   For example, The United States Department of Health and Human Service: http://aspe.hhs.gov/poverty/07poverty.shtml

3. Develop policies that outline poverty-reduction strategies, with particular reference to early childhood.

   For examples see:
   http://www.adb.org/documents/policies/poverty_reduction/Poverty_Policy.pdf (Box 5, page 27)
   http://planipolis.iiep.unesco.org/upload/Ghana/PRSP/Ghana%20PRSP%20June%202006.pdf
   http://www.ccsd.ca/RDS2009/Rapport/NL_Report_FINAL.pdf

4. Implement a policy that recognizes the significance of basic material needs in early childhood and places obligation on State to fulfill that need.

   For example:
   http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cpnp-clsc-metro-eng.php

5. Encourage the implementation of measures that will support parents and caregivers to ensure that basic material needs are met, for example:

   - government support of cash transfer programs for families in need
   - programs to educate parents and caregivers on what the basic material needs for children in your country are
   - offer tools and support on how these needs may be met. *For example, the Head Start Policy initiated in the United States:* http://www.child-encyclopedia.com/en-ca/head-start-policy/how-important-is-it.html

6. Establish polices that ensure access to basic material needs for vulnerable populations by, for example,

   - subsidizing costs
   - providing access to materials
   - assisting with the allocation of resources to rural and remote areas

7. Assist families in fulfilling their responsibilities for their children as emphasized in the CRC. *For examples of enabling assistance by State see:*
   http://www.fns.usda.gov/snap/

8. Research poverty issues as they affect young children. *The ECD encyclopedia provides research examples of multiple poverty issues and effects:* http://www.child-encyclopedia.com/en-ca/recherche.html?q=poverty.

   Also check UNICEF document repository for further examples at:
   http://www.unicef.org/socialpolicy/index_43137.html

9. Create initiatives that support the allocation of resources to children in need. *For example, the Progresa program in Mexico*: http://www.childtrends.org/Lifecourse/programs/progresa.htm

10. Collect data by:

    - developing questionnaires, conducting focus groups, interviews, etc. *For support and examples, see:*

      The demographic and health surveys website: http://www.measuredhs.com/
      The UNICEF Child Info site: http://www.childinfo.org/mics.html
      The DevInfo database system website: http://www.devinfo.org/

    - Using innovative research methodologies that target research on invisible children. For example, collection and interpretation of data on development assistance or child protection shelters (for trafficking victims, orphanages, correction centers, asylum seekers and refugees, and so on). Research methods for hard-to-reach populations may include participatory reflection and action/rapid assessment, cluster sampling, and social network analysis.

      See the UNESCO example in Bangladesh:
      http://www.unesco.org/education/efa/know_sharing/grassroots_stories/bangladesh.shtml

11. Investigate the lack of response using questionnaires, focus groups or other research methods to assist in determining if the cause stems from:

    - a lack of resources allocated to policies and programs
    - barriers to accessing programs
    - poor delivery of policies and programs
    - poor use of the tools and resources provided by the programs

12. Improve data organization. Display and disaggregate data by creating a partnership with university faculty members.

13. Create a periodical review of programs reported on in the previous CRC report with respect to:

    - ease of accessibility of the program for all families, particularly the vulnerable
    - the regions/areas covered by the program

Words of Caution

☑ When you are putting statistical information into the state report, don't forget to provide disaggregated data by age, sex, race, residence, ethnicity, disability, socio-economic status, and other relevant categories of exclusion or vulnerability, such as indigenous children; children from ethnic minorities; migrant, asylum-seeking and refugee children; children affected by or with HIV/AIDS; children born out of wedlock; and children born

Where to look for evidence/data

Statistical evidence is of vital importance in measuring implementation of efficient, accessible, flexible provision of basic material needs as an early childhood right. Judging from the statistical data available, most, if not all, governments should make it a priority to improve the quality of their vital statistics.

However, statistical data by itself does not explain why there are setbacks or how progress in the provision of basic material needs is achieved. Therefore, statistical data should be disaggregated by age, sex, race, residence, ethnicity, disability, socio-economic status, and other relevant categories of exclusion or vulnerability.

Use the list of questions outlined above to verify whether you need to take further action to answer all the questions there. You may find that further actions need to be taken to provide sources of data to understand the implementation of the provision of basic material needs as a right.

You may need to collect the quantitative data to monitor vulnerable groups. For example, perhaps there is a decrease in the child poverty level or increased use of government assistance in only certain regions of your country. If this is the case, you may need to conduct surveys to understand the discrepancy.

There are several ways to fulfil your government's obligation towards young children's right to provision of basic material needs. Most are easy to use. Some require material and human resources. Working with academic institutions and NGOs can help to overcome difficulties such as a lack of resources.

Here are a few suggested ways to collect data:

- Undertake a desk review of social welfare policy as it relates to identifying basic material needs and ensuring provision of those needs.
- Monitor and evaluate the effectiveness of policy implementation in delivering basic material needs.
- Conduct a household survey, or use other data to determine the numbers of children with or without basic material provisions overall, and with respect to members of vulnerable populations.
- Conduct in-depth and/or general interviews and focus group discussions on the provision of basic material needs as part of a community-based study.

Country example: South Africa

National Program of Action for Children in South Africa

The South African government ratified the UN Convention on the Rights of the Child (CRC) in 1995, promising to place children first in its efforts to alleviate poverty. So now the government is obligated towards fulfilling the CRC commitment and to undertake measures to meet children's economic, social and cultural rights to the maximum extent of available resources.

This pledge to children is clearly reflected in section 28 of the Bill of Rights which enshrines children's rights in the South African Constitution and in the government's National Program of Action for Children in South Africa (NPA). The NPA provides a framework that promotes and aims to protect the rights of the child. This framework tries to ensure that children's needs remain a priority for policy makers and government officials responsible for resource allocation and service delivery. Through the process of the NPA, the government aims to integrate children's needs into all budgetary decisions thereby mainstreaming children in the government's poverty alleviation strategy.

Children make up over 47 per cent of South Africa's population, yet still suffer from poor nutrition, inadequate health services, clean water, sanitation and basic education. The budget is the government's most important economic tool as it translates political priorities and policies into expenditure and delivery of services.

Budgetary programs, specifically socio-economic expenditures, affect the well-being and life opportunities of children directly. The South African government's commitment to social service delivery for children in the face of many competing needs highlights the importance of the government budget in alleviating child poverty.

The Institute for Democracy in South Africa (IDASA)'s Children's Budget Project monitors and evaluates the South African government's implementation of the CRC through its National Program of Action. The project undertakes research that tracks government spending on basic social service programs targeted towards children in the key social sectors of health, welfare and education. The research paints a national picture and provides baseline data on children and budgets. In addition it reveals government spending on children through the development of an indicator framework that monitors outlay.

Although the provision of many services needed by children involves the collaboration of two or more sectors, research is undertaken sector by sector. As budgets are drawn up along departmental lines, this approach, while recognizing the intersectoral nature of service provision to children, ensures the link between departmental responsibility and allocation of limited resources towards children.

The research:

identifies sector policy priorities by evaluating current service delivery to children through an historical and sector situation analysis; collates and presents detailed department budgetary data; analyses the extent to which departmental budgets at the program level reflect the shift in policy priorities; proposes opportunities for further reprioritization; recommends improvements in service delivery

towards children; identifies specific indicators that may be used to monitor shifts in government spending on children.

Most recently, the Children's Budget Project analyzed government commitment to child poverty alleviation examining whether children are prioritized in policy, legislation, budgets and service delivery in the health, welfare, education and justice sectors.

The research findings indicate that there is a plethora of policies and legislation aimed at improving the well-being of children that has been put in place since the first democratic government was elected in 1994.

In budgetary allocations children are given priority to some extent, through transfers such as the child support grant in the welfare sector; increases in expenditures in the department of justice's services to fight against child sex abuse and gang crime in poor communities and increases in the real value of the income of poor households reliant on pension payment.

However, the main obstacle to children fully realizing their rights is the problems impeding service delivery. These include lack of access to services due to cost and distance, poor and differential quality of services, inadequate infrastructure and limited human and material resources.

Children are the majority of both today's and tomorrow's population in South Africa. Placing children at the centre of the economic process and monitoring the implementation of the CRC by examining resource allocation makes an important contribution to the children's rights debate and allows for sustainable socio-economic development for all peoples in South Africa.

Indicator Set 9: Child Survival, Health and Development

People often say that the right to life is the most important human right of all. The latest statistics indicate that every year about 8.8 million children die from easily preventable causes such as diarrhea, pneumonia and malaria.[19]

Many of these children would survive if they received cost- effective, life-saving interventions such as hydration or zinc supplements. Exclusive breastfeeding during the first six months of life also gives a child a strong immune system and a sturdy start to combat diseases. It is also important for mother-to-child bonding and attachment that will contribute to quality of care for child survival and development.[20]

More than 4 million children die during the first month of life, just because they do not have access to basic health services to save their lives.[21] Even with health services available, under nutrition is still a concern. Around half of deaths of children under age five are caused by under nutrition.[22]

Under nutrition denies the basic human rights of children, as do unsafe water, poor sanitation and inadequate hygiene. All negatively affect the growth and development of millions of children and therefore the very future of countries themselves.[23]

The Convention on the Rights of the Child emphasizes the important fact that for children, the right to life is not enough without the right to survival and development.

Further, however, every child, who survives has the right to develop his or her potential to the maximum extent possible, to become physically healthy, mentally alert, socially competent, emotionally sound and ready to learn.[24] Yet, as reported by WHO, it has been estimated that over 200 million children under five years of age are not reaching their full potential due to poverty, poor health and nutrition, and deficient care.[25]

Article 6, Survival and development

Every child has the inherent right to life, and the State has an obligation to ensure the child's survival and development.

Article 24, Health and health services

The child has a right to the highest standard of health and medical care attainable. States shall place special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality. They shall encourage international cooperation in this regard and strive to see that no child is deprived of access to effective health services.

[19] UNICEF, *The* State of the World's Children*,* 2009. Available at: http://www.unicef.org/sowc09/
[20] WHO, Integrated Management of Childhood Illnesses (IMCI) Care for Development Intervention http://www.who.int/entity/child_adolescent_health/documents/pdfs/imci_care_for_development.pdf
[21] UNICEF, Newborn Health. Available at: http://www.unicef.org/health/newbornhealth.html
[22] Ibid.
[23] Ibid.
[24] General Assembly resolution: A world fit for children. 2002. A/RES/S-27/2. Available at: http://www.unicef.org/specialsession/docs_new/documents/A-RES-S27-2E.pdf
[25] WHO, *Closing the gap in a generation – health equity through action on the social determinants of health,* 2008. Available at: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

This section shows how children's rights to survival, health and development can be achieved in three main areas:

- Breastfeeding and Complementary Feeding
- Access to and Use of Health Services
- Mainstreaming Care for Child Development into ongoing health and nutrition interventions at home and at health facilities[26]

Key Question: With respect to articles 2, 6, 24 of the Convention on the Rights of the Child, what policies are in place to reduce child mortality and integrate high impact interventions (including, but not limited to, nutritional ones addressing micro-nutrient deficiencies) conducive to reducing child mortality?

[26] SEARO meeting; the first International ECD meeting in Sri Lanka. WHO/MSA/MHP/98.1. Available at: http://www.searo.who.int/LinkFiles/CAH_Publications_SEA-CAH-17-Proceedings.pdf

Indicator Set 9a: Breastfeeding and Complementary Feeding

Recent research strongly confirms that breastfeeding plays a critical role in child development. Breastfeeding provides children with the nutrients they need to develop normally in a healthy way. It is the baby's first immunization and also helps infants develop through stimulation and infant-mother bonding. As a global public health recommendation, infants should be exclusively breastfed[27] for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.[28]

Based on scientific research and current practices, the Convention on the Rights of the Child (article 24.2c–e) articulates the obligation of State parties to provide positive information and education on the advantages and benefits of early and exclusive breastfeeding, to protect, promote and support the practice of breastfeeding.

Furthermore, the Committee investigates States parties' efforts to promote adherence to, and implementation of, the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.[29]

Getting mothers to begin and, in particular, to continue breastfeeding results from the collective efforts of people such as health care professionals, legislators, employers, business owners, and community and family members. However, State parties also play an important role in protecting, supporting and promoting breastfeeding by ensuring an enabling policy environment and adequate resources.

Government efforts to develop and implement appropriate policy and practices can make communities breastfeeding-friendly. These efforts include, for example, an enabling environment for women who work outside home which involve the following:

- provision of adequate maternity leave
- affordable childcare services near the workplace
- sufficient and flexible time of work (allowing mothers to attend to their newborn or young child on a regular basis for at least six months to ensure regular breastfeeding)

Such measures can all help, along with breastfeeding support and counseling, to increase the numbers of women who breastfeed exclusively for six months. Indirectly, these measures can also help to increase the duration of breastfeeding for up to 2 years of age or beyond.

As mentioned, breastmilk provides many advantages to developing children. Breast milk provides all the nutrients a baby needs during the first six months after birth and an important proportion of nutrients afterwards. Also, breastfeeding allows the mother and the baby to bond and stimulates cognitive and psychological development.

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[27] *Exclusive breastfeeding* means that an infant receives only breast milk from his or her mother or a wet-nurse, or expressed breast milk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, minerals supplements or medicines.

[28] WHO/UNICEF. Global Strategy for Infant and Young Child Feeding. Geneva, World Health Organization, 2003. Available at: http://whqlibdoc.who.int/publications/2003/9241562218.pdf

[29] World Health Organization, International Code of Marketing of Breast-milk Substitutes (Geneva 1981). Available at: www.who.int/nutrition/publications/code_english.pdf

Studies have compared children who were fed with breast milk with those who were not. These studies report higher IQ scores among children who were breastfed. Breast milk also contains components that boost the immune system of the infant during several months.

Beyond six months, however, an infant must be gradually introduced to complementary foods to make sure they receive adequate amounts of certain nutrients. A rapidly growing infant especially needs appropriate family foods to meet all of their growth requirements.[30] Breast milk remains an important part of the infant's diet.

Note that "supplementary feeding" refers to formula feeding added to breastfeeding or replacing it; this term is not to be confused with complementary feeding.

Indicator set 9a, breastfeeding and complementary feeding, refers specifically to:

- the health and nutrition of mothers (CRC article 24.2d)
- provision of appropriate information on the benefits of breastfeeding (CRC article 24.2e)
- the importance of ensuring supplies of clean drinking water for the preparation of complementary milk substitutes (CRC article 24.2c)
- the importance of bonding and attachment, as well as early stimulation (CRC article 5, 6, 24, 28)

Excerpt from the Committee's Concluding Observations on Government Reports

"The Committee recommends that the ban of the commercial marketing of infant formula be implemented and that breastfeeding be promoted among mothers in health facilities …" (Lebanon CRC/C/15/Add.54, para. 34)

"The Committee, while noting as positive the adoption of Health Sector Development Plans, regrets the lack of information on resources assigned to health services and is concerned as medical facilities are concentrated to the urban areas, resulting in exclusion of the majority of the population to necessary health services. In particular, the Committee is deeply concerned that infant, under-five and maternal mortality rates remain very high. It is also concerned at the low coverage of vaccinations, the prevalence of malaria, low breastfeeding rates and the high incidence of malnutrition.
"The Committee recommends that the State Party take all necessary measures to strengthen its programs for improving health care by supporting these programs with adequate and clearly allocated resources, while paying particular and urgent attention to mortality rates, vaccination uptakes, nutrition status, breastfeeding rates and the management of communicable diseases and malaria. Specifically, the Committee recommends that the State Party pay further attention to the urban/rural divide." (Ethiopia CRC/C/ETH/CO/3, paras. 53 and 54)

This indicator is intended to request information from State parties on efforts made to construct, implement and evaluate the effectiveness of their intersectoral plan for the promotion and protection of breastfeeding from birth up to two years and beyond.

[30] Krebs, N. F., and K. M. Hambidge. "Zinc Requirements and Zinc Intakes of Breast Fed Infants." American Journal of Clinical Nutrition, 43 (1986): 288–92.

Key Question: With respect to articles 2, 6, 24.2c, 24.2d and 24.2e of the Convention on the Rights of the Child, what measures are in place to support both the understanding and capacity of parents, particularly mothers, to promote the beneficial practice of breastfeeding and the appropriate use of complementary feeding?

Excerpt from the Committee's Concluding Observations on Government Reports

"The Committee recommends that the ban of the commercial marketing of infant formula be implemented and that breastfeeding be promoted among mothers in health facilities …" (Lebanon CRC/C/15/Add.54, para. 34)

"The Committee, while noting as positive the adoption of Health Sector Development Plans, regrets the lack of information on resources assigned to health services and is concerned as medical facilities are concentrated to the urban areas, resulting in exclusion of the majority of the population to necessary health services. In particular, the Committee is deeply concerned that infant, under-five and maternal mortality rates remain very high. It is also concerned at the low coverage of vaccinations, the prevalence of malaria, low breastfeeding rates and the high incidence of malnutrition.

"The Committee recommends that the State Party take all necessary measures to strengthen its programs for improving health care by supporting these programs with adequate and clearly allocated resources, while paying particular and urgent attention to mortality rates, vaccination uptakes, nutrition status, breastfeeding rates and the management of communicable diseases and malaria. Specifically, the Committee recommends that the State Party pay further attention to the urban/rural divide." (Ethiopia CRC/C/ETH/CO/3, paras. 53 and 54)

Indicator 9a: Breastfeeding and Complementary Feeding (CRC Articles 2, 6, 24.2c, 24.2d and 24.2e)	
Structure	• What laws, policies or strategies are in place to promote and support the widest possible practice of exclusive breastfeeding in the first six months of life and to prevent malnutrition, particularly in vulnerable child populations? • Is breastfeeding included in the agenda of public programs and services that address women and infants' health? Does the national health plan have a specific section or budget line for breastfeeding or infant and young child feeding? • What policy is in place to support parents and caregivers in the practice of continued breastfeeding up to two years of age, and the timely introduction of adequate complementary foods from six months of age? • Is there a budget line for providing universal access to information about exclusive breastfeeding and complementary feeding, with specific regard to language and literacy capacity? • Are there policies in place to secure adequate maternal leave to facilitate breastfeeding for working mothers? • Are there policies and/or laws to enforce and promote adherence to and implementation of the International Code of Marketing of Breast-milk Substitutes? • How many hospitals and birth centres have adopted the "baby friendly initiative" of the World Health Organization?[31] • Are there strategies in place to mainstream Care for Development and other similar counselling techniques on appropriate feeding practices including responsive feeding and early stimulation?
Process	• Are there any follow-up programs for mothers after they are discharged from the hospital to monitor the continuation of exclusive breastfeeding up to six months? • What programs are in place to reach out to those who give birth at home? • Are there programs to promote understanding of the benefits of breastfeeding and appropriate use of complementary feeding among parents and caregivers? • Are there initiatives such as a "breastfeeding coalition" whose members can be agents of change for those who do not breastfeed? • Is there a national breastfeeding or infant feeding coordination committee? Does it include civil society representatives? • Are there strategies to ensure that each district has adequate numbers of mother-and-child-focused health workers trained in breastfeeding, complementary feeding, and HIV-infected mothers' infant feeding and counselling? • Are there any Registered Lactation Consultants or La Leche League leaders available in local communities? If so, what is the number of these consultants per 1,000 live births (and out of how many communities surveyed)? • Are there programs, targeted at both the general population and vulnerable groups, to ensure that breastfeeding mothers have access to adequate nutrition, and that all caregivers have access to clean drinking water? • Are there programs which violate the International Code by providing health workers and facilities with access to free or low-cost supplies of breast milk substitutes, feeding bottles or teats? Out of how many programs surveyed? • Have there been impact evaluations of programs in support of breastfeeding and appropriate complementary feeding? • Are there efforts for mainstreaming Care for Development and/or similar counselling techniques on early child development and stimulation into existing training of health workers?
Outcome	• Is there any system in place to record the rate of exclusive breastfeeding in local communities and nationally? • Has there been any evidence of an increase in rates of exclusive breastfeeding for the first six months, revealed by the data collected through primary data (such as a survey) or secondary data? • What is the Infant Mortality Rate (IMR)? Is this a positive or negative trend compared to the past five years? • What is the proportion of children under five who are underweight? Is this a positive or negative trend compared to the past five years? • What is the proportion of children under five who are stunted? Is this a positive or negative trend when comparing the past two consecutive data points available (for example, 1970 and 2000)? • Is there an M&E strategy monitoring changing child care practices documenting that caregivers are using early stimulation and play while feeding their infants?
Sources of Information	• Key informant surveys and interviews with policy-makers, health workers, parents and NGOs. • Desk review of policy environment promoting and sustaining breastfeeding and complementary feeding • Desk review of policy environment for the marketing of milk substitutes • Household survey, such as Demographic Health Surveys (DHS) or UNICEF Multiple Indicator Cluster Surveys (MICS) • Ministry of health records

[31] For more information about the Baby Friendly Hospitals initiative see: http://www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html

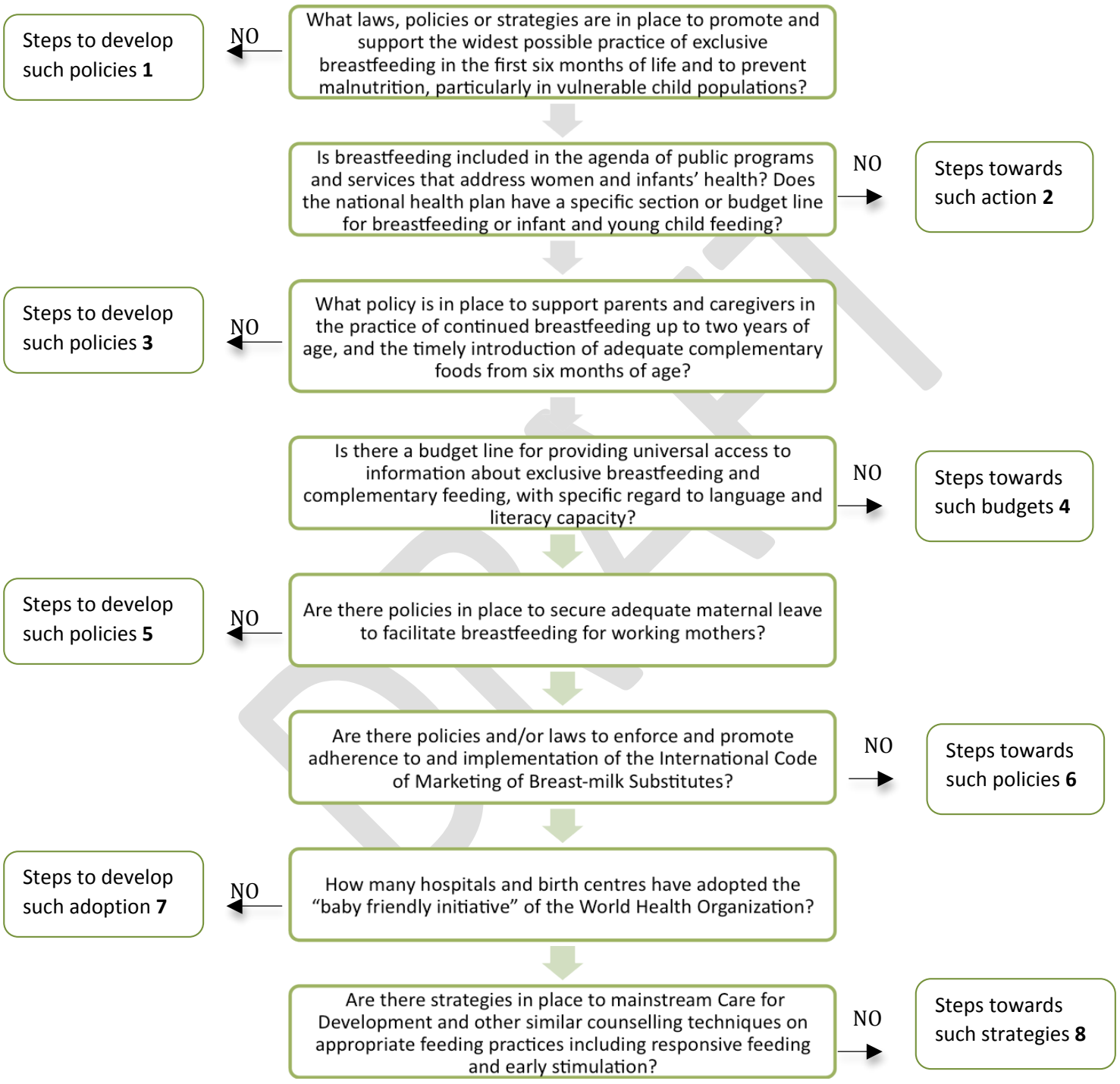
Duty Bearers	• Ministries of health, education, social welfare and NGO reports • Ministry of trade and national trading standards bodies • National human rights and other bodies • Public, private and civil society–based providers of any maternal and child services and programs • Parents and caregivers and professional and/or lay bodies representing or supporting these stakeholders • Mass media • Transnational, national and local distributors and producers of milk substitutes

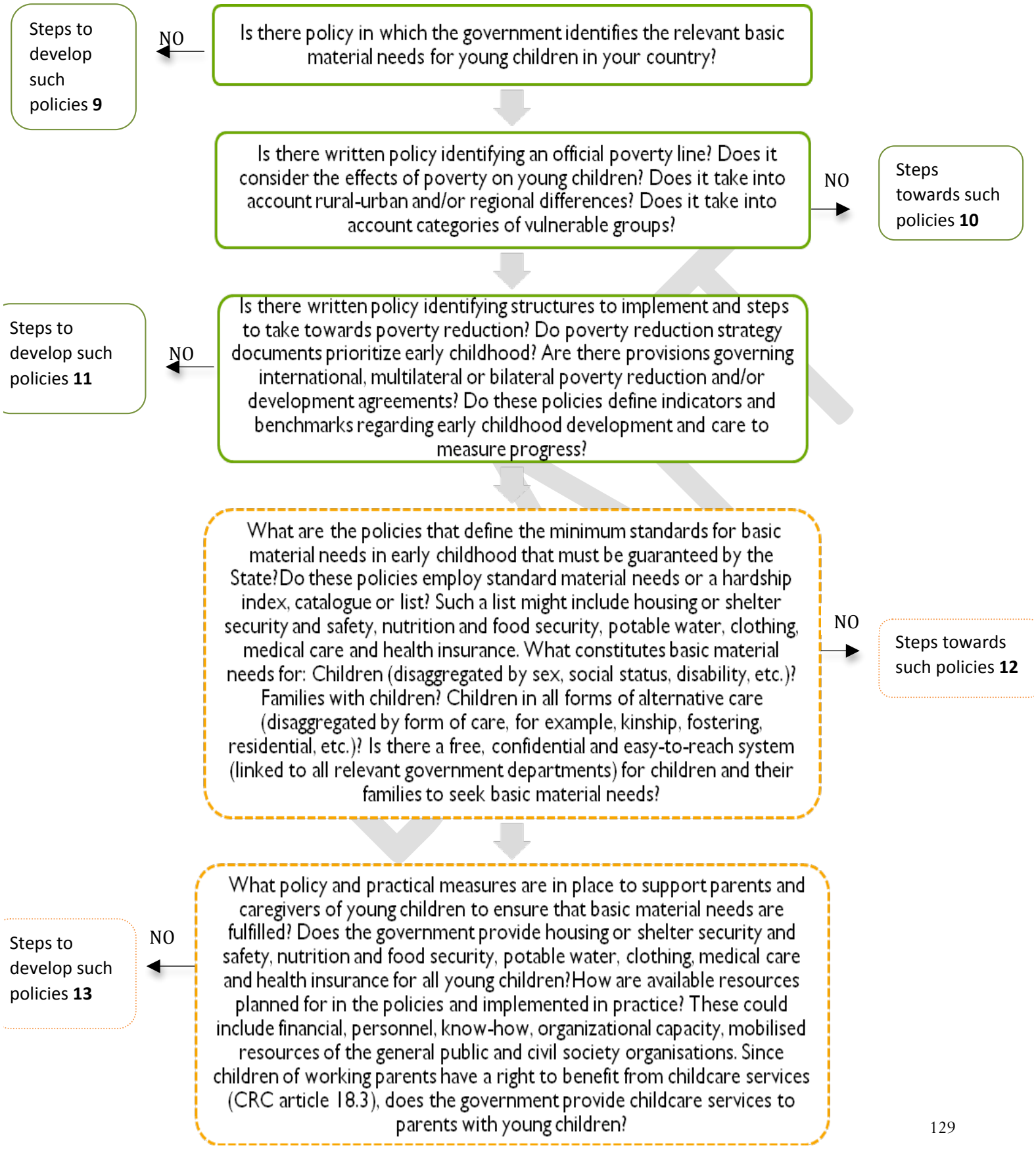
General Comment 7 (paragraphs)	**Reporting Guidelines (sections)**	
3 : young child as rights holder 20 : assistance to parents 27b : breastfeeding 36: vulnerable groups	6b : programs 6c : resources 6d : statistical data 16 : raise awareness 28a : parental guidance 28b : parental responsibility	31a : survival 31c : health and health services 31d : services and facilities 31e : standard of living 32 : high-risk groups

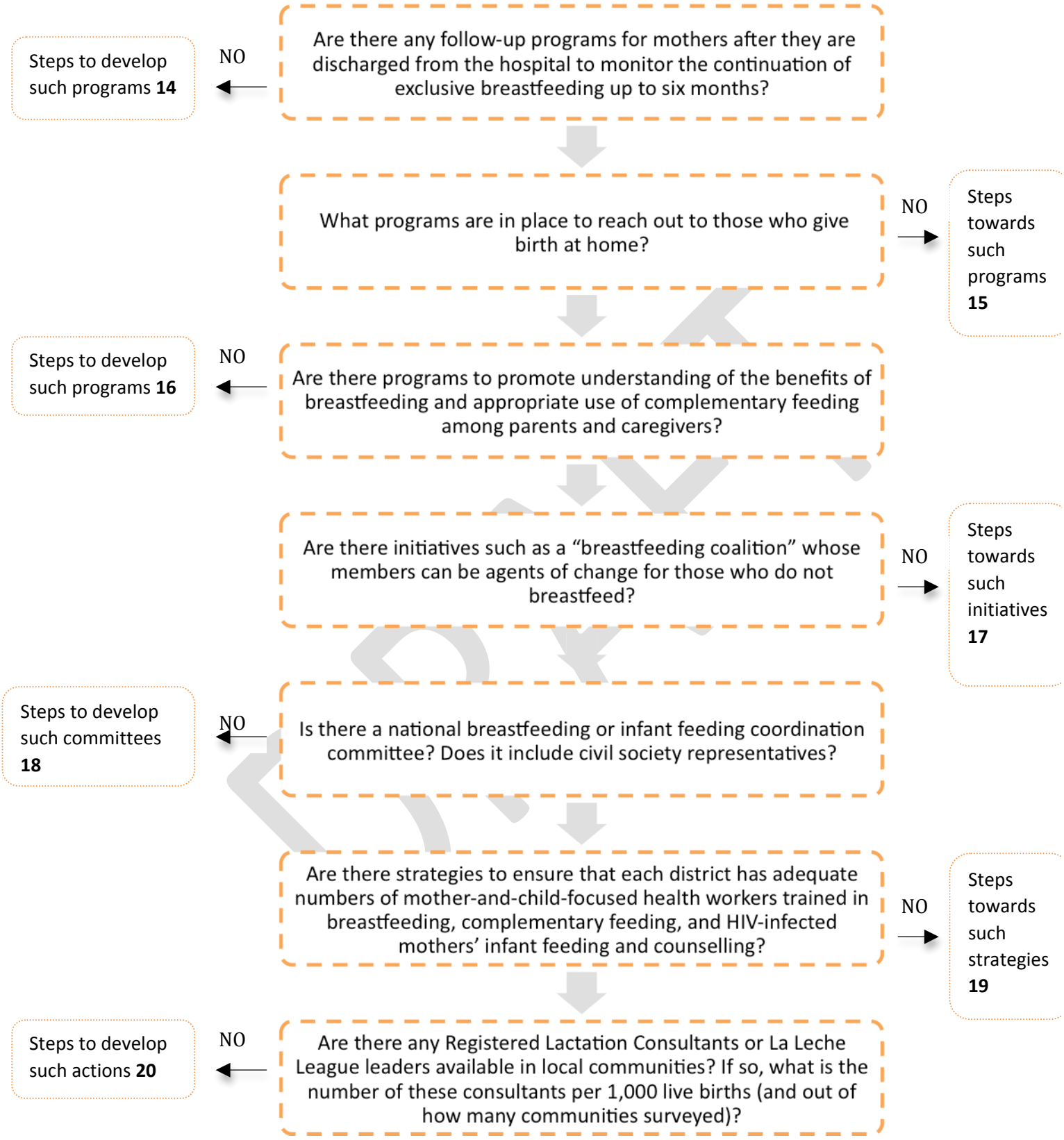
Monitoring and reporting

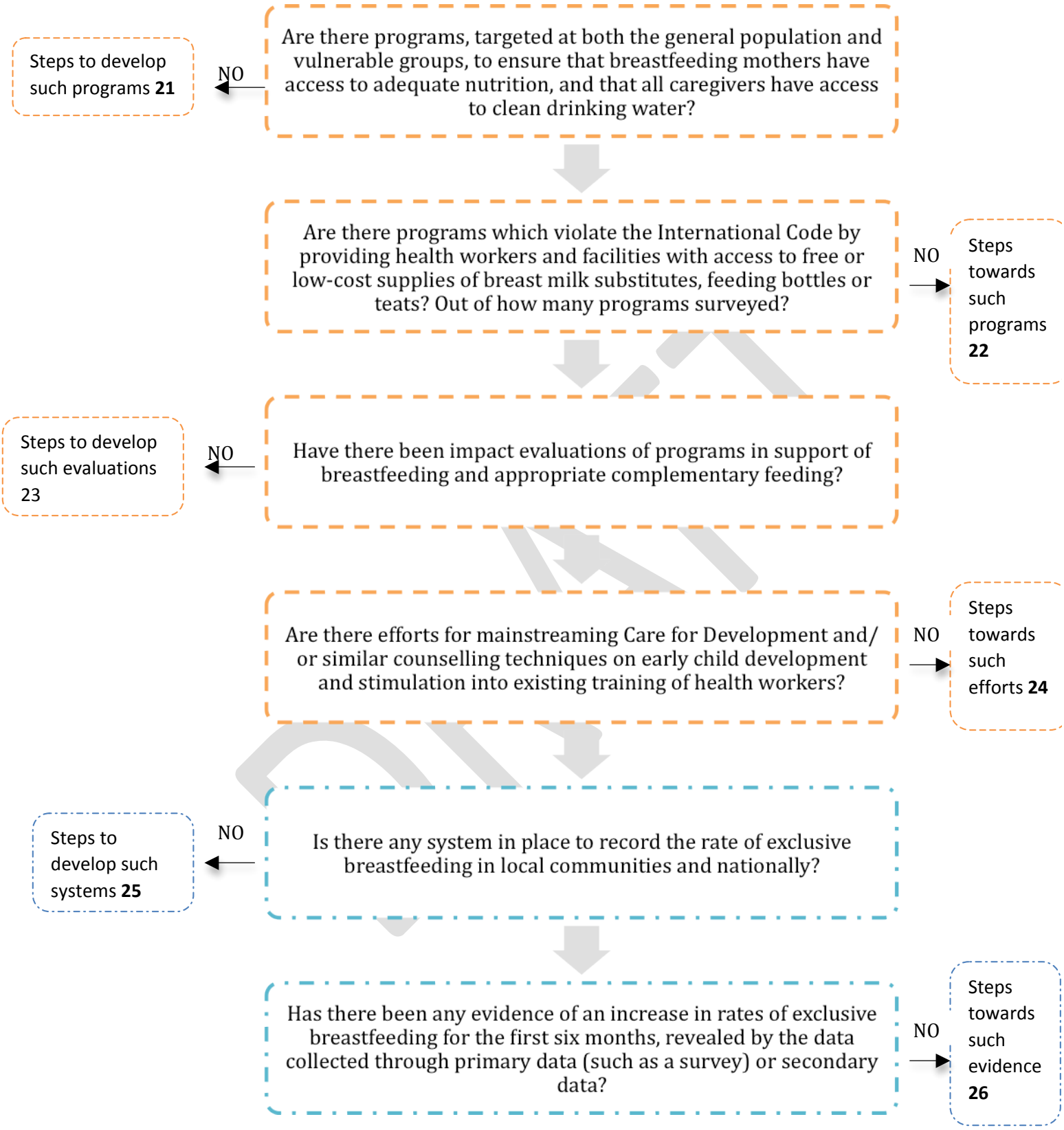
Figure 12 displays some of the steps to take and questions to ask when reporting on Breastfeeding **and Complementary Feeding** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we **encourage** you to comment on **any additional informational** that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 9A: INDICATORS FOR BREAST FEEDING AND COMPLEMENTARY FEEDING




Steps to develop such policies 9
NO
Is there policy in which the government identifies the relevant basic material needs for young children in your country?
Is there written policy identifying an official poverty line? Does it consider the effects of poverty on young children? Does it take into account rural-urban and/or regional differences? Does it take into account categories of vulnerable groups?
NO
Steps towards such policies 10
Steps to develop such policies 11
NO
Is there written policy identifying structures to implement and steps to take towards poverty reduction? Do poverty reduction strategy documents prioritize early childhood? Are there provisions governing international, multilateral or bilateral poverty reduction and/or development agreements? Do these policies define indicators and benchmarks regarding early childhood development and care to measure progress?
What are the policies that define the minimum standards for basic material needs in early childhood that must be guaranteed by the State?Do these policies employ standard material needs or a hardship index, catalogue or list? Such a list might include housing or shelter security and safety, nutrition and food security, potable water, clothing, medical care and health insurance. What constitutes basic material needs for: Children (disaggregated by sex, social status, disability, etc.)? Families with children? Children in all forms of alternative care (disaggregated by form of care, for example, kinship, fostering, residential, etc.)? Is there a free, confidential and easy-to-reach system (linked to all relevant government departments) for children and their families to seek basic material needs?
NO
Steps towards such policies 12
Steps to develop such policies 13
NO
What policy and practical measures are in place to support parents and caregivers of young children to ensure that basic material needs are fulfilled? Does the government provide housing or shelter security and safety, nutrition and food security, potable water, clothing, medical care and health insurance for all young children?How are available resources planned for in the policies and implemented in practice? These could include financial, personnel, know-how, organizational capacity, mobilised resources of the general public and civil society organisations. Since children of working parents have a right to benefit from childcare services (CRC article 18.3), does the government provide childcare services to parents with young children?


Are there any follow-up programs for mothers after they are discharged from the hospital to monitor the continuation of exclusive breastfeeding up to six months?
NO
Steps to develop such programs 14
What programs are in place to reach out to those who give birth at home?
NO
Steps towards such programs 15
Are there programs to promote understanding of the benefits of breastfeeding and appropriate use of complementary feeding among parents and caregivers?
NO
Steps to develop such programs 16
Are there initiatives such as a "breastfeeding coalition" whose members can be agents of change for those who do not breastfeed?
NO
Steps towards such initiatives 17
Is there a national breastfeeding or infant feeding coordination committee? Does it include civil society representatives?
NO
Steps to develop such committees 18
Are there strategies to ensure that each district has adequate numbers of mother-and-child-focused health workers trained in breastfeeding, complementary feeding, and HIV-infected mothers' infant feeding and counselling?
NO
Steps towards such strategies 19
Are there any Registered Lactation Consultants or La Leche League leaders available in local communities? If so, what is the number of these consultants per 1,000 live births (and out of how many communities surveyed)?
NO
Steps to develop such actions 20


Are there programs, targeted at both the general population and vulnerable groups, to ensure that breastfeeding mothers have access to adequate nutrition, and that all caregivers have access to clean drinking water?
NO
Steps to develop such programs 21
Are there programs which violate the International Code by providing health workers and facilities with access to free or low-cost supplies of breast milk substitutes, feeding bottles or teats? Out of how many programs surveyed?
NO
Steps towards such programs 22
Have there been impact evaluations of programs in support of breastfeeding and appropriate complementary feeding?
NO
Steps to develop such evaluations 23
Are there efforts for mainstreaming Care for Development and/ or similar counselling techniques on early child development and stimulation into existing training of health workers?
NO
Steps towards such efforts 24
Is there any system in place to record the rate of exclusive breastfeeding in local communities and nationally?
NO
Steps to develop such systems 25
Has there been any evidence of an increase in rates of exclusive breastfeeding for the first six months, revealed by the data collected through primary data (such as a survey) or secondary data?
NO
Steps towards such evidence 26

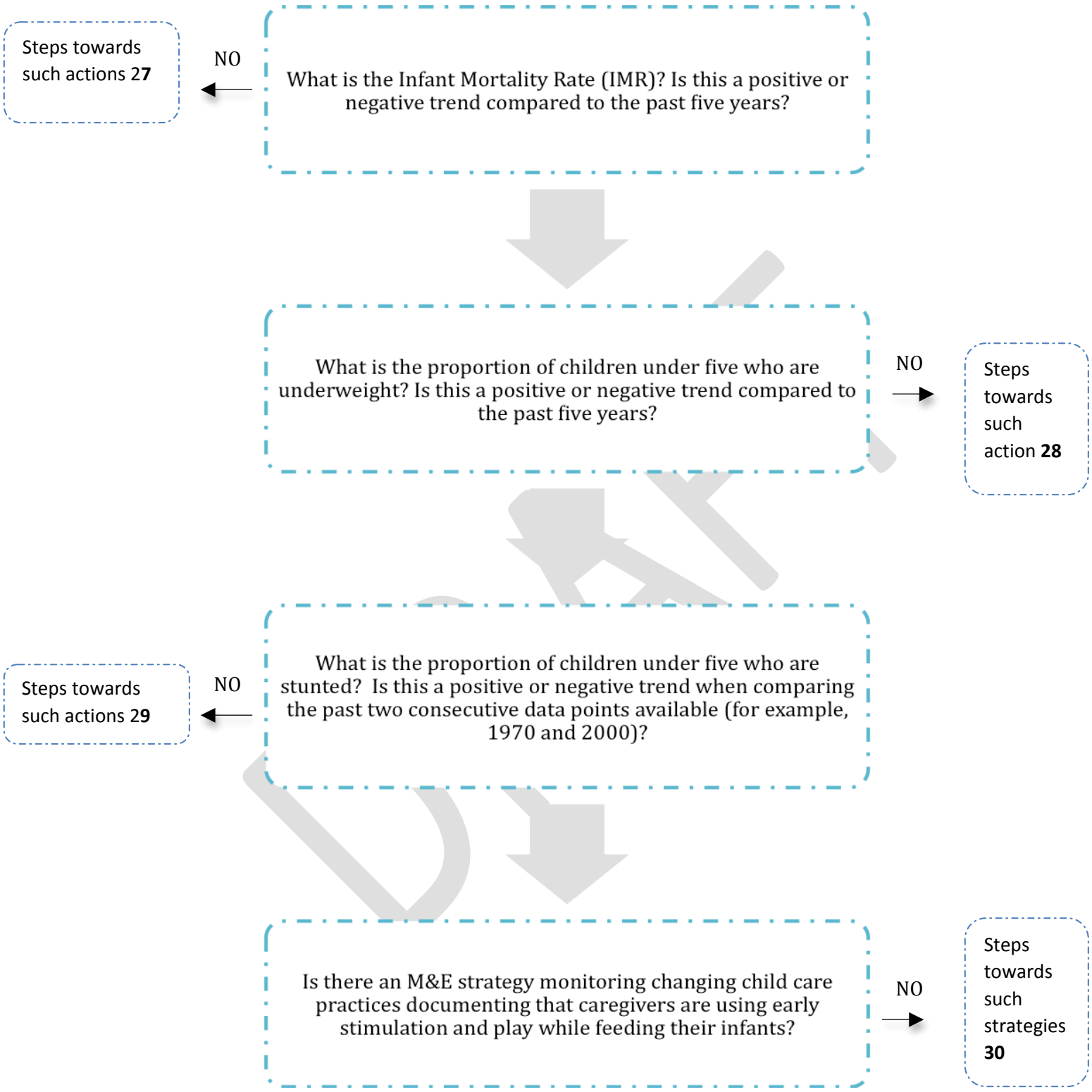


FIGURE 12 SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR REALIZATION OF BREASTFEEDING AND COMPLEMENTARY FEEDING.

Suggested Steps

1. Implement policies and strategies that encourage the wide practice of exclusive breastfeeding in the first six months based on evidence from other countries.

   For example see the National Policy, Program and Coordination of Pakistan at www.worldbreastfeedingtrends.org/report/Pakistan.pdf

   For general guidance on writing and evaluating the breastfeeding policy, check the UNICEF Baby Friendly Initiative at:

   http://www.babyfriendly.org.uk/

   Provide information about breastfeeding and complementary feeding through up-to-date

   - media campaigns
   - educational videos
   - dissemination of information and knowledge by, for example, working with WHO and UNICEF to utilize their expertise and publications on breast feeding
   - community-based programs, such as the Model Mothers program in Cambodia: http://www.unicef.org/infobycountry/cambodia_43437.html, or the Lady Health Workers Program in Pakistan: http://www.phc.gov.pk/template.php?id=30
   - behaviour change communication
   - community health workers

2. Policies and strategies that encourage the wide practice of exclusive breastfeeding in the first six months based on evidence from other countries.

   For examples see:

   http://www.who.int/topics/breastfeeding/en/index.html
   http://www.unicef.org/nutrition/index_newsline.html

3. Review policies to support the practice of exclusive breastfeeding in the first six months and the appropriate use of complementary feeding for up to two years. For example, policies that

   - encourage this information being mainstreamed into curricula of physicians, nurses, public health professionals, teachers and social service workers
     For examples of training and other outreach materials on IYCF, see The WHO Infant Feeding website
     http://www.who.int/nutrition/publications/infantfeeding/en/index.html
   - discourage hospital practices that are not supportive of early initiation and exclusive breastfeeding
   - for working mothers, promote on-site daycare, or provide time for breastfeeding
   - enforce paid maternity leave
     For more information on breastfeeding and work-balance see
     The UNICEF Maternity Protection Pamphlet online at:
     http://www.unicef.org/malaysia/ILO_Convention_Factsheet11.pdf

The information sheet on the World Alliance for Breastfeeding Action at:
http://www.waba.org.my/

4. a) Allocate funding to and within the relevant organizations to:

   - Facilitate access to educational materials that provide information on breastfeeding by producing them in multiple languages (based on the languages of the minority groups of your state/city/community)
   - Train local lactation consultants in remote areas and areas with lower literacy
   - Broadcast public education messages in local languages and through local TV and radio stations

   b) Seek help from UNICEF and WHO regional offices when applicable

5. Implement policies that would facilitate adequate maternal leave for mothers modeling the successful practices from other countries:

   http://www.medicc.org/publications/medicc_review/0605/mr-features.html

6. Advocate for a legislative commitment to implement and monitor the International Code of Marketing of Breast-milk Substitutes and subsequent WHO Assembly Resolutions, calling upon UNICEF and WHO for assistance where required.

   A copy of the WHO International Code can be found at:
   http://www.who.int/child_adolescent_health/documents/9241594292/en/index.html

   Examples of good advocacy can be found at the International Baby Food Action Network website:
   http://www.ibfan.org/site2005/Pages/index2.php?iui=1

7. This question does not require a suggestion. Simply record the number and proceed to the next question.

8. Consult your regional (or country) offices of UNICEF and WHO for guidance in developing such strategies.

9. Look into implementing community based programs to support breastfeeding.
   Examples are:
   "Baby-Friendly Community Initiative" in Cambodia
   http://www.unicef.org/infobycountry/cambodia_43437.html

   "Baby Friendly Initiative" of UK:
   http://www.babyfriendly.org.uk/items/item_detail.asp?item=535

10. If there are no such programs, look into:

    a) Training midwives and/or community nurses

b) Look into the traditional birth giving ways and provide educational programs for traditional birth attendants to enhance their practices. Look into the countries that are successful in these practices:

For an example, please see:
http://rosecharitiesnews.blogspot.com/2009/03/training-traditional-birth-attendants.html

11. Promote understanding of the benefits of breastfeeding and appropriate use of complementary feeding through

    - developing behavior change communication programs
    - Fostering post-partum support programs that offer supportive environments for women to meet, learn and breastfeed
    - developing programs for vulnerable indigenous and diverse populations

12. Look into initiating such programs by modeling the successful examples: http://www.utahbreastfeeding.org/index.php

13. See examples of national breast feeding committees at La Leche League International website with more than 50 national committees http://www.llli.org/

14. Develop and implement a strategy to ensure that each district has at least 25% of mother-and-child-focused health workers trained in this field. For example, this could be done by mainstreaming training content for such a role into existing training by:

    - in-house training of health care employees
    - main streaming this position into the health sector

15. See who in your country or region is a focal point for registered lactation consultants at The International Board of Lactation Consultants Examiners (IBLCE) website http://www.iblce.org/ and The International Lactation Consultant Association (ILCA) http://www.ilca.org/

16. Create and implement programs to ensure that mothers are provided with nutritious food and that caregivers have access to clean water. These programs should be targeted at both the general population and vulnerable groups and can be created by working with existing community health services that are focused on maternal nutrition education, lactation and infant nutrition.

17. Advocate for adherence to and promotion of the International Code of Marketing of Breast-milk Substitutes and use existing surveys to evaluate the percentage of hospitals that are baby friendly.

    Information on baby-friendly hospitals can be found at:
    http://www.unicef.org/program/breastfeeding/baby.htm

    Sample evaluation tools may be found at:
    http://www.who.int/nutrition/topics/bfhi/en/index.html

Work with the appropriate branch of government to ensure the implementation and enforcement of the International Code of Marketing of Breast Milk Substitutes

- Look for resources that help countries adhere.
- Contact the local WHO and UNICEF offices for support.

In the circumstance that mothers are not able to breastfeed, develop and implement human milk supply programs (while ensuring that milk donors have been screened properly).

For example, see the Human Milk Banking Association of North America: http://www.hmbana.org/

Also check WHO's recommendation on acceptable medical reasons for use of breast-milk substitutes: http://www.who.int/child_adolescent_health/documents/WHO_FCH_CAH_09.01/en/index.html

18. Design and execute impact evaluations of programs in support of breastfeeding and complementary feeding using existing international studies to help design an appropriate study in your country. For example: http://www.internationalbreastfeedingjournal.com/content/1/1/19
19. If there are no program analogues to this in your health care system, then look into the adoption of counseling techniques into the existing training of your health workers. Also, seek help from the regional offices of the WHO on this.
20. Look into the possibility of an improvement in the recording system or detection of children receiving breast milk and appropriate substitutes.
21. Investigate reasons (cultural, economic, political) for low levels of breastfeeding through household surveys.
22. If there has been an increase, look into the reasons that can explain this lack of response such as other epidemic childhood disease that could have contributed to an increase in IMR. Also, see the WHO's Evidence on the long-term effects of breastfeeding: Systematic reviews and meta-analysis at: http://www.who.int/child_adolescent_health/documents/9241595230/en/

    Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries http://www.ahrq.gov/clinic/tp/brfouttp.htm
23. Look into the trends and acquire evidence by:

    - drawing on existing research and following international monitoring recommendations. For example, see the Global Strategy on Infant and Young Child Feeding: http://www.unicef.org/nutrition/files/Global_Strategy_Infant_and_Young_Child_Feeding.pdf
    - conducting research groups

- developing questionnaires, using Multiple Indicator Cluster Surveys (MICS) and/or Demographic and Health Surveys (DHS):
  http://www.measuredhs.com/
  http://www.childinfo.org/mics.htm
- investigating any increase in morbidity or disease that could contribute to the lack of improvement rates of exclusive breastfeeding (that is, increase in iron or zinc deficiency)

24. Same as above.

25. Develop M&E strategies. Seek help from UNICEF and WHO country offices.

Other reference tools

- http://www.who.int/nutrition/topics/complementary_feeding/en/index.html
- Global Strategy for Infant and Young Child Feeding at:
  http://whqlibdoc.who.int/publications/2003/9241562218.pdf
- http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/DHSBreastfeedingPromotionPolicy.aspx
- http://www.hmbana.org/
- http://www.ncsl.org/programs/health/breast50.htm
- The World Alliance for Breastfeeding Action (WABA) http://www.waba.org.my/

Country Example: Iran

Breastfeeding and Infant Stimulation

A pilot project in southern Iran[32] aims to reach the following national development goals:

- facilitate safe pregnancies and deliveries
- promote breastfeeding and birth spacing
- provide early psychological stimulation
- help parents avoid developmental delays among young children

The project attempts to support and promote breastfeeding practices, both in the hospital and after mothers have been discharged, in the following ways:

- providing a home health nurse visit and consultation
- offering lactation consultants
- interacting with and supporting new mothers
- providing relevant training for new mothers who require more information

The last effort in particular has shown significant impact on breastfeeding success.

In southern Iran, women's literacy level is generally low, especially in rural areas. The program aims to bridge the gap between tribal and cultural patterns and beliefs about breastfeeding; child nutrition, health and development; and the practice of correct breastfeeding, by providing support for consistent, high-quality information on breastfeeding.

This health care system (HCS) point of contact provides an opportunity for parents to access lactation consultation and early childhood education classes. The mid-term evaluation of the project, in the form of a KAP (Knowledge/Attitude/Practice) study, revealed that the HCS's involvement in the breastfeeding and nutritional education efforts in the region significantly improved mothers' knowledge. This, in turn, led to them promoting healthy behaviour in terms of their children's health and nutrition.

Although evaluation of the data collected indicate significant improvements in parenting knowledge, attitude and practice, the effects of these programs on overall development of children remains to be assessed.

[32] M.D. Froozani, K. Permehzadeh, A.R. Dorosty Motlagh, & B. Golestan, B. (1999), "Effect of Breastfeeding Education on the Feeding Pattern and Health of Infants in Their First 4 Months in the Islamic Republic of Iran," *Bulletin of the World Health Organization* 77, no. 5 (1999): 381–85.

Indicator Set 9b: Access To and Use of Health Services

Referring in general to CRC article 24 and General Comment 7 para 27), this indicator addresses:

- the right to the best possible health care (CRC article 24)
- the obligation to ensure non-discrimination (article 2)
- equality of access to health care (GC7 para. 6), such as provision of services for children in institutions, children who do not speak the official language of a country, both girls and boys, and children with disabilities

This indicator set is developed to help collect data on, and reduce child mortality in, both the general population and vulnerable groups of young children.

Note: like some other rights, the fulfillment of this right (that is, the equal delivery of health services to children) promotes the realization of some other fundamental rights, such as

- the right to life, survival and development (CRC article 6 and GC7 para. 10)
- protection from violence (CRC article 19 and GC7 para. 36a)
- access to education (CRC articles 28–29 and GC7 para. 28)
- opportunities for play (CRC article 31 and GC7 para. 34)

As well, this indicator aims to clarify and strengthen the argument for morbidity and preventative measures that avoid morbidity. It refers in particular to the various measures detailed in CRC article 24.2, but also to other strategies supporting children's welfare (article 26) and standard of living (article 27), as well as the welfare and standard of living of their parents and/or caregivers.

Article 2, Non-discrimination
All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights.

Article 24, Health and health services

The child has a right to the highest standard of health and medical care attainable. States shall place special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality. They shall encourage international cooperation in this regard and strive to see that no child is deprived of access to effective health services.

Key Question: With respect to articles 2, 6, 24, 24.2, 26 and 27 of the Convention on the Rights of the Child, what steps have been taken to ensure equitable access to health services of equal] and sufficient quality that ensure both the young child's right to life and health and support to parents and caregivers in their primary responsibilities?

Excerpt from the Committee's Concluding Observations on Government Reports

"The Committee commends the State Party's developed health-care system and notes with appreciation the declining rates of infant and under-five mortality. However, it notes with concern that:
(a) Disadvantaged families appear to lack equal access to quality health services;
(b) Regional disparities exist in the provision of health services and the national immunization program; …
"The Committee recommends that the State Party strengthen its efforts to reform the health sector and, particularly, to build the capacity of public health sector. It recommends that appropriate resources be allocated for the public health sector and that the State Party continue to develop and implement comprehensive policies and programs for improving the health situation of children, so as to fully implement the Convention, in particular articles 4, 6 and 24. It also recommends that the State Party facilitate equal access to quality primary health services for mothers and children in all areas of the country in order to end the disparities in health care provision between the different areas." (Lebanon CRC/C/LBN/CO/3, paras. 52 and 53)

Indicator Set 9b: Access To and Use of Health Services (CRC Article 2, 6, 24, 24.2, 26 and 27; CRC General Comment 9: The Rights of Children with Disabilities)		

Structure	• Does the State party have legal or policy commitments explicitly aiming to reduce newborn, infant and child mortality?
	• Are there legal or policy commitments in place to call for universal access to health services for children?
	• Is there an explicit legal recognition of children's right to health? If so,
	  ○ Are objectives, time frames, roles and responsibilities, and reporting procedures clearly outlined?
	  ○ Do objectives, time frames, roles and responsibilities, and reporting procedures specifically refer to non-discrimination and include measures to protect vulnerable groups?
	  ○ Do State policies ensure data collection to evaluate the national plan of action, particularly its impact on vulnerable groups?
	• Is there a plan of action for integrating the views and concerns of affected children into the formulation, implementation and monitoring of child health programs and policies?
	• Is there a mechanism for redress for violations of right to health? Is this specific to child health concerns?	

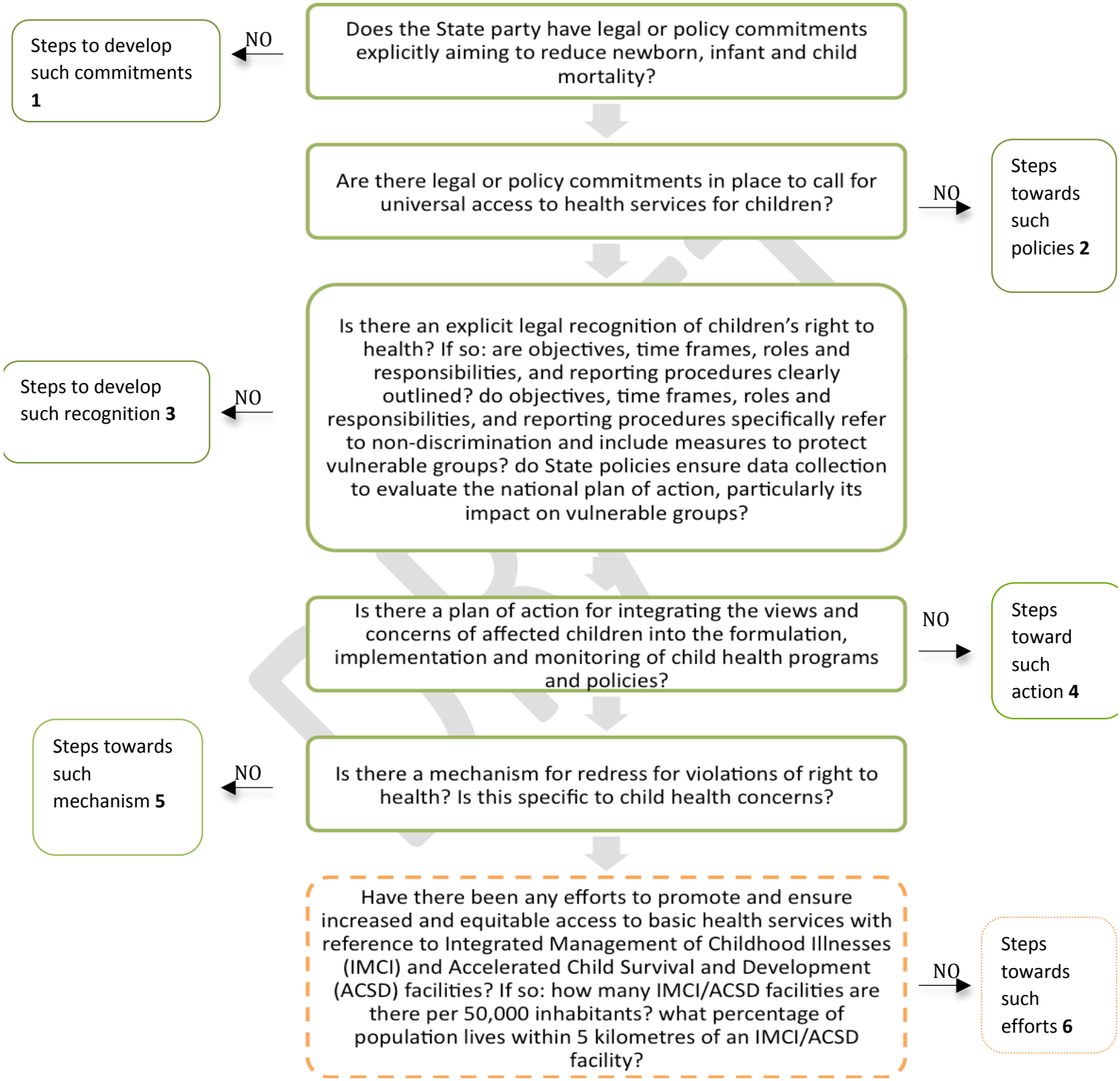
Process	• Have there been any efforts to promote and ensure increased and equitable access to basic health services with reference to Integrated Management of Childhood Illnesses (IMCI) and Accelerated Child Survival and Development (ACSD) facilities? If so,
	  ○ How many IMCI/ACSD facilities are there per 50,000 inhabitants?
	  ○ What percentage of population lives within 5 kilometres of an IMCI/ACSD facility?
	• Are there any programs designed (or efforts made) to overcome discriminatory barriers to access to basic health services and reach out to young children and families from vulnerable or excluded groups?
	• Have there been programs and initiatives to build capacity within health services specific to young children? If so, do they ensure that:
	  ○ at least 60% of child health workers in first-level health facilities are trained in IMCI/ACSD?
	  ○ at least 50% of child health workers in first-level health facilities are suitably trained to integrate child development messages in their care for children?
	  ○ that first-level health facilities have regular supplies of essential drugs for IMCI/ACSD available (or to ensure that parents have access to free drugs from another source)?
	  ○ that health facilities are regularly (every six months) subject to supervisory visits with case management observation?
	  ○ that community health workers (CHW) have supplies to treat diarrhoea, pneumonia and fever (in countries and districts with operating CHW who are supposed to manage illness)?
	  ○ at least 25 % of the districts have health workers trained in counselling for child development?
	  ○ all families, particularly those from vulnerable populations, have sufficient capacity, informational and financial, to provide healthy environments for the development of young children?
	• Are government budgets (including relative percentages and distribution) allocated to provision of health services for children? This is a difficult question- probably easier to ask
	• Are governments' health expenditures directed towards child health? If so,
	  ○ What is the per capita expenditure on child health programs and services?
	  ○ What is the per capita cost of common child health services, including immunizations, antibiotics, and so on?	

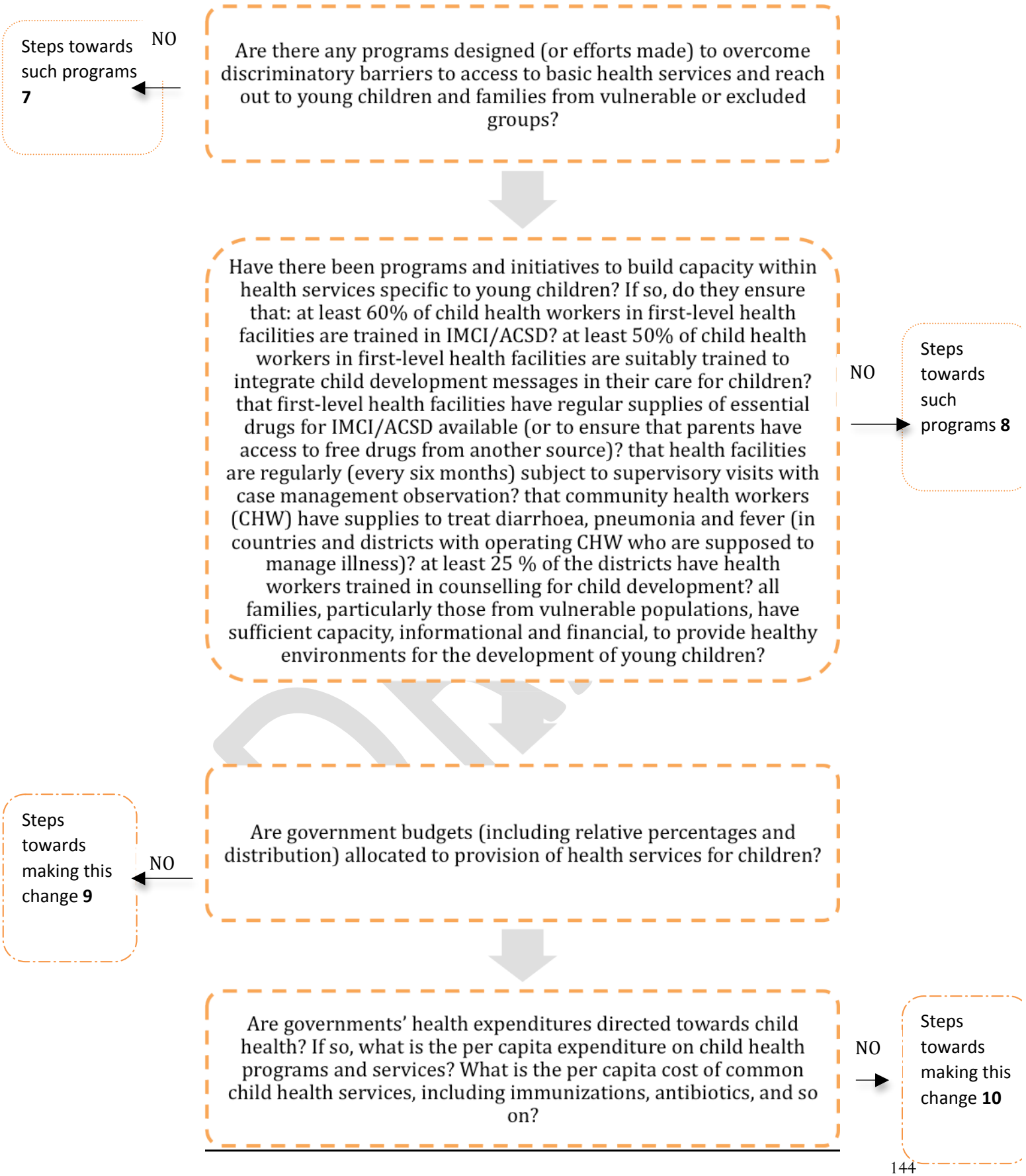
Outcome	• Has there been an increase in the proportion or number of children under the age of five with diarrhoea receiving oral rehydration solution (ORS) and Zinc supplementation (Zn)? • Has there been an increase in the proportion or number of children under the age of five with acute respiratory infection (ARI) taken for treatment to a health facility and/or to a medically trained provider? • Has there been an increase in the proportion or number of children under the age of five with fever in high malaria areas who received recommended anti-malarial treatment within 24 hours of onset of fever? • Has there been a decrease in the ratio to all live births of newborns admitted to a hospital for illness or complications? • Has there been an increase in the proportion or number of mothers and/or caregivers who know two warning signs of illness to observe and when to seek the help of a health care professional for children under the age of five? • Has there been an increase in the proportion or number of mothers and/or caregivers who know the importance of early interaction and play for child development? • Has there been an increase in the number of newborns and infants who have benefited from messages on the importance of early interaction for bonding and attachment?	
Sources of Information	• Desk review of health policy, service provision, and capacity building directed at all young children but with specific reference to vulnerable populations • Questions on household surveys (DHS, MICS, and so on) that reflect points of contact, awareness of services, availability of services and barriers to accessing services	
Duty Bearers	• Ministries of health and social welfare • National human rights and other bodies	• Public, private and civil society–based providers of any maternal and child services and programs • Parents and other caregivers
General Comment 7 (paragraphs)		**Reporting Guidelines (sections)**
3 : young child as rights holder 20 : assistance to parents 24 : monitor and evaluate access and use 27b : pre and post natal, 27c : HIV, MTCT, diagnosis and care 36 : vulnerable groups		6b : programs: 6c : resources: 6d : statistical data 28a : parental guidance: 28b : parental responsibility 31a : survival, 31c : health and health services, 31d : services and facilities 32 : high-risk groups

Monitoring and reporting

Figure 13 displays some of the steps to take and questions to ask when reporting on the **Access To & Use of Health Services** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 9B: ACCESS TO AND USE OF HEALTH SERVICES




Are there any programs designed (or efforts made) to overcome discriminatory barriers to access to basic health services and reach out to young children and families from vulnerable or excluded groups?
NO
Steps towards such programs 7
Have there been programs and initiatives to build capacity within health services specific to young children? If so, do they ensure that: at least 60% of child health workers in first-level health facilities are trained in IMCI/ACSD? at least 50% of child health workers in first-level health facilities are suitably trained to integrate child development messages in their care for children? that first-level health facilities have regular supplies of essential drugs for IMCI/ACSD available (or to ensure that parents have access to free drugs from another source)? that health facilities are regularly (every six months) subject to supervisory visits with case management observation? that community health workers (CHW) have supplies to treat diarrhoea, pneumonia and fever (in countries and districts with operating CHW who are supposed to manage illness)? at least 25 % of the districts have health workers trained in counselling for child development? all families, particularly those from vulnerable populations, have sufficient capacity, informational and financial, to provide healthy environments for the development of young children?
NO
Steps towards such programs 8
Are government budgets (including relative percentages and distribution) allocated to provision of health services for children?
NO
Steps towards making this change 9
Are governments' health expenditures directed towards child health? If so, what is the per capita expenditure on child health programs and services? What is the per capita cost of common child health services, including immunizations, antibiotics, and so on?
NO
Steps towards making this change 10

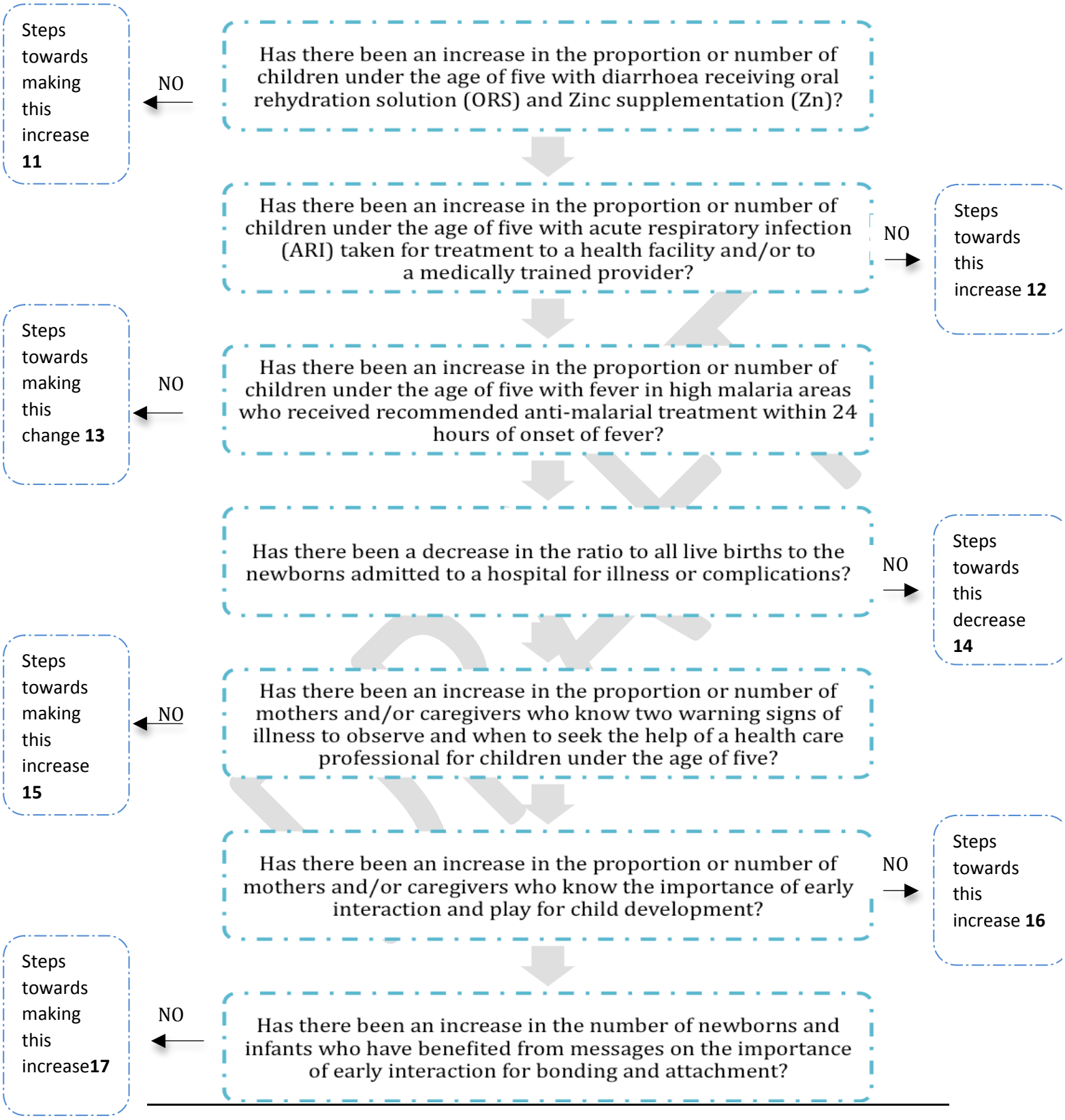


FIGURE 13 SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATORS 9B: ACCESS TO AND USE OF HEALTH SERVICES.

Suggested Steps

1. Develop policies based on evidence and needs with the involvement of all relevant stakeholders for better investment in early childhood health. Look at other countries who have policies in place to reduce newborn, infant and child mortality.

   http://webapps01.un.org/nvp/frontend!policy.action?id=504

2. Take steps towards making legal commitments for universal health access for children with the involvement of all stakeholders (including relevant academics, professional organizations, experts and NGOs).

3. Take steps towards making legal commitments for universal health access for children with the involvement of all relevant stakeholders.

   - Review the existing operational plans within your government for the purpose of modeling how they have been developed, if relevant.
   - View examples of health care operational plans from other http://www.africafocus.org/docs05/tac0502.php

4. Integrate the views of children while developing child health programs and policies, by for example, engaging in round table discussions with children in the formulation of such policies.

   For example, child participation in Tanzania development of the National Plan of Action for Most Vulnerable Children:
   http://www.hivimplementers.com/2007/agenda/pdf/E3/E3%20IJUMBA%20Abstract%201182.ppt.pdf

5. Develop a system that provides an avenue for the voice of young children and caretakers (parents or otherwise) to be heard and seek redress. This system should include statutory bodies such as independent human rights institutions, legal tribunals and appeal authorities that are independent of Government Ministers along with meaningful regulation and effective accountability of the public and private health sector.

   Resources include:
   Chapter 15 of the United Nations Human Rights Manual for Judges, Prosecutors and Lawyers is on "Protection and Redress for Victims of Crime and Human Rights Violations" and may be useful for reference: www.ohchr.org/Documents/Publications/training9chapter15en.pdf

   Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power
   http://www2.ohchr.org/english/law/victims.htm

6. Promote equitable access to health care services as per the IMCI recommendations:
   http://www.who.int/child_adolescent_health/documents/imci_adatation/en/index.html

   For example:
   - through awareness campaigns
   - insuring quality health services for all
   - subsidized/free health care services for those in need
   - establishing health services in rural areas (i.e. community nurses)

- seek additional funding for increasing numbers of centers as population increases

7. Create efforts to overcome barriers to access basic health services by implementing programs *such as the Integrated Child Development Services program in India:* http://www.unicef.org/india/nutrition_188.htm

8. Embed capacity building strategy into standard health care practice, by, for example:
   - Establishing /extending training centers for health care workers
   - Looking into philanthropic agencies to donate drugs/supplies
   - Establishing regulatory systems for frequency inspection

   Work with relevant levels of government to facilitate bringing community health care workers to countries at district level. Ensure that the workers have had child development as part of their training. Further, that the workers are supplied with the materials necessary to deal with common infectious disease.

   Aim at enhancing ECD by provision of services and monetary aids to all families, particularly those identified as vulnerable.

9. a) Assure that there is a budget allocation for children health within your system
   b) Assure that this allocation is proportionate to the fraction of the population that children make up
10. Record and compare the per capita expenditure on child health with that of other countries similar to yours (income level)
11. a) Investigate whether this is due to inadequate supply, and increase in demand or barrier to access
    b) Make plans to remedy based on the result of your investigation

12. Same as above
13. Same as above

14. a) Eliminate the possibility that the decrease in this ratio (number of all live births: newborns admitted to hospital) is not because of a decrease in the number of live births
    b) Investigate the barriers to the use of this service (hospital admissions)

15. Investigate whether this lack of capability is due to;
    a) The lack of knowledge or barriers to the use of their knowledge (such as cultural practices, taboos etc)
    b) Provide education while addressing the root of the problem

16. Provide education in a very simple way and preferably through people in the community

17. Investigate the reasons for the lack of response through:
    a) Interviews with the caregivers in the areas covered by the educational programs
    b) Questionnaires included as a part of bigger health surveys

Reference tools:

WHO's Integrated Management of Childhood Illness program:
http://www.who.int/child_adolescent_health/topics/prevention_care/child/imci/en/index.html

OHCHR Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health:
http://www2.ohchr.org/english/issues/health/right/issues.htm

http://www.who.int/topics/breastfeeding/en/index.html and UNICEF website
http://www.unicef.org/nutrition/index_newsline.html

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation of access to health services:

- ministries of health, education and social welfare
- ministry of trade and national trading standards organizations
- national human rights and other organizations
- public, private and civil society–based providers of services and programs for mothers and children
- parents and caregivers and professional and/or lay bodies representing or supporting these stakeholders
- mass media,
- local distributors and producers of breast milk substitutes
- insurance company statistics as data source

Here are a few suggested ways to collect data:

- Survey and interview key informants amongst policy-makers, health workers and parents.
- Carry out a household survey, similar to Demographic Health Surveys (DHS) or UNICEF Multiple Indicator Cluster Surveys (MICS).
- Check and analyse ministry of health records.

Words of Caution

- ☑ Ensure access to health services to street children.
- ☑ Ensure that asylum-seeking, refugee and illegal immigrant children have access to health services, including psychological care.
- ☑ Be aware of the instances of discrimination against children from stigmatized populations such as Roma children in Europe, sometimes from the government service providers, and make efforts to improve the situation of such children by providing them access to health services.
- ☑ Be mindful about the children who become victims of substance abuse and develop rehabilitation services to help them.
- ☑ Do not forget that it is the fundamental right of each and every child to access basic services, such as health care, with or without official birth registration. The absence of a birth certificate should not be used to punish children by denying their basic rights, even though it is of vital importance to have disaggregated vital registration to inform better policies and services provision.

Country example: Pakistan

Lady Health Worker Programme reaches those in need

Although Pakistan committed to "Health for All" in 1978, Pakistan's health sector has been characterized by urban-rural disparities and lack of a health workforce. In 1994, under Prime Minister Benazir Bhutto's Programme for Family Planning and Primary Health Care, Pakistan initiated the Lady Health Worker Programme[33]. The programme was initiated to scale up human resources for health at community levels and provide essential primary health services in a cost effective manner to the communities where it is needed most. As a result of the programme a new core group of female health workers in the Pakistan health system manifested to create an answer to unmet health needs.

Focusing on rural areas and urban slums, the programme prioritizes preventing and treating common ailments. Particular attention is paid to vaccinations and minor ailments for children under 5 years old; contraception, family planning, and HIV/AIDs support for couples; as well as antenatal, births, postnatal, and referral for mothers.

Proving itself to be cost effective, the real cost to run the program is less than $0.75 per person serviced per year. Although primarily government funded, WHO partners by providing policy, strategic guidance, and technical assistance. In 2000, an external evaluation of the programme found that the population served by Lady Health Workers had substantially better health indicators than the control population. It is estimated that 150,000 Lady Health Workers are needed to cover the country and to date, approximately 110,000 Lady Health Workers are now trained, each serving around 1000 individuals. From strategic planning based on current implementation, the programme will be viable with ongoing, assured funding by the end of 2011.

[33] World Health Organization, Global Health Workforce Alliance. *Country Case Study: Pakistan's Lady Health Worker Programme*. 2008.

Indicator Set 10: Age-Appropriate Health Education

Age-appropriate health education is one of the first ways for young children to exercise their rights, such as the right to express their views, protect themselves from harm and access health services.

Hence, General Comment 7 asserts that in order to realize children's right to health (GC7 para. 27), besides the provision of basic materials needs, health care services and breastfeeding as well as complementary feeding, an age-appropriate health education for young children is necessary.

Such education would allow children to participate actively in healthy lifestyles. This participation, in turn, would elevate their health and as a result facilitate the realization of children's right to health.

Such age-appropriate education is to encompass information on a broad spectrum of topics, such as personal hygiene, childhood obesity, making better dietary choices, living a physically active lifestyles, the harmful effects of alcohol and nicotine, and so on. This will require the involvement of a broad range of duty bearers, including health professionals, educational practitioners, and parents and other caregivers of young children. Among these key players, parents and other caregivers play a crucial role.

Community-based projects with peer support orientation could be an effective way to educate parents and help realize age-appropriate health education for their children. Such education should comply with the 4-A principle of early childhood education (Availability, Accessibility, Acceptability and Adaptability) suggested by the former UN Special Rapporteur on the Right to Education, Katarina Tomaševski.[34]

Article 17, Access to appropriate information

The State shall ensure the accessibility to children of information and material from a diversity of sources, and it shall encourage the mass media to disseminate information, which is of social and cultural benefit to the child, and take steps to protect him or her from harmful materials.

Article 24, Health and health services

The child has a right to the highest standard of health and medical care attainable. States shall place special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality. They shall encourage international cooperation in this regard and strive to see that no child is deprived of access to effective health services.

Young children are themselves able to contribute to ensuring their personal health and encouraging healthy lifestyles among their peers, for example through participation in appropriate, child-centred health education programs;…"

Committee on the Rights of the Child, General Comment 7, 2005, CRC/C/GC/7/Rev.1, para. 7

[34] United Nations Economic and Social Council, Commision on Human Rights, Preliminary report of the Special Rapporteur on the Right to Education, Ms. Katarina Tomasevski, submitted in accordance with Commission on Human Rights resolution 1998/33, E/CN.4/1999/49.

GC7 para. 27b restates articles 24e and 24f of the Convention on the Rights of the Child. These articles require State parties to ensure that all segments of society are aware of relevant health issues. They also require State parties to provide preventative guidance which, in GC7 terms, facilitates young children as active and suitably informed (CRC article 17) participants in the realization of their own right to health. This empowerment process does not diminish the obligations of the State and other appropriately supported and informed duty bearers towards the young children.

Key Question: With respect to articles 17, 24, 24.2e and 24.2f of the Convention on the Rights of the Child, what programs are in place to ensure that young children have access to age-appropriate health education and to assess the preventative impact of such programs on health-related behaviours and specific health outcomes?

Excerpt from the Committee's Concluding Observation on Government Reports

"The Committee recommends that the State Party: (b) Increase children's knowledge of environmental health issues by introducing environmental health education programs in schools;…" (Philippines CRC/C/15/Add.259, paras. 60 and 61)

Indicator Set 10: Age-Appropriate Health Education (CRC Articles 17, 24.2, 24.2e and 24.2f; General Comment 1: Aims of Education; General Comment 9: The Rights of Children with Disabilities)	

Structure	• What policies are in place to ensure the development and/or delivery of age-appropriate health education for young children to duty bearers in both formal and non-formal settings?
	• What policies are in place to ensure the development of quality educational materials on health issues affecting young children, including but not limited to:
	  ○ the benefits of a healthy diet and lifestyle, including nutrition, food safety and physical activity
	  ○ the consequences of excessive food consumption and unhealthy food choices, for example, obesity, diabetes and other risks if applicable within the context of your country
	  ○ the consequences of excessive alcohol consumption and use of tobacco and other harmful substances
	  ○ orientation to body parts and a healthy approach to age-appropriate sexuality
	  ○ mode of transfer of prevalent transferable diseases within the community
	  ○ safety of child's physical environment (for example, swallowing objects, stairs, burning, etc.)
	• What policy commitments are in place to ensure that particularly vulnerable groups are suitably informed and have the resources and capacity to adopt healthy lifestyles?
	• What policy measures are in place to ensure corporate or private-sector responsibility in the advertising of foods to young children?
	  ○ Are there codes governing the corporate and private-sector marketing and advertising of foods and beverages to children, such as the International Chamber of Commerce International Code of Advertising Practice?
	  ○ Is there a regulatory authority that has statutory powers in the advertising of foods and beverages to children?
	  ○ What are the mechanisms to remedy advertising that is deemed harmful to children? For example, would the advertising firm/agency and/or the advertiser/corporate client get fined?

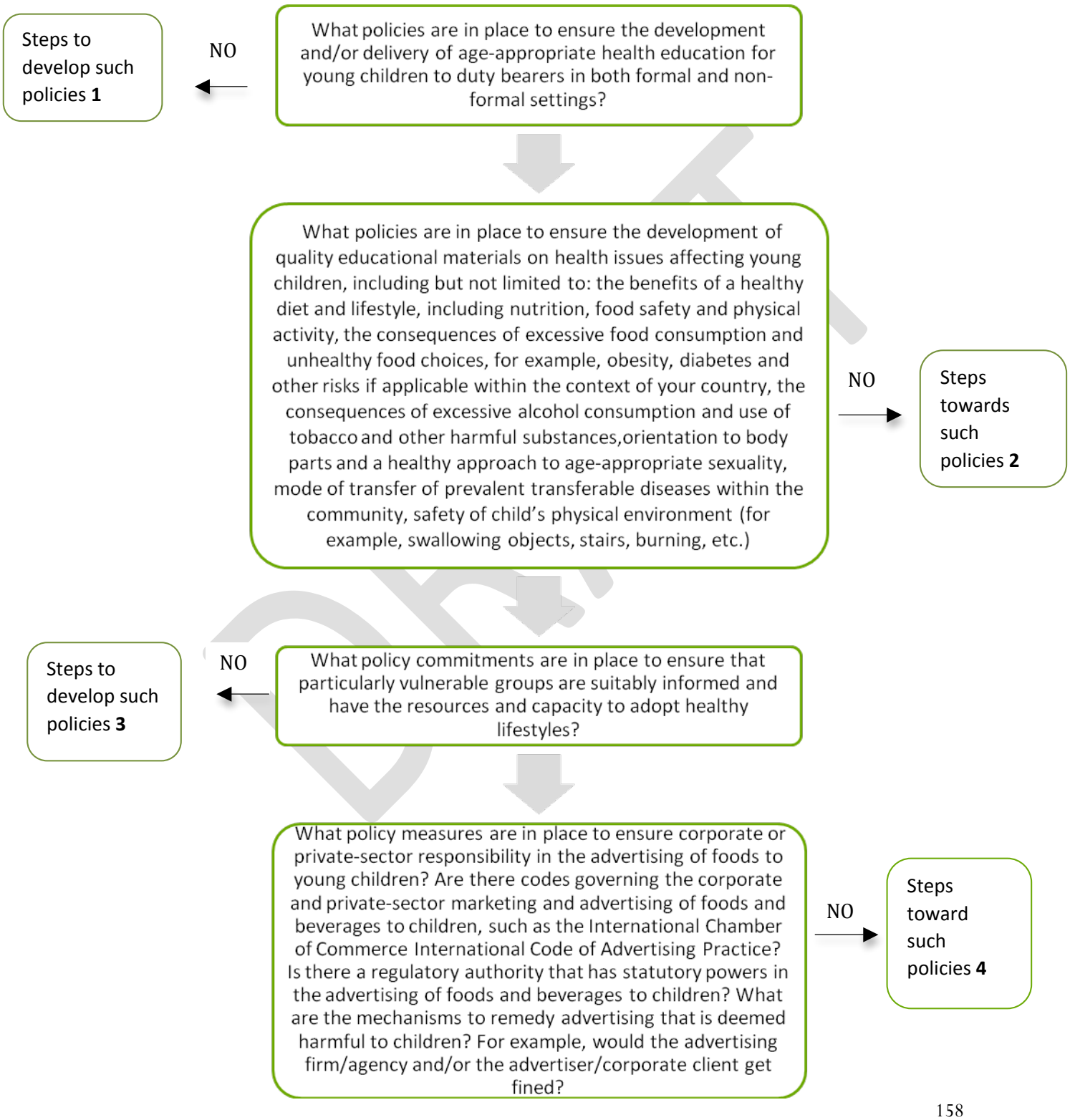
Process	• Are there published resources facilitating age-appropriate health education in a variety of settings such as homes and institutions? ○ Is age-appropriate health education part of the training or university education of early years' workers and health professionals? ○ Is age-appropriate health education part of preschool curricula? ○ Is age-appropriate health education part of parent education? ○ Have children been involved in the development of resources or publications? ○ How accessible are these publications or resources? ○ For example, leaflets, posters, advertising in mass media, in health centres, in public and private preschools, public transport, in institutions including institutions for children without parental care (including children in conflict with the law). ○ Is health education communicated in a scientifically precise, practical, motivating and child-friendly manner? ○ Is health education addressing harmful traditional practices that have adverse effects on health? • Are there emerging policy discussions and public-private initiatives to set standards and establish watchdogs on food advertising directed to young children? ○ What are the programs and projects facilitating public-private standard setting on food advertising directed to young children? ○ Is there a plan of action to develop such standards with agreed time frames and measurable outcomes? • Are there specific efforts to target information and support for healthy lifestyles towards vulnerable populations? ○ Are there public awareness or information campaigns targeting all stakeholders, such as government departments (health, social services, education, finance, and so on), non-governmental organizations and young children? ○ Have information/educational materials been developed for different groups of young children based on and reflecting their varying rights and needs? • Is there ongoing monitoring and evaluation of the delivery and impact of the education at the home and pre-primary levels, and more specifically the impact of age-appropriate health education on child health indicators?
Outcome	• In the past five years, has there been a decrease in the number of children who have been ○ affected by illnesses related to food safety? ○ affected by malnutrition? ○ taken to health facilities due to home accidents (swallowing objects, burning, and so on)? ○ affected by common infections and/or communicable disease? ○ affected by obesity? • Has there been an increase in the awareness of young children about their own health and welfare, including: ○ improved nutrition, lifestyle, diet, food safety and physical activity as indicated by the results of periodic population surveys? ○ improved understanding of the risks of poor nutritional choices? ○ improved understanding of the risks of alcohol and substance abuse? ○ improved understanding of the risks of harmful traditional practices to health? ○ increased understanding of body parts, as well as a healthy approach to age-appropriate sexuality? ○ increased understanding of safe physical environments for young children? • Has there been an increase in the number of children reached by health promotion strategies related to health and welfare in the past five years? • In the past five years, has there been an increase in the number of programs providing education for formal or informal caregivers and other child professionals?
Sources of Information	• Desk review of national plan, resource development and budgetary allocations for health education that integrates the child as an active participant in their own health education and care • Evidence of numbers and percentages of children exposed to curricula that promote age-appropriate health education • Evidence that vulnerable groups that may not have access to formal education are exposed to curricula that include health promotion
Duty Bearers	• Ministries of health, education and social welfare • National human rights and other organizations • Public, private and civil society–based providers of any child services and programs • Parents, other caregivers and professional and/or lay bodies representing or supporting these stakeholders • Advertisers and mass media • Private-sector food, drink and snack providers • National and local trading standards organizations
General Comment 7 (paragraphs)	**Reporting Guidelines (sections)**

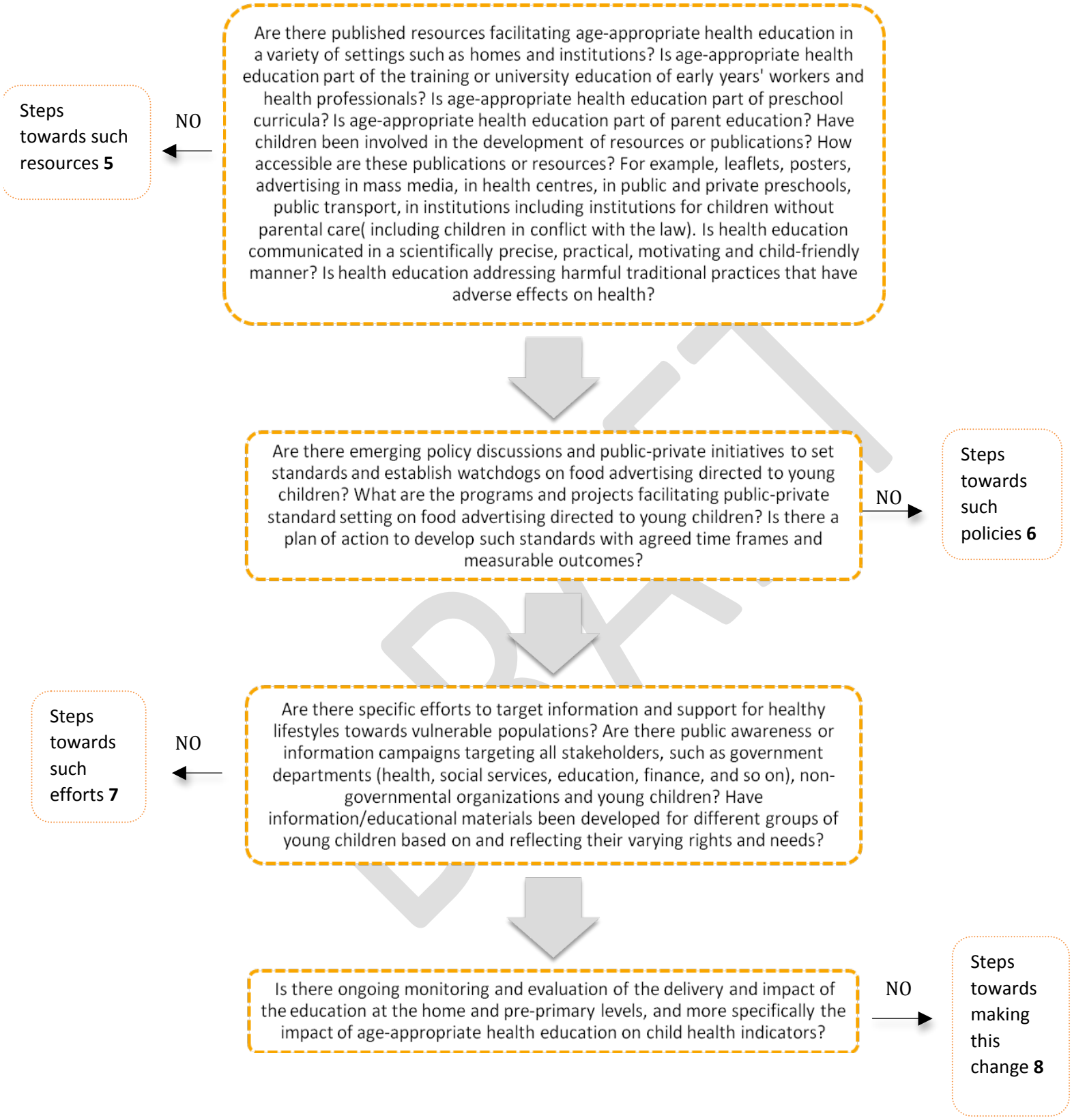
3 : young child as rights holder 27b : active participant in own health care and healthy lifestyles 36 : vulnerable groups	6b : programs 6c : resources 6d : statistical data 16 : raise awareness 31a : survival	31b : disability 31c : health and health services 31d : social security 31e : standard of living 32 : high-risk groups

Monitoring and reporting

Figure 14 displays some of the steps to take and questions to ask when reporting on **Age-Appropriate Health Education** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

Indicator Set 10: Age-Appropriate Health Education




Are there published resources facilitating age-appropriate health education in a variety of settings such as homes and institutions? Is age-appropriate health education part of the training or university education of early years' workers and health professionals? Is age-appropriate health education part of preschool curricula? Is age-appropriate health education part of parent education? Have children been involved in the development of resources or publications? How accessible are these publications or resources? For example, leaflets, posters, advertising in mass media, in health centres, in public and private preschools, public transport, in institutions including institutions for children without parental care(including children in conflict with the law). Is health education communicated in a scientifically precise, practical, motivating and child-friendly manner? Is health education addressing harmful traditional practices that have adverse effects on health?
NO
Steps towards such resources 5
Are there emerging policy discussions and public-private initiatives to set standards and establish watchdogs on food advertising directed to young children? What are the programs and projects facilitating public-private standard setting on food advertising directed to young children? Is there a plan of action to develop such standards with agreed time frames and measurable outcomes?
NO
Steps towards such policies 6
Are there specific efforts to target information and support for healthy lifestyles towards vulnerable populations? Are there public awareness or information campaigns targeting all stakeholders, such as government departments (health, social services, education, finance, and so on), non-governmental organizations and young children? Have information/educational materials been developed for different groups of young children based on and reflecting their varying rights and needs?
NO
Steps towards such efforts 7
Is there ongoing monitoring and evaluation of the delivery and impact of the education at the home and pre-primary levels, and more specifically the impact of age-appropriate health education on child health indicators?
NO
Steps towards making this change 8

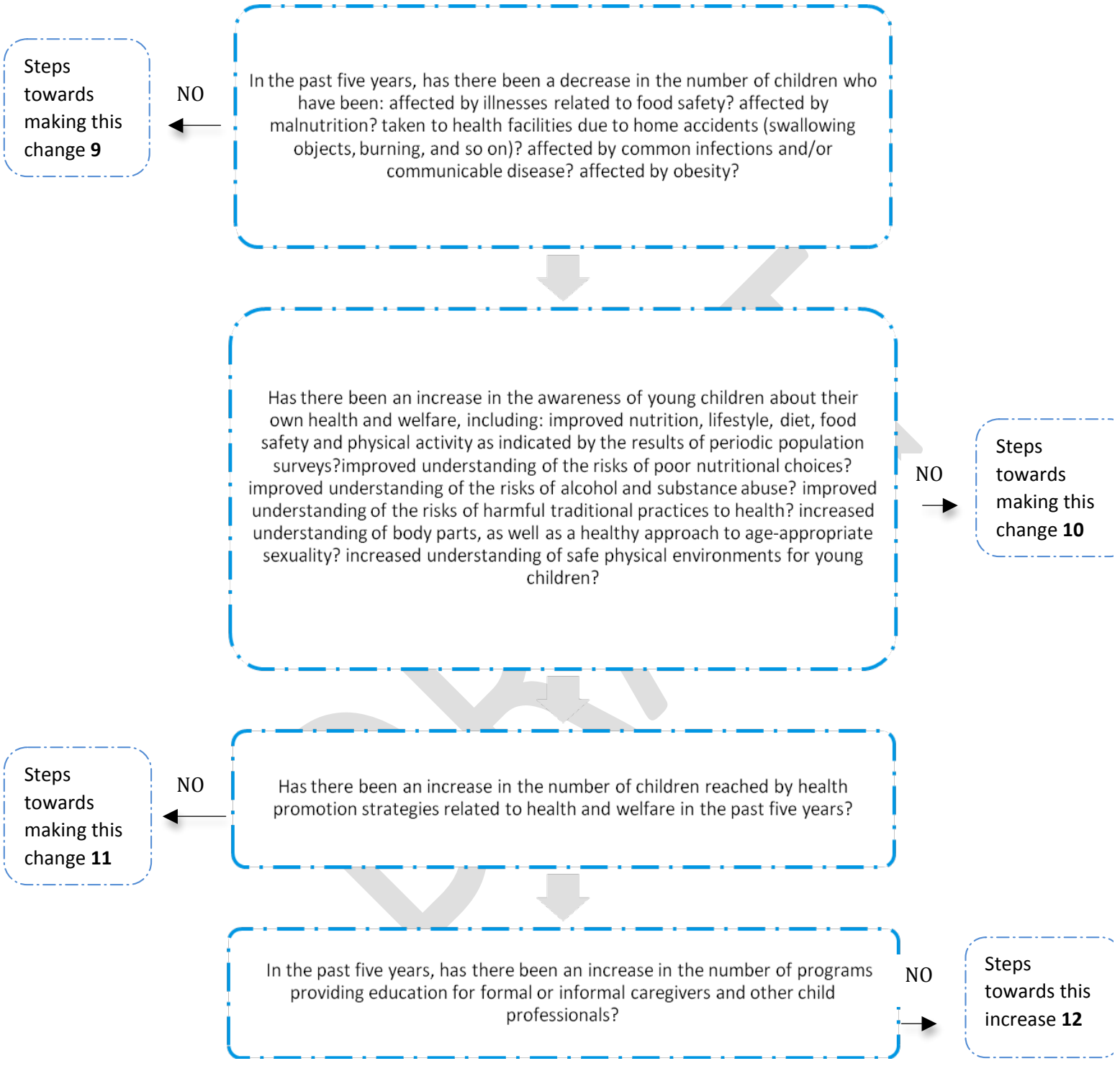


FIGURE 14: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 10: AGE-APPROPRIATE HEALTH EDUCATION.

Suggested Steps

1. Develop policies that:

   - incorporate health education into school curriculum by drawing on existing international curricula, for example, by inviting health specialists (medical doctors, nurses, and so on in your community) in to educate children each month
   - establish requirements for a proportion of television or radio airtime to be devoted to health education
   - enforce regulations of serving sizes of high-caloric snacks and fast foods
   - support physical activity in children, such as physical education in school
   - inform parents and duty bearers about health education through educational courses and video programs *such as the international Right From the Start Program*: http://www.rfts.ca/rfts/index.html
   - establish food labeling requirements. *For nutritional labeling guidance see:* http://www.responsible-advertising.org/advertisingandchildren.asp

2. Develop policies that promote the development of quality materials on health issues, such as

   - pamphlets
   - educational videos
   - posters

   A further suggestion is to engage students in the creation of a health poster to promote a learn-by-doing strategy. *For example, see the Child to Child Trust and UNICEF joint program in engaging children in health education*: http://www.child-to-child.org/action/gettingreadyforschool.htm

3. Support commitments to insure that vulnerable groups have the resources and capacity to adopt healthy lifestyles, for example, offering health food vouchers to families in vulnerable groups. *A good example of this is the UK Healthy Start initiative*: http://www.healthystart.nhs.uk/

4. Expand policies that:

   - monitor the food quality of formal and informal caregiver settings
   - promote the advertisement of healthy foods
   - set standards and consequences of violation for advertisers. *For example, in the UK, the British Code of Advertising, Sales Promotion and Direct Marketing states that marketing and advertisements cannot encourage unhealthy eating behaviors:* http://www.asa.org.uk/asa/codes/

5. Partner with education faculty to create publications such as books and pamphlets relating to health education. *For example, the USA Children's Health Fund development of health education publications. Information on this project can be found at:* http://www.childrenshealthfund.org/publications/health-ed

6. Borrow models from OECD countries that have already merged policy discussion and public - private initiatives*. For example, the implementation of Food Labeling Regulations in the UK:* http://www.food.gov.uk/foodlabelling/ull/

7. Target information and support healthy lifestyles among vulnerable or excluded populations by:

- low-literacy health education materials (books, pamphlets and videos) in multiple languages
- ensuring materials are accessible to target populations through adequate and efficient placement of materials
- gender empowerment and equity programs for children, mothers and caregivers

8. Establish regular evaluations of age-appropriate health education programs, both at home and in professional settings, for their delivery, as well as impact using the child health indicators. Explore improvements in child health indicators as a possible sign of the efficiency of these educational programs by correlating data.

- Investigate reasons for the lack of reduction rates through such means as:

  - developing surveys
  - conducting research groups
  - developing questionnaires, such as the Multiple indicator Cluster Surveys (MICS) and/or the Demographic and Health Surveys (DHS). *Please see:*
    http://www.measuredhs.com/
    http://www.childinfo.org/mics.html

  Evaluate whether the lack of change is due to lack of programs or lack of efficacy and knowledge translation, and address issues according to these results.

- Investigate the lack of change through such means as:

  - questionnaires, surveys, focus groups, etc. while ensuring the research methods provide information about the home environment, school environment and lifestyle factors (for example, television or computer use, physical activity levels outside of school)
  - evaluate whether the lack of change is due to lack of programs or lack of efficacy and knowledge translation, and address issues according to these results

- Look into reasons for this lack of change. Determine whether it is:

  - a coverage issue (too many children for the number of services)
  - due to lack of participation is program
  - due to a lack of program or policy efficacy

- Determine the reasons behind this lack of chance.

  - existing services meet the needs adequately
  - demand is higher than provided services, but expansion is not financially feasible
  - other

Other reference tools

Food and Agriculture Organization of the United Nations: http://www.fao.org/
WHO Global School Health Initiative: http://www.who.int/school_youth_health/en/
Ghana Health and Education Initiative http://www.ghei.org/

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation of age-appropriate health education:

- ministries of health, education, and social welfare
- national human rights and other organizations
- public, private and civil society–based providers of any child services and programs
- parents, other caregivers and professional and/or lay bodies representing or supporting these stakeholders
- advertisers and mass media
- private-sector food, drink and snack providers
- national and local trading standards organizations

Here are a few suggested ways to collect data from these organizations:

- Undertake a desk review of national plan, resource development and budgetary allocations for health education that integrates the child as an active participant in their own health education and care.
- Collect evidence of numbers and percentages of children exposed to curricula that promote age-appropriate health education.
- Look for evidence that vulnerable groups that may not have access to formal education are exposed to curricula that include health promotion.

Words of Caution

Implementation

☑ When designing health education material and programs for children, pay extra attention to the children of new refugees and immigrants, and prepare translated copies of the material (videos, story books, and so on) if possible.

☑ Pay extra attention to children with limited or no access to childcare services, if these services are used as a platform to deliver age-appropriate health education for children.

Reporting

☑ When you are putting statistical information into the State report, always provide disaggregated data by age, sex, race, residence, ethnicity, disability, socio-economic status, and other relevant categories of exclusion or vulnerability, such as indigenous children, children from ethnic minorities, migrant, asylum-seeking and refugee children, children affected by/with HIV/AIDS, children born out of wedlock, and children born outside hospitals.

Country example: Thailand

Integrated Family-Based ECD (IFBECD) Project

In Thailand, the Integrated Family-Based ECD (IFBECD) project has been in effect since 1990 across the country. Its development has been supported by several local and international organizations, including UNICEF, Christian Children's Foundation and Save the Children, in collaboration with the Department of Health in the Ministry of Public Health and local universities.

The project operates out of child health centres and involves collaboration between experienced mothers (who volunteer as ambassadors), the health care system and the broader community (for example, universities, other educational centres, and not-for-profit organizations).

Each ambassador works with five families in her neighbourhood and provides the mothers with information and advice about child health, nutrition and development in a range of settings, such as in people's homes or at a local market. The volunteer ambassadors attend monthly training sessions (on issues such as family life, child development, and infant care) as well as meetings in local departments of health to receive new information and materials related to child health and development.

The approach is especially useful because older children frequently provide some care for their younger siblings or neighbours. At the training sessions, the ambassadors also provide information about child health, nutrition and developmental issues to these older children.

In one of the more "hands-on" lessons, students in the fifth and sixth grades learn from the ambassador how to determine the vaccination status and developmental progress of the younger children in their families. All these educational and training initiatives are coordinated through the Ministry of Public Health. In this particular case positive program evaluations led to expansion of the health education program from the fifth and sixth grades to ages 0 to 18 years.

Education, Leisure and Cultural Activities

Indicator Set 11: Provision of Early Childhood Education and Care Services

This indicator set aims to guide State parties in creating a framework of education and care service provision for young children, whether at home in support of parents' role as "first educators" (GC7 para. 29) or in childcare centres in either the public or private sector.

Article 28, Education

The child has a right to education, and the State's duty is to ensure that primary education is free and compulsory, to encourage different forms of secondary education accessible to every child and to make higher education available to all on the basis of capacity. School discipline shall be consistent with the child's rights and dignity. The State shall engage in international co-operation to implement this right.

Although article 28 (right to education) of CRC does not refer specifically to provisions with respect to early childhood; in GC7, the UNCRC authoritatively interprets "the right to education during early childhood as beginning at birth." Therefore, State parties in preparation of their progress reports are asked to provide the UNCRC with information regarding the quality of early learning programs and primary programs and services as child-centred, child-friendly, and rights- based in accordance with GC7 para. 28.

In designing and operating these services, the three aspects of quality in early child development programs and services should be kept in mind, that is, the structure, process and nurturance.

Structure includes such things as appropriate staff training and expertise, staff-to-child ratios, group size, and physical characteristics of the service that ensure safety. Process aspects include staff stability and continuity, and relationships between service providers, caregivers and children.[35]

Nurturing environments include those where

- exploration is encouraged
- mentoring in basic skills is provided
- the child's imagination and creativity is fostered (for example, through the use of art and storytelling)
- the child's developmental advances are celebrated
- development of new skills is guided and extended
- there is protection from inappropriate discipline
- the language environment is rich and responsive

[35] Irwin, LG; Siddiqi, A &. Hertzman,C. *Early Child Development: A Powerful Equalizer,* Final report of the Early Child Development Knowledge Network (ECD-KN) for the World Health Organization's Commission on the Social Determinants of Health (June 2007).

A nurturing educational environment also must strongly reflect respect for diversity, social inclusion, and quality criteria. And it must promote equal treatment of boys and girls with regard to opportunity, expectations and aspirations.

Also, the State should closely watch and tightly regulate the costs of such services, to make them affordable and accessible to all. Only when such services are universal, they serve to support all parents and caregivers in their primary role as first educators of young children (GC7 para. 29). Only then do they support, encourage and stimulate the young child's curiosity, exploration, asking of questions and experimentation.

The UNCRC also requests information about enrolment, levels of provision, and retention rates between the first and second years of primary education. It also makes more general references to quality standards with respect particularly to the empowering and supportive nature of the *Aims of Education* enshrined under article 29 of the CRC and further elaborated in General Comment 1.

Key Question: With respect to articles 28 and 29 of the Convention on the Rights of the Child, what services are available to further the educational rights of young children and what measures are in place to ensure quality standards in materials and service delivery?

Excerpts from the Committee's Concluding Observations on Government Reports

"... The Committee ... also recommends the further training of personnel in all institutions, such as social, legal or educational workers. An important part of such training should be to emphasize the promotion and protection of the child's sense of dignity and the issue of child neglect and maltreatment. Mechanisms to evaluate the ongoing training of personnel dealing with children are also required." (Russian Federation CRC/C/15/Add.4, para. 19)

"... establish a uniform set of standards for public and private institutions and voluntary homes and monitor them regularly". (Sri Lanka CRC/C/15/Add.207, paras. 32 and 33)

"... at least one year of pre-school was not made compulsory." (Albania CRC/15/Add.249, para. 6)

"... no central authority is in charge of the pre- school education." (Lebanon CRC/C/LBN/CO/3, para. 63)

"... necessary resources have not been allocated to ensure that pre-schools will have sufficient human and material resources to be free and accessible to all by 2008/9." (Mexico CRC/C/MEX/CO/3, para. 56)

"The Committee recommends that the State Party continue to allocate adequate financial, human and technical resources in order to... provide access to early childhood education for every child and raise awareness and motivation of parents with respect to pre- schools and early-learning opportunities, by taking into account the Committee's General Comment No. 7 (2005) on implementing child rights in early childhood and establishing a national mechanism to promote, develop and coordinate early childhood education..."
(Lebanon CRC/C/LBN/CO/3, para. 64)

Indicator Set 11: Provision of Early Childhood Education and Care Services (CRC Articles 6, 28 and 29; General Comment 1: Aims of Education)	
Structure	• Is there a policy for the provision of universal, free of charge, early child care and education (ECCE) programs and services? • What policies are in place to ensure that early education provisions are suitably child-centered, child-friendly, rights-based and aligned with GC7 principles and aims of education? • What policy is in place to assure professional standards and quality in various forms of preschool provisions supporting learning in all forms of childcare and/or child education settings (for example, homes, crèche or daycare centers, kindergarten, play groups, and so on)? • Do policy commitments include data collection on levels of attendance, geographical coverage, access to, quality of, and financial supports to preschool services for all young children, and in particular young girls and all other vulnerable groups? • What specific policy exists to encourage and support parents as the primary educators of young children and as a base for a young child's curiosity, exploration and experimentation? • Does the commitment to recruitment in early childhood education require high standards of professional training, appropriate salaries and a gender mix in professional groups working with young children?

Process	• What efforts have been made to develop the following aspects of various settings and services for early education?
	  ○ levels of attendance and equitable access to programs and services?
	  ○ reporting of fees and affordability?
	  ○ mode or settings for delivery?
	  ○ quality of and resourcing for programs and services?
	  ○ home support and resources targeting stay-at-home parents?
	  ○ adequate structural criteria[36]?
	• What efforts have been made to monitor and evaluate the impact of early education programs on children's development using available indicators, such as:
	  ○ registration and dropout rates (particularly pre-primary and primary)?
	  ○ retention rates?
	  ○ performance data?
	• What processes are in place to evaluate and improve human resources, especially through salary benchmarking (comparisons) to similar professional groups, and to address issues of staff recruitment and retention (in order to ensure continuity of care), qualifications and gender mix?
	• Is there in-service training to inform and update child care professionals on the quality of their interaction with children?

Outcome	• What improvements have been made in implementing evidence-based principles for quality services? • Have there been increasing rates of access to, registration in and attendance in quality services? • Have there been reduced dropout rates from the vulnerable groups of children? • Is there increased transparency in the reporting of early education fees in relation to affordability, access, grant aided, and so on? • Is there evidence of improving trends in children's development as measured by cognitive, physical health and socio-emotional outcomes, through indicator systems such as Multiple Indicator Cluster Surveys (MICS), Demographic Health Surveys (DHS), the Early Development Instrument (EDI), and so on? • Have there been reduced dropout rates in primary grades, particularly disaggregated by gender? • Has there been an increase in the number of institutions training professionals for early child care and education?

[36] Structure includes appropriate staff training, staff-to-child ratio, group size, and that the physical characteristics of the establishment ensures safety.

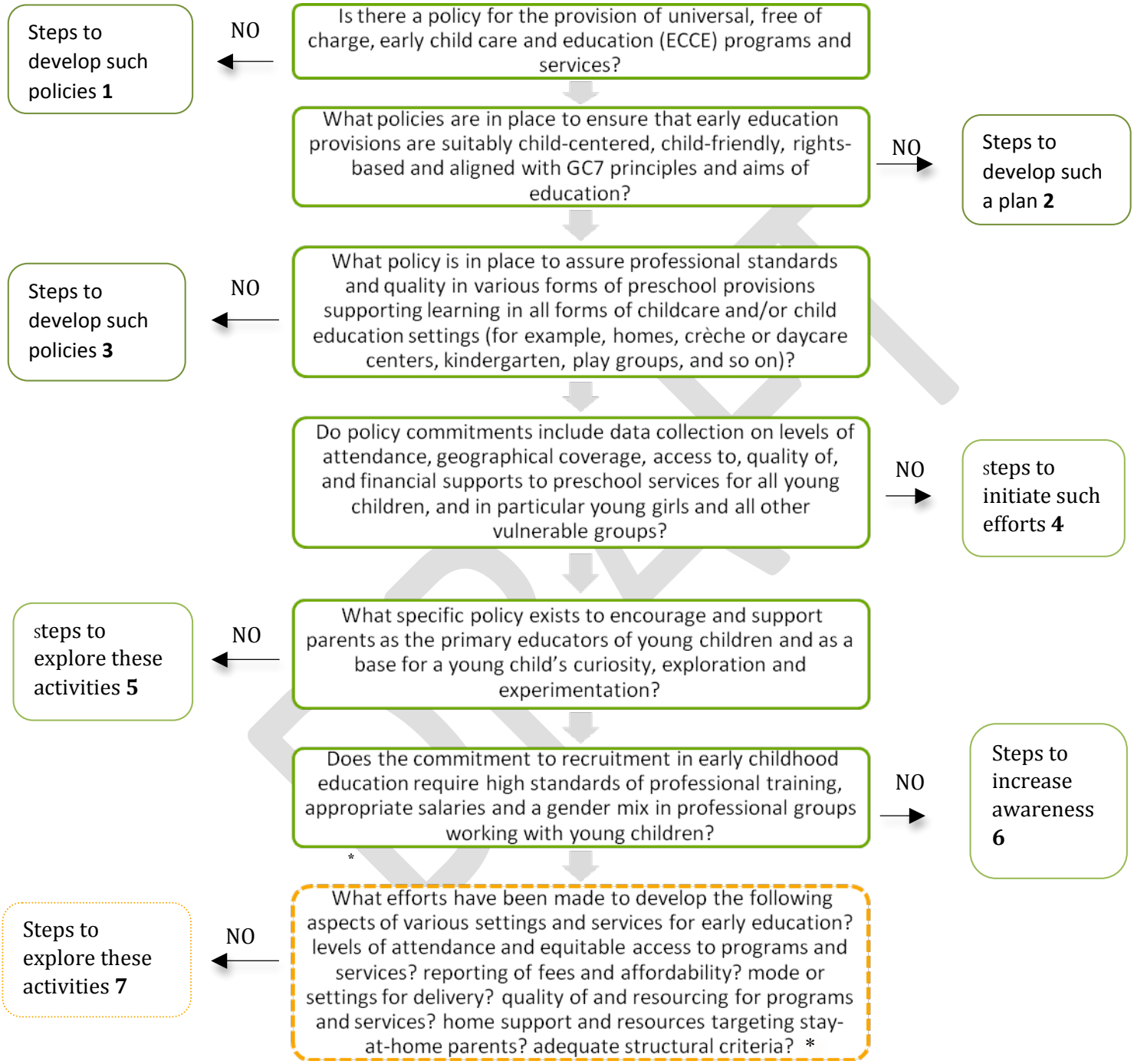
Sources of Information	• Desk review or survey of public, private and civil society educational service provision • Department of education (or similar) statistics on enrolment, attendance and retention after entry year • DHS, MICS, EDI or other systems; household survey questions related to affordability, quality and impact on child development • Distribution of ages that children start school • Studies and reviews of policy development and service delivery that adhere to human rights–based evidentiary AAAQ principles (Available, Accessible, Acceptable, and of good Quality)
Duty Bearers	• National and local government departments responsible for educational provision • Civil society and private-sector providers of education services for young children • Professional teaching associations and other relevant professional bodies • Parents and other caregivers and professional and/or lay bodies representing or supporting and/or informing these stakeholders

General Comment 7 (paragraphs)	Reporting Guidelines (sections)
23 : standards, training, salaries, staffing	6b : programs
28 : variety of settings	6c : resources
29 : support parents as first educators	6d : statistical data
30 : holistic broad-based education	34a : education, training, guidance
31: community based	34b : aims and quality of education
32 : private sector	34c : rest, leisure, culture (play also)
33 : child rights content	35 : excluded groups
34 : rest, leisure, play	36 : organizational co-operation

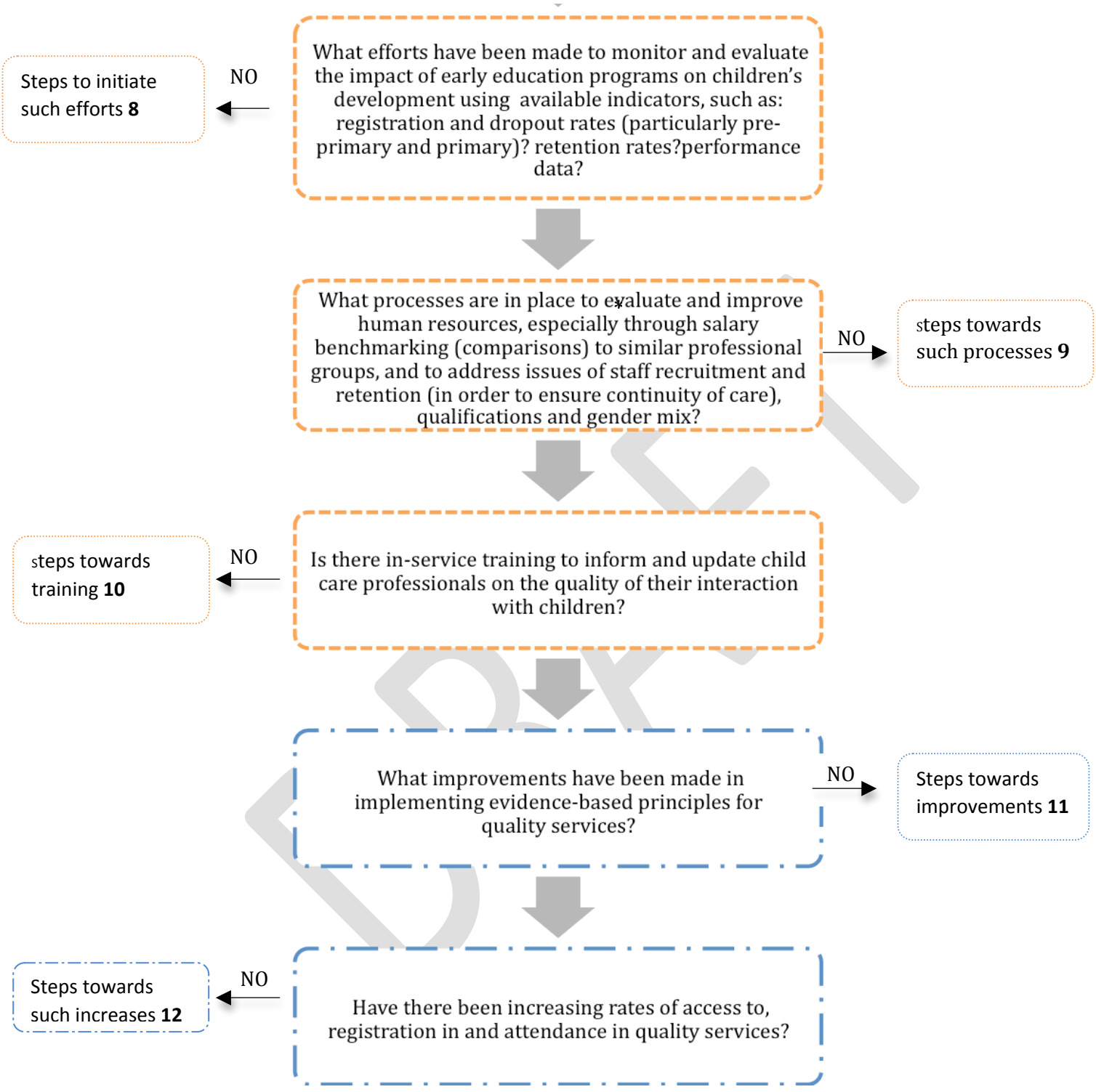
Monitoring and reporting

Figure 15 displays some of the steps to take and questions to ask when reporting on **Provision of Early Childhood Education and Care Services** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 11: PROVISION OF EARLY CHILDHOOD EDUCATION AND CARE SERVICES



* Structure includes appropriate staff training, staff-to-child ratio, group size, and that the physical characteristics of the establishment ensures safety.


What efforts have been made to monitor and evaluate the impact of early education programs on children's development using available indicators, such as: registration and dropout rates (particularly pre-primary and primary)? retention rates?performance data?
NO
Steps to initiate such efforts 8
What processes are in place to evaluate and improve human resources, especially through salary benchmarking (comparisons) to similar professional groups, and to address issues of staff recruitment and retention (in order to ensure continuity of care), qualifications and gender mix?
NO
steps towards such processes 9
Is there in-service training to inform and update child care professionals on the quality of their interaction with children?
NO
steps towards training 10
What improvements have been made in implementing evidence-based principles for quality services?
NO
Steps towards improvements 11
Have there been increasing rates of access to, registration in and attendance in quality services?
NO
Steps towards such increases 12

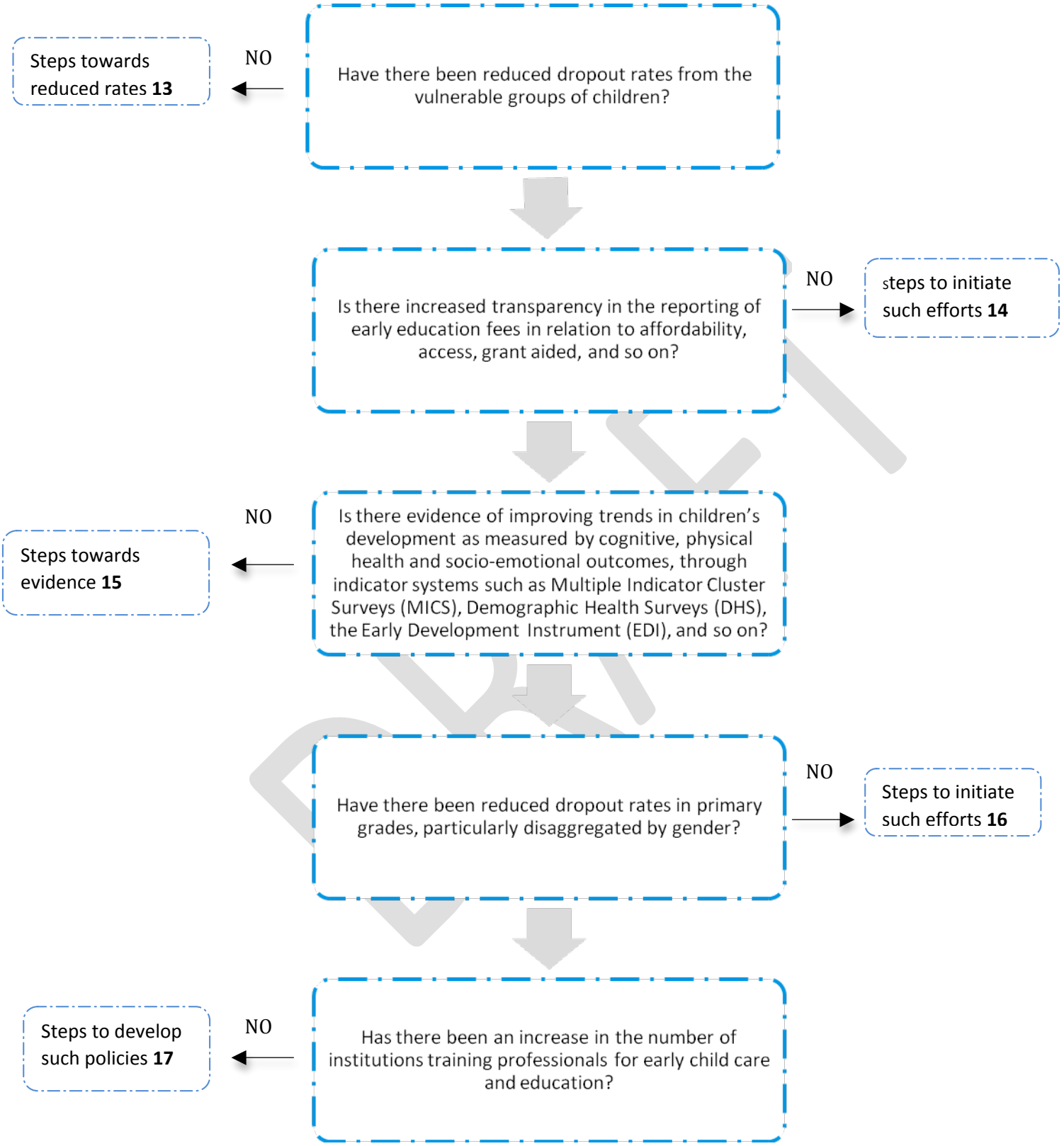


FIGURE 15: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 11: PROVISION OF EARLY EDUCATION SERVICES.

Suggested Steps

1. Work towards developing this policy and including the free-of-charge service in your NPA.

For example see:
http://www.cubasol-manch.org.uk/The%20idea%20of%20the%20polyclinic.pdf *or*
http://www.who.int/bulletin/volumes/86/5/08-030508/en/index.html

2. Develop:

- an appropriate curriculum for early childhood education pedagogy (in partnership with academic institution, NGOs, service providers, and so on)
- strategies to promote education for children. *For example, the Government's Education For All initiatives in Bangladesh:* http://webapps01.un.org/nvp/frontend!policy.action?id=189

3. Promote policies that:

- establish the regulation of early child education. *See the Child Care Act of Australia:* http://www.legislation.qld.gov.au/LEGISLTN/ACTS/2002/02AC055.pdf
- institute professional-level training. *For example see the TOT training program:* http://www.arnec.net/cos/o.x?c=/ntuc/pagetree&func=view&rid=1036174
- promote institutions that generate Early Child Education training professionals
- allocate funds to support and create sufficient academic capacity to generate and sustain professional standards

4. Put in place a strong monitoring and accountability system with clear institutional responsibilities designed to evaluate the progress of realization of rights in early years. Data collected should include levels of attendance, geographical coverage, access to, quality of, and financial support to preschool services for all young children, and in particular young girls and all other vulnerable groups.

For example, see reference to integrating immigrant children into schools in Europe: http://eacea.ec.europa.eu/education/eurydice/documents/thematic_reports/104EN.pdf

Costa Rica's example can be found at:
http://www.ciet.org/en/documents/projects_library_docs/2006222113957.pdf

5. Develop policies that:

- support and allocate funding towards the development of parent outreach and parent support programs; create a strategy to communicate perspectives and involvement of parents
- ensure that parents have adequate time for educating or spending time with their young children by, for example, creating labour paternity leave, establishment of daycare centers for children of employees closer to the work space, etc.

6. Formalize labour involved with the education of children, for example:

- support and fund the training of personnel

- promote normalized wages and working conditions
- provide funds for adequate support and supervisory materials

7. Support the development and implementation of a national plan of action with roll-out plans that include the various aspects mentioned.

8. Within the existing ECD programs, create a section responsible for developing an ongoing database that records:

- registration and dropout rates (particularly pre-primary and primary)
- retention rates
- performance data

Implement monitoring and evaluation. For example, the production of annual reports on early childhood education and care. *Childcare Resource and Research Unit provides comparative provincial/territorial information for Canada. Details available at:* http://www.childcarecanada.org/ECEC2008/index.html *Additionally, child care report cards issued by the Canadian Labour Congress can be found at*: http://www.canadianlabour.ca/news-room/publications/child-care-report-cards-2008

9. Put in place a workforce policy including mobility, training, recruitment, and so on, and offer compensation at different levels (financial or non-financial).

10. Assure inclusion of this topic (the quality of interaction of child educator with the child) in the curriculum of all training programs and in-service education.

11. Evaluate the quality and efficiency of the programs that are established based on evidence-based principles to understand if there have been improvements. For example, the existing evidence indicates that the three principles of: structure, process, and nurturance[37] are essential to create a quality child care program. Look into the performance of the programs that are operating based on these principles.

12. Analyze factors that may influence attendance in services, for example:
- standards such as paid maternity or
- accessibility of services
- awareness of services
- practicality of services

13. Research underlying reasons for the current rate of dropout for vulnerable children. For example, through parent interviews or take home surveys.

[37] Structure includes such things as appropriate staff training and expertise, staff to child ratios, group size, and physical characteristics of the service that ensure safety. Process aspects include staff stability and continuity, and relationships between service providers, caregivers, and children (Goelman 2003; NICHD, 1996, 2002). Nurturing environments include those where exploration is encouraged; mentoring in basic skills is provided; the child's developmental advances are celebrated; development of new skills is guided and extended; there is protection from inappropriate discipline; and the language environment is rich and responsive (Ramey & Ramey, 1998)).

14. Sample studies of cost with respect to access to services; develop transparent accounting procedures.

15. If there is no data on early childhood development, collect data using a tool *such as the Early Development Instrument (EDI):*
http://www.gov.mb.ca/healthychild/edi/edi_handbook_2007.pdf

If data exists, investigate potential causes for the lack of improvement, for example, family, neighbourhood and nutritional contributors.

16. Explore reasons for the lack of reduction using surveys, and/or parents' interviews, focus groups, etc. *For example see the Multiple Indicator Cluster Surveys (MICS), http://www.childinfo.org/mics.html, and/or the Demographic and Health Surveys (DHS),* http://www.measuredhs.com/

17. Explore the reasons for this lack of increase. Ask questions such as: Are the existing centers enough to meet the needs? Have some existing centers expanded their capacities? Etc.

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation of provision of early education services:

- national and local government departments responsible for providing early education services
- civil society and private-sector providers of education services for young children
- professional teaching associations and other relevant professional bodies
- parents, other caregivers and professional and/or lay bodies representing or supporting and informing these stakeholders

Here are a few suggested ways to collect data:

- Undertake a desk review or survey of educational service provision by public, private and civil society agencies.
- Collect statistics on enrolment, attendance and retention after entry year from the department of education (or a similar body).
- Undertake surveys using tools such as the Demographic Health Survey, Multiple Indicator Cluster Surveys, Early Development Instrument or others. Include household survey questions related to affordability and quality of early education services and their impact on child development.
- Collect information on and analyze the distribution of ages that children start school.
- Study and review policy development and service delivery using human rights–based evidentiary AAAQ principles, that is, Available, Accessible, Acceptable and of good Quality.

Country example: United States

Reach Out and Read[31]

Reach Out and Read (ROR)[38] is a U.S. national non-profit organization that promotes early literacy by giving new books to children. It also provides advice to parents attending doctors' appointments with their children about the importance of reading aloud.

ROR programs make early literacy a standard part of primary medical care for young children. They are a point of contact with the HCS, one that has proven to support children's early development.

Following the ROR model, doctors and nurses advise parents that reading aloud is the most important thing they can do to help their children love books and to start school ready to learn. Pediatricians and other clinicians are trained in the three-part ROR model in an effort to promote pediatric literacy:

1. At every well-child checkup, doctors and nurses encourage parents to read aloud to their young children and offer age-appropriate tips and encouragement. Parents who may have difficulty reading are encouraged to invent their own stories to go with picture books and spend time naming objects with their children.
2. Medical doctors give every child between the ages of six months and five years new, developmentally appropriate children's book to keep.
3. In literacy-rich waiting room environments, often with volunteer readers, parents and children learn about the pleasures and techniques of looking at books together.

Research findings on the impact of ROR's efforts have been remarkably consistent. Compared to families that have not participated in ROR, parents who have participated in the ROR program are significantly more likely to read to their children and have more children's books in the home.

Most importantly, studies examining language usage in young children found an association between exposure to ROR and statistically significant improvements in preschool language scores, a good predictor of later literacy success.

ROR program sites are located in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. ROR programs are housed at hospitals, health centres and doctors' offices.

[38] Reach Out and Read: http://reachoutandread.org

Indicator Set 12: Educational Provision for Vulnerable Young Children

This indicator set necessarily overlaps with the previous set of indicators on general service provision so users of the manual may be able to use same data. All children, without exception, have the right to quality early education. Essential to the realization of this right is ensuring access and quality for the most vulnerable sections of the population: the poor; those living in marginal urban areas, border areas and rural areas; immigrants; displaced groups, and so on.

Ensuring these rights would also be in accordance with the principle of non-discrimination as guaranteed under article 2 and "equal opportunity" under article 28 of the CRC. These education services should be subject to quality assessment, and the aims of education as obligated under article 29 should always be kept in mind.

At present, in most countries across the world good-quality education programs serving these vulnerable populations are scarce. Where they exist, they are not well monitored or assessed. Unfortunately, lack of education compounds social problems such as illiteracy and poverty. The costs (to government) of addressing long-term social problems will be much greater than those required to ensure that vulnerable sectors of the population have the right to education and this right is fulfilled.

Article 2, Non-discrimination

All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights.

Article 28, Education

The child has a right to education, and the State's duty is to ensure that primary education is free and compulsory, to encourage different forms of secondary education accessible to every child and to make higher education available to all on the basis of capacity. School discipline shall be consistent with the child's rights and dignity. The State shall engage in international co-operation to implement this right.

Social and cultural relevance should be an essential factor of the quality of educational programs. This social and cultural relevance, combined with child participation, must become the inherent components of such programs.

Therefore, this set of indicators requests reporting on both policy and practical measures taken to provide access to mainstream educational services (for example, for children of working mothers, for young girls, and so on) or to provide specifically targeted services to vulnerable or marginalized populations.

Key Question: With respect to articles 2, 28 and 29 of the Convention on the Rights of the Child, what measures or initiatives, specifically targeted at vulnerable populations, are in place to ensure equality of access to quality educational services in early childhood, and what impact have they had?

Note: this indicator set uses the term "vulnerable" in a very wide sense. It refers to children who are at risk of suboptimal development for any given reason (and not just due to their physical limitation or social affiliation). These include children with parents in institutions and children of parents with mental or substance abuse problems.

Excerpts from the Committee's Concluding Observations on Government Reports

The Committee is concerned that there are several groups of children, such as children not involved in primary education, child labourers and street children, who neither have equal right to enjoy their right to rest and leisure nor to engage in play, sport, recreational and cultural activities. "In the light of article 31 of the Convention, the Committee recommends that the State Party make all necessary efforts to protect the right of the child to rest, leisure, cultural and recreational activities. The Committee recommends that the State Party strengthen its efforts to promote the right of the child to engage in play by providing children with creative play facilities. It requests the allocation of adequate human and financial resources to the implementation of this right and the payment of particular attention to vulnerable groups of children, such as children outside of the educational system, child labourers and street children." (Philippines CRC/C/15/Add.259, paras. 71 and 72)

"... For instance, privatization measures may have a particular impact on the right to health (art. 24) and the right to education (arts. 28 and 29), and States Parties have the obligation to ensure that privatization does not threaten accessibility to services on the basis of criteria prohibited, especially under the principle of non-discrimination..." (Committee on the Rights of the Child, Report on the thirty-first session, September/October 2002, CRC/C/121, page 153)

Indicator Set 12: Educational Provision for Vulnerable Young Children (CRC Articles 2, 28 and 29; General Comment 1: Aims of Education; General Comment 6: Treatment of Unaccompanied and Separated Children Outside Their Country of Origin; General Comment 9: The Rights of Children with Disabilities; General Comment 10: Children's Rights in Juvenile Justice)	
Structure	• What policy commitments exist in your country to ensure equitable access to appropriate quality early childhood education for vulnerable populations? • Does policy in your country include a commitment to research the underlying factors of vulnerability, address direct exclusion, provide redress, and challenge the root causes of such exclusion? • Does policy make sufficient provision to inform parents/caregivers and children in vulnerable groups about their rights with regards to educational opportunities for their young children?
Process	• Are there efforts in place to initiate or support programs and provisions that promote inclusive education and the participation of children from all vulnerable groups in mainstream education? • Are there efforts in place to introduce programs and/or initiatives that provide specific educational opportunities to vulnerable groups where mainstream service provision is lacking or unavailable? • Has the existing data on the provision of education been reviewed and disaggregated by school attendance and different criteria of vulnerability? • Are there awareness-raising initiatives that promote understanding of children who are excluded and initiatives that seek to address the root causes of the exclusion? • Have there been any government publications or distribution of other information resources provided to the State party on the educational rights of vulnerable children and families?
Outcome	• Has there been an increase in the number and/or proportion of young children from vulnerable groups who have been included in mainstream or appropriate specialist education systems, for the past five years? • Has there been an improved understanding of the specific circumstances of exclusion and its root causes and prevention that have been demonstrated through specific mechanism, such as, policy development, public awareness, judicial measures and proceedings?
Sources of Information	• Desk review of policy and measures to ensure inclusive mainstream access for vulnerable groups or specific measures targeted to vulnerable groups • School attendance ratios—general population vs. vulnerable groups • Populations/household surveys questions on pre-primary and primary school attendance; home-based provisions
Duty Bearers	• National and local government departments responsible for educational provision and also justice and equality • Civil society and private-sector providers of educational services for young children • Professional teaching associations and other relevant professional bodies • Social care service providers across all sectors: public, private and non-governmental • Parents, other caregivers and professional and/or lay bodies representing or supporting and/or informing these stakeholders

General Comment 7 (paragraphs)	Reporting Guidelines (sections)
3 : young child as rights holder 24 : monitor and evaluate access and use 36 : vulnerable groups	6b : programs 6c : resources 6d : statistical data 34a : education, training, guidance 34b : aims and quality of education 34c : rest, leisure, culture (play also) 35 : excluded groups 36 : organizational co-operation

Monitoring and reporting

Figure 16 displays some of the steps to take and questions to ask when reporting on the **Educational Provision for Vulnerable Young Children** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 12: EDUCATIONAL PROVISION FOR VULNERABLE YOUNG CHILDREN

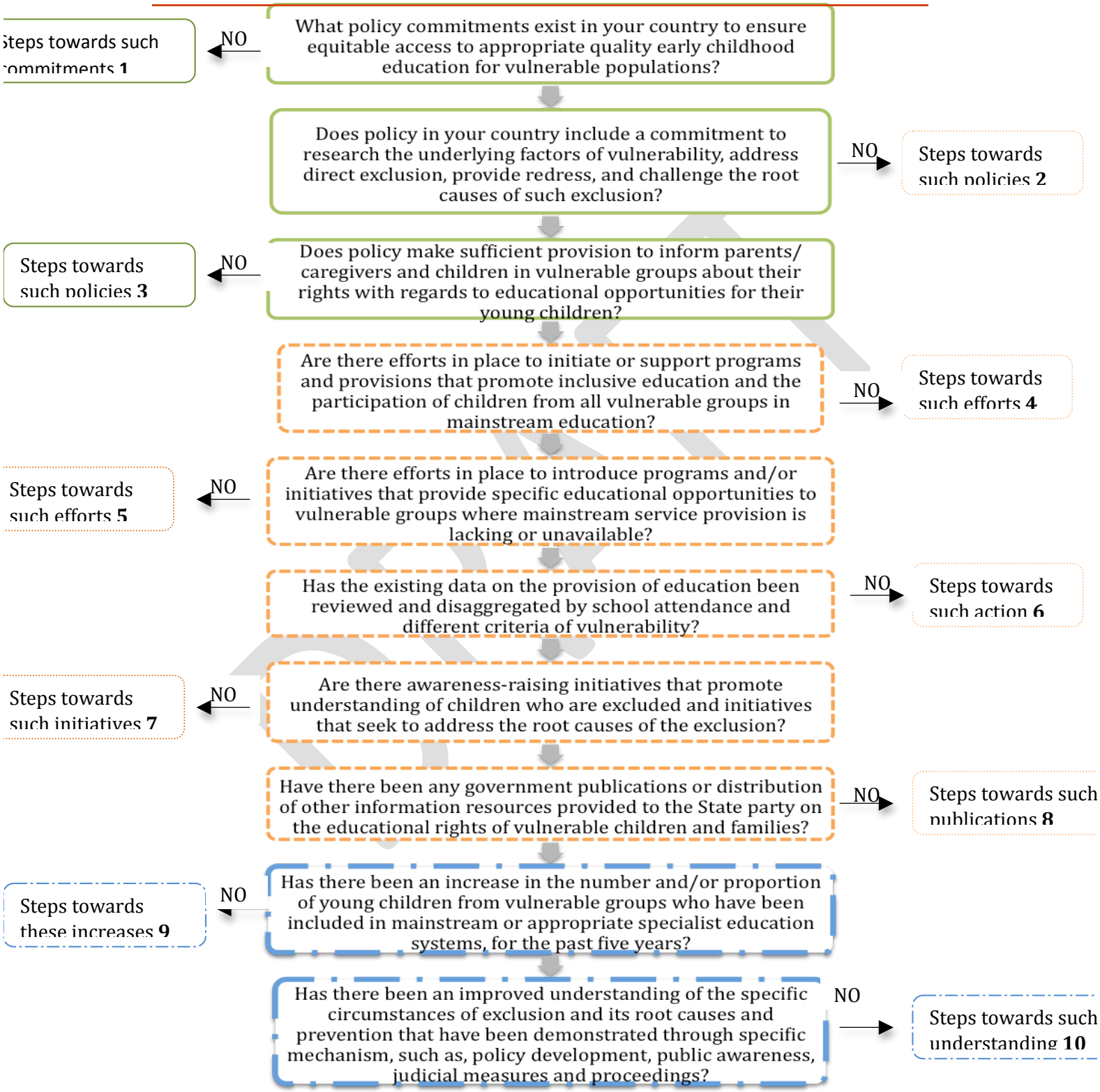


FIGURE 16: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 12: EDUCATIONAL PROVISION FOR VULNERABLE YOUNG CHILDREN.

Suggested Steps

1. Develop policies that support social inclusion and ensure equitable access to education, which include but are not limited to:
   - abolishment of school fees
   - provision of income support to poor and rural households to reduce reliance on child labour
   - promotion of teaching in children's mother tongue
   - promotion of educational opportunities for disabled children and children affected by HIV/AIDS

   For example, see:
   The European Union National Strategy reports for social protection and social inclusion:
   http://ec.europa.eu/employment_social/spsi/strategy_reports_en.htm

> **Nearly 1 out of every 5 girls who enrolls in primary school in developing countries does not complete a primary education. Missing out on a primary education deprives a girl of the opportunity to develop to her full potential. Research has shown that educated women are less likely to die in childbirth; … are more likely to send their children to school; … [and] that the under five mortality rate falls by about half for mothers with primary school education. (UNICEF, State of the World Children 2007, p. 4)**

2. Develop policies that support a commitment to research. *The Encyclopedia of Early Childhood Development website provides multiple examples of international research initiatives:* http://www.child-encyclopedia.com/en-ca/recherche.html?q=research

3. Expand on existing educational policies that make provisions to inform parents/caregivers and children from vulnerable populations about their rights with regard to educational opportunities. *For examples refer to the following links:*
   http://maasaichildrensinitiative.org/
   http://romaeducationfund.hu/index.php?RomaEduF_=5847d31005207b97bb0bf73c76e2c4b8&menu_grp=1&id=39
   http://www.education.gov.yk.ca/psb/first_nations_programs.html

4. Advocate for programs that encourage inclusive education and participation of children from all vulnerable groups in mainstream education. *The National Inclusive Education Awareness campaign in Canada website offers examples of multiple awareness-raising initiatives:*
   http://www.inclusiveeducation.ca

5. Encourage and implement programs that provide specific educational opportunities to vulnerable groups.

   For examples on educational programs for vulnerable populations, see:
   UNICEF Educational Priority Areas project:
   http://www.unicef.org/romania/education_1617.htmlAga Khan Foundation

Madrasa Early Childhood Education Program:
http://partnershipsinaction.org/work/focus_education.php

Public Health Agency of Canada's Aboriginal Head Start Program: http://www.phac-aspc.gc.ca/dca-dea/programs-mes/ahs_main-eng.php

6. Work with university-based researchers and data managers to improve data resources.

7. Create awareness-raising campaigns, *for example the "Leave No Child Out" Campaign:* http://www.unicef.org/ceecis/kids_6643.html

8. Work with WHO and UNICEF offices in your country to develop publications, translate relevant information into suitable languages, as well as carry out research from within your country to publish information on educational rights for vulnerable children and families.

   For examples see:
   A Human Rights Based Approach to Education for All:
   http://www.unicef.org/publications/files/A_Human_Rights_Based_Approach_to_Education_for_All.pdf

   Poverty Reduction Begins With Children:
   http://www.unicef.org/publications/files/pub_poverty_reduction_en.pdf

9. Create a monitoring and evaluation system based on existing international studies.

10. Explore the lack of improvement through such means as focus groups, questionnaires, and an evaluation of policies, judicial measures and proceedings.

Other reference tools

Encyclopedia of Early Childhood Development:
http://www.child-encyclopedia.com/en-ca/home.html

UNESCO, Education for All—Global Monitoring Report:
http://www.unesco.org/en/efareport/reports/2007-early-childhood/

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation of provision of education services for vulnerable young children:

- national and local government departments responsible for providing education, justice and equality
- civil society and private-sector providers of education services for young children
- professional teaching associations and other relevant professional bodies
- social care service providers across all sectors: public, private and non-governmental
- parents, other caregivers and professional and/or lay bodies representing or supporting and informing these stakeholders

Here are a few suggested ways to collect data:

- Undertake a desk review of policy and measures to ensure inclusive mainstream access for vulnerable groups or specific measures targeted to vulnerable groups
- Determine school attendance ratios (general population vs. vulnerable groups)

Country example: Swaziland

Bursaries for Orphans and Other Vulnerable Children

Swaziland has the world's highest prevalence of HIV and AIDS. The overall rate of HIV infection among adults (aged 15 to 49) was 42.6 per cent in 2004, compared to 16.1 per cent 10 years earlier. The annual growth rate in the number of orphans has doubled since 2000.

The impact of these facts on education is likely to be considerably greater than in many other countries, because Swaziland still levies fees for primary and secondary schooling. With poverty rates at about 75 per cent in rural areas and 50 per cent in urban areas (in 2000/2001), school affordability is a critical issue.

Faced with these conditions, the government of Swaziland in 2002 began to provide bursaries for orphans and other vulnerable children attending primary and secondary schools. Total funding increased very rapidly, from US$0.22 million in 2002 to US$7.5 million in 2004.

By 2005, five out of six orphans who had lost both parents and three out of four paternal orphans received bursary support. Rates of school enrolment and retention have either improved or remained stable, though many educators thought that the HIV/AIDS pandemic would cause these rates to drop.

Concerns remain, however, about how effective and efficient the bursary program is. Some eligible children have not applied because they cannot furnish their own birth certificate and the death certificate(s) of their parent(s). Also, only children already enrolled in school can receive bursaries. This condition was originally justified because there were not enough classrooms and teachers to accommodate more children.

Mismanagement and abuses of bursary funds have been widespread. Abuses include claims for non-existent children, more than one claim for the same student, double sponsors and the illegal copying of claim vouchers, claims for non-vulnerable children (of teachers, civil servants and local politicians), over-inflation of school fees by head teachers and generally very poor accounting practices.

Poor selection criteria and procedures have made these problems worse. Moreover, some school administrators and teachers are not sympathetic to the needs of these vulnerable children. If total school charges exceed the value of the bursary, as is often the case, children who cannot pay the balance may be sent home.

Despite these shortcomings, Swaziland's financial commitment to education for orphans and other vulnerable children is commendable. The bursary program shows one way that a State party can work to fulfill its CRC obligation to ensure that vulnerable young children have access to education.

Indicator Set 13: Knowledge of Rights and Capacity to Support Their Realization

The Convention on the Rights of the Child guarantees the participatory role of children in exercising their rights. However, listening to children and considering their opinions seriously is not yet an integral part of many governmental and non-governmental organizations and practices in the communities in general.

Even adults who recognize and understand the underlying principle of this participation in theory may experience some level of unease when putting this into practice. Additionally, some cultural practices that have been accepted as a norm may violate children's rights within this regard. Therefore, one way to safeguard this participatory nature of the CRC is to educate rights holders about their rights.

Article 29, Aims of Education

Education shall aim at developing the child's personality, talents and mental and physical abilities to the fullest extent. Education shall prepare the child for an active adult life in a free society and foster respect for the child's parents, his or her own cultural identity, language and values, and for the cultural background and values of others as well as fostering respect for human rights and fundamental freedoms

Article 42, Knowledge of Rights

States Parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

This set of indicators is designed to monitor whether or not State parties are carrying out this education. It is intended to assist governments in meeting the call in General Comment 7 para.33 to ensure human rights education (HRE) for children at home, community or centre-based programs. Also, obligations under this indicator set reference article 29 and 42 of the CRC, which defines the aims of education and knowledge of rights respectively.

Such education requires that State parties to provide information on the rights of young children to their parents and caregivers, so they can exercise their rights and responsibilities. The question of parental involvement means State parties must also ensure adequate and appropriate support (article 18) for the capacity of families to fulfill these obligations.

For this reason, in addition to HRE resources, this set of indicators raises questions of social welfare (article 26) and standards of living (article 27). In other words, it provides an opportunity to look more closely at one aspect of HRE by asking for information on the effectiveness of HRE in promoting knowledge and understanding of human rights among young children and their families or other caregiving environments.

As you verify the existence of a policy, the availability and provision of suitable resources, budgets, and so on can be explored. At the same time, please do not overlook evaluations of impact on levels of knowledge.

Key Question: With respect to articles 18, 26, 27, 29, and 42 of the Convention on the Rights of the Child, what measures, initiatives and resources are in place to ensure the provision of human rights education for young children in formal and non-formal settings, particularly to support the capacity of parents and/or caregivers in their role as first educators, and to assess the impact of such initiatives?

Excerpts from the Committee's Concluding Observations on Government Reports

"… the Committee is of the view that children's right to free expression and to participation is still limited in the State Party, partly due to traditional attitudes." (United Republic of Tanzania CRC/C/TZA/CO/2, para. 29)

The Committee encouraged France to promote and facilitate respect for the views of children and their participation in all matters affecting them
"... as a right they are informed of, not merely a possibility". (France CRC/C/15/Add.240, para. 22)

It suggested to Iceland that children "... are not adequately informed on how to contribute effectively, or how their input … will be taken into consideration." (Iceland CRC/C/15/Add. 203, para. 26)

And to Belgium that "... children are not adequately informed on how they can have input into policies that affect them, nor how their views will be taken into consideration once they have been solicited…" (Belgium CRC/C/15/Add.178, para. 21)

Indicator Set 13: Knowledge of Rights and Capacity to Support their Realization (CRC Articles 18, 26, 27, 29 and 42; General Comment 1: Aims of Education)	
Structure	• Is there a policy commitment to ensure the inclusion of human rights education (HRE) for young children (less than 8 years) in home-, community- and centre-based programs and services? • What policy measures are in place to provide parents and other caregivers with appropriate resources to facilitate HRE opportunities in the daily lives of young children? • Is there clear commitment to social welfare supports providing standards of living that ensure child rights are not overlooked as a result of family stresses based on, for example, socio-economic status or unemployment? • Is there a clear commitment to ensure that circumstances of vulnerable families are addressed by appropriate measures that build family capacity?
Process	• Have there been efforts to introduce and/or expand specific HRE education for children (and for parents/caregivers) on child rights? • Do the above-mentioned programs address cultural beliefs and taboos[39] that can act as a hindrance to the realization of CRC and do they do so in a culturally-sensitive manner? • Are there specific supports, material and/or financial, that build the capacity of caregivers and families to support HRE in the caregiving environment? • Have monitoring and evaluation processes been established to assess the impact of HRE in various settings? • Has there been a review and revision to existing educational content and materials to integrate a rights orientation into the curriculum? • Are there established processes with parents/caregivers and children, particularly those in vulnerable categories, in place in early education and care services to have them participate in decisions affecting them?

Outcome	• Have child rights concepts been integrated across the curriculum for:
	  ○ programs training child care and educational professionals
	  ○ early child care and education programs
	• Is there evidence of improved levels of child participation in the decisions that affect them?
	• Have there been improved levels of knowledge of child rights and overall child development among children, educational professionals and parents/caregivers, resulting from the introduction and integration of HRE initiatives and curricular development?
	• Has this above data (the data that indicates an improvement) been disaggregated based on criteria of vulnerability?
	• Is there evidence of increased capacity among parents/caregivers regarding their role as primary educators of young children on their rights as a child?

Sources of Information	• Desk review of policy and practice guidelines on the provision of HRE • Review of material resources intended both to provide and to integrate HRE • Key stakeholder interviews, with children, parents, education professionals and policy-makers • Household (and/or other institutional) surveys of children's knowledge • Evaluations of effective programs of HRE in home, school and community settings
Duty Bearers	• National and local government departments responsible for educational services, curriculum development and professional teaching standards • Civil society and private-sector providers of education services for young children • Professional teaching associations and other relevant professional bodies • Parents, other caregivers and professional and/or lay bodies representing or supporting and/or informing these stakeholders

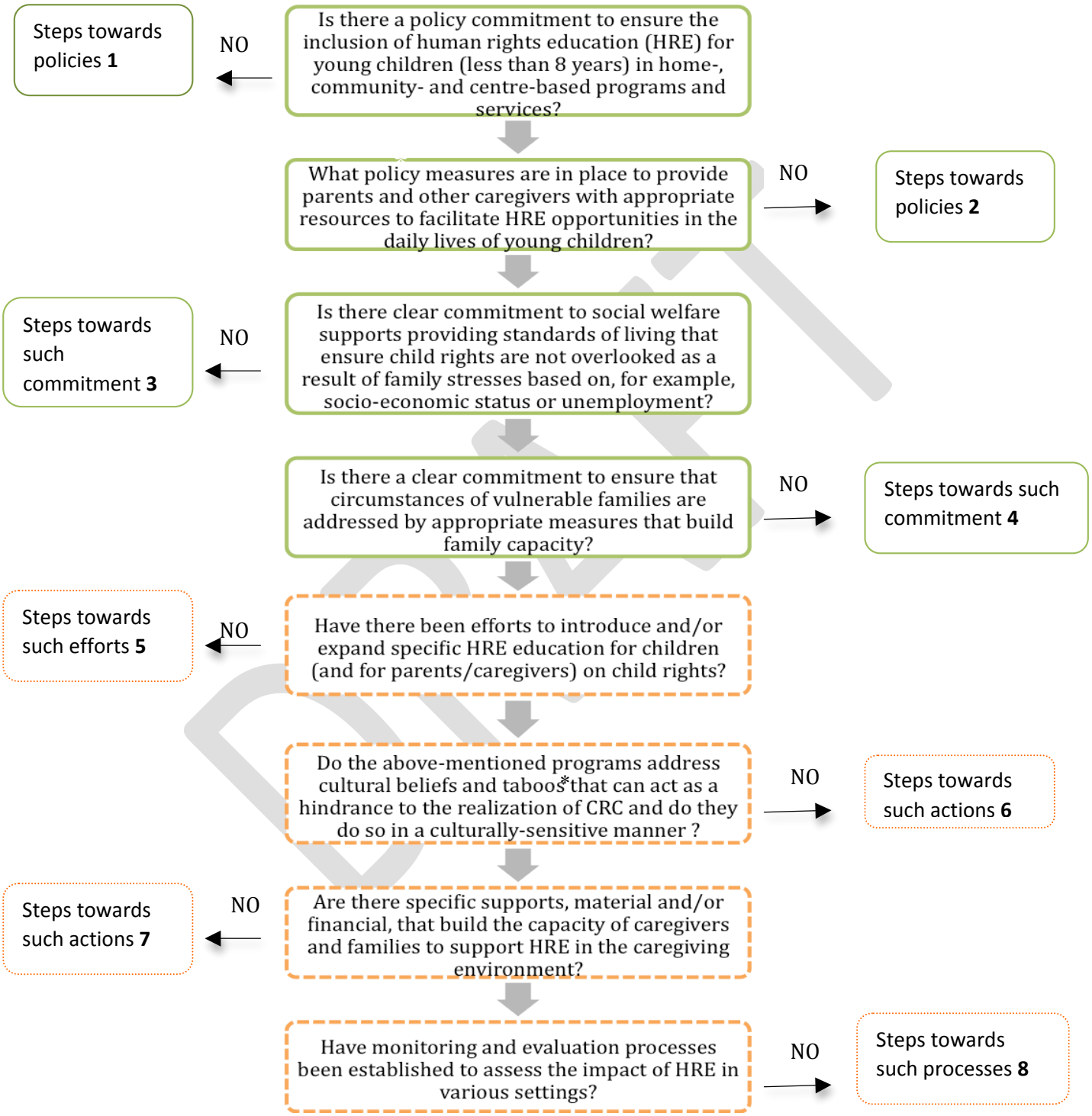
[39] This is particularly important when it comes to certain cultural practices that have been accepted as a norm within some communities but violate children's right to health and enjoyment of life (e.g. child lab our, child Bride, female circumcision).

General Comment 7 (paragraphs)	Reporting Guidelines (sections)
3 : young child as rights holder 20 : assistance to parents 33 : human rights as content in education (all settings: the home, community, public and private sector) 36 : vulnerable groups	34b : aims and quality of education 36 : organizational co-operation

Monitoring and reporting

Figure 17 displays some of the steps to take and questions to ask when reporting on **Knowledge of Rights and Capacity to Support Their Realization** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we **encourage** you to comment on **any additional informational** that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

INDICATOR SET 13: KNOWLEDGE OF RIGHTS AND CAPACITY TO SUPPORT THEIR REALIZATION



* This is particularly important when it comes to certain cultural practices that have been accepted as a norm within some communities but violate children's right to health and enjoyment of life (e.g. child lab our, child Bride, female circumcision).

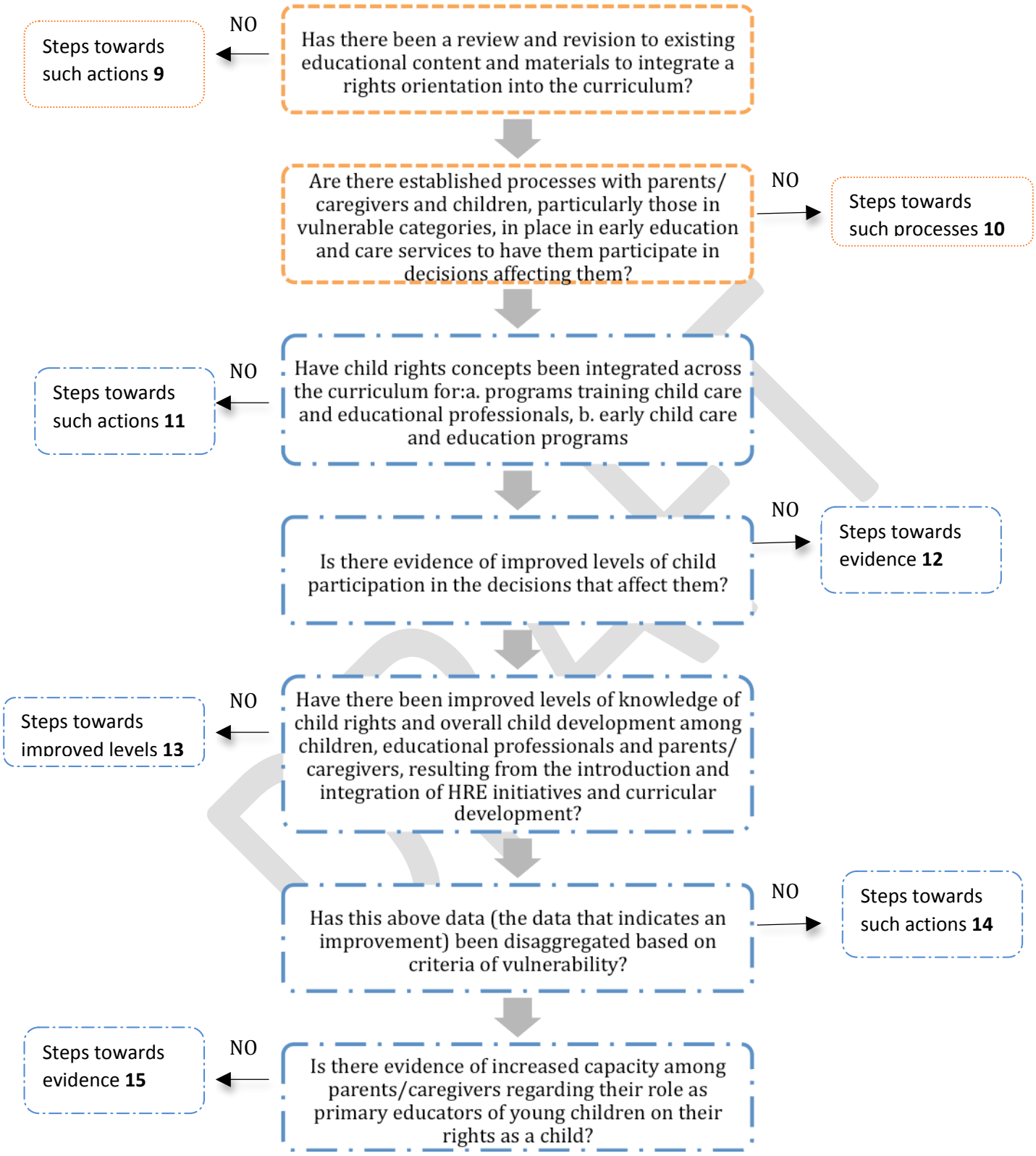


FIGURE 17: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 13: KNOWLEDGE OF RIGHTS AND CAPACITY TO SUPPORT THEIR REALIZATION.

Suggested Steps

1. Embed human rights education (HRE) into school curriculum, professional training and community programs. For example, in the form of age-appropriate educational videos, interactive learning, plays, poster making, or group discussions of HRE.

   For examples and suggestions, refer to:
   Human Rights Education in the School Systems of Europe, Central Asia and North America: A Compendium of Good Practice, developed by Human Rights Education Associates in cooperation with the publishers OSCE/ODIHR, Council of Europe, OHCHR and UNESCO:
   http://www.hrea.org/pubs/Compendium.pdf

   The Portal for Human Rights Schools: http://www.hrea.org/index.php?base_id=27&language_id=1

   The strategy created by Amnesty International—USA Educator's Network:
   http://www.hrea.org/erc/Library/display_doc.php?url=http%3A%2F%2Fwww1.umn.edu%2Fhumanrts%2Feducation%2F4thR-F96%2FChildrensRightsHereandNow.htm&external=N

   The Human Rights Education Handbook: Effective Practices for Learning, Action and Change:
   http://www.crin.org/hrbap/index.asp?action=theme.themeItem&subtheme=6&item=4764

2. Develop policies that:

   - support the development of educational materials on HRE for parents and caregivers
   - encourage childcare, education, and health professionals to inform parents and caregivers about human rights education

3. Commit to social welfare policies, such as subsidized housing policies, unemployment insurance, amongst others.

4. Enact polices that support family-building capacity by means of:

   - monetary support: allocation of financial aid to those in need
   - non-monetary support: that is, the support of programs such as language classes for caregivers who are not familiar with the country's national language

5. Support awareness-raising initiatives that promote human rights education for children though such means as media campaigns, educational videos as a part of national television airtime, publications, etc.

6. Support human rights education in the caregiving environment by promoting such ideas as programs that provide human rights education to parents and caregivers or the use of the doctor's office as a platform to educate on HRE.

7. Establish monitoring and evaluation processes that will assess the impact of HRE in various settings.

   For examples of this, see:
   http://www.hrea.org/index.php?doc_id=770&&wv_print=1
   http://www.regjeringen.no/upload/kilde/ud/rap/2004/0234/ddd/pdfv/231960-human03.pdf

8. Assign a research group or task force to review and revise existing educational content.

9. Establish consultation processes with parents, caregivers and children through such means as interviews, focus groups, etc.

10. Assign a research group or task force to review and revise curriculum.

11. Define child rights concepts and explore barriers toward integration across the curriculum.

12. Assess whether or not there are steps to foster child participation. For example, are young children represented on school councils? Are ombud systems (independent child or human rights institutions) in place? Etc.

13. Investigate the lack of change through appropriate evaluations, to determine if the lack of response is due to:

    - lack of programs or policies that promote human rights education
    - inefficient programs or policies that promote human rights education for children
    - lack of ability to translate knowledge acquired from programs into effective human rights education for children

14. Review the data and repeat the analysis based on disaggregation criteria, such as gender, socio-economic and/or immigration status.

15. Investigate the lack of change through appropriate evaluations, to determine if the lack of response is due to:

    - lack of programs or policies to support and educate parents and caregivers about their role as educators for young children
    - inefficient programs or policies that support and educate parents and caregivers
    - lack of ability to translate knowledge acquired from programs into effective human rights education for children

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation of knowledge of human rights and the capacity to support their realization:

- national and local government departments responsible for providing education, developing curriculum and establishing and monitoring professional teaching standards
- civil society and private-sector providers of education services for young children
- professional teaching associations and other relevant professional bodies
- parents, other caregivers and professional and/or lay bodies representing or supporting and informing these stakeholders

Here are a few suggested ways to collect data:

- Undertake a desk review of policy and practice guidelines on the provision of human rights education (HRE).
- Review the existing material resources intended both to provide and to integrate HRE.
- Interview key stakeholders about HRE provisions, including children, parents, education professionals and policy-makers.
- Carry out household and/or institutional surveys of children's knowledge of human rights.
- Evaluate the effectiveness of HRE programs in home, school and community settings.

Country example: Canada

Children's Rights Education Curriculum

Developing Canadian curriculums on the rights of children began with a pilot study in the Cape Breton–Victoria region of Eastern Canada between 1998 and 2003.[40] Students in three high school art classes designed artworks in different media representing various articles in the UN's Convention on the Rights of the Child.

Using painting, sculpture and other visual arts media, the students designed an artistic representation of each article in the Convention. The results from this project were used to create a curriculum to help teachers use the arts to convey the messages in the UN Convention to high school students.

Subsequently, curriculums for grades 6, 11 and 12 were developed by the Cape Breton–Victoria Regional School Board and the Children's Rights Centre of the University College of Cape Breton (UCB). This project was also supported by CIDA's Global Classroom Initiative, in partnership with the Canadian Coalition for the Rights of Children (CCRC) and UNICEF Canada.

The curriculum contains 10 units: Introduction to the UN-CRC, War-affected Children, Sexual Exploitation, Child Labour, Education, Discrimination, Health, Environment, Family, and Youth Participation. An integral part of these curriculums is participation of children. Students also have various audiovisual aids (tapes, games, and so on) from UNICEF to watch and use.

The CCRC, to help educators of children, has also developed a number of other resources, including *World Around Us: A Thematic Primary-Level Curriculum for Children's Rights Education.*

This curriculum for child rights education aims to promote children's growth towards responsible citizenship, within an educational context. The literature-based materials include 30 thematically linked learning activities and five modules (Rights and Responsibilities, Food, Health, and so on). The curriculum kit includes hand puppets and a reproducible book entitled *The 3Rs: A Children's Book on Respect, Rights, and Responsibilities.*

[40] Adapted from L. G. Irwin, A. Siddiqi, & C. Hertzman, *Early Child Development: A Powerful Equalizer,* Final report of the Early Child Development Knowledge Network (ECD-KN) for the World Health Organization's Commission on the Social Determinants of Health (June 2007).

Indicator Set 14: Play, Leisure and Rest Opportunities for Young Children

Play is defined as an activity that diverts or amuses or stimulates the mind. It can be structured or unstructured, solitary or in group, for education and/or for fun. Young children need opportunities to explore their world, to play, and to learn through playing. Evidence shows that play, both alone and in a group, is important in early child development.

Article 31, Leisure, recreation and cultural activities

The child has the right to leisure, play and participation in cultural and artistic activities.

General Comment 7 para. 34 addresses the shortage of opportunities for creative and challenging play in homes and communities (for example, in urban environments, or for young girls overburdened with domestic duties and chores).

This set of indicators is intended to assess progress under obligations laid down in article 31 of the Convention on the Rights of the Child. It raises questions about young children's leisure and play time as a distinct activity. It also discusses play as a key element of sports and recreation activities in preschool and school settings

In addition to play as a distinct right and vital activity, this indicator set calls on obligations, under article 12 of the CRC, to facilitate child participation—in this case the participation of young children in the planning of suitable play spaces.

Active lifestyles, including stimulating play, sports and recreation as well as free leisure time, are viewed by UNCRC as important opportunities for the physical, social, emotional and cognitive development of young children. They are therefore central to the principle of the young child as an active social participant (GC7 para. 2) and rights holder (GC7 para. 3).

Particular to this set of indicators are issues of discrimination of vulnerable populations (CRC article 2). These include the question of gendered differences in access to play and leisure opportunities, for example, young girls overburdened with domestic duties.

Even when children have enough time to play, they also need time for leisure and rest. Time for all of these activities needs to be allocated by caregivers and/or duty bearers.

Key Question: With respect to articles 2, 12 and 31 of the Convention on the Rights of the Child, what measures are in place to provide for the young child's right to play through access to adequate and appropriate play opportunities and spaces, to participate in the design of such spaces, and to challenge discrimination against excluded populations?

Excerpts from the Committee's Concluding Observations on Government Reports

"In the light of article 31 of the Convention, the Committee recommends that the State Party pay attention to the right of the child to engage in play and increase its efforts to promote and protect the right of the child to rest, leisure, cultural and recreational activities by allocating adequate human and financial resources to the implementation of this right, including by designing and building safe playgrounds for children living in cities." (Mongolia CRC/C/15/Add.264, paras. 54 and 55)

"The Committee recommends that the State Party pay adequate attention to planning leisure and cultural activities for children, taking into consideration the physical and psychological development of the child … Furthermore, the Committee recommends that the State Party review the school programs to reduce the stress level of students and help them deal with its effects." (Lithuania CRC/C/LTU/CO/2, paras. 58 and 59)

Indicator Set 14: Play, Leisure and Rest Opportunities for Young Children (CRC Articles 2, 12 and 31)	

Structure	• Is there a policy commitment to address opportunities for play and leisure time for young children with reference to, but not limited to, the following:
	  ○ urban environments
	  ○ young girls
	  ○ new immigrants with language barriers
	  ○ physically disabled
	• Is there a clear commitment to include young children, including both boys and girls, in the planning of suitably stimulating and age-appropriate play spaces in both formal educational and care settings, as well as in informal public settings?
	• Is there policy in place to inform parents/caregivers and professionals about the developmental benefits of stimulating, inclusive and interactive play with young children and to build their skills to use play as a way of communicating with their children?
	• Is there a commitment to support parents in interacting with their children and to assure allocation of time for such activities (for example, maternity and paternity leave regulations, work-life balance provisions, social welfare, etc.)?

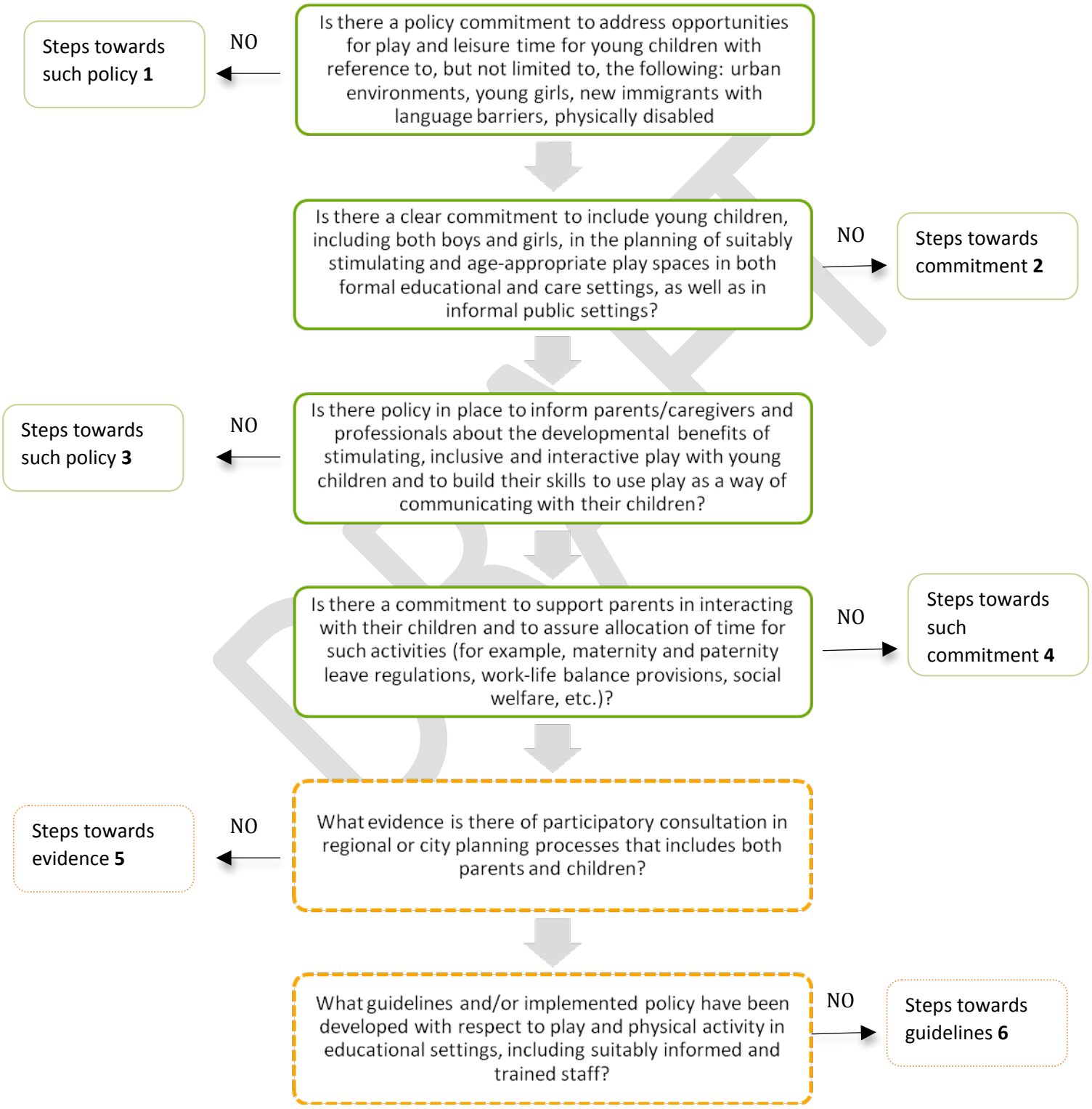
Process	• What evidence is there of participatory consultation in regional or city planning processes that includes both parents and children? • What guidelines and/or implemented policy have been developed with respect to play and physical activity in educational settings, including suitably informed and trained staff? • What awareness-raising initiatives have been initiated, with parents/caregivers, professional groups and children, on the health, cognitive and socio-emotional benefits of physical activity, stimulating play and sports? • What initiatives exist to promote and support equality of play opportunity for young girls particularly, but also for other vulnerable groups? • What initiatives exist to build awareness of the importance of play among parents, other caregivers and staff of early childhood services?
Outcome	• Has there been an increase in quality and quantity of safe physical spaces for recreation, sports and play, based on consultation with key stakeholders, including children and parents? • Has there been an increase in time for all children to play—both with other children and with parents or caregivers—in pre-primary educational and care settings? • Are there improvements in aspects of child health related to physical activity, such as decrease in illnesses due to lack of exercise opportunities, lack of promotion of physical activity in early childhood, and childhood obesity in some societies? • Is there increased awareness among stakeholders as to the benefits of fulfilling this right and negative consequences attributable to the denial of this right?
Sources of Information	• Desk review of policy and practice guidelines on physical education, including play • Desk review of planning policy on play space provision as part of economic development (for example, housing) and policy in consulting with young children in these processes • Population-based surveys to assess awareness, skills, knowledge and practice among duty bearers regarding the importance of implementing both policy and practice of active physical development
Duty Bearers	• National and local government departments responsible for health and educational provision • Civil society and private-sector providers of education and health services for young children • Professional teaching associations and other relevant professional bodies • Parents, other caregivers and professional and/or lay bodies representing or supporting and/or informing these stakeholders

General Comment 7 (paragraphs)	Reporting Guidelines (sections)	
3 : young child as rights holder 27b : active participant in own health care and healthy lifestyles 34 : rest, leisure and play 36 : vulnerable groups	6b : programs 6c : resources 6d : statistical data 34a : education, training, guidance	34b : aims and quality of education 34c : rest, leisure, culture (play also) 35 : excluded groups 36 : organizational co-operation

Monitoring and reporting

Figure 18 displays some of the steps to take and questions to ask when reporting on **Play, Leisure and Rest Opportunities for Young Children** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

Indicator Set 14: Play, Leisure and Rest Opportunities for Young Children



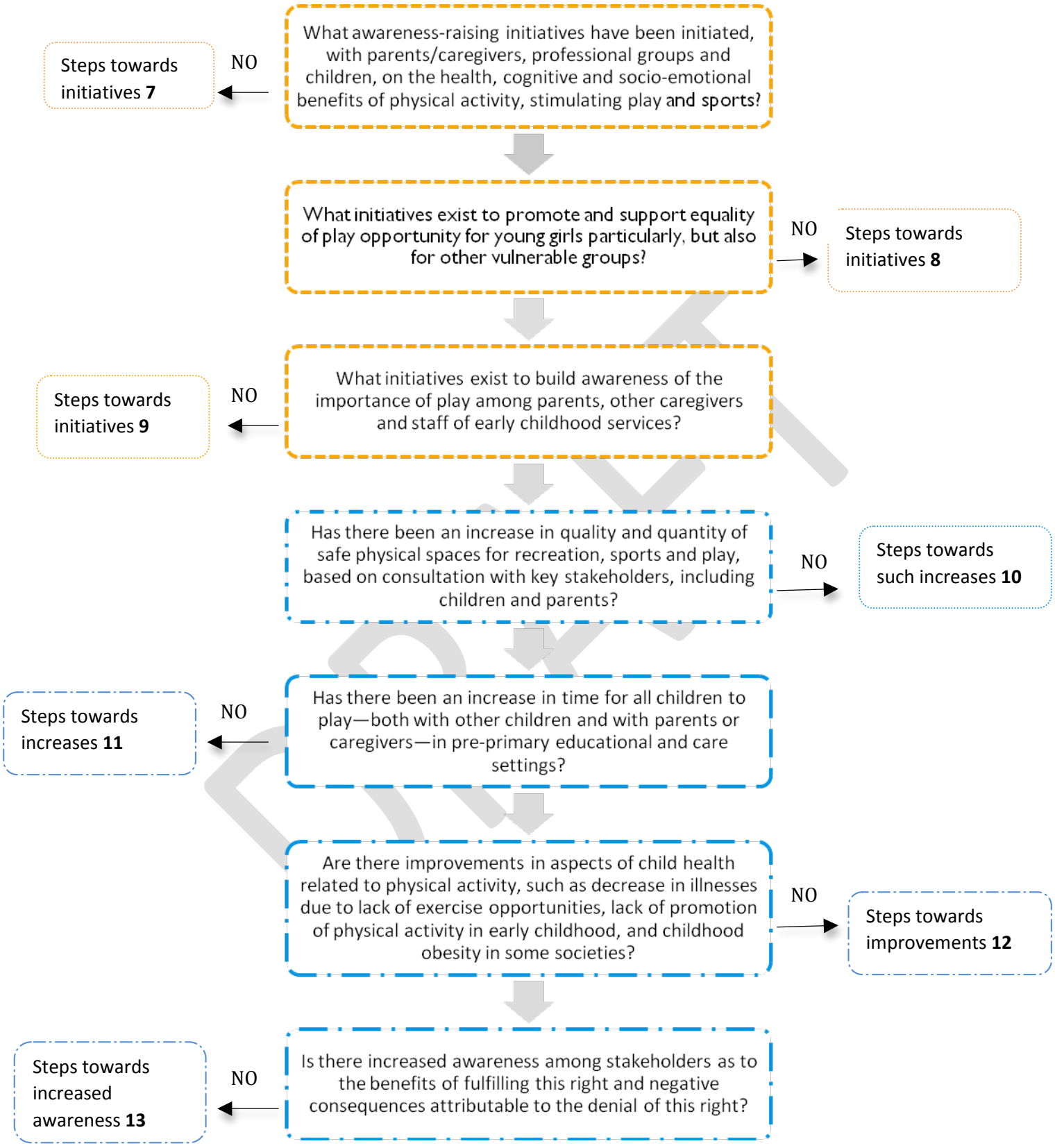


FIGURE 18: SCHEMATIC PRESENTATION OF SOME STEPS TO VERIFY THE PRESENCE OF STRUCTURE, PROCESS AND OUTCOME FOR INDICATOR SET 14: PLAY, LEISURE AND REST OPPORTUNITIES FOR YOUNG CHILDREN.

Suggested Steps

1. Promote policies that ensure opportunities for play and leisure time for young children.

   For example, see: "Ready, Steady, Play! A National Play Policy" in Ireland:
   http://www.omc.gov.ie/viewdoc.asp?fn=%2Fdocuments%2Fpolicy%2Fnatplaypol.htm

2. Encourage a forum where children are present in this planning process.

   For example see:
   http://learning.londonmet.ac.uk/cice/docs/2001-35.pdf
   http://www.oecd.org/dataoecd/31/56/33685537.pdf

   For more examples from other countries, see:
   CYE (Children, Youth and Environments) Journal: http://www.colorado.edu/journals/cye/
   Children's Environments Research Group (CERG) at the City University of New York:
   http://web.gc.cuny.edu/che/cerg/about_cerg/index.htm

3. Develop policies to inform parents about the developmental benefits of stimulating and interactive play through initiatives that include, but are not limited to, the following:

   - parent education/training
   - compulsory in-service training for teachers, nurses and health professionals

4. Encourage parental interaction with children through the development of legislation that supports this type of programming.

5. Encourage participation in regional or city or local planning processes and highlight the importance of child-friendly amenities such as playgrounds, fountains, streams, walls, sculptures, interesting paving patterns and climbable trees.

   For an example of this in Wales and England, see: http://www.playengland.org.uk/Page.asp

6. Develop guidelines or policy with respect to play and physical activity in educational settings and highlight the educators' responsibility to:

   - praise effort, rather than winning
   - encourage learning and co-operation
   - encourage activities that help young children develop basic skills such as running, jumping, kicking and throwing
   - enhance the development of specialized motor skills and improve creativity, attention, balance, coordination, agility, strength, endurance and knowledge
   - educate on the benefits of physical activity, stimulating play and sports
   - develop recognition of the value of teamwork

   For example, see the Welsh Assembly Government Play Policy and Implementation Plan:
   http://www.playwales.org.uk/page.asp?id=60

7. Support awareness-raising initiatives through community workers, health care providers, educators and outreach programs such as:

   - media campaigns
   - educational videos
   - publications

8. Encourage programs that support equality of play for young girls and specifically address the needs of vulnerable groups that

   - improve physical and mental health
   - provide more opportunities for social interaction and friendship
   - give opportunities to develop self-esteem, self-confidence and a sense of control over their bodies
   - offer enhanced access to health information
   - provide access to leadership opportunities
   - promote positive changes in gender norms that give girls and women greater safety and control over their lives

   For examples see:
   http://www.unicef.org/education/campaign_fair_play.html
   http://www.unicef.org/media/media_14911.html
   http://www.unicef.org/education/pakistan_28359.html
   http://www.mext.go.jp/english/news/2005/10/05122201/003.pdf

9. Create resources such as public education awareness through such means as media, informational pamphlets, etc. that illustrate the value of play. *For examples see:*

   http://www.playday.org.uk/
   http://www.unicef.org.nz/product/1104/ChildRightsPosterPlay.html

10. Engage in close cooperation with municipal authorities (park and recreation) and urban planners to increase physical spaces for children.

11. Collaborate with relevant ministries responsible for childcare and education centres to ensure adequate daily play time and physical activity at the centres.

12. Explore the root cause of the lack of response, for example:

    - access to play and leisure areas
    - effectiveness of play areas
    - cultural and economic boundaries
    - high prevalence of other health issues, such as poor or imbalanced nutrition, which may negate some positive effects of play and leisure

13. Create resources such as public education awareness through such means as media, informational pamphlets, etc. that illustrates the negative consequences attributed to the denial of these rights. *For examples see:*

    http://www.righttoplay.surrey.ca/default.htm
    http://www.unicef.org.uk/putitright/story.aspx?child=Charles&page=4

Other reference tools

Right To Play: http://righttoplay.com, http://righttoplay.com/International/news-and-media/Documents/Governments%20in%20Action.pdf
Play England: http://www.playengland.org.uk/Page.asp with policy ideas and additional indicators for national and local governance

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation of provision of play, leisure and rest opportunities:

- national and local government departments responsible for providing health and education services
- civil society and private-sector providers of health and education services for young children
- professional teaching associations and other relevant professional bodies
- parents, other caregivers and professional and/or lay bodies representing or supporting and informing these stakeholders

Here are a few suggested ways to collect data:

- Undertake a desk review of policy and practice guidelines on physical education, including play
- Review planning policy on play space provision as part of economic development and policy for consulting with young children in these processes (for instance, housing, school construction, land for playgrounds)
- Carry out population-based surveys to assess awareness, skills, knowledge and practice among duty bearers regarding the importance of implementing both the policy and practice of active physical development
- Analyse conditional cash transfer statistics to see if they have specific reference to right to play

Words of Caution

☑ Children's right to play space is especially at risk in many urban settings where the design and density of housing and transport systems, in combination with noise and pollution, creates an environment that is not conducive to the fulfillment of this right. Special attention to the existence of community programs in such settings that would provide a place and opportunity for children's play and exploration is warranted.

☑ Excessive domestic chores can lead to violation of this right, in particular for girls. Parental education should be directed to these areas to ensure that young girls have the right to play

☑ Children's right to play can also be infringed by competitive schooling. States parties are encouraged to remove potential obstacles and to allocate adequate human and financial resources to the implementation of children's right to rest, leisure and play.

Country example: Multinational

Right To Play Aids Vulnerable Children Around the World

Right To Play[41] is an international humanitarian organization that uses sport and play programs to improve health, build up life skills, and promote peace for children and communities in some of the most deprived areas of the world. Right To Play has its headquartered in Toronto, Canada, and also has offices in the Netherlands, Norway, Switzerland, the United Kingdom and the United States. These offices raise funds, build awareness for Right To Play programs and advocate for Sport for Development.

Right To Play works in both the humanitarian and development context. Its facilitators train local community leaders who will in turn train others to deliver its programs in countries affected by war, poverty and disease in Africa, Asia, the Middle East and South America.

Guided by the UN Convention on the Rights of the Child, Right To Play programs target the most vulnerable children, including girls, children living with disability, children affected by HIV and AIDS, street children, former child combatants and refugees. Right To Play is supported by an international team of top athletes from more than 40 countries. Being role models, these athletes motivate children, raise consciousness and promote opportunities for funding for Right To Play programs.

Countries in which Right To Play works include: Azerbaijan, Benin, Botswana, Burundi, China, Ethiopia, Ghana, Jordan, Kenya, Lebanon, Liberia, Mali, Mozambique, Pakistan, Peru, occupied Palestinian territory, Rwanda, Sudan, Tanzania, Thailand, Uganda, the United Arab Emirates and Zambia.

Right To Play uses sport and play programs to build local capacity in four strategic areas:

- basic education and child development
- health promotion and disease prevention
- conflict resolution and peace education
- community development

With these four capacity-building strategies in place, the program aims not only to facilitate the realization of the children's right to play, but more importantly to seek to enable countries to sustain the steps taken towards realizing this right.

[41] Right To Play: http://www.righttoplay.com/

Special Protection Measures

Indicator Set 15: Inclusive Policy and Provisions for Vulnerable Groups

General Comment 7 emphasizes that early childhood is, in its own right, a period of particular vulnerability and that young children are subject to exclusion on that basis alone. However, among all young children, GC7 (para. 36) identifies numerous other categories of vulnerability as subject to exclusion and/or discrimination.

GC7 enhances the non-discriminatory language in article 2 of the Convention on the Rights of the Child with respect to particular groups (for example, young children). It also highlights the potential for multidimensional discrimination (for example, of young girls, young disabled children, or young refugee children).

Article 2, Non-discrimination

All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights.

This indicator set cuts across all of the GC7 indicator sets as it deals with the umbrella right of CRC article 2 (non-discrimination) and also requests specific information on vulnerable populations.

Key Question: With respect to article 2 of the Convention on the Rights of the Child, what measures are in place to investigate and challenge the root causes of discrimination against young children and to ensure that young children from vulnerable populations are given equality of access to services of equal quality?

Excerpts from the Committee's Concluding Observations on Government Reports

"The Committee emphasizes that the principle of non-discrimination, as provided for under article 2 of the Convention, must be vigorously applied, and that a more active approach should be taken to eliminate discrimination against certain groups of children, most notably girl children." (Bolivia CRC/C/15/Add.1, para. 14)

"The Committee is concerned about discriminatory attitudes towards certain groups of children such as disabled children, refugee and IDPs' [internally displaced persons'] children, street children and children infected with HIV/AIDS.

"In accordance with article 2 of the Convention, the Committee recommends that the State Party increase its efforts to adopt a proactive and comprehensive strategy to eliminate discrimination on any grounds against all vulnerable groups throughout the country." (Azerbaijan CRC/C/AZE/CO/2, paras. 24 and 25)

"The Committee recommends that the State Party make greater efforts to ensure that all children within its jurisdiction enjoy without discrimination, all the rights set out in the Convention, including through public education programs and the eradication of social misconceptions, in accordance with article 2;..." (Niger CRC/C/15/Add.179, para. 28.

See also, for example, El Salvador CRC/C/15/Add.9, para. 12; Jamaica CRC/C/15/Add.32, para. 11; Bangladesh CRC/C/15/Add.74, paras. 15 and 35; and India CRC/C/15/Add.115, para. 31

Indicator Set 15: Inclusive Policy and Provisions for Vulnerable Groups (CRC Article 2)	
Structure	• Does policy commit the State to address the rights of groups identified as particularly vulnerable, with respect to identifying and addressing causality, remedying negative outcomes, providing redress, and preventing direct and indirect discrimination or exclusion? • Do policy commitments include measures to ensure young children from vulnerable populations are allowed inclusive access to relevant mainstream services? • Is there a clear policy that promotes proactive measures to provide specific and relevant services to young children in vulnerable populations?

Process	• Has there been specific research and analysis to understand factors of vulnerability that:
	  ○ underlie exclusion and discrimination?
	  ○ take account of root causes to account for negative outcomes?
	  ○ outline strategies for the elimination of exclusion and discrimination?
	• Is there additional analysis with respect to addressing the potential for multiple layers of vulnerability, for example, disabled young girls, unaccompanied refugee children without families, and so on?
	• Have inclusive practices been introduced that ensure mainstream access to key services for vulnerable populations of young children?
	• Are there specific services targeted at providing education, health, social welfare, and so on to young children in vulnerable populations (if mainstream inclusion is not available)?

Outcome	• Is there reduced structural exclusion and improved understanding of the particulars of early childhood vulnerability?
	• Are there measures introduced/developed that address vulnerability with respect to:
	  ○ what causes vulnerability?
	  ○ what are the effects of vulnerability?
	  ○ what are the outcomes of being a vulnerable child?

Sources of Information	• Desk review of the construction and elaboration of the Positive Agenda, for example, which groups, what measures, causes, outcomes and preventative measures, can be identified? • Budgetary and human resources committed to reaching vulnerable groups and ensuring equitable access to quality services • Desk review and evaluation of programs intended to ensure access and address both the causes and outcomes of vulnerability
Duty Bearers	• Lead ministry (education, health, social welfare, social justice, and so on) in Positive Agenda process or the office of a child advocate or commissioner so charged • National and local government departments responsible for public service delivery to vulnerable groups of young children, in education, health, justice, welfare, and so on • National and local government departments responsible for collecting population data, census data, and so on • Civil society and private-sector providers of services for young children

General Comment 7 (paragraphs)	Reporting Guidelines (sections)
3 : young child as rights holder 23 : standards, training, salaries, staffing 24 : access to services 36a-i : vulnerable groups : abuse and neglect; without family; refugees; disabilities; harmful work; substance abuse; sex and exploitation; sale and trafficking deviance and justice;	6b : programs 6c : resources 6d : statistical data 38a(i) : refugee, 38a(ii) : armed conflict 38b(ii) : deprived of liberty 38b(iv) : physical and psychological recovery and reintegration 38c(i) to (v): exploitation, drug and sexual abuse, trafficking, labour, abduction, and so on

Monitoring and reporting

Figure 19 displays some of the steps to take and questions to ask when reporting on **Inclusive Policy and Provisions for Vulnerable Groups** in your country. Look for government commitments, actions and/or measurable changes that reflect, in turn, the structures, processes and outcome. Note: these present *only examples* of questions to ask and *is not a comprehensive list* of all possible questions, therefore; we encourage you to comment on any additional informational that you may have (and are not covered by these questions) at the appropriate sections that will be provided for you.

Indicator Set 15: Inclusive Policy and Provision for Vulnerable Groups

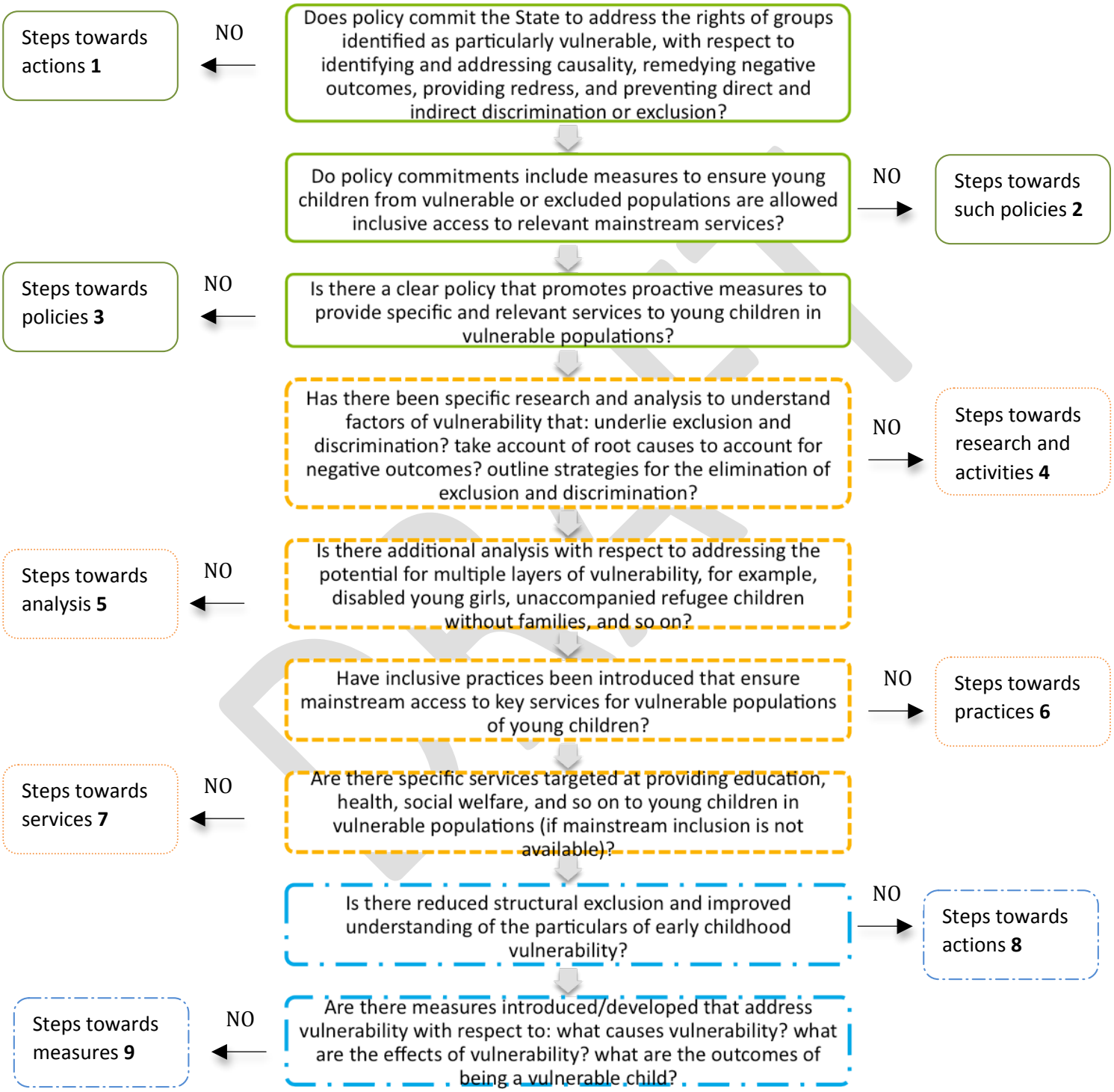


Figure 19: Schematic presentation of some steps to verify the presence of structure, process and outcome for Indicator Set 15: inclusive policy and provision for vulnerable children.

Suggested Steps

1. Develop a process that allows:
   - review and repeal of laws and acts that limit the rights of vulnerable groups.

   For examples see:
   For recommendations and guidance see UNICEF Social and Economic Policy website resource hub at: http://www.unicef.org/socialpolicy/index_50817.html

   Law Reform and the Implementation of the Convention on the Rights of the Child
   http://www.unicef-irc.org/publications/pdf/law_reform_crc_imp.pdf

   The Global Initiative to End Corporal Punishment of Children Handbook Prohibiting Corporal Punishment of Children: A Guide to Legal Reform and Other Measures:
   http://www.endcorporalpunishment.org/pages/pdfs/LegalReformHandbook.pdf

   The development of a monitoring system that will indentify such groups and identify causality of vulnerability. For examples and recommendations see: http://www.unicef-irc.org/knowledge_pages/resource_pages/ECEC/irc_publications_ecd.html

   Prohibition of discrimination and/or exclusion practices

   Child Rights Information Network's website on discrimination
   http://www.crin.org/discrimination/

   The European Union reports on social protection and social inclusion:
   http://ec.europa.eu/employment_social/spsi/strategy_reports_en.htm

   The Recommendations of the Council of Europe's European Commission Against Racism and Intolerance:
   http://www.coe.int/t/dghl/monitoring/ecri/library/publications_en.asp#P774_8691

2. Support policies that:
   - provide vulnerable populations with access to mainstream services by way of:
     - subsidizing costs of services
     - providing conditional cash transfers

     For example, see:
     The cash transfer program for girl-child births in India:
     http://infochangeindia.org/200801236840/Children/News-Scan/India-to-provide insurance-cash-incentives-for-girl-child.html
     UNICEF's review on Child Poverty: A Role for Cash Transfers?:
     http://www.unicef.org/socialpolicy/files/Doc3_CashTransfers.pdf
   - prohibit exclusion of vulnerable children from mainstream practices

3. Support the creation of such services for young children. For example:
   - counseling services for children exposed to violence and abuse
   - home support for children without parents. *For more guidance on children without parental care see Guidelines for the Alternative Care of Children* http://www.sos-childrensvillages.org/Documents/SOSpublication-Guidelines-AlternativeCare.pdf
   - Language or literacy–sensitive services for displaced or refugee children and caregivers. *For more ideas and resources see:*

UNHCR's Refugee Children: Guidelines on Protection and Care http://www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid=3b84c6c67&query=child
Guidelines on Determining the Best Interests of the Child
http://www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid=4566b16b2&query=child

4. Research underlining vulnerability issues. *As a research tool, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has developed questionnaires and interview guides for collecting data on the extent and depth of child abuse* http://www.ispcan.org/questionnaires.htm. *Additionally, the following resource is an example of inclusion of vulnerable children that require special assistance in the classroom:* http://www.edu.gov.on.ca/eng/general/elemsec/speced/identifi.html

5. Draw upon existing studies that address vulnerable groups, causes and outcomes and model studies after these. Conduct further disaggregated analysis on the existing database by combining different vulnerability factors and exploring the trends.
Resources include the Early Development Instrument (EDI):
http://www.councilecd.ca/internationaledi/Consortium_Resources.html
As well as, the multiple resources offered by the Centre of Excellence for Children Well Being:
http://www.excellence-earlychildhood.ca/colloques.asp?docid=12&lang=EN

6. Embed research and analysis practices into provisions for vulnerable populations.

7. Create programs such as:
   - alternative educational programs that target the needs of specific vulnerable groups. *For example, the Alternative Basic Education program for pastoral children in Ethiopia:* http://www.unicef.org/infobycountry/ethiopia_34602.html
   - afterschool activities that are financially viable for these groups
   - programs that offer support to families in need, such as food, housing and caregiver skill development programs. *See the FHI Quality Improvement Guidelines for Care and Support Programs for Orphans and Other Vulnerable Children*: http://www.fhi.org/NR/rdonlyres/e4d4zo2wk6tpvbggvidnxyg3pzd4h2uee6wo3kwowk33kfv6wv7ij4wc5waof4qe7m5wgnrlczsefe/FHIOVCStandards09HV.pdf

8. Disaggregate findings based on gender, ethnicity, socio-economic status, and so on to assess relationship and improve understanding of early childhood vulnerability.

9. Implement measures to address vulnerability with respect to causality, effects and outcomes. Ensure there is a monitoring and evaluation component in the implemented measures.

Other reference tools

Early Childhood Matters: Promoting Social Inclusion and Respect for Diversity in the Early Years
http://www.bernardvanleer.org/publication_store/publication_store_publications/promoting_social_inclusion_and_respect_for_diversity_in_the_early_years/file

Where to look for evidence/data

Here is a list of duty bearers to monitor the implementation on inclusive policy and provisions for particularly vulnerable groups of young children:

- lead ministry (education, health, social welfare, social justice, and so on) in the Positive Agenda process or the office of a child advocate/commissioner
- national and local government departments responsible for public service delivery to vulnerable groups of young children, in education, health, justice, welfare, and so on
- national and local government departments responsible for collecting population data, census data, and so on
- civil society and private-sector providers of services for young children

Here are a few suggested ways to collect data:

- Undertake a desk review of the construction and elaboration of the Positive Agenda (asking, for example, which groups and what measures, causes, outcomes and preventative measures can be identified)?
- Determine the budgetary and human resources committed to reaching vulnerable groups and ensuring equitable access to quality services.
- Review and evaluate the programs intended to ensure access and address both the causes and outcomes of vulnerability.

Country Example: Romania

The Bucharest Early Intervention Project

In Bucharest, a randomized control trial was preformed to assess the association between the institutionalization of children at an early age and later cognitive development.[42] The results of this study highlight a negative association between early institutionalization and child development and underline the significant advantages of a family setting for abandoned children. Moreover, the outcomes of the study suggests that the earlier a child is placed from an institution into a foster home, the more enhanced their cognitive development will be.

The Bucharest Early Intervention Project observed 136 children, aged 31 months or younger at the time of entry into the study, who had been abandoned at birth and placed into the care of an institution. Half of these children were randomly assigned into foster care, while the other half were randomly assigned to continued institutional care. A third group of children who had never been institutionalized, but rather reared by their biological families, were matched in terms of age and sex and used for comparison in the study.

In the study, trained Romanian psychologists administered two types of tests in order to attain a developmental quotient (DQ): the Bayley Scales of Infant Development (BSID-II), which assessed cognitive, behavioral and motor development; and the Wechsler Preschool Primary Scale of Intelligence (WPPSI-R), which measured intellect and verbal and performance functioning. The BSID-II tests were done at baseline, 30 months and 42 months; and the WPPSI-R test at 54 months. Ethical integrity was ensured at the outset of the study.

The main finding of the study was that foster care was highly associated with improved cognitive outcomes—this was evident at both 42 and 54 months. Looking further into the association between foster care and cognitive outcomes, the authors examined three specific correlates within this group: birth weight, gender, and age at which they were entered into foster care.

Neither gender nor birth weight were statistically significant; however, an assessment of age of entry into foster care suggested that children placed into family care before the age of two had the best response in terms of cognitive development assessed by a DQ as well as IQ.

Randomization allowed the authors to ensure that the differences detected were indeed a result of the foster care intervention rather than a result of different sample makeup and also helped control for selection bias.

The results of the Bucharest Early Intervention Project have implications for the well-being of children, and the results should be considered as countries make decisions on how best to approach the issue of abandoned children.

[42] Abstracted from Charles A. Nelson III, et al., "Children: The Bucharest Early Intervention Project Cognitive Recovery in Socially Deprived Young," *Science* (2007): 318.

Conclusion

Under international law, governments are obligated to respect, protect and fulfill early childhood rights without delay. During early childhood, from before birth to age eight, young children's emotional, intellectual, social and physical development lays the foundation for individual human development and subsequently affects the development of societies as a whole.

Governments' obligations and the growing body of scientific evidence about the importance of children's early years have been recognized by a number of policy commitments for the last 20 years. These policy commitments include the United Nations' Millennium Development Goals (MDGs), UNESCO's World Declaration on Education for All (EFA), and A World Fit for Children (UNICEF).

For example, all MDGs help to realize young children's rights. The first goal, "Eradicate extreme poverty and hunger," targets issues such as low birth weight, inadequate infant feeding, stunting and wasting. Tackling such problems from the other direction, growing evidence also suggests that rights-based early childhood care, education and development policies and programs are effective strategies for wiping out poverty and social inequality by addressing their root causes from the start.

The United Nations Convention on the Rights of the Child (CRC) is universally recognized as the main human rights treaty providing international standards and a way to measure the fulfillment of children's rights. The Convention stipulates a monitoring system for 193 countries that signed up to it.

These countries are obliged to write periodic reports to the Committee on the Rights of the Child (UNCRC), the body that monitors the Convention. The Committee enters into a constructive dialogue with State parties that submit reports and shares their expertise to address child rights concerns in their countries.

General Comment 7: Implementing Child Rights in Early Childhood (GC7), adopted in 2005, provides an excellent basis for developing early childhood indicators based on human rights. This manual, based on GC7, aims to assist State parties in better monitoring the implementation and realization of child rights in their countries.

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http://www2.ohchr.org/english/bodies/crc/comments.htm

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Appendix 1: Child Rights Timeline

1924	Declaration on the Rights of the Child
1948	Universal Declaration of Human Rights
1959	Declaration on the Rights of the Child
1979	UN Year of the Child
1989	Adoption of the Convention on the Rights of the Child at the UN General Assembly
2005	General Comment 7
2006	Invitation of UNCRC for the development of the framework for the early childhood rights indicators
2007	Development of a Framework for Indicators for Child Rights in Early Childhood
2008	Presentation of the framework to the UNCRC
2009	Implementation manual of the Early Childhood Rights Indicators
209-2010	First pilot; the Tanzania pilot
2011	Second pilot; the Chile pilot

APPENDIX 2: TEMPLATE OF INDICATORS USED BY THE TASK FORCE OF TZ-PILOT 2009-2010

CONTENT VALIDITY TEMPLATE

GC:7 Indicators Pilot Project, Tanzania 2009-2010

This template was created to help your team summarize the information on each Indicator Set question. Please try to fill out each column of the template as fully as possible. In the back of your Indicator Set Binder, please attach all supporting documentation collected. The last column in the template is for you to indicate the identification number you assign to supporting documentation so it will be clear to us which question the supporting documentation relates to.

Each Indicator Set team member will receive this template for each Indicator Set they are working on. We will be providing one actual binder to each Team Leader so they can compile the information collected by the team members. Although each team member will likely be working on different questions within the Indicator Set, all team members will be responsible for providing their Team Leader with the information collected in an organized manner so that the Team Leader can compile one binder to submit on behalf of the team.

Please remember:

- The point of this project is *not* to go into the field to collect new data. Rather the point of this project is to determine what data *already* exists in Tanzania related to the indicator questions. Therefore, your task is to investigate and determine the answer to each question in the flow chart, and to collect supporting documentation if possible.

- When collecting supporting documentation, please remember that you are not expected to collect copies of entire policies, program evaluations or statistical reviews. Rather we are asking you to try to collect documentation that confirms the existence of those policies, programs, and statistics.

- So while you are not expected to attach copies of entire policies in the Appendix of your Indicator Set Binders, it would be beneficial to have some evidence that these policies do exist so please attach a photocopy of the first page of the policies if possible. If you are answering a question about whether programs exist on breastfeeding, for example, try to attach a program description (which includes information on when the program started, who is funding/coordinating it, how many regions/people it serves, etc.) in the Appendix of you Indicator Set Binder. Such program descriptions might be found at the Ministry of Health, if it is a breastfeeding program, or even on their website. If answering questions about whether rates of exclusive breastfeeding have increased, for example, please attach a copy of the statistics summary page where you found the answer to this question (with information on the when and by whom the statistics were collected) in the Appendix if possible.

The Field Coordinator, Adam King, will be arranging personal meetings with each team member to ensure everyone is clear about the expectations and comfortable with using the template.

	Indicator Set 1: Questions	Answer to Question (Yes/No)	Where is the supporting document found within the government / community / NGO	Person responsible for acquiring a copy of this document	Time the document is due	General comments on the data (e.g. about the collection process, quality of data, etc.)	Appendices Number for Supporting Documents
Structure	Are written policies or procedures in place to promote widespread dissemination of GC7 among policy-makers, professional and practitioner groups, parents, children and other duty-bearing individuals or organisations?						
	Is there a clearly defined plan to introduce such policies or procedures where not currently in place?						

	Indicator Set 1: Questions	Answer to Question (Yes/No)	Where is the supporting document found within the government / community / NGO	Person responsible for acquiring a copy of this document	Time the document is due	General comments on the data (e.g. about the collection process, quality of data, etc.)	Appendices Number for Supporting Documents
Process	Is there evidence of efforts to implement these plans through the allocation of financial and human resources, to promote discussion and dissemination of the principles of GC7?						
	Is there any evidence of efforts and activities aimed at the dissemination of GC7 into programs (for example, further education or professional training)?						

	Indicator Set 1: Questions	Answer to Question (Yes/No)	Where is the supporting document found within the government / community / NGO	Person responsible for acquiring a supporting document	Time the document is due	General Comments (e.g. about the data collection process, the difficulties or ease of accessing the data, the quality of data, etc.)	Appendix Number for Supporting Documents
Outcome	Have there been increases in levels of awareness among relevant duty bearers and rights holders with respect to the CRC in general and specifically as it applies to young children?						
	Has there been evidence of changes in policy and legislation in order to realise child rights in early childhood that are in line with the principles of GC7?						
	Is there evidence showing that knowledge of GC7/CRC has led to changes in practice among all relevant duty bearers?						

FINAL QUESTION / TASK:

Based on the information you have collected, please put together a paragraph describing the status of this right in your country; describing what is in place, what is in the process of being implemented and what is missing.