

The evolution of international standards on child rights

1924 The League of Nations adopts the Geneva Declaration on the Rights of the Child. The declaration establishes children's rights to means for material, moral and spiritual development; special help when hungry, sick, disabled or orphaned; first call on relief when in distress; freedom from economic exploitation; and an upbringing that instills a sense of social responsibility.

1948 The UN General Assembly passes the Universal Declaration of Human Rights, which refers in article 25 to childhood as "entitled to special care and assistance."

1959 The UN General Assembly adopts the Declaration of the Rights of the Child, which recognizes rights such as freedom from discrimination and the rights to a name and nationality. It also specifically enshrines children's rights to education, health care and special protection.

1966 The International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights are adopted. The covenants advocate protection for children from exploitation and promote the right to education.

1973 The International Labour Organizations adopts Convention No. 138 on the Minimum Age for Admission to Employment, which sets 18 years as the minimum age for work that might be hazardous to an individual's health, safety or morals.

1979 The UN General Assembly adopts the Convention on the Elimination of All Forms of Discrimination Against Women, which provides protection for the human rights of girls as well as women. It also declares 1979 as International Year of the Child, which sets in motion the working group to draft a legally binding Convention on the Rights of the Child.

1989 The UN General Assembly unanimously approves the Convention on the Rights of the Child, which enters into force the following year.

1990 The 1990 World Summit for Children adopts the World Declaration on the Survival, Protection and Development of Children along with a plan of action for implementing it in the 1990s.

1999 The International Labour Organization adopts Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.

2000 The UN General Assembly adopts two Optional Protocols to the Convention on the Rights of the Child: one on the involvement of children in armed conflict, the other on the sale of children, child prostitution and child pornography.

2002 The UN General Assembly holds a Special Session on Children, meeting for the first time to specifically discuss children's issues. Hundreds of children participate as members of official delegations, and world leaders commit themselves to a compact on child rights, 'A World Fit for Children.'

2007 The five-year follow-up to the UN General Assembly Special Session on Children ends with a Declaration on Children adopted by more than 140 governments. The Declaration acknowledges progress achieved and the challenges that remain, and reaffirms commitment to the World Fit for Children compact, the Convention and its Optional Protocols.

Optional Protocols to the Convention

There are two Optional Protocols to the Convention on the Rights of the Child, both adopted by the UN General Assembly on 25 May 2000. These are the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography, which came into force on 18 January 2002, and the Optional Protocol on the Involvement of Children in Armed Conflict, which entered into force on 12 February 2002. The Optional Protocols were drafted on issues for which States parties felt ready to adopt stronger commitments than those outlined in the Convention.

Optional Protocol on the Involvement of Children in Armed Conflict

The Convention's consensual drafting process resulted in the minimum age for the involvement of children in armed forces being set at 15 years – an age deemed far too young by many countries. The Optional Protocol requires States parties to prohibit the conscription of anyone under 18, adopt all feasible measures to ensure that voluntarily recruited soldiers under the age of 18

do not fight, and criminalize the recruitment of children under 18 by rebel groups.

The protocol resolved the contradiction in the Convention that did not afford soldiers under 18 the same rights and protection as all other children, establishing a legal norm and international standard that makes it easier to hold nations accountable and encouraging the passing of national laws in accordance with its principles. By July 2009, it had been ratified by 128 countries and signed by a further 28.

Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography

The Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography was devised to strengthen protection for children against these forms of exploitation. Among its provisions are recommendations about the criminalization of such practices; procedures for extradition of those guilty of such offences; calls for international co-operation in tracking and prosecut-

ing offenders; procedures for protecting and assisting child victims; and calls for the promotion of public awareness.

The Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography has succeeded in raising international awareness of the complex issues involved and in influencing national governments' attempts to pass and enforce relevant legislation. By July 2009, the Optional Protocol had been ratified by 132 countries and signed by a further 29.

A peculiarity of the Optional Protocols is that they contain a unique provision that allows them to be ratified by the United States and Somalia, the two countries that have not ratified the Convention. The US Government ratified both Optional Protocols on 23 December 2002; Somalia has signed but not ratified the Optional Protocol on the Involvement of Children in Armed Conflict.

See References, pages 90–92.

The Committee on the Rights of the Child

As with other core international human rights instruments, implementation of the Convention and its two Optional Protocols is overseen by a committee: the Committee on the Rights of the Child, established by article 43 of the treaty. The inaugural Committee, elected in early 1991, was composed of experts from 10 countries and a variety of professional backgrounds, including human rights, international law and juvenile justice. It has since expanded to 18 members, following an amendment to article 43 in November 2002.

The Committee convenes its sessions in Geneva three times a year, in January, May and September; each session lasts four weeks. In addition to monitoring the Convention's implementation, the Committee provides guidance on its interpretation through periodic issuance of General Comments on articles and issues, and also convenes days of general discussion.

In ratifying the Convention, countries agree to submit regular progress reports to the Committee, the first within two years of ratification and subsequent ones every five years thereafter. Each report contains detailed background information about the country in question and offers an account of its progress and constraints in implementing the Convention's articles. Additional progress reports

are required of countries that are party to the Optional Protocols.

Governments are advised to concentrate their reports on 'factors and difficulties' that they have encountered in implementing the Convention's provisions and in setting specific goals for accelerating progress. The Committee openly welcomes alternative reports from non-governmental organizations within the country; these often – although not necessarily – follow the same format as the main country report and attempt to address similar issues. In addition, key UN organizations – including UNICEF – may also contribute their own perspective on the situation of children in the reporting country.

The Committee appoints two rapporteurs to undertake a comprehensive examination of each report and associated documentation and then drafts a list of key issues and questions for discussion with the representatives of the State party. The emphasis is on 'constructive dialogue'. At the end of the dialogue, the Committee holds a private meeting to finalize its concluding observations. These usually include acknowledgement of positive steps that have been taken, identify problematic areas that require greater effort, and provide advice on practical measures that could be adopted to improve child rights. Concluding observations

can also address any point that the Committee considers important for the protection and promotion of child rights. This may entail, for example, requests for policy changes or endorsements of points made by non-governmental organizations.

The concluding observations are made public to enable the press and other groups in civil society to exert pressure for their implementation. In practice, although the Committee can appoint a rapporteur to follow up on relevant issues in the five-year period between reports, non-governmental organizations play a vital part in both monitoring governments' performance and offering appropriate support as they seek to fulfil their obligations to children. In recent years, regional and subregional workshops on implementation of the concluding observations have been organized by the Treaties and Council Branch of the Office of the High Commissioner for Human Rights in Geneva, in cooperation with a host government and UN organs. These workshops, which are held for a group of countries, bring together a diverse range of participants including governmental officials, representatives of national human rights institutions, non-governmental organizations and UN agencies, funds and programmes.

See References, pages 90–92.

General Comments of the Committee on the Rights of the Child and general measures of implementation of the Convention

In addition to monitoring of individual countries' progress in implementing the Convention, the Committee on the Rights of the Child periodically publishes its own General Comments on key issues related to the interpretation, promotion and protection of child rights. Since 2001, the Committee has issued 12 General Comments on a wide range of topics.

General Comment No. 5: General measures of implementation:

In General Comment No. 5, the Committee on the Rights of the Child provides guidance on requisite steps that States parties must take to fulfil their obligations under the Convention. States parties, in ratifying the Convention, take on the responsibility to uphold it, but its implementation needs to engage all sectors of society, including children themselves. Key measures include:

- Developing a framework of national legislation that is fully compliant with the Convention, with rigorous and ongoing review of domestic law by government and independent bodies.
- A comprehensive national plan of action or strategy for the implementation of the Convention.
- Establishment of a permanent institution or structure within government with overall responsibility for promoting implementation and appropriate coordination between sectors and levels of government and with civil society, children and others.
- Data collection and disaggregation of data, covering the entire period of childhood up to 18.
- Child rights impact assessment and evaluation.
- Training and capacity building.
- Dissemination of information on the rights guaranteed by the Convention to children and adults alike.

GENERAL COMMENTS OF THE COMMITTEE ON THE RIGHTS OF THE CHILD

No.	Subject of the General Comment	Year of issuance
1	The aims of education	2001
2	The role of independent human rights institutions	2002
3	HIV/AIDS and the rights of the child	2003
4	Adolescent health	2003
5	General measures of implementation for the Convention on the Rights of the Child	2003
6	Treatment of unaccompanied and separated children outside their country of origin	2005
7	Implementing child rights in early childhood	2005
8	The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment	2006
9	The rights of children with disabilities	2006
10	Children's rights in juvenile justice	2007
11	Indigenous children and their rights under the Convention	2009
12	The right of the child to be heard	2009

Source: General Comments are available at the website of the Committee on the Rights of the Child, <www2.ohchr.org/english/bodies/crc/comments.htm>.

- Recognition that ensuring non-discrimination may require special measures to diminish factors creating disparities.
 - Meaningful consultation with children.
 - Maintaining working relationships with non-governmental organizations, religious leaders, teachers, health providers, social workers, and parliamentarians.
 - Budgeting for children at the national and international levels. The Committee on the Rights of the Child expects donor governments to identify the yearly amount and proportion of international aid earmarked for children's rights, and expects their programmes to be rights-based.
- independent child rights institutions, including children's ombudspersons or commissioners, or for the establishment of child rights focal points within national human rights commissions or ombudspersons offices. It employs the general measures of implementation as a practical guide in making specific recommendations to States parties and expects them to describe action to take in response. Recognizing that lack of resources can hamper the full realization of economic, social, and cultural rights, the Committee emphasizes the importance of progressive realization of child rights, with the onus on States parties to implement the treaty to the maximum extent of their available resources.

The Committee also strongly and continually advocates for the establishment of

See References, pages 90–92.

The human rights-based approach to cooperation for children and women

Since 1988, UNICEF has been a leading architect and proponent of the human rights-based approach to programming to fulfil the rights of women and children under the Convention and CEDAW. The organization's country programmes are guided by human rights principles applied in all phases and sectors.

The human rights-based approach is derived from principles that underlie both conventions: accountability, universality and non-discrimination, indivisibility and participation. It is firmly embedded in the work of the United Nations, which in 2003 passed a statement of 'Common Understanding of a Human Rights-Based Approach to Development Cooperation'. Under this paradigm, an underlying aim of all UN programmes is to advance the realization of human rights as laid down in the Universal Declaration of Human Rights and other major human rights instruments.

Principles of the human rights-based approach

Universality: Human rights are innate to all people, irrespective of their ethnic origin, beliefs and practices, geographic location, gender or income level.

Yet despite robust international and national legal frameworks in support of human rights, the social groups that have traditionally suffered from marginalization and discrimination within their countries and societies are still consistently the most at risk of having their rights violated or unfulfilled. A human rights-based approach specifically targets the most marginalized groups – and the most vulnerable members of these groups, which are often women and children – in the countries and communities with the greatest need.

The approach has implications for programme budgets and planning, as it is often more costly to reach marginalized

groups or people living in remote rural locations or urban slums than in more mainstream areas. Immunization provides an example, where unit cost of vaccinating infants in rural areas is far higher than for their counterparts living in cities. Under a human rights-based approach to immunization, an alternative measure for determining programme priorities and allocating resources may be employed. Using the number of deaths prevented (or the healthy years gained) per immunization in place of unit costs as a determining factor in resource allocation immediately changes the cost-benefit equation, since poorer or more marginalized groups are likely to benefit most from the extension of essential services.

Innovative solutions are often required to fulfill the rights of marginalized and disadvantaged children and families. For example, the Government of India and UNICEF have partnered in an outreach initiative that has brought more than 300,000 disadvantaged children to school, using techniques such as mobile learning centres to allow hard-to-reach children access to education.

Accountability: Under a human rights-based approach, children and women are recognized as holders of rights rather than objects of charity. States parties, the signatories of the two conventions, have a duty to work towards the realization of human rights for all its citizens. The most vulnerable, notably children and women, are afforded special protection under human rights treaties and frameworks. Empowered citizens and the treaty bodies can hold governments to account for violations of human rights, and assess their progress towards implementing human rights accords. In practical terms, the human rights-based approach involves assisting all levels of the community

and society to meet their obligations to children and women. In Colombia, for example, UNICEF has supported a series of policy and accountability fora in which local elected officials were questioned about their achievements and challenges in the implementation of children's rights.

Indivisibility: All human rights are indivisible and interdependent, which implies that no single right should be prioritized over another. For children, indivisibility means ensuring that the rights of the 'whole child' are met through addressing their physical, psychological, developmental and spiritual needs, and not just concentrating on the provision of essential services such as basic health care and education. It also necessitates working in partnership with other organizations with complementary skills and expertise to meet these needs. The human rights-based approach has led to greater emphasis on such broad-based concepts as early childhood development, the continuum of care for maternal, newborn and child health and a protective environment for children. It has also widened the range of core commitments to children in emergencies, including education, child protection and psychosocial therapy and counseling for those affected by natural disasters, pandemics, or armed conflict. In Viet Nam, for instance, the steady application of a human rights-based approach to development cooperation has resulted in officials developing integrated and holistic inter-sectoral policies for health, education and protection.

Participation: Central to the human rights-based approach is the premise that development cooperation is more effective when the intended end users –

both individuals and communities – participate in their planning, implementation and evaluation. Individual and community empowerment is both an object of, and a means to, the realization of human rights. Adapting programmes to the local context has been shown to be critical to their acceptance, expansion and sustainability.

For example, in Rwanda, the Government and UNICEF have supported national and local institutions in undertaking grass-roots consultations with children on the national Economic Development and Poverty Reduction Strategy. This process led to children's recommendations making their way into the final document.

Addressing disparities in child rights

The human rights-based approach to cooperation provides a holistic and integrated framework for addressing disparities in the realization of child rights. In recent years, it has become increasingly evident that the deprivations of children's rights to survival, development and certain types of protection (e.g. child labour) are largely concentrated in certain continents, regions and countries. Within nations, there are also marked disparities among children in the realization of their rights on the basis of household income, geographic location, ethnicity, gender and disability. Increasing access and providing essential services to marginalized and excluded population is critical to fulfil children's rights to survival and development.

The rights-based approach addresses disparities through identifies the most vulnerable and excluded areas and groups within countries, through with utilising of the direct, underlying causes

and basic causes of the disparities they face in survival, development and protection. This approach also helps articulate the claims of the poor and marginalized through advocacy and social mobilization. It demands accountability on the part of duty bearers to fulfil the rights of women and children, and ensures that their claims are codified in national and local legislation and policies and supported by adequate budgets. It also seeks to leverage resources – financial, human, information or material – in support of policies to reduce disparities to the maximum extent possible given a country's level of development.

The Good Start in Life Program in Peru is an example of a human rights-based programme addressing the direct causes of disparities – in this case inadequate access to quality health care and information on improved nutritional and hygiene practices that contribute to high rates of stunting and micronutrient deficiency among children under three from the poorest indigenous populations in the Andean highlands and the Amazon forest of that country. The application of a cost-effective package of interventions including growth monitoring, nutritional and health care guidance to mothers, micronutrient supplementation and hygiene promotion, together with strong community involvement, helped reduce rates of stunting from 54 per cent in 2000 to 37 per cent in 2004, and decrease vitamin A deficiency from 30 per cent to around 5 per cent over the same period.

Programmes and policies also aim to address the underlying and basic causes undermining rights fulfilment. For instance, disparities in income can be addressed through poverty reduction strategies, including social

protection measures such as cash transfers to poor households to support spending on social goods such as health care and education for children. Such programmes are commonly found in Latin America, with the most well-known examples being Brazil's Bolsa Escola initiative and Mexico's Oportunidades programme. But other regions are also making strides in providing income support programmes: for example, Malawi has introduced a cash transfer scheme in six districts to provide support to orphans and vulnerable children and child-headed households in particular.

Gender inequality can be addressed by increasing awareness of discriminatory practices and promoting legal and social reforms. Disparities in the provision of essential services due to geographical location can be reduced by applying integrated services and mobile services. For example, in southern Sudan, child immunization programmes have been successfully combined with cattle vaccination against rinderpest. Expanding educational opportunities to mothers is pivotal to improving children's survival and development, as research has shown that educated women are less likely to die in childbirth and are more likely to send their children to school.

A key challenge ahead is to monitor and evaluate the effectiveness of human rights-based programmes, not only in producing better outcomes for child survival, development, protection and participation but also in transforming attitudes, practices, policies, laws and programmes that support the fulfilment of children's rights.

See References, pages 90–92.

Child rights in South Africa

Twenty years ago, South Africa was just beginning to loosen the grip of apartheid, and many children suffered rights violations – including assault, torture, detention without trial, and restricted access to health care, education and protection. Institutional segregation was dismantled through negotiations between 1990 and 1993, and a new constitution was instituted in 1996. On 22 April 2009, the country completed its fourth consecutive democratic election.

Child rights at the heart of the post-apartheid constitution

After ratifying the Convention on the Rights of the Child on 16 July 1995, the architects of the new South Africa embedded its precepts into their country's constitution. Section 28 of South Africa's Bill of Rights guarantees children's right to an identity, basic services, education and protection within the legal system. Other key legislation to protect the rights of children introduced during the post-apartheid era includes the Films and Publications Act, the Basic Conditions of Employment Act, the Domestic Violence Act, the Child Justice Act and the Sexual Offences Act.

The most comprehensive addition to the child rights framework is the 2005 Children's Act and Amendment, which reinforces provisions in the Bill of Rights and details the responsibilities of parents and guardians. Important provisions include the right of access to state grants for children over age 16 who head households, and greater access to health care for young people, including the right of consent to HIV testing and treatment.

The challenges of enacting child rights

This strong framework is necessary, but not sufficient, for ensuring that children are protected and have the scope to

participate as empowered citizens. Reversing decades of social problems fostered by apartheid is challenging, particularly in the face of widespread poverty, the recent global economic downturn, and the national and regional AIDS pandemic.

More than one quarter of the population is living on less than US\$1.25 per day, according to the most recent international estimates, and the country's income distribution is among the most unequal in the world. In 2007, around 18 per cent of adults aged 15–49 were HIV-positive. Among the country's youth, 4 per cent of males and 13 per cent of females aged 15–24 were living with HIV. An estimated 1.4 million children under 18, or 8 per cent of South Africa's children, have lost one or both parents to AIDS.

Confronting the task ahead

The Government of South Africa faces the challenge of accelerating progress on survival, development, protection and participation for the country's 18 million children. Some essential services have relatively high levels of coverage by international standards. For example, coverage of routine immunization as measured by three doses of diphtheria, pertussis and tetanus toxoid vaccine stands at 97 per cent, while 93 per cent of the population – and 100 per cent in urban areas – has access to improved drinking water.

In other areas, faster progress is required. The latest international estimates indicate that 14 per cent of primary-school-age children are not enrolled in the appropriate education level; at the secondary level, 30 per cent of adolescent boys and 25 per cent of girls from the typical age cohort for secondary education are not enrolled. Sanitation facilities are sorely lacking,

with more than one third of urban dwellers and more than half of rural residents still living without access to improved sanitation facilities.

Fighting the AIDS pandemic and alleviating the associated effects on children is another high priority. Substantial progress is being made, from prevention to treatment. But given the scale of the pandemic, with 5.7 million people living with HIV in 2007, greater efforts at all levels are urgently required. Violence against children remains at high levels, despite provisions embodied in the Children's Act. And around 22 per cent of South African children are not registered at birth. Birth registration facilitates children's access to basic services, including child support grants.

In South Africa, children have been energetic participants in defence of their rights. In 1992, for example, the Molo Songololo organization hosted a summit on child rights attended by hundreds of children. Their collective vision was adopted into the Children's Charter of South Africa. Children and young people also participated in the drafting of the 2005 Children's Act, which has child participation as one of its founding principles.

The South African Parliament and Government, at national and local levels, are working to raise children's and parents' awareness about their rights. And the rights of children and women are nationally recognized in a comprehensive framework that provides a firm foundation for their fulfilment. Bridging the gap between rights and meeting the obligations to realize them is the next step.

See References, pages 90–92.

Child rights in China

With 1.33 billion people in 2007, China holds one fifth of the global population – including 342 million children, most of them living in rural areas.

China ratified the Convention in March 1992, the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography in December 2002, and the Optional Protocol on the Involvement of Children in Armed Conflict in December 2007. It has ratified many international accords on child rights and has a strong body of domestic legislation on the promotion and protection of a wide range of child rights.

During the past two decades, child survival and development in China have steadily improved. According to the latest UN inter-agency statistics, the under-five mortality rate was reduced by 51 per cent between 1990 and 2007. An estimated 94 per cent of infants receive routine immunization, as measured by coverage of infants receiving three doses of diphtheria, pertussis and tetanus toxoid vaccine. And, at 3.7 per cent in 2003, the percentage of infants with low birthweight is among the lowest in the world.

Some disparities remain amid remarkable poverty reduction

The economic transformation that began in 1978 allowed GDP per capita to grow at an average annual rate of 9 per cent in 1990–2007. This has generated a remarkable reduction in poverty: Between 1981 and 2004, the proportion of the population who live on less than US\$1.25 a day was reduced from 85 per cent to 27 per cent, and more than half a billion people escaped absolute poverty.

In general, China's children are benefiting from lower material deprivation and better access to quality health care and education. Enrolment in primary school,

for example, is nearly universal for both girls and boys. But as in other middle-income countries, economic advances have been uneven, exacerbating disparities among diverse geographical and income groups. Infant mortality rates, for example, are almost five times higher in the most impoverished districts than in the wealthiest provinces. Similarly, under-five mortality rates for the lowest socio-economic quintile by area of residence are six times higher than those of the wealthiest group.

These disparities are compounded by limited access to quality health services for those living in poor and rural areas as well as those who are part of a massive population movement. China has an estimated 150 million internal migrants, accounting for more than 11 per cent of its population. Among those who have migrated within the country, an estimated 25 million are under age 18, and 58 million children have been left behind in rural areas as their parents seek work in the cities.

A traditional preference for boys has resulted in a significant increase in the sex-ratio imbalance since the 1980s. Data for 2005 show a sex ratio at birth of 119 boys to every 100 girls, rising from 109 in 1982. Although policies have been implemented to address this issue, further action, particularly in the area of social protection, is required to reduce the dependence of rural parents on their sons for support in old age, sickness and other difficulties.

Committing to social development that will sustain child protection

In 2006, the Government of China adopted a new resolution on building a sustainable and harmonious society, with children included as a main concern in the social development process. The resolution is incorporated in the

11th Five-Year Plan (2006–2010), adopted by the National People's Congress in March 2006. The plan also reaffirmed the Government's commitment to the 2001–2010 National Plan of Action for Children and Women's Development. Among the efforts to strengthen public services, the national 'Building a New Socialist Countryside' initiative commits the Government to providing free compulsory basic education and reforming the public social security system.

Challenges ahead

China faces the challenge of consolidating its gains in child rights and ensuring that growth is accompanied by diminishing disparities. In particular, it faces the task of meeting the material and protection needs of rural children, children affected by migration, and those living in the poor areas that are rapidly expanding around the major conurbations.

As an emerging international donor to other developing nations, and a major actor in the international economy, China has an unprecedented opportunity to support and promote child rights beyond its borders. Investing in child rights is among the surest ways to ensure that China's economic and social progress is both consolidated and deepened in years to come.

Child rights in Egypt

The world's largest Arab nation, Egypt had an estimated 75 million inhabitants in 2007, an estimated 39 per cent of them under 18. Its landscape is dominated by the Nile Valley, the Nile Delta and the desert. Just 5 per cent of its geographical area is fit for human settlement.

One of six countries to convene the World Summit for Children in 1990, Egypt ratified the Convention in September of that year. Since then, it has achieved outstanding gains in the areas of health and education through ample government investment.

Considerable progress in child survival and development

Between 1992 and 2008, the under-five mortality rate declined by two thirds, falling from 85 to 28 deaths per 1,000 live births over the period. Neonatal mortality dropped by one half between 1992 and 2008; maternal mortality declined to 130 deaths per 100,000 live births, largely owing to rising antenatal care coverage and skilled health personnel attending births.

Public campaigns to promote the use of oral rehydration salts have lowered infant mortality associated with diarrhoeal diseases, once among the most serious threats to child survival, while routine immunization reached 98 per cent by 2007.

Although progress in gender parity in education has been slower than other child development indicators, ratios of girls to boys in primary and secondary schools have shown some improvement.

Disparities remain wide

At the national level, Egypt is on track to achieve most of the Millennium Development Goals. The provincial level, however, is marked by increasing disparities. The Egyptian Government's histori-

cally centralized approach to welfare provision has not always prioritized extending programmes to rural and remote populations. Upper Egypt, home to more than one third of the country's population, lags behind Lower Egypt in income and social development indicators. Between 2005 and 2008, while poverty declined by 20 per cent nationally, the reduction in rural Upper Egypt was around one third of the national average. By 2008, poverty in rural Upper Egypt was as high as 40 per cent, more than twice the national average.

In the sparsely populated areas of northern Egypt, some communities lack access to schools, health care and water. Bedouin children of South Sinai have a high incidence of wasting, stunting and urinary tract infections, all three preventable with basic preventive and curative measures.

Disparities among girls are considerable, depending on their geographical residence and parents' level of education, among other factors. In Upper Egypt, for example, the incidence of female genital mutilation/cutting (FGM/C) exceeds 85 per cent, while in private urban schools the rate dips below 10 per cent. According to the 2008 Egypt Demographic and Health Survey, 24 per cent of girls under 18 have undergone female genital mutilation, with rates rising to 75 per cent among girls aged 15–17 years.

In 2008, following the death of a 12-year-old girl undergoing genital cutting the previous year, the Government amended the 1997 child protection law, banning FGM/C and reinforcing the ban with fines and imprisonment for any breaches. The practice continues despite the ban, but it has noticeably declined, mostly as a result of public education campaigns.

In addition to banning FGM/C, Egypt's child protection law prevents children in conflict with the law from being tried on the same basis as adults, ensures birth certificates for children of unwed mothers, restricts corporal punishment and raises the earliest age for marriage to 18. Implementation of this protective legislation has brought child and youth issues to the forefront, generating intense debate among conservative Islamists, moderates and secularists about the role of state, religion and families in child welfare.

In one area – water supply – Egypt faces a grave threat to both human and child development. According to the United Nations Development Programme's *Egypt Human Development Report 2008*, "One of the greatest challenges facing Egypt today is the number of rural and urban households in need of basic infrastructure (mainly water supply and sewage)". As part of its 2007–2012 national development plan, the Government of Egypt has set aside approximately \$13 billion to expand water supply service for all Egyptians, but even with this massive investment, it is estimated that only 40 per cent of Egyptian villages will have a sewage system.

Challenges ahead

Egypt has many successful past experiences on which to base future programmes to meet the needs of all its citizens, especially children and young people. The country still confronts many challenges – particularly in addressing disparities and strengthening child protection. Reaching children in remote and rural areas will remain a key challenge for the Government in its attempts to fulfil the rights of all children. Further progress on child rights will also require greater inclusion of all domestic stakeholders, as well as strong international cooperation.

See References, pages 90–92.

The Convention's impact on public and private institutions

The Convention's impact on public and private institutions, including all three branches of government – executive, parliamentary and judicial – has been profound. Its influence is evident in legislative reform initiatives, child-focused budget initiatives and social protection measures, in human rights-based approaches to programming for women and children, and in the adoption of regional child rights charters.

In the private sphere, the Convention is helping encourage greater awareness of child rights in business, schools, families and communities, with the strong support of non-governmental organizations in particular. In the media, too, its effects are seen in the greater use of child rights language and a better understanding of critical issues, in the development of codes of conduct for reporting on children, and especially in the greater focus on child protection issues and violations. And although there is no systematic way to quantify this impact, there is ample evidence that it is taking place.

Legislative reform initiatives

Over the past two decades, around 70 States parties to the Convention have enacted consolidated children's statutes as part of law reform efforts to support child rights. Moreover, 12 States parties to the Convention have implemented these codes in response to an express recommendation by the Committee on the Rights of the Child. Most of these codes are based on frameworks for child protection that encompass a broad range of legal traditions, including civil law, common law, Islamic law and plural law.

In Latin America in particular, frameworks have been introduced that recognize the civil and political rights of

children, as well as their economic, social and cultural rights – which tend to cover a substantial portion, if not all, of the Convention. In Eastern Europe, especially the countries of the former Soviet Union, the tendency is for child rights statutes that are more general in scope, citing an express or implied intention to undergo further reforms in the future.

A number of these States parties have one or more dimensions of human rights-based approaches in the design of their statutes. This implies that they have an explicit reference to international frameworks, present children as the subject of rights with the capacity to claim their rights, and identify duty bearers to implement child rights legislation. Other countries make an express reference to the Convention as a principal aim of their legislation.

Child-focused budget initiatives

Implementing the provisions of the Convention on the Rights of the Child has financial implications for States parties. Prioritizing children's rights in public expenditure requires political will and progressive financial commitment from the government. Budget analysis of how policy goals are being realized is an important step towards designing public financing mechanism that prioritized children's rights.

One example of this type of analysis is in South Africa, where child rights budgetary efforts have been led by the non-governmental organization Institute for Democracy in South Africa (IDASA). This independent organization monitors the public finances, and through its Children's Budget Project assesses whether government expenditure is helping the Government meet its obligations to children's rights and alleviate poverty.

Another example is provided by Ecuador, where a deep economic crisis in 1999 threatened social spending. UNICEF Ecuador partnered with the Government to analyse the impact of budgetary decisions on children, and make recommendations on social-sector allocations. The results have led to a regular framework for linking social and economic decision-making.

Human rights-based approach to cooperation

The human rights-based approach to programming is championed by UNICEF and others as a paradigm to ensure that children's rights are enacted in policy and practice. It has been highly influential in both industrialized and developing countries since its introduction in 1999. For more on this framework, see panel, pages 12–13.

Regional child rights charters

Regional bodies have also codified child rights into legislation. The African Charter on the Rights and Welfare of the Child was adopted in 1990. The European Union has a convention on the exercise of child rights, adopted by the Council of Europe in 1996. Although regional bodies such as the African Union and the European Union cannot ratify the Convention, the strong support they have shown for its provisions can be seen in their programmes and policies. For example, the EU is currently adopting a stronger framework of child rights based on the Convention to ensure that children are protected against abuses perpetrated through the Internet.

The private sector

The private sector has become an increasingly important stakeholder in international development through global partnerships for health, education and HIV and AIDS in particular. This growing

participation has been recognized by the Committee on the Rights of the Child, which devoted its 2002 day of general discussion to the theme of 'The private sector as service provider and its role in implementing child rights'.

Like regional organizations, private sector entities cannot sign or ratify the Convention. But they are also demonstrating strong support for the treaty by their actions, whether as partners in building a protective environment or in direct supply of essential services. A noteworthy achievement is the Code of Conduct for the Protection of Children from Sexual Exploitation in Tourism. This resulted from collaboration between private tourism operators and the global End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes network. The Code commits the tourism industry to proactively seek ways of protecting children rights, and most of all to ensure that children are not exploited for commercial sexual purposes.

The media

By bringing attention to issues affecting children, the media have a unique role in realizing child rights. Greater awareness of child rights deprivations and violations is in part due to increased media focus on these issues. For example, the British Broadcasting Corporation, the world's largest public broadcaster, has a dedicated portal on children's rights and issues on its website.

As the global media industry has expanded, advocates for child rights have taken a strong lead in encouraging corporations to follow ethical standards in their reporting. UNICEF's Principles for Ethical Reporting on Children and other guidelines have promoted such codes to ensure that media reporting on children does not stereotype them as victims of abuse and poverty, per-

petrators of crimes or objects of charity. It is also critical that the best interests of children are respected in reporting on them. In Brazil, the Agency for Child Rights monitors how children are portrayed in the media, and issues league tables on negative portrayal. It also endows awards to create incentives for sensitive and ethical coverage.

Religious leaders

Religious leaders can have an important role in ensuring greater realization of children's rights. As respected and influential members of societies and communities, they can galvanize actions in favour of children's survival and development, protection and participation, and challenge practices, customs and norms that discriminate against or undermine these rights. Throughout history, and across religions and cultures, compassion and care for children have been strong ethical, moral and spiritual values that denote a common understanding of the importance of protecting individuals at their youngest and most vulnerable age.

Across the world, religious leaders are working as advocates for child rights. One such example is found in Afghanistan, where since late 2001, UNICEF and its partners have worked closely with religious leaders to expand access to education for girls and foster improved child survival and health. Another example is provided by Ethiopia, where Muslim, Protestant and Orthodox leaders agreed to devote a 'religious week' to the issue of HIV and AIDS, using their extensive networks, influence and goodwill to address the stigma and discrimination associated with HIV.

Non-governmental organizations

Non-governmental organizations are among the primary agents engaged in actively promoting and realizing children's

rights. Their numerous efforts spurred and sustained the process that resulted in the drafting and finalization of the Convention in the late 1970s and the 1980s. The NGO Group for the Convention on the Rights of the Child, a network of 80 international and national organizations, was formed in 1983 to promote and actively participate in the drafting of the treaty.

Article 45 of the Convention provides a designated role for NGOs in monitoring its implementation by States parties. The NGO Group's liaison unit, supports the participation of non-governmental organizations, particularly national coalitions, in the reporting process to the Committee on the Rights of the Child. One important area of work that the unit facilitates is the compilation and submission of alternative reports on national implementation of the Convention to the Committee.

Advocates and individuals

The Convention has inspired individuals, both adults and children, to dedicate themselves tirelessly to promoting and defending children's rights. These advocates, who range from child activists to international celebrities, are instrumental in raising awareness of critical concerns and vulnerabilities and making direct representations to those in power to seek and effect change.

See References, pages 90–92.

Child rights in Sierra Leone

Sierra Leone has experienced steady improvement in security and political stability since a decade of armed conflict ended in 2002. Peaceful national democratic elections were held in 2007, and efforts to strengthen government institutions and promote reconciliation are being pursued. Economic growth returned during the post-conflict period, averaging about 7.7 per cent per year between 2003 and 2007, driven mostly by the agriculture and mining sectors.

Sierra Leone ratified the Convention on the Rights of the Child in June 1990 and its two Optional Protocols in September 2001 (on the Sale of Children, Child Prostitution and Child Pornography) and May 2002 (on the Involvement of Children in Armed Conflict). These commitments were subsequently enshrined in national legislation through the 2007 Child Rights Act – which supersedes all other national laws and is considered compatible with the Convention and the African Charter on the Rights and Welfare of the Child.

Protecting children while restoring security

The Child Rights Act forms the basis of a stronger framework for protecting child rights. However, the road to its implementation is long. The country still lags in economic, social and human development. Although richly endowed with mineral resources, Sierra Leone ranked at the bottom of 177 countries and territories in the United Nations Development Programme's most recent *Human Development Index*. It has been strongly affected by the 2008-2009 global economic downturn, which has curtailed financial flows to the country from trade, investment, remittances and aid. Sierra Leone has also been listed by the Food and Agriculture Organization of the United Nations as one of the countries most vulnerable to food insecurity.

The country's maternal and under-five mortality rates are the highest in the world, and nearly 40 per cent of children under five suffer from moderate or severe stunting. Basic and maternal health facilities and services and environmental health infrastructure are in short supply. One third of infants do not receive routine immunization in the form of three doses of diphtheria, pertussis and tetanus toxoid vaccine. Nearly 60 per cent of women deliver without the assistance of a skilled health attendant. Almost half of Sierra Leoneans have no access to improved drinking-water facilities, and roughly 7 in every 10 citizens are without adequate sanitation facilities. More than 30 per cent of children of primary-school-age are not enrolled in school, and there are moderate transition rates from primary school to secondary and tertiary education. Barriers to girls' education include child marriage – 62 per cent of girls marry before age 18, and 27 per cent before age 15 – and high levels of adolescent pregnancy.

During the past two decades, Sierra Leone has faced obstacles in promoting and protecting the rights of its children. Conflict, poverty, gender inequities and discriminatory cultural practices combine to undermine child rights. Despite the return of democracy and greater political stability in Sierra Leone, girls and women are still exposed to sexual violence, along with harmful traditional practices such as female genital mutilation/cutting. More than 90 per cent of women aged 15–49 are estimated to have undergone FGM/C.

During the decade-long civil conflict, children were recruited by both government and rebel forces. The Special Court for Sierra Leone, set up to try those responsible for the most serious violations of human rights, convicted all nine

defendants – including former president Charles Taylor – of recruiting children to fight as combatants. Three defendants have been convicted of forcing marriage on girls and women, marking the first time that a court has upheld such a charge.

Sierra Leone is making strides to increase children's participation. The Truth and Reconciliation Commission for Sierra Leone, established to create an impartial documentation of human rights violations, has involved children in the process and given special attention to the experiences of children affected by the civil strife. In the same spirit, in 2001 the Government of Sierra Leone formed the Children's Forum Network, a child-to-child advocacy organization committed to creating linkages and spreading knowledge on child rights and responsibilities. The Children's Forum Network is currently working in all of Sierra Leone's 13 districts.

Challenges ahead

To make meaningful advances on child survival and development, the Government of Sierra Leone, in partnership with other stakeholders, faces the challenge of scaling up such essential services as immunization, micronutrient supplementation, maternal, newborn and child health care, quality education and environmental health facilities, and developing a national child protection system. These advances require continued stability and peace, and an environment supportive of the rights of women and children. Establishing and maintaining political stability and security throughout the West and Central Africa region will therefore be critical to realizing the rights of children in Sierra Leone and its neighbours during the years ahead.

See References, pages 90–92.

Child Friendly Cities: An international initiative promoting child participation in local government

A 'child friendly city' is defined as any local system of governance, urban or rural, large or small, committed to fulfilling children's rights under the Convention. The international Child Friendly Cities Initiative (CFCI) was launched in 1996 to act on the resolution passed during the second United Nations Conference on Human Settlements (Habitat II) to make cities livable places for all. The conference declared that the well-being of children is the ultimate indicator of a healthy habitat, a democratic society and good governance.

The initiative reflects the growing urbanization of global societies, with half the world's population now living in cities, and the increasing importance of municipalities in political and economic decision-making that affects child rights. An international secretariat for Child Friendly Cities was created in 2000 at UNICEF Innocenti Research Centre in Florence, Italy. Consistent with the centre's mission, the secretariat collects, documents, distils and disseminates experience on local frameworks to implement the Convention on the Rights of the Child and achieve the Millennium Development Goals.

A child-friendly city aims to guarantee children's rights to essential services, such as health, education, shelter, safe water and decent sanitation, and protection from violence, abuse and exploitation. It also seeks to empower young citizens to influence decisions about their city, express their opinion on the city they want, and participate in family community and social life. It promotes children's rights to walk safely in the streets by themselves, meet friends and play, live in an unpolluted environment with green spaces, participate in cultural and social events and be an equal citizen of

their city with access to every service, without discrimination of any kind.

The process of establishing child-friendly cities involves the following nine elements that promote child rights: participation in decision making; a child-friendly legal framework; a city-wide child rights strategy; a child rights unit or coordinating mechanisms; child impact assessment and evaluation; a children's budget; a regular State of the City's Children report; advocating child rights; and independent advocacy for children.

During the past decade, a number of cities and municipalities across the world have made the political decision to become 'child-friendly'. Child-friendly cities programmes have been adopted by many European cities to sensitize mayors and city councils on child rights, ensure that children feature in the local political agenda and promote city-level policies for children. London, for instance, published its third *State of London's Children Report* in 2007. In Italy, the Ministry of the Environment coordinates the child-friendly cities initiatives, which have been adopted by many towns and cities. Child councils are a favoured model of child participation in Italy and other European countries, providing a formal mechanism for children's views to be expressed within local administrations. These councils are often instigators of child-friendly initiatives, promoting participatory policy-making and greater mobility and civil engagement of children and young people.

The developing world also has an important number of initiatives. In the Philippines, child-friendly cities programmes started in the late 1990s. The

initiative has a national dimension through a goal-oriented framework that aims to promote child-rights principles at every level, from the family through community to the city or region. Since 1998, the national government has been giving 'Presidential awards' for child-friendly cities and municipalities. In South Africa, the Greater Johannesburg Metropolitan Council's initiative includes the development of a Metropolitan Programme of Action for Children. The programme empowers children to directly influence local laws, incorporates child rights into city planning and allocates major resources to the city's most deprived children.

In the Ecuadorian cities of Cuenca, Guayaquil, Quito, Riobamba and Tena, children help define criteria for a child-friendly city. Under the auspices of La Ciudad que Queremos (The City We Want) initiative, children and adolescents participate in municipal decisions and promote their own rights. In Georgia, the Children and Youth Parliament of Georgia has become a primary forum for children and young people to express their views, gain skills in governance and raise awareness on child rights.

Despite its 13-year history, the Child Friendly Cities Initiative is still nascent, and many of the initiatives that are under way have yet to be comprehensively monitored and evaluated. Yet it remains a strong step towards fuller and more meaningful child participation in community decisions that affect them. Building on the progress achieved by the initiative will be critical to fulfilling child rights in a world that is becoming ever more urbanized.

See References, pages 90–92.

Child rights in India

India, home to one fifth of the world's children, ratified the Convention on the Rights of the Child in December 1992. Since then, rapid economic growth, averaging 4.5 per cent annually between 1990 and 2007, has lifted millions out of poverty and combined with government action to improve trends in child survival and development. According to national sources, the national under-five mortality rate fell sharply from 117 per 1,000 live births in 1990 to 72 in 2007. Use of improved drinking water sources rose from 62 per cent in 1992–1993 to 88 per cent in 2005–2006. Primary school attendance rates for girls 6–10 years old climbed from 61 to 81 per cent over the same period, helping lift the gender parity rate for primary education from 0.82 to 0.96.

Deprivations and disparities remain large, despite economic progress

Despite this marked progress, many challenges for realizing child rights in India remain. Partly because of its immensity, India experiences child rights deprivations in greater absolute numbers than any other country. Each year, 1 million newborns die during the first month of life; another million die between 29 days and five years. Almost 55 million children under five are underweight for their age. In excess of 20 million children of primary school age are not attending school. More than 40 per cent of the population currently lives on less than \$1.25 per day, 128 million people have no access to improved drinking-water sources, and a staggering 665 million defecate in the open.

Rising incomes have been accompanied by widening disparities in income, education, access to health care and development outcomes. The 2005–2006 National Family Health Survey shows sharp divergences in access to essential services and key development outcomes

across caste, ethnic, gender and wealth strata. These disparities extend to child protection, given the country's moderate rate of birth registration (69 per cent) and high rate of child marriage. Despite legislation prohibiting child marriage, the latest household surveys indicate that an estimated 47 per cent of women aged 20–24, and 16 per cent of men aged 20–49, were married or in union before age 18. In addition, the country's skewed sex ratio at birth and high level of child labour remain significant challenges.

Concerted efforts are yielding results

The Government of India, its partners and a multitude of non-governmental organizations have made determined efforts to reduce child deaths, expand access to health care and get children into primary school. The country is also making headway towards identifying child protection violations and creating legal means of redress. It is beginning to address material disparities by targeting essential services towards marginalized groups such as scheduled castes, scheduled tribes (the indigenous peoples, or Adivasis) and others who suffer entrenched discrimination. A National Commission for the Protection of Child Rights was established by the Government in March 2007 to monitor proper enforcement of child rights. In addition, a comprehensive plan called the Integrated Child Protection Scheme has been set up to protect vulnerable children.

Women-led and women-focused organizations are thriving in India, which is home to some of the world's most innovative institutions empowering women in the community, the workplace and government. Similarly, non-governmental organizations and voluntary groups have for decades been among India's most energetic advocates for child rights. An example is Balkan-Ji-Bari. Founded in 1923, this organization has become a

recreational and educational institution for impoverished Adivasi children, providing vocational training, vaccinations and other services.

Young people are showing the way to overcoming some of the key obstacles to fulfilling child rights. In 1990, child labourers involved with the Concerned for Working Children organization launched their own association – Bhima Sangha, which has become an international model for children's participation. Beginning in 1997, Bhima Sangha has established *makkala panchayats*, or children's councils, that run parallel to adult councils. In the state of Kerala, the government has institutionalized child participation through Bala Sabhas or children's neighbourhood groups. There are 45,417 clubs in the state, with around 800,000 participants.

Challenges ahead

Widespread and entrenched exploitation, gender discrimination, caste bias and other social problems in India will not be overcome overnight, and it is uncertain how the 2008–2009 global fuel, food and economic crises will affect the country's social progress. As all three threaten to undermine India's economic growth, there is a grave risk that the share of people living in absolute poverty will increase, possibly slowing or even stalling recent moderate gains in child survival, health and education.

The Government of India and other stakeholders are working towards fulfilling child rights – and young people themselves are voicing their priorities and embracing community involvement. Their continued participation and leadership will be critical to achieving continued human progress in India during the years to come.

See References, pages 90–92.

The global economic crisis: Implications for child rights

History has shown that children and women are particularly vulnerable to economic turmoil. Financial and economic shocks in developing countries prior to the 2008–2009 global economic crisis have led to higher under-five mortality rates, lower school enrolment, rising insecurity and children forced to work in dangerous environments. Reductions in public expenditure on health and education have driven children and their families into poverty traps that are not easily escaped once the crisis has passed.

There have been growing concerns that the 2008–2009 global economic crisis, compounded by recent food and fuel price instability, could result in rising poverty and undernutrition in developing countries. As this report goes to press in August 2009, the global economic outlook remains exceptionally uncertain, despite signs of improving forward-looking economic indicators in recent months.

The full impact of the crisis on child rights will not be evident for some time, and will only become apparent as new international estimates of global poverty, child development and nutrition emerge. Appropriate policy responses are required to protect child and families from the consequences economic crises.

Ensure adequate nutrition for families. Although international food prices have declined since peaking in 2008, they remain high relative to their long-term trends. In many developing countries, domestic food prices remain far above historical levels. Measures to safeguard the nutritional status of families in times of economic crisis include direct supplementation measures – such as therapeutic foods for young children – and supporting measures to ensure access to essential micronutrients, improved environmental health facilities, quality healthcare, and

promote best practices for hygiene, food preparation and storage. Nutrition monitoring should also include appraisal of the direct and underlying factors determining child growth and nutrition.

Protect budgets for essential services. Safeguarding, and even increasing, social budgets should be an integral component of countries' responses to shocks. Missing the window of opportunity to invest in children has clear adverse implications for children's survival and development prospects. It can also limit a nation's future growth potential. Analysis of data from 120 developing countries for the period 1975–2000 indicates that increasing education spending as share of gross domestic product by 1 per cent over a 15 year period could lead to universal primary school enrolment, while reducing the poverty headcount by around 17 per cent.

Invest in child-sensitive social protection. Effective and comprehensive social protection programmes can ameliorate the negative impact of economic crises on poor families. In response to the 1997 Asian financial crisis, which followed a severe drought in the region, the governments of Indonesia, the Philippines and Thailand implemented or strengthened nutrition programmes for children and bolstered access to education by providing scholarships and funding allocations and undertaking community awareness campaigns. During its 2002 debt crisis, Argentina sought to protect poor households from the worst effects by providing income support to unemployed heads of household; this initiative is estimate to have prevented an additional 10 per cent of participating families from falling below the food poverty line and lowered the incidence of extreme poverty across the nation. Renowned and ongoing social protection

initiatives in Mexico (Oportunidades) and Brazil (Programa Saude da Family) have resulted in falling infant mortality rates and lower rates of poverty.

Despite the well-documented merits of social protection programmes, many developing countries do not have such systems in place. According to recent research surveying 144 developing countries, 19 of 49 low-income countries and 49 of 95 middle-income countries have no social safety net programmes, and only one third of all countries surveyed had some form of cash transfers.

Limit the additional demands on women and girls. Empowering women to become key household decision-makers and ensuring that girls and young women have access to quality education and healthcare is pivotal to making social protection effective. Declining government spending on education and health associated with economic crises can transfer the burden of service provision on households and communities, adding to the already high demands on women and girls. Women and girls also bear the brunt of coping mechanisms, including reduced spending on such essential services and commodities as food, fuel, education and health care, and increased time spent on activities that either save or generate additional income.

Ensuring the rights of children in the current economic crisis and the recovery period that follows requires making difficult but decisive choices. For the crisis not to leave a legacy of deprivation for generations, the choice has to be to safeguard, support, and if possible, expand, the essential services, protection and participation that are the right of all children at all times.

See References, pages 90–92.

Protecting children's rights in humanitarian crises

Humanitarian crises, including natural disasters and complex emergencies, compromise children's rights to survival, development, protection and participation. Complex emergencies can undermine primary health care systems and physical infrastructure, jeopardising child nutrition and health. Education, too, suffers; of the estimated 101 million children of primary school age not attending primary school, nearly 60 million live in the 33 countries currently affected by armed conflict.

The disruption to the social order caused by emergencies heightens the potential for women and children to be exploited for economic and sexual purposes. Sexual violence may occur as a byproduct of the social disruption or may actually be employed as a weapon of war, and can leave its survivors with severe and long-lasting trauma, sexually-transmitted diseases and unwanted pregnancies. Recent studies in the Democratic Republic of the Congo and northern Uganda found that children born from sexual violence are often identified with the perpetrator and consequently discriminated against or neglected.

The changing environment for humanitarian action

In the two decades since the Convention was adopted, the landscape in which humanitarian action takes place has evolved. Climate change and the burgeoning global population are increasing competition for limited resources, including access to water, and raising concerns about food security. Conflicts are increasingly characterized by protracted intra-state hostility, with a significant impact on civilians, including extensive internal displacement. About 50 per cent of the estimated 26 million people currently displaced by armed conflicts and violence are children. Disregard for the protected status of civilians introduces

further risks to children, as does the alarming increase in violence against humanitarian aid workers working in complex emergencies of recent years.

A framework for child rights in complex emergencies

The Convention provides a strong legislative framework for realizing child rights in humanitarian crises, particularly articles 38 and 39, and the Optional Protocol on the Involvement of Children in Armed Conflict. Other international norms for protecting children in emergencies have also been strengthened considerably, with a number of UN Security Council resolutions, notably resolutions 1612 and 1820, aimed at ending the abuse of children and civilians in the context of war. The International Criminal Court has launched procedures to investigate and try those alleged to have committed genocide, crimes against humanity and war crimes; the first such case heard by the court concerned the recruitment of child soldiers.

A set of core commitments to child rights in complex emergencies and post-conflict situations has emerged to restore access for women and children to adequate nutrition, disease prevention and control, clean water and decent sanitation as soon as possible. Recent examples of such humanitarian action involving UNICEF in 2008 include a measles campaign reaching children in Myanmar after Cyclone Nargis damaged most of the country's health facilities, and provision of safe drinking water and gender-sensitive toilets for 320,000 children in 500 schools in Afghanistan, along with training in hygiene, sanitation and health for 2,500 teachers.

Inspired by the Convention and its Optional Protocols, child protection has become a priority in emergencies. Humanitarian action now includes establishing child-friendly spaces,

mobilizing communities for child protection, integrating child protection into disaster preparedness, and advocacy and communication. Ensuring that national disaster preparedness plans include child protection has become a priority in certain countries prone to natural disasters, such as Nepal. In the Democratic Republic of the Congo, more than 18,000 survivors of sexual violence – a third of them children – have benefited from medical and psychosocial care, legal counselling and socio-economic reintegration programmes.

Restoring access to education in emergencies has become an increasingly important component of humanitarian action over the past decade. Enabling children to return to school in communities devastated by violence, war or natural disasters helps reestablish normal routines and gives them a place to learn and play. An even greater challenge is rebuilding education systems in the wake of disaster or conflict and in countries with generally low capacity. In Somalia, which is struggling to re-establish a functioning government after a long period of collapse, 190,300 of the country's estimated 534,000 schoolchildren, including more than 140,000 children in emergency-affected locations, have benefited from renewed distribution of school supplies.

Post-crisis recovery presents an opportunity for societies to build more equitable public institutions to realize the rights of marginalized groups. The international community is now accelerating the development of tools and approaches that address not only the immediate crisis response, but also recovery and preparation for new emergencies. These efforts provide an opportunity to ensure that child rights are secured as early as possible.

See References, pages 90–92.

Climate change and child rights

The Convention on the Rights of the Child envisions a world in which children have the right to survive and grow in a healthy physical environment. Yet child rights, and children themselves, are rarely included in international and national discussions on climate change and how to respond to it.

Children are particularly vulnerable to the impact of climate change for several reasons. First, their stage of physiological and cognitive development and innate curiosity leave them at a heightened risk of exposure to environmental hazards and the potential to be harmed by them. Children are, for instance, more susceptible than adults to the effects of intense ultraviolet radiation, inadequate shelter and indoor air pollution from biomass fuel.

Second, many of the main killers of young children – undernutrition (which contributes to more than one third of all under-five deaths), acute respiratory infections, diarrhoea, malaria and other vector-borne diseases – are known to be highly sensitive to climatic conditions.

Third, there is increasing evidence that the world's least developed countries are likely to bear the brunt of climate change. These countries have large child populations. In 2008, under-18s accounted for 47 per cent of the population in the world's 49 least developed countries, compared with 21 per cent in the industrialized countries. Many developing countries suffer from poor physical infrastructure and lack systems to cope with such climatic events as drought and flooding.

Fourth, the growing correlation between civil strife and climate change is an area of particular concern for child rights. A 2007 study estimated that 46 countries, with a total population of 2.7 billion people, may face a higher risk of violent conflict as climate change intersects with social, eco-

nomical and political stresses. For children, this has consequences of psychosocial trauma, recruitment into armed forces, displacement and forced migration, which may in turn lead to family separation and exposure to trafficking and exploitation.

Last, the evidence strongly suggests that climate change will make achieving the Millennium Development Goals even more difficult. The Stern Review, a comprehensive study on the economic impact of climate change commissioned by the Government of the United Kingdom in 2006, has estimated that climate change could increase under-five deaths in South Asia and sub-Saharan Africa by 40,000–160,000 annually, by reducing economic output in these regions.

The potential loss of livelihood for millions of families could mean that more children will be needed to support household income, making it more difficult for them, especially girls, to attend school. The increasing scarcity of water and other natural resources will place an even greater burden on girls and women, who undertake most of the household fuel and water collection. And the cost of mitigating climate change may leave less money for social spending on health, education and other social protection programmes.

Children as protagonists in the response to climate change

Integrated, collaborative approaches, with children as key partners, are required to face the complex challenges that climate change poses to child rights. Intersectoral collaboration in the areas of health, education, nutrition and public works and with those agencies and organizations entrusted with the care and protection of children, women, young people and families, will be essential. Gender awareness is also required to create opportunity, reduce vulnerability and empower all citizens. Community partnerships will also be cen-

tral to mitigation and adaptation strategies. Empowering villages, towns and neighbourhoods to cope with threats will entail greater investment in traditional areas of child development, such as nutrition, health care, education, and water, sanitation and hygiene. It will also encompass innovative interventions to promote renewable energy sources, such as solar and wind, for cooking, heating and water collection; to enhance the availability and quality of environmental education in schools and communities; to support groups whose livelihoods may be threatened; and to improve disaster-preparedness for storms, floods and droughts.

Across the developing world, initiatives have already emerged to address these challenges. In Sierra Leone, for example, 15,000 young people are participating in a volunteer programme that trains them to better run their farms and plots, organize micro-enterprises and share good practices. In Morocco, a World Bank-assisted project aimed at reducing the burden of water collection on girls has succeeded in raising their net primary school attendance by 20 per cent. In Tajikistan, children are helping to test water quality, using simple, inexpensive testing equipment. These examples show how undertaking efforts with children at the centre can create a better natural environment and at the same time help children and young people realize their rights.

Adapting to climate change can provide an opportunity for countries and communities to revitalize their commitments to children. Steps must now be taken to mitigate the effects of climate change and strengthen mechanisms of preparedness and adaptation. The cost of inaction will be high; left unattended, climate change threatens reversals in child survival and development in the 21st century.

See References, pages 90–92.

Child rights in Mexico

Mexico ratified the Convention on 21 September 1990, and successive national governments have worked to support children's rights. Despite a major financial crisis during the mid-1990s, the country has made steady progress in child survival, health care and education. According to the latest international estimates, the under-five mortality rate has been reduced by one third since 1990, net primary school enrolment and routine immunization are above 97 per cent, and 95 per cent of Mexicans have access to improved sources of water.

Mexico has also been a strong advocate for child rights beyond its borders. It was one of the six countries that convened the World Summit for Children in 1990, and it has subsequently helped organize events to monitor States' progress towards meeting their commitments to children. Mexico promoted the formulation and approval of regional guidelines for the protection of unaccompanied migrant children in the Regional Conference on Migration covering North and Central America and the Dominican Republic. The Government has also provided leadership in chairing the UN Security Council Working Group on Children and Armed Conflict.

Linking child protection to health care and other social benefits

Within the country, multi-sectoral programmes involving a broad range of stakeholders are having a positive impact throughout Mexican society. For example, the internationally acclaimed Oportunidades programme, which began in 1997 under the name Progresá, addresses overlapping issues of poverty, ill health, child labour, and school non-attendance and dropout. Oportunidades delivers cash transfers to women on condition that their children attend periodic health checks and go to school. By 2008, it had reached 5 million families in all 31

Mexican states and the Federal District, with around one fifth of the recipient families living in the impoverished southern states of Chiapas and Veracruz.

Mexico has also been engaged in innovative health programmes. During the past 30 years, the country has used the "diagonal approach to health care" to implement and expand successful initiatives to combat diarrhoeal diseases, vaccine-preventable diseases and micronutrient deficiencies. A comprehensive programme of primary health care for mothers, newborns and children – Arranque Parejo en la Vida (Equal Start in Life) – was introduced in 2001 and has reached a high level of national coverage. With the addition of Seguro Popular de Salud, a public health insurance initiative, maternal and child health became entitlements. In 2007, another insurance initiative targeted specifically at newborns – Seguro Médico para una Nueva Generación – was introduced. And in 2009, universal and free health care during pregnancy, childbirth and the post-partum period was launched as part of a national strategy to further reduce maternal mortality.

A diverse country with a federal structure, Mexico continues to be challenged by the complexity of establishing integrated child protection policies and systems. Among these challenges are addressing violence against women and children, sexual exploitation and child labour. The Government of Mexico has taken important steps to regularly collect and disseminate disaggregated data on child labour, adding a module on the issue to the national household employment survey. The 2007 survey revealed that 3.6 million children aged 5 to 17 years old – 12.5 per cent of the age cohort – were engaged in child labour, including 1.1 million children under 14, the legal minimum age of employment. Nearly 42 per cent of working children do not attend school.

Complex challenges across the country's states

Mexico's southern region presents some of the greatest child rights challenges. Home to the majority of the country's indigenous communities – more than 60 ethnic and linguistic groups – it accounts for most of the 20 per cent of Mexicans who live in absolute poverty. Violence perpetrated by organized criminal elements has added to the dangers already posed by ongoing civil conflict here, especially disputes over land rights. As each indigenous community has its own pressing issues, applying human rights legislation uniformly remains a complex task, which the Committee on the Rights of the Child has recognized in its responses to the periodic reports submitted by Mexico since 1990.

Mexico is advancing in its efforts to bring state legislation on child rights into line with national and international law. Its third periodic report to the Committee pointed to the progress individual states are making in ensuring child health, improving domestic and family law, and strengthening child protection.

Hard hit by the global economic crisis, and with violence an urgent concern, Mexico faces a triple task: addressing the disparities that deny children in impoverished and marginalized communities their rights, strengthening child protection systems at the local and national level, and sustaining the overall gains in provision and protection that have been accomplished through its national and targeted initiatives. Further innovation and commitment to child rights will be required to address these challenges in Latin America's second largest country.

See References, pages 90–92.

Child rights in Mozambique

In 1992, when the signing of a peace agreement brought an end to 15 years of bitter civil strife, Mozambique ranked as the poorest country in the world. Since then, political stability and democratic governance have paved the way for sustained socio-economic development, and Mozambique is now recognized as an example of post-war reconstruction and economic recovery in Africa. The country held its first democratic elections in 1994, the same year it endorsed the Convention; its third peaceful national elections took place a decade later.

The economy has grown rapidly over the past decade, with gross domestic product for 2008 expected to exceed 6 per cent. The national poverty rate, an estimated 69 per cent in 1997, measured 54 per cent in 2003, the latest year for which comprehensive data are available. Progress in political and economic stability has been accompanied by improved human and social development. The country's under-five mortality rate dropped from 201 deaths per 1,000 live births in 1990 to 168 per 1,000 in 2007. Net primary school attendance rose to 99 per cent in 2008. Despite these advances, Mozambique remains impoverished – 75 per cent of its population lived on less than US\$1.25 per day in 2005 – and continues to face such obstacles as recurrent natural disasters and the AIDS epidemic; an estimated 1 in every 7 people aged 15–49 were HIV-positive in 2007.

Creating a protective legal framework for children

During the past two decades, Mozambique has shown a steady commitment to harmonizing national legislation with regional and international human rights instruments. Besides ratifying the Convention, on 26 May 1994, and its two Optional Protocols, the country has also ratified CEDAW, the

African Charters on Human and People's Rights (and its protocol on women's rights) and the African charters on the Rights and Welfare of the Child. The national constitution adopted in 2004 places particular emphasis on child rights, setting a new legal and policy framework for children. Under the constitution, all actions concerning children, whether by public bodies or private institutions, must take the 'best interests of the child' into account.

A comprehensive legal reform to update national legislation and bring it into line with the Convention and other human rights treaties has already resulted in major changes, such as an expansion of the period of free birth registration from 30 days to 120 days after a child is born, and adoption of a Family Law that articulates new legal standards for parental responsibilities, guardianship, adoption and inheritance rights, and raises the age of marriage from 16 to 18 years. The Children's Act, adopted in 2008, effectively translates the Convention's articles into national child rights legislation and outlines the responsibilities of all stakeholders in realizing these rights. The 2006–2010 National Action Plan for Children aims to develop and coordinate activities by key stakeholders; its objectives and targets are based on the recommendations of the 2001 African Forum on Children and the 2002 UN Special Session on Children. The Multisectoral Plan for Orphaned and Vulnerable Children addresses the specific needs of this growing population; the number of orphans was estimated at 1.5 million in 2008, of which about 510,000 were orphaned by AIDS.

From legislation and plans to action and results

The main challenge now facing the Government is to translate new

legislation into effective programmes. Advances are already apparent in a number of areas. In 2009, the Council of Ministers approved the creation of a National Child Council, an independent body entrusted with coordinating implementation of child rights. Furthermore, special children's court divisions have been established in six provinces to attend to child justice issues. Since 2006, a national birth registration campaign has helped register 4.4 million children; the campaign will continue until 2011, aiming to achieve universal registration by that deadline.

Challenges for realizing children's rights

Poverty and disparities are perhaps the biggest challenges to the realization of child rights in Mozambique. Fighting poverty has been at the top of the Government's agenda during recent years. To be successful, however, scarce budget resources must be allocated equitably to sectors that contribute to children's well-being and development – especially education, health care, water, sanitation and social protection. Within sectors, the equitable allocation of resources across provinces and programmes is also crucial to reducing disparities.

Scaling up basic services and social programmes for children is pivotal to reducing the incidence of child poverty and securing children's rights. The concerted efforts of government, donors, civil society, the media, the corporate sector, families and communities will be necessary to ensure that consistent action is taken to meet the promise of the Convention for all Mozambique's 11 million children.

See References, pages 90–92.

Child rights in Serbia

Serbia has undergone a profound transformation since the cold war ended 20 years ago, and despite enduring more than a decade of political turmoil, it is making steady progress in improving outcomes for children in primary health care and education.

At just 8 deaths per 1,000 live births in 2007, its under-five mortality rate is one of the lowest in the CEE/CIS region. Routine immunization, measured by the percentage of infants receiving three doses of diphtheria, pertussis and tetanus toxoid vaccine, stood at 94 per cent. Almost 99 per cent of its population has access to improved drinking-water facilities, and 92 per cent have access to adequate sanitation. Education is readily accessible, with net primary school attendance at 98 per cent in 2000–2007, and net secondary school attendance at 90 per cent for both girls and boys.

Children still vulnerable to social exclusion and lack of parental care

Despite these gains, poverty, disparities and high levels of social exclusion among vulnerable groups remain pressing concerns. Children living in rural areas and the less developed parts of the country are at risk of being excluded from essential services and protection not only because of income but also because of sociocultural poverty and discrimination. More than 155,000 children are living below the national poverty line, with a similar number at risk of falling into poverty. Among the Roma, one of the country's largest ethnic minorities, under-five mortality is more than three times higher than the national average.

In addition, in its concluding observations on child rights in Serbia in 2008, the Committee on the Rights of the Child expressed concern regarding the large number of Serbian children with disabilities who remain institutionalized. Research

shows that children living in institutions are particularly vulnerable to neglect, abuse and violence and that these risks may increase for those who also live with disability. A recent study of the situation in Serbia by Mental Disabilities Rights International found that children with disabilities in residential care are segregated from society and forced to live in institutions throughout their lives. They often lack skilled caregivers and are not integrated into the education system.

Establishing a framework of protection

The Government of Serbia has developed national strategies and action plans to reduce the risk of social exclusion. The overall framework for enhancing child protection is based on the Convention on the Rights of the Child and incorporates key strategic documents, including Serbia's Poverty Reduction Strategy Paper and its National Plan of Action for Children. The plan of action sets targets to reduce child poverty, provide quality education, protect the rights of children deprived of parental care and establish a comprehensive system of protection from violence, abuse, exploitation and neglect.

The Government of Serbia is also implementing strategies to care for and protect vulnerable children. The 2007–2015 Strategy for Improving the Position of Persons with Disabilities includes programmes aimed at expanding access to essential services, protection and participation for children living with disability, while the framework of the 2005–2015 Roma Decade focuses on social protection for Roma children. A juvenile justice code adopted in 2006 outlines provisions to protect children who are in conflict with the law.

Galvanizing reform

For the past five years, the Government of Serbia has taken steps towards

reforming its social protection system through its Social Welfare Development Strategy. Deinstitutionalization is one of the main goals of the reform process, which requires setting up a network of community-based social services, with corresponding standards to ensure quality of care. Positive trends have been observed since implementation of the plan; for example, the number of children without parental care in residential institutions has been reduced, with a corresponding increase in foster placements. The deinstitutionalization of children with disabilities, however, is still nascent.

To galvanize the reform process, the Ministry of Labour and Social Policy recently signed a memorandum of understanding with UNICEF. The four main strategic goals include transformation of all residential institutions for children; new standards of accountability for professionals for protection of child rights; inter-municipal, decentralized plans for community-based support services for families and children; and the establishment of specialized foster care for children with disabilities.

The Government of Serbia is making determined strides to promote and protect the rights of the child, despite emerging pressures from the global economic crisis. In addition to the reform of its social protection system, it is seeking to build a national child protection system that connects legislation, budgets, policies, programmes and research. A major challenge lies in implementing this inter-sectoral approach to ensure access to the continuum of services, protection and participation for all children, particularly those who are currently excluded due to discrimination, neglect and poverty.

See References, pages 90–92.

Child rights in Sweden

Whenever measures of social progress or human development are published, it is usual to find Sweden – along with its Nordic neighbours, Denmark, Finland, Iceland and Norway – close to the top. All five nations rank among the top 15 in the United Nations Development Programme's *Human Development Index 2008* (based on 2006 data), with Sweden in seventh place. The country ranked first in the Economist Intelligence Unit's *Democracy Index 2008* and third best in Transparency International's *Corruption Perceptions Index* for the same year.

Sweden's high level of social development reflects a democratic and stable political system and high standards of living. In 2006, GDP per capita, in purchasing power parity terms, stood at US\$34,000. A sound health-care system has reduced mortality rates at all levels to low rates. The latest UN inter-agency estimates show the under-five mortality rate for 2007 at 3 deaths per 1,000 live births and the lifetime risk of maternal mortality at 1 in 17,400. Education is universal at both the primary and secondary levels.

A strong supporter of the Convention while it was being drafted, Sweden was one of the first countries to ratify the treaty, on 29 June 1990, and has also ratified its two Optional Protocols. The country's focus on meeting children's needs and fulfilling their rights predates the Convention, however. Since the early 1970s, it has been actively committed to providing children with necessary care and support, especially in health and education, through innovative, well-resourced government policies and programmes. Abroad, the Swedish International Development Cooperation Agency has a long history of engagement and investment in child rights across the developing world.

Among the 30 member states of the Organisation for Economic Co-operation and Development, Sweden spends the most on the preschool child. And it was the only country of 25 with comparable data to achieve all 10 benchmarks for early childhood care and education in a 2008 study by UNICEF's Innocenti Research Centre.

One example of this attentiveness to child rights is the Swedish Government's Early Childhood Education and Care programme, which has been given high priority during recent decades and forms a cornerstone of family policy. Research has consistently shown the benefits of early childhood care, which is strongly advocated in General Comment No. 7 to the Convention. Pedagogic activities and stimulation form a strong foundation for development and learning and contribute to better educational outcomes in primary, secondary and tertiary levels – which in turn support higher average earnings and better living standards. To encourage such early childhood development, parents in Sweden have a right to take more than two years of temporary leave to care for infants and young children. In addition, the Early Childhood Education and Care programme helps working parents balance parenthood with work and studies.

This programme and other child-friendly initiatives are the responsibility of the Ministry of Health and Social Affairs, one of whose functions is to ensure that child rights are considered in all areas of government policy and public affairs affecting children and young people. To this end, in 1999 the Swedish Parliament adopted a national strategy for the implementation of the Convention. The objective of this approach is to foster respect for the principles that underpin the Convention; provide essential services, protection

and opportunities for development; protect children against harm and neglect; and encourage their participation in the community and throughout society.

To further protect child rights, the Government of Sweden has appointed a children's ombudsperson to represent the interests of children and young people and monitor compliance with the Convention at all levels of society. Each year, the ombudsperson submits a report to the Government on the situation of the country's children and young people, highlighting the opportunities and obstacles encountered in fulfilling their rights.

This firm framework for child rights is not without its challenges. Like other industrialized countries, Sweden is experiencing an increase in the number of children and young people who suffer from psychological distress and obesity. In its concluding observations to the country's fourth periodic report, presented in 2007, the Committee on the Rights of the Child expressed concern at the broad disparities among municipalities, counties and regions in the implementation of the Convention, and recommended that the Government strengthen measures to guarantee equal access and availability of services for all children, regardless of where they live. Sweden has also experienced significant immigration during recent decades and faces the task of ensuring that the rights of immigrant children are met. Strengthening mechanisms to address the rights of children belonging to vulnerable groups – including unaccompanied, refugee and asylum-seeking children – is a relatively new challenge, one that Sweden is well placed to confront, given its legacy of respect for and commitment to child rights.

See References, pages 90–92.