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Children Speak

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A Newsletter of the Organization for the Protection of Children's Rights

Message from the President

Having just returned from Kenya, where I took part in the 4th Pan-African Social Work Conference that was held on April 10-14, I was not surprised to discover that the root of the many problems besetting children and youth in Eastern Africa can be attributed to a lack of education – both in terms of access and quality.

Poverty and violence against children vary in form, scale and frequency from one continent or country to the other, but their systematic occurrence reflect the great need worldwide for a preventative, systemic and progressive education programme that would focus on: children's rights; global citizenship and its responsibilities; self-esteem; respect, tolerance and appreciation for all cultures, races, religions and people; conflict resolution and peace studies; responsible and positive joint-parenting; nutrition and health choices; discipline; and other areas of concern critical to the well-being of children, youth and their families. The OPCR has been advocating for the creation of such a programme and its integration into the school curriculum starting from pre-kindergarten to the end of high school for years now.

The fact is that, to my knowledge, nowhere in the world has a central government taken the initiative to implement in part or in whole such a curriculum – one that is designed to teach skills, behaviours and values that empower children and youth to become more than just qualified workers into

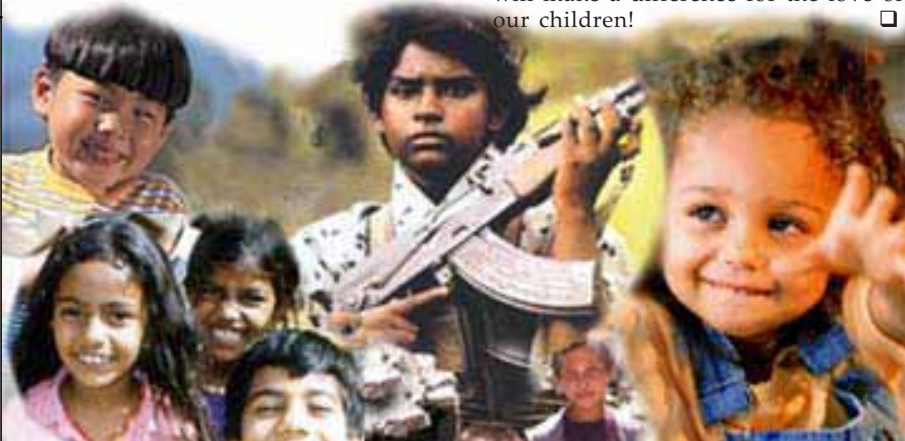
engaged citizens of the global society and agents of change in their own right.

But how can we expect children's rights to be promoted, respected and realized when these rights remain unknown to a majority, including children and youth themselves? If, for example, you were to conduct a survey in your country to establish the level of knowledge and support to the Convention on the Rights of the Child, what proportion of the population at large would even know that such a Convention exists and that your country has ratified it? This despite the fact that all state parties to the Convention are bound to make its principles and provisions widely known to adults and children alike (Art. 42) and that this obligation extends as well to their reports and the concluding observations of the Committee on the Rights of the Child (Art. 44.6).

This is why civil society organizations, NGOs, the private sector and individuals must take the initiative and work together to raise awareness about the Convention and its benefits and remind governments of their duties and obligations as signatories to the Convention. Together, we can and will make a difference for the love of our children! □



Riccardo Di Done



Earth Day 2005 : Children's Health & their Future

A week before International Earth Day, 22 April 2005, Carol Bellamy, Former Executive Director, United Nations Children's Fund (UNICEF), spoke on the state of Children's Health in India

Children in India, who represent one in five of the world's children, and children across the world, are better off than a decade ago. Globally, 400 million more children have access to safe drinking water and improved sanitation facilities and 25 million children have been saved due to immunization.

But for every child who now has access to a secure and healthy future, several remain marginalized and underserved by their governments and the global development community. At least one billion are under siege from desperate poverty, deprived of such basic tools of life as water, sanitation, education, nutrition, shelter and protection from exploitation. One quarter of all poor children have no protection against infectious disease. Fifteen million have been orphaned by HIV/AIDS and many more have seen their communities flounder as doctors, teachers and religious leaders are lost to the epidemic.

With 414 million children, India has a unique responsibility. The fate of these children will inevitably be a major factor in determining our collective future. The fate of the 26 million children born here annually will be as diverse as the nation itself. Out of every 100 children born, 35 of those births will be registered, 93 will make it to their first birthday, 59 will be fully immunised against the six basic childhood diseases, three will die of malnutrition, 47 will remain underweight, which will affect their performance throughout their



Mr. Harshavardan Patil, Minister of State for Women and Child Welfare, Government of Maharashtra inaugurates the Earth Day function on April 20, 2005 by lighting the traditional lamp. To his Right is Mr. Ram Maheshwary, Head Times Group, Mumbai. To his left is former Municipal Commissioner, Mumbai, Mr. V. Ranganathan and Secretary for Women and Child Welfare, Ms. Vandana Krishna

lives, and 25 will complete primary school.

Of all the assaults on the security of childhood, early death from an easily preventable cause is the most tragic. Over the last decade, child mortality has been in slow but steady decline, with global rates falling by 18% from 1990 figures. But the launch of the 2005 World Health Report on Maternal and Child Health on the occasion of World Health Day, reminds us that there are still 10 million children under five (two million of whom are in India) dying every year from common childhood diseases, unsafe water, unhygienic environments and inadequate diets, for want of a basic package of help.

In March 2005, a UNICEF co-authored paper published in *Lancet* detailed a handful of high-impact, strategic interventions that could prevent three out of four newborn deaths, saving three million lives per year. Support for exclusive breastfeeding or teaching a young mother to keep her baby warm, routine immunisation, in particular

measles immunisation, infant bed nets to protect against malaria, and zinc tablets and new oral rehydration salt formula in the management of diarrhoea — for a child born into a poor family, these low-cost, low-technology and innovative solutions can mean the difference between life and death. These specific health interventions, combined with a

social context in which girls as well as boys are educated, girls marry later, women enter their pregnancy healthy and equipped with the tools to raise families safely, can lead to breaking the intergenerational cycle of poverty and early death.

India stands poised to lead the world in realising child survival. An integrated approach to neonatal and childhood illnesses would ensure that every birth is attended by a skilled worker, and that mothers receive adequate information and support from their communities and health services on caring for themselves and their newborns, including routine immunisation and injection safety. This approach is operational with UNICEF support in 50 of India's most marginalised districts, covering over 90 million people. Strong partnerships between governments, development agencies and community leaders such as the Child Survival Partnership in which India has taken such a strong lead, can work. □

Armies of girls caught up in conflict

Jonathan Steele, *The Guardian*

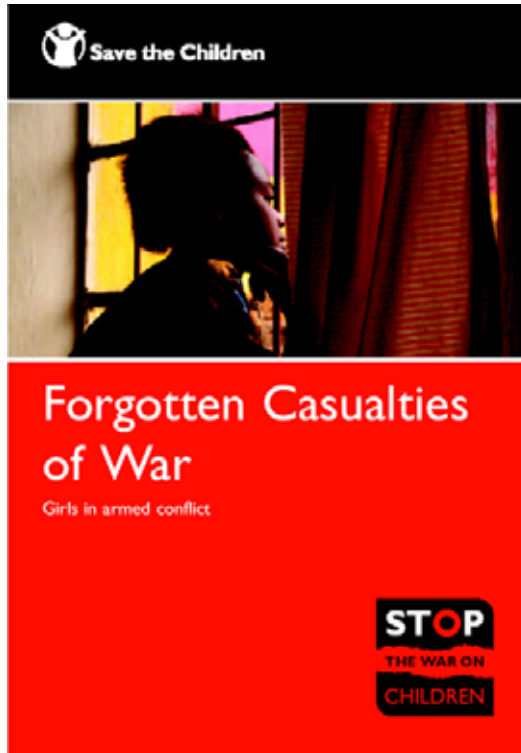
A hidden army of more than 120,000 girls is working or fighting with armed groups around the world, and international programmes to help them often fail or make things worse, Save the Children says in a report published on 25 April 2005.

Girls as young as eight are abducted and forced to live with armed groups. Some carry weapons, others serve as porters, cleaners and cooks. Almost all are forced to be sex slaves or "wives" of commanders, Save the Children says in the report, entitled *Forgotten Casualties of War: Girls in Armed Conflict*.

While the horror of child soldiers is well known, the report says the focus of international concern is usually on boys. But out of roughly 300,000 children estimated to be living with armed groups, about 40% are girls.

Disarmament, demobilisation and reintegration (DDR) programmes are usually initiated after a conflict by the UN and the World Bank but the report says they often ignore the special problems girls face. Their homecoming is often as depressing as their departure. They are ostracised by their family and community because of their "immoral" experiences. As a result, they are trapped between recrimination from the armed group if they leave and from the community if they return home.

A DDR programme's success is often measured by the number of weapons collected rather



than the successful reintegration of former combatants. Children's programmes are "invariably under-funded".

In Sierra Leone, more than 20,000 children were entitled to a DDR package, either money for a school uniform and three years of fees or a skills training course. At first, it was given to children who had spent one year with an armed group. As money dried up, it went to those with two years' experience and finally only to children who could show they knew how to dismantle and fire a gun.

In interviews, girls told Save the Children they were put off by the military orientation of the DDR process. It highlighted the fact that they had been in an armed group and increased the danger of being stigmatised by their community. Often the assistance packages are

nothing more than food, water, oil, plastic sheeting for shelter and a lift home or somewhere on the way home. Sometimes the package consists of a one-off payment, which commanders often demand the girls give to them.

Girls returning home may be seen as violent, unruly, dirty, or as promiscuous troublemakers. With no other means of supporting themselves, many are forced to turn to sex work, making them even more stigmatised and isolated. The report says girls identified a number of ways the international community could help better: through

mediation work with the community and family to explain they were coerced into joining the armed group; by creating networks to provide emotional support; and with help in starting new livelihoods.

The report describes the six-year conflict in the Democratic Republic of Congo as the deadliest war on the planet since the second world war, and the worst in Africa. From 1998 to 2004, approximately 3.8 million people died as a result of it. All the parties involved in the conflict recruited, abducted and used child soldiers. Children made up approximately 40% of some armed groups in the eastern DRC in 2003, with at least 30,000 taking an active part in combat.

Thousands more children, mostly girls, were attached to the armed groups to provide sexual and other services. □

(www.guardian.co.uk)

Are children's rights being forgotten?

March 2, 2005: The phrase "children are the future" has been repeated time and again by countless adults, but how is the future being protected by today's present?

The Northern Ireland Human Rights Commission is in the process of drafting a Bill



for ensuring that happens. Under the Bill of Rights children will have a remedy, they will even be able to go to court if they feel that rights granted by the Bill of Rights have not in fact been conferred upon them."

So what do the young people themselves think? Nicole Lynch and Terri

"I would have make it compulsory for adults to have to listen to us..."

- Terri McLaughlin, 14, Northern Ireland

of Rights for Northern Ireland with an entire section dedicated to children. However between the draft version in 2001 and the latest draft version in 2004 this section received a major overhaul, much to the disgust and fear of many children's rights groups.

Maria Herron is the Information and Policy worker with Derry Children's Commission. She says her organisation was completely taken back by the diluted 2004 draft of the children's section.

"In the original 2001 Bill of Rights there were 29 clauses in the Children's section. In the 2004 version of the bill of rights the number of clause's specified in the children's section has been reduced to 11. Many key provisions such as a child's right to protection have been watered down to such an extent that they now fall short of international standards. The 2004 version has removed the general principle found in Article 12 of the UNCRC that every child has the right to express his or her views freely in all matters concerning him or her. By not making a clear statement of a child's right to an opinion the rights and

wishes of adults will continue to take centre stage."

Brice Dixon, the Chief commissioner for the Northern Ireland Human Rights Commission, has defended the draft and believes there is nothing wrong with the current children's section.

"I can understand their concerns but I think that the children's sector is misinterpreting what was said in the second draft but that's because what is said in the second draft actually goes further than the first draft. We're proposing that the UN Convention on the Rights of the Child should be incorporated lock stock and barrel into the law of Northern Ireland, where as in the first draft we were just saying that some bits of the UN Convention on the Rights of the Child should be incorporated."

Mr Dixon also claims that the Bill of Rights will prove a useful tool for young people. "Policies will be devised to ensure that those young people get what they are entitled to, whereas at the moment there is no mechanism

McLaughlin are both 14 and live in Derry. They have looked both at the 2001 and 2004 versions of the children's section.

Terri says, "They are using all these big words and these

News & Insight

rights are supposed to be for children, so if children want to know their rights it needs to be in a language that they understand, so it would be hard to teach children their rights if they can't understand what they are reading".

Nicole does offer some solid advice for the adult population however.

"I wouldn't reduce their rights to an extent because I would try and resist the need to be spiteful. They are leaders in this world so reducing their rights is taking away what our world can be, but I would have made it compulsory for adults to have to listen to us, if that is possible, because if they did then our rights would not have been taken away so much". □

This story was produced by Rebecca Burns, 17. It was published by North West Telegraph and is available online at <http://www.childrens-express.org>

Rising Asthma: most common chronic ailment among children

According to the World Health Organization, nearly 100 to 150 million people worldwide suffer from asthma, a chronic lung condition that can develop at any age. Worldwide, the economic costs associated with the disease are estimated to exceed those of TB and HIV/AIDS combined. It affects approximately 7-10% of the pediatric population, and is the most common chronic respiratory disease of children.

Asthma affects children in varying degrees, from very mild (only during vigorous exercise) to very severe. Children with severe asthma may have symptoms every day that may cause some lifestyle restriction; in these children symptoms occur more easily and more

Canada, which include medical/nursing care and medication, are estimated at \$600 million per year. In 1994, the cost of hospitalization alone for asthma was \$135 million.

In the United States, between 17 to 20 million people are estimated to have asthma. Asthma rates in children under the age of five have increased more than 160% from 1980-1994. There are approximately 5,000 deaths from asthma annually. Direct health care costs for asthma in the United States total more than \$9.4 billion annually; indirect costs (lost productivity) add another \$4.6 billion for a total of \$14 billion. Inpatient hospital services represented the largest single direct medical expenditure,

over \$4 billion. More than

allergens which come mainly from use of carpet and other dust-catching upholstery, stuffed toys, presence of pet animals, lack of natural indoor ventilation and use of chemicals in the form of paints, pesticides and insecticides within the home. Exposure to tobacco smoke and chemical irritants are additional risk factors.

Incidentally, the rise of asthma coincides with the global rise of urbanization. Although vehicular pollution is not directly recognized as a cause of asthma, the high concentration of Sox and Nox in the air makes the lungs and upper respiratory tract susceptible to infection and in many cases, triggers asthmatic attacks. Most asthma deaths occur in urban areas. In 1985, 21 percent of asthma deaths among 5-34 year olds in the United States, occurred in New York City, New York, and Cook County, Illinois. South Bronx has the highest rates of asthma in the country.

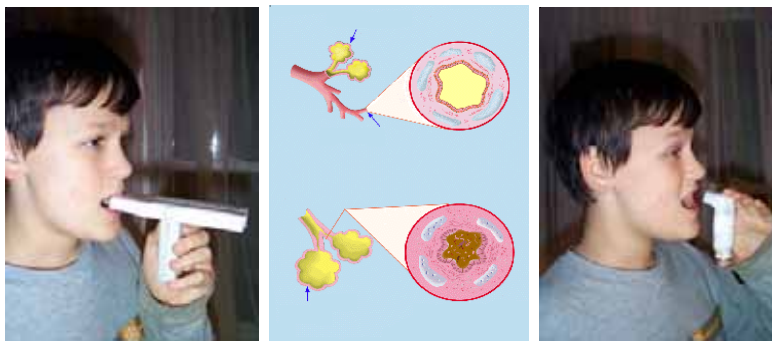
During an asthma attack, major changes that can take place in the lungs include:

- Cells in the air tubes make more mucus than normal. This mucus is very thick and sticky, and tends to clog up the tubes.
- Cells in the airways get inflamed, causing the air tubes to swell. The muscles around the air tubes tighten. These changes cause the air tubes to narrow which makes it hard to breathe.

Nearly one in five of all pediatric emergency room visits is asthma-related.

There is currently no cure for asthma. Most people with asthma are 'managed' by medication and by avoiding triggers. However, with adequate treatment most

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Picture shows a child using a peak flow meter (left) and an inhaler (right) Center: a normal bronchiole (top) and an infected bronchiole

frequently. Asthma affects twice as many boys as girls in childhood; more girls than boys develop asthma as teenagers, and in adulthood, the ratio becomes 1:1 males to females.

In Canada, approximately 20 children and 500 adults die each year from asthma, where it is the leading cause of absenteeism in school and third leading cause of work loss. Direct costs of asthma in

14 million school days are missed annually due to asthma. The value of reduced productivity due to loss of school days represented the largest single indirect cost related to asthma, approaching \$1.5 billion

The disturbing fact is that asthma incidences worldwide have increased by nearly 50% in a decade. Its causes are identified as exposure, particularly during infancy, to indoor pollutants, dust and

Continued on Page 6

6 May is World Asthma Day

World Asthma Day is organized by the Global Initiative for Asthma (GINA) in collaboration with health care groups and asthma educators to raise awareness about asthma and improve asthma care throughout the world.

Each year GINA chooses a theme and organizes the preparation and distribution of World Asthma Day materials and resources. World Asthma Day activities are organized in each country by health care professionals, educators, and members of

the public who want to help reduce the burden of asthma.

The first World Asthma Day, in 1998, was celebrated in more than 35 countries in conjunction with the first World Asthma Meeting held in Barcelona, Spain. Participation has increased with each World Asthma Day held since then, and the day has become one of the world's most important asthma awareness and education events.

The theme of World Asthma Day 2005 will be "The

Unmet Needs of Asthma." The GINA Executive Committee has chosen this theme to call the attention of doctors and patients alike to the need for better asthma treatment and control.

This theme builds on last year's World Asthma Day theme of "The Burden of Asthma." By recognizing and meeting the unmet needs of asthma, we can begin to reduce the burden of this disease.

For organizing Asthma Day Events
<http://www.ginasthma.com>

Continued from Page 5

Rising Asthma: most common chronic ailment among children

deaths from asthma can be prevented. Approximately one quarter of asthmatic children have their symptoms disappear, as they grow older. For some children their symptoms will worsen. Children need to be taught to accept their condition and avoid exposure to allergens by learning to recognize those that trigger asthmatic attacks. They need to understand that

if they participate in their own care and cooperate with their physicians, they can live healthy, productive lives, just like anyone else. □

References:

- www.niehs.nih.gov/oc/factsheets/asthma.htm
- <http://www.lung.ca/asthma/facts.html>
- http://www.asthmafriendly.com/asthma_and_allergy/

<http://www.childasthma.com/about.html>

- Asthmatic Society of Canada
- National Center for Health Statistics, Centers for Disease Control and Prevention
- National Institute of Allergy and Infectious Disease
- American Lung Association. Epidemiology and Statistics Unit, Best Practices and Program Services.
- Surveillance for Asthma – United States, 1960-1995



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