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**Strategies for children for the 1990's; Executive Directive from James P. Grant, Executive Director. (CF/EXD/1988-2919)**

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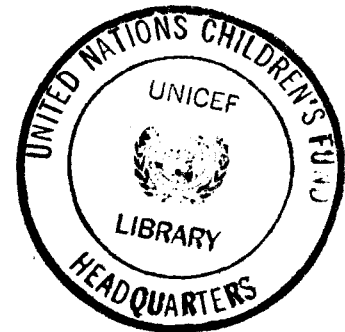


5-705-276  
CF/EXD/1988-2919  
13 June 1988

To: Regional Directors  
Divisional Directors  
Representatives  
Assistant Representatives

From: James P. Grant *JPG.*  
Executive Director

Subject: Strategies for Children for the 1990's



The 1988 Executive Board approved several resolutions which bear on the subject of strategies for children for the coming decade and goals for UNICEF towards the year 2000. The Board also approved the Medium-Term Plan for the period leading up to the year 1991, including the four basic goals to guide UNICEF's work and country programmes during this period (see para. 7, page 5 of E/ICEF/1988/3). This same paragraph of the Medium-Term Plan also notes that UNICEF "will need to begin a careful assessment of its goals for the 1990's". The purpose of this memorandum is to initiate this process.

The Executive Board resolution most directly relevant to this subject is entitled "Strategy for Children", and a copy is enclosed. (Attachment I). There are two principal action requirements following from this resolution: (1) UNICEF is called upon to present to the 1989 Board session "a report on the goals, targets and elements of a global strategy for the well-being of children as an essential part of overall development"; and (2) UNICEF is requested to "work with countries and Governments directly and at regional or subregional level, to help initiate a process of exploration and discussion leading to the formulation of relevant goals for the survival, protection and development of children".

There was also a proposal that regional working groups be formed to assist with the development of a global strategy which would help take into account broad regional variations of conditions and opportunities affecting children. Some donors may be willing to provide special financial support to UNICEF for the work of these regional working groups and for technical meetings. We are now exploring these prospects and hope to have additional information for you within the next few weeks.

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In formulating strategies and goals for the 1990's, it will be important to encourage assessments of past progress towards achieving existing goals for children. Another resolution of the 1988 Board, copy attached (Attachment II), which deals with the observance of the tenth anniversary of the International Year of the Child, invites Governments to assess achievements during the past decade in relation to the goals which may have been established nationally during IYC. It further urges Governments to ensure "that long-term strategies, within the framework of national development plans, set clear objectives for the overall improvement of the situation of children, including the achievement of the goal to halve the child mortality rates of 1980 by the year 2000, or to reduce them to 70 per 1,000 live births, whichever achieves the greater reduction".

Following the Board meeting, we initiated both formal and informal consultations with Regional Directors and others taking part in the Post Board meetings, regarding the next steps which are required by way of follow-up to these Board decisions. Since the schedule for the preparation of the report to be presented to the 1989 Board is very tight, we reached the decision that the Planning Office should take the lead in preparing a basic draft for this paper. The draft will cover both a first overview of goals and basic elements of strategy and an outline of the process of refining and adapting them during 1989-90 in relation to country, sub-regional and regional situations and to the other parts of the national and international process of planning and strategy making which will be underway in different areas of the world.

To keep the different parts of UNICEF together as this process proceeds, we are also proposing to establish a high-level Working Group, including members from each of our Regions as well as from several Headquarters Divisions. Originally we had hoped that it might be possible for this Group to have its first meeting sometime in July. We are now exploring several alternative dates between July and September. One of the principal purposes of this first meeting would be to reach an agreement on the broad outline of a planning process and workplan to guide this entire effort, especially over the coming 20-22 months leading up to the 1990 Board. We will need nominations of at least one participant from each Regional Director as soon as possible following receipt of this memo. If Regional Directors themselves wish to participate in this first meeting, they should feel free to include a second staff member who may be closely involved in the follow-through for this process. In any event, one participant from each region should have the responsibility to obtain and synthesize contributions of country offices.

Whatever process is finally agreed upon for the longer period leading to the 1990 Board, we will need to ensure that inputs from the field offices for the 1989 Board paper reach New York by early October. In doing so, we should be sure to take full advantage of the substantial work which has already been accomplished in many countries both through situation analyses and country programme recommendations, especially for recent Board submissions.

In responding to this request for regional inputs for the 1989 Board paper, I would request that country and regional offices consider the extent to which the goals recommended in the recently approved "Talloires Declaration", copy enclosed (Attachment III) of the "Bellagio Task Force on Child Survival and Development" may serve as the basis for initial consultations with Governments regarding their goals and targets for children for the coming decade. As you know, these goals were also endorsed at the recent summit conference in Addis Ababa of the Organization of African Unity (OAU). It would also be helpful to have your feedback on the extent to which you expect the Draft Convention on the Rights of the Child to be useful in connection with the goal-setting process and suggestions you may have for enhancing the usefulness of this important opportunity. Contributions towards goal-setting going beyond Talloires or the Draft Convention are also welcome, particularly if further elaboration in the fields of education, nutrition and water supply and sanitation is found necessary.

Fortunately, we can proceed according to a schedule allowing for more thorough internal and external consultation and analysis in 1988 and 1989, leading to the global strategy paper for the 1990 Board, as well as to other actions in 1990 and 1991 concerning implementation strategies for children responding to the differing needs of children in different countries and regions, as well as among different regions within countries. Accordingly, I am also suggesting that the next round of Representatives Meetings or other regional consultations include an initial discussion of appropriate steps and medium-term planning processes for each Region. This should include a discussion of the usefulness of holding some form of regional and sub-regional meeting for government officials and other leaders on goals and child strategies for the 1990s. This may involve a small task force to plan and prepare such a meeting. The SAARC meeting of 1986 may provide something of a model, and I enclose a report (Attachment IV). I am requesting that each Regional Director present a proposed regional strategy and workplan for the 1989-90 period, for "goals and child strategies for the 1990's", at the time of the November 1988 Regional Directors meeting in New York. In doing so, please consider if regional configurations other than the UNICEF regional structure, as in the case of SAARC, for example, may be necessary.

As a final enclosure, I am including a very preliminary schedule of some of the key elements and dates we will need to keep in mind as we proceed in our work on strategies and goals for the 1990's (Attachment V). We should reach agreement on a "final" schedule by no later than September.

In a telex sent on 24 May to Regional Directors, I requested that this general subject of goals and strategies for the 1990's be discussed at the recent and forthcoming Representatives meetings (or in other consultations which need to be held during the next month or so). General reactions or specific ideas and suggestions which emerge from these preliminary meetings should be sent to the Director of Planning Office at UNICEF Headquarters with copy to the Geographic Section.

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E/ICEF/1988/CRP.17  
27 April 1988

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND  
Executive Board  
1988 session

DRAFT RECOMMENDATION SUBMITTED TO THE EXECUTIVE BOARD  
BY THE CHAIRPERSON OF THE DRAFTING SESSION ON  
DOCUMENT E/ICEF/1988/WP.1/Rev.1

STRATEGY FOR CHILDREN

- Agenda item 3: General debate (Plenary meeting)  
Agenda item 2: Major policy review papers (Programme Committee)

The UNICEF Executive Board.

Considering that the development of the child is closely linked to the overall social, cultural and economic development of its society and, in turn, that there is no real development of the society if the needs of a vital section of that society - its children - are not met,

Aware of the gravity of the problems large numbers of mothers, families and children face today and which are likely to grow in importance in the coming years, unless social and economic changes are taken on a much larger scale than at present envisaged,

Recalling the two roles of UNICEF - its advocacy role for a better understanding by all concerned of the needs of children and its role to support countries in their efforts and to enable them to satisfy these needs on their own.

1. Requests the Executive Director to prepare, within the resources in existing budgets of UNICEF for consideration by the Executive Board at its 1989 session, a report on the goals, targets and elements of a global strategy for the well-being of children as an essential part of overall development. This strategy would also provide guidelines for UNICEF input into the construction of development goals for the year 2000 and of an international development strategy for the 1990s, the Fourth United Nations Development Decade, provided it is adopted by the United Nations General Assembly;

2. Further requests UNICEF to work with countries and Governments directly and at regional or subregional level, to help initiate a process of exploration and discussion leading to the formulation of relevant goals for the survival, protection and development of children;

3. Considers that the strategy for children should seek to address the children's basic needs, the main problems and risks which the children as well as their mothers and families will have to face in the various societies and their causes, and finally to strengthen the capabilities of the countries to control these problems on their own. The strategy would give special attention to the children and households most at risk and to the special needs of the least developed and poorest countries and to the ways and means in which international assistance can best support the efforts to overcome their difficulties;

4. Recommends that the final stage of this process be the adoption in 1990 by the UNICEF Executive Board of both the global strategy for children and, in relation to this, a UNICEF operational strategy for the 1990s. The global strategy for children is intended to promote the development or improvement, by the countries concerned, of national and regional strategies for children;

5. Recommends that both the global and UNICEF strategies, if approved by the Board, be integrated in country programming and the medium-term plan, which remain the basic instruments of UNICEF, as underlined in decision 1987/17.

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E/ICEF/1988/CRP.19  
27 April 1988

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND  
Executive Board  
1988 session

DRAFT RECOMMENDATION SUBMITTED TO THE EXECUTIVE BOARD BY THE  
CHAIRPERSON OF THE DRAFTING SESSION ON DOCUMENT E/ICEF/1988/WP.5/Rev.1

Observance of the tenth anniversary of the  
International Year of the Child

The Executive Board,

Recalling General Assembly resolution 31/169 of 21 December 1976  
establishing the International Year of the Child and identifying its goals as  
advocacy and action,

Recalling also General Assembly resolution A/34/4 of 18 October 1979  
designating UNICEF as the lead agency of the United Nations system responsible  
for co-ordinating the development aspects of the follow-up activities of the  
Year,

Mindful that General Assembly resolution A/34/4 emphasized "the vital  
link between programmes benefiting children and the observance of their rights  
and the more comprehensive framework of overall economic and social  
development in conditions of peace",

Noting with appreciation the assurance given by the Non-Governmental  
Organizations Committee on UNICEF of its full support for commemorating 1989,  
the tenth anniversary of the International Year of the Child, as a year of  
specific concern for children,

1. Invites Governments, in accordance with their own country  
situations, to observe 1989 as the tenth anniversary of the International Year  
of the Child by:

(a) Assessing achievements during the past decade in relation to the  
goals established nationally during the International Year of the Child,  
especially in the work towards the finalization of the draft Convention on the  
Rights of the Child to be considered for adoption by the General Assembly at  
its forty-fourth session;

(b) Ensuring that long-term strategies, within the framework of  
national development plans, set clear objectives for the overall improvement  
of the situation of children, including the achievement of the goal to halve  
the global child mortality rates of 1980 by the year 2000, or to reduce them  
to <sup>150</sup> 70 per 1,000 live births, whichever is less;

2. Requests the Executive Director to co-operate with Governments in the attainment of the above objectives through existing country programmes of co-operation and through the secretariat's advocacy mechanisms;

3. Further requests the Executive Director to co-operate with National Committees for UNICEF and the non-governmental community, as appropriate, in the attainment of objectives for the improvement of the situation of children.

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# DECLARATION OF TALLOIRES

12 March 1988 - Talloires, France

Remarkable health progress has been achieved during the past decade. Global recognition that healthy children and healthy families are essential for human and national development is steadily increasing. Consensus has been reached on the strategy for providing essential community primary health programmes. The international community has become engaged in partnership with national governments in the creation of successful global programmes, ensuring the availability of financial support and appropriate technologies. These include:

immunization programmes, which now protect more than 50% of infants in developing countries with polio or DPT vaccines, preventing some 200,000 children from becoming paralyzed with polio and over a million children from dying each year from measles, whooping cough, or neonatal tetanus;

diarrhoeal diseases control programmes which now make life-saving fluids (particularly oral rehydration salts) available for 60% of the developing world population, the use of which may be preventing as many as 1 million deaths annually from diarrhoea;

initiatives to control respiratory infections which hold promise in the years ahead of averting many of the 3 million childhood deaths from acute respiratory infections each year in developing countries not prevented currently by immunization;

safe motherhood and family planning programmes which are so important in protecting the well-being of families.

Progress to date demonstrates that resources can be mobilized and that rapid and effective action can be taken to combat dangerous threats to the health of children and mothers, particularly in developing countries.

This progress is the result of:

enthusiastic world-wide agreement for the development of health strategies based on primary health care;

the commitment of national governments, multi- and bilateral development agencies, non-governmental organizations, private and voluntary groups and people in all walks of life to give priority to these programmes;

co-ordinated action by the sponsors of the Task Force for Child Survival: UNICEF, the World Bank, UNDP, WHO and the Rockefeller Foundation.

We, The Task Force For Child Survival, conveners of the meeting "Protecting the World's Children - An Agenda for the 1990s" in Talloires, France on 10-12 March 1988:

1. EXPRESS appreciation and admiration for the efforts made by the developing countries to reduce infant and child deaths through primary health care and child survival actions.

2. COMMIT OURSELVES to pursue and expand these initiatives in the 1990s.

3. URGE national governments, multi- and bilateral development agencies, United Nations agencies, non-governmental organizations and private and voluntary groups to commit themselves to:

increase national resources from both developing and industrialized countries devoted to health in the context of overall development and self-reliance;

improve women's health and education, recognizing the importance for women themselves, recognizing women's contribution to national development and recognizing that mothers are by far the most important primary health care workers;

accelerate progress to achieve Universal Childhood Immunization by 1990 and to sustain it thereafter;

accelerate progress to eliminate or markedly reduce as public health problems the other main preventable causes of child and maternal mortality and morbidity, striving to reach sustained universal coverage of children and mothers by the year 2000;

assure the development of new vaccines and technologies and their application, particularly in developing countries, as they become appropriate for public health use;

promote expanded coverage of water supply and sanitation;

/....

pursue research and development, including technology transfer, in support of the above actions.

4. SUGGEST that the following be considered by national and international bodies as targets to be achieved by the year 2000:

the global eradication of polio;

the virtual elimination of neonatal tetanus deaths;

a 90% reduction of measles cases and a 95% reduction in measles deaths compared to pre-immunization levels;

a 70% reduction in the 7.4 million annual deaths due to diarrhoea in children under the age of 5 years which would occur in the year 2000 in the absence of oral rehydration therapy, and a 25% reduction in the diarrhoea incidence rate;

a 25% reduction in case/fatality rates associated with acute respiratory infection in children under 5 years;

reduction of infant and under five child mortality rates in all countries by at least half (1980-2000), or to 50 and 70 respectively per 1000 live births, whichever achieves the greater reduction;

a 50% reduction in current maternal mortality rates.

Achievement of these targets would result in the avoidance of tens of millions of child deaths and disabilities by the year 2000, as well as a balanced population growth as parents become more confident their children will survive and develop. The eradication of poliomyelitis would, with the eradication of smallpox, represent a fitting gift from the 20th to the 21st centuries.

5. DRAW world attention to the potential for enlarging upon the successes outlined above to encompass low cost, effective initiatives to:

improve the quality and coverage of educational services to obtain universal primary education and 80% female literacy, and

virtual elimination of severe malnutrition of under five children while also significantly reducing moderate and mild malnutrition in each country.

6. WELCOME the progress being made in drafting the Convention on Rights of the Child and join the United Nations General Assembly in urging completion of the Convention in 1989, the 10th anniversary of the International Year of the Child.

We are convinced that vigorous pursuit of these initiatives aimed at protecting the world's children will ensure that children and mothers - indeed whole families - will benefit from the best of available health technologies, making an essential contribution to human and national development and to the attainment of Health For All By The Year 2000.



The Task Force For  
Child Survival

PROTECTING THE  
WORLD'S CHILDREN:  
AN AGENDA FOR THE 1990's

March 10-12, 1988



SAARC Conference on  
South Asian  
CHILDREN  
in cooperation with UNICEF  
New Delhi, 27-29 October 1986



CONFERENCE REPORT  
**CHILDREN FIRST**

**Conference Report:  
CHILDREN FIRST**

SAARC CONFERENCE  
ON SOUTH ASIAN  
CHILDREN  
IN CO-OPERATION  
WITH UNICEF

Participating Countries:  
BANGLADESH  
BHUTAN  
INDIA  
MALDIVES  
NEPAL  
PAKISTAN  
SRI LANKA

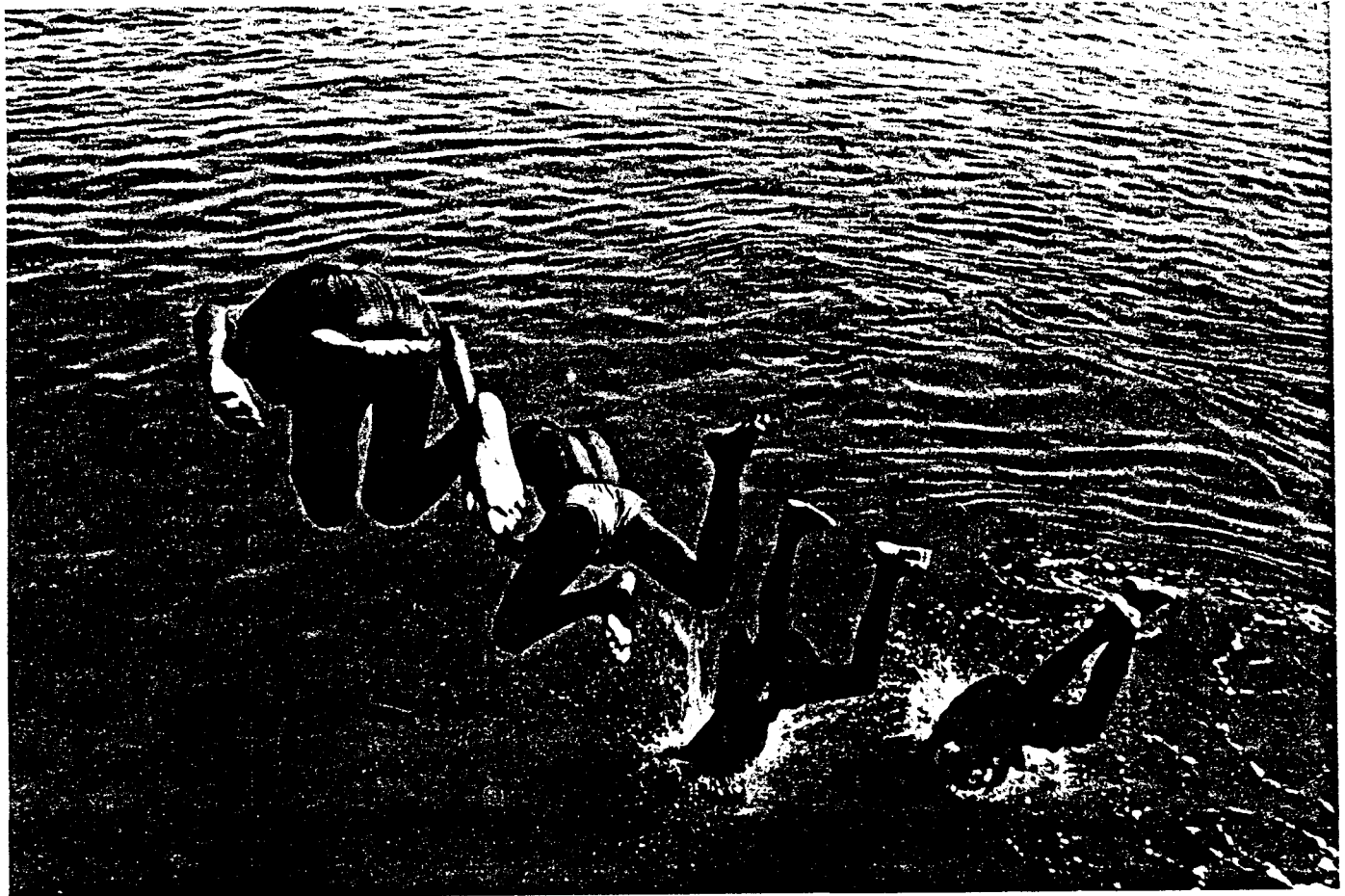
New Delhi  
27-29 October 1986



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# Report of the SAARC Conference on South Asian Children

New Delhi, 27–29 October 1986

The purpose of the Conference is twofold: to elevate the priority for development of children in public consciousness as well as in development planning; and second, to stimulate mutual cooperation among the SAARC countries in directions relevant to basic human development.

The report of the Conference consists of three parts:

- An APPEAL to the second SAARC Summit
- Background
- Recommendations

## A. An APPEAL to the Second SAARC Summit

This Conference believes that a SAARC COVENANT ON CHILDREN as outlined herein would represent a historic initiative by the political leadership of SAARC contributing in substantial measure to the development of children in the region and thereby to mutual cooperation, collective self-reliance, peace and goodwill among the SAARC countries. In the name of children, the Conference appeals to the heads of state and government of the SAARC countries to consider and include in a declaration of the Summit, a SAARC COVENANT ON CHILDREN based on the following elements:

- Meeting the needs of all children is the principal means of basic human development. Children are therefore the highest priority in national development planning.
- The aim can be achieved only by enhancing public consciousness and by building a national political consensus on the rights of the child.
- The priority for children will be infused in national policies in an inter-linked manner. Each government will evolve a unified national plan to meet the needs of the *whole child* and of *all children*, across the technical and functional sectors of education, nutrition, health, sanitation and communication.
- Based on these national plans, a set of time-bound regional objectives and goals will be discussed and agreed to among the governments of SAARC countries.
- For example, it is expected that universal immunization, a drastic reduction in diarrhoeal deaths by using oral rehydration therapy and iodination of edible salt will be achieved by 1990.
- There are aspects of children's development which can be fulfilled before the year 2000: such as, universal primary

- education, maternal and child nutrition, early childhood stimulation, safe drinking water and adequate shelter.
- The pivotal role in the process of human resource development belongs to the father and the mother, the family and the community to whom the coordinated services of government agencies, professional groups and voluntary organizations will be steadily channelled. The role of communication is crucial as the survival and development of children hinge on the parents' access to knowledge of what is good for their children.
- There will be periodic reviews of the situation of children in the SAARC countries, monitoring of programmes and exchange of experiences.
- An appropriate trans-sectoral SAARC mechanism will be evolved to enable the situation of children in the region to be reported to the Summit.
- It should be possible to ensure at the end of this century, that no child need die or be denied development for reasons of material poverty in the family.

## B. BACKGROUND

1. As a result of informal consultations among the SAARC countries and UNICEF in each of the countries, the following proposals were made in a Paper: **Children in South Asia, A Development Priority:**

- (a) Enhanced political priority for children in national development planning for meeting, across functional or technical sectors, the basic needs of the **whole child** and of **all children**.
- (b) Discussion and agreement among the countries on a set of objectives and goals for improving the condition of children in the region.
- (c) Stimulating a process of annual review of the situation of children in the region, monitoring programmes for them and exchange of experiences on their development, by making the subject a regular item on the agenda of the SAARC Summit meeting.
- (d) A South Asian Conference on Children, during 1986—under SAARC auspices, and supported as required by the United Nations Children's Fund—to discuss processes that can promote child survival and development and make practical proposals for achieving (a) above, nationally and through regional cooperation.

2. At its sixth session in Dhaka on 11 August 1986, the SAARC Standing Committee authorized India to host a Conference on South Asian Children in New Delhi before the second SAARC Summit. The SAARC Council of Ministers at its first session in Dhaka on 12–13 August 1986 endorsed the proposal to convene the Conference with the assistance of UNICEF.

3. In pursuance of the decision of the SAARC Council of Ministers, the Government of India invited the other member countries to the Conference. The Ministry of Human Resource Development, Government of India, coordinated the Conference which was organized under SAARC auspices in cooperation with UNICEF from 27–29 October 1986 in New Delhi. Two hundred and sixtyone participants from all the SAARC countries attended the Conference. Their names are given in Annex A. The Conference agenda is at Annex B. The delegations from the countries were led by ministers responsible for various sectors of development. The participants represented a range of disciplines and fields of activity like education, health, nutrition, sanitation, water supply, other social support services and development planning. There was a substantial participation of development workers from the non-government organizations as well. The participants were joined by their interest and experience in basic human development.

4. The participants shared the common concern that the situation of children in SAARC countries called for an urgent reappraisal of responses to it. For example, of some 34 million children born each year in the region, around four million do not survive their first birthday. Another two million die before they reach five years. And not all those who survive grow up into healthy, productive adults. Beneath this trend is a complex of allied factors related to poverty, such as malnutrition, ill-health and illiteracy particularly of mothers, common childhood diseases and various forms of child exploitation. While problems facing children differ among countries and communities in the region, they often stem from causes of similar origin and lend themselves to mutually supportive approaches towards durable solutions.

5. Seven Country Reviews of the Situation of Children, one for each SAARC member country, were considered by the Conference. These were prepared by teams from each country with access to relevant information. In addition, an 'Overview of the Situation of Children in South Asia' was prepared by UNICEF. These eight documents formed basic references for discussion. Also, 38 Conference Papers were prepared by authors from the SAARC countries on topics relevant to development of children (list at Annex C). Drawing upon the analyses in the Country Reviews, the Regional Overview and the Conference Papers, key issues were identified to focus discussion towards practical recommendations.

6. The message from the SAARC Chairman, President H.M. Ershad which was read out at the Conference, the addresses at the inaugural session, and the statements by the leaders of delegations are at Annex D.

7. There were seven conference themes, each taken up by a Working Group drawn from the seven member countries. Each Working Group had a chairperson, a vice chairperson and two rapporteurs.

#### **Working Group 1: Public Policies for Child Development**

Policy perspectives, social values and human rights in

relation to the child; access to services; the child in development planning.

#### **Working Group 2: Physical Environment**

Life support systems, drinking water, sanitation, shelter

#### **Working Group 3: Social Environment**

Children in difficult circumstances, urban slums, child labour, child abuse.

#### **Working Group 4: Access to Food**

Food availability, distribution, consumption.

#### **Working Group 5: Nutrition and Child Growth**

Maternal nutrition, infant feeding, iron, iodine and vitamin A deficiencies.

#### **Working Group 6: Child Survival and Maternal Health**

Priorities: Immunization; diarrhoea management, respiratory infections, parasites, mother and child in the primary health care approach.

#### **Working Group 7: Learning Opportunities**

Preparation for school, primary education, learning for mothers.

8. Seven Working Groups were invited to focus on specified issues in a trans-sectoral perspective of the **whole child** and in a context of inter-country cooperation and collective self-reliance. The discussion was designed to cover a range of issues relevant to child survival and development—from policies and priorities, through the fields of environment, nutrition, health and education, to strategies and structures for basic services. Concerns related to social communication, the crucial role of women and service delivery were clearly reflected in each of the Working Groups.

9. The report of the Conference was prepared by a Drafting Committee of seven drawn from the seven member countries, and adopted by the concluding plenary session.

10. The list of Officers of the Conference and the Working Groups and members of the Drafting Committee is at Annex E. The reports of the Working Groups are at Annex F.



## C. RECOMMENDATIONS

### *Principles and Public Policies*

#### 1. Children First

The principle of CHILDREN FIRST needs to be imbibed by the development process through enhanced community consciousness, appropriate public policies and national planning.

#### 2. Trans-sectoral Approach

Policies and programmes for the development of children have to outgrow the conventional compartmental approach and form an integrated strategy.

#### 3. Concurrent Services

The adverse situation of children in the SAARC region is largely caused by ignorance and poverty manifesting themselves in low birth weight, malnutrition, ill-health, growth retardation, slow-learning, low productivity, low earning capacity, and unemployment. Therefore, the response too has to be an inter-related cluster of sustained interventions focused on the mother-child life-cycle: for example, girls' education; enhanced status of women; improved social and physical environment; food supplements; income opportunity; social support to saving time and energy; preparation for parenthood; birth spacing; care at birth; maternal care; breastfeeding; proper weaning and supplementary feeding; immunization against childhood diseases; management of diarrhoeal and respiratory illnesses; growth monitoring; and early childhood stimulation. Many of these concerns are easier, faster and more durably promoted together than separately.

#### 4. Community Basis

The basic strategy for organizing services for children has to be rooted in the community. The State needs to recognize and value the community's processes and build on them through a decentralized design of social support services responsive to area-specific and people-specific needs with optimal use of local resources.

#### 5. Voluntary Action

All the countries in the region accord a substantial role to voluntary organizations in the context of development of children. It would help the development process if criteria are established for a viable partnership between government and non-government agencies, particularly at the community level.

#### 6. Planning

The national planning for economic and social development should aim at meeting the multiple needs of children. This requires a strong political direction for increased investments in children, more efficient application of resources, decentralized delivery mechanisms, use of available low-cost technological and organizational options, including the informal sectors. The

response of governments to reduced resources on account of adverse economic factors should take into account its social impact on children, particularly from low income groups, in order to ensure that services for them do not fall below the essential level.

#### 7. Social Communication

A favourable climate for the development of the child should be created by disseminating information related to the survival, development and protection of children, meaningfully, widely and rapidly. Community resources and community organizations in the region should be used more effectively, and strengthened, in both the traditional and modern sectors.

#### 8. Food Security

Member countries should coordinate their food and agricultural policies to ensure access to adequate food for all people in the region.

#### 9. Cooperation for Self-reliance

Member countries should initiate measures towards regional self-reliance in child-related areas like production of essential drugs and vaccines, sharing of technology and experience and collaborative research.

#### 10. Rights of the Child

The SAARC countries should provide support for an early conclusion of the Convention on the Rights of the Child at the United Nations Human Rights Commission.

#### 11. Collaboration for Peace

Successful action for children can be achieved only in an environment of peace in the region. Member governments should promote mutual understanding, reduce spending on armament and increase investment in child development.





### The adolescent girl

3. A focus for enriching the mother-child life-cycle is the mother-to-be, the adolescent girl. Up to a third or so of all children born in the SAARC countries have a birth-weight below 2500 grams. Priority for the nutrition, health and development of the adolescent girl is imperative for her to become a healthy mother capable of delivering a healthy baby.

4. Special attention needs to be focused, nationally and collectively, on rapidly raising the educational status of girls. Examples from within the region show that this is feasible and sustainable and has positive impact on human and other development.

5. The adolescent girl should be enabled to avail of learning opportunities, specially for the development of a self-image. Her burden of child care and domestic work should be reduced by providing supportive services and facilities. It is important that special education programmes are directed to adolescent girls to include not only health and nutrition education but also vocational training. This can prove to be of immense help in equipping them for the future and will also improve their economic status and decision making role in the family.

### Enriching the Mother-Child Life-cycle

#### The female child

1. An improvement in the mother-child life-cycle should begin with the girl child. The neglect and discrimination she is subjected to are extensive. This bias is rooted in a complex set of social, cultural and historical factors. It expresses itself from birth, and with recent advances in determining the sex of a foetus, even before birth. The male-to-female ratio is adverse in many parts of the region, which is reflected in female infant mortality. The degree of bias may vary but it exists at various levels, in rural and urban areas, inside and outside homes, at different stages in the girl's life, affecting her nutrition, health, education, social status and economic position.

2. The response to this situation should include a major effort to educate the parents and the community to accept boys and girls as equals. This process should reach all strata of society and not be confined to low income groups.



## Conception to birth

6. The mother and child must be seen as one, for purposes of shaping policies, strategies and service delivery structures.
7. The relevance of child survival to limiting family size needs to be widely propagated, within a design that brings together birth spacing and maternal and child health into a single programme. It is significant that notwithstanding low per capita incomes, the region has examples of success in bringing down infant mortality and birth rates through a combination of educational and health services.
8. The response to extensive iron-deficiency anaemia, particularly during pregnancy, could be consumption of iron-rich natural foods and iron tablets for vulnerable groups like pregnant women and growing children. The ongoing efforts to establish and expand safe and effective ways to fortify edible salt and food items like flour should be strengthened on a country-specific basis. Methods of moving ahead in all these directions could be considered for mutual cooperation among the countries.
9. The impact of endemic iodine deficiency during pregnancy and after birth on child growth and learning capacity is well known. On the strength of experience in the region, it should be possible to iodinate edible salt within the next five years. The modalities could be worked out in mutual consultation and support among member countries.
10. A two-fold response to widespread vitamin A deficiency during pregnancy, infancy and early childhood is indicated: the consumption of natural foods containing vitamin A, and vitamin A supplements for young children. The production of appropriate natural foods and production and supply of vitamin A could be stepped up in mutual collaboration among the countries.
11. Only a small proportion of pregnant women is immunized against tetanus. Neonatal tetanus is a major cause of infant death in the region. As part of a comprehensive programme on immunization, necessary steps need to be taken to provide access for all pregnant women to immunization by the end of the decade.
12. An overwhelming majority of the 34 million births a year are not attended by trained persons, despite progress made in deploying public health workers and birth attendants. This situation contributes heavily to unacceptable levels of maternal and infant morbidity and mortality. A critical reappraisal and restructuring of maternal and child health services are called for. Environmental and personal hygiene, faster expansion of training of traditional birth attendants and health and nutrition education for mothers are imperative.

## Infancy

13. The SAARC countries are committed to accomplishing universal immunization of children and pregnant mothers by 1990 and sustaining it thereafter. The foundations have been laid. Plans are under implementation. Lessons are being gathered from a variety of environments. Experiences could be shared, and constraints identified and resolved. Ways of accelerating the process could be agreed upon in terms of awareness, training, supplies and technical support.
14. The SAARC countries should at least halve the number infant and child deaths due to diarrhoeal dehydration, by 1990,



acting in concert to propagate oral rehydration therapy at the household level, transferring knowledge related to home-made fluids, stepping up indigenous production and distribution of oral rehydration salts and promoting awareness of the correct use of this therapy. As part of the communication process, knowledge on prevention of diarrhoea, through safe water and personal hygiene, as well as knowledge related to the management of diarrhoea, has to be disseminated through complementary channels in a sustained manner.

15. Acute respiratory infections are a major threat to infant and child life in the region. The member countries should accord high priority to the control of acute respiratory infections in national programmes, taking into account the reported success of effective early treatment through community level workers.
16. The SAARC countries could implement by a stipulated date the principles of the International Code on Marketing of Breastmilk Substitutes and follow up with appropriate regulatory and educational methods to protect and promote breastfeeding.

17. Malnutrition of infants and young children in the region is a consequence of material poverty and related to delayed weaning and inadequate foods. The main response will have to be an educational and demonstration effort to encourage home preparations using locally available foods.

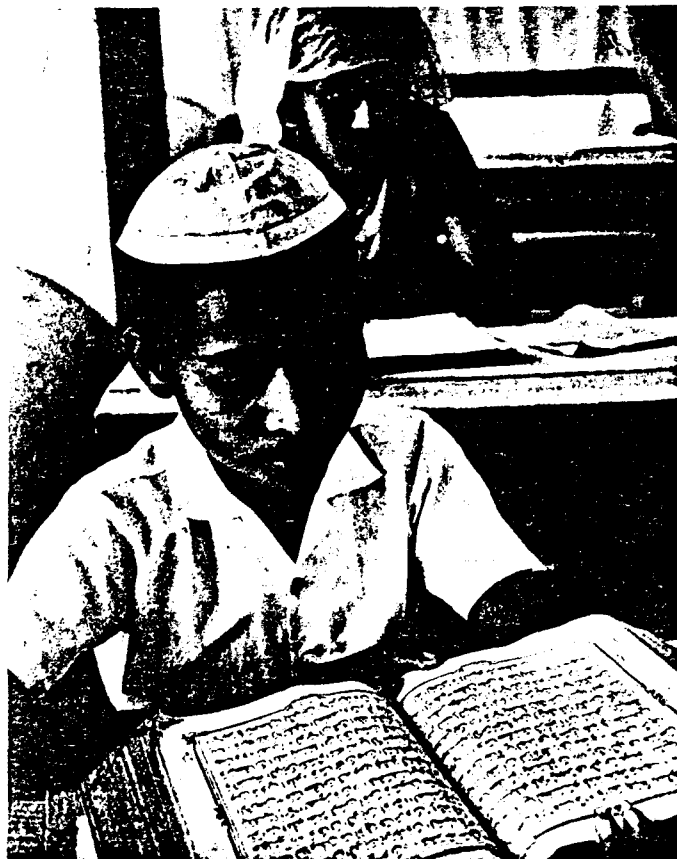
18. Monitoring child growth from pregnancy through infancy and early childhood needs to be promoted as a universal practice in the region, not in isolation but as part of a composite scheme of literacy and education of mothers, infant stimulation, nutritional support and health care for the mother and child, environmental sanitation and personal hygiene. This cluster of priorities is to be reflected in the service delivery system. There are several examples of such services in the region. These could be expanded by SAARC countries, learning from one another.

### Early childhood

19. The public distribution system for food should be reviewed with the aim of establishing countrywide networks with appropriate pricing systems and equitable attention to urban and rural areas to provide adequate access to food for low-income groups. This should be supplemented with health and nutrition education related to foods appropriate for children.

20. Early childhood care and education should be accepted as a priority for universal application.

21. Parasitic infection is extensive among children in the region. While treatment is indicated on a far greater scale than at present, preventive measures like protected feet, sanitation, and health and nutrition education have to be promoted and safe water has to be ensured.



### Primary school age

22. A firm commitment by SAARC countries is required to achieve universal primary education before the year 2000. There is the opportunity and advantage of learning from one another's experience. Appropriate changes in the content, process and system are needed particularly to relate learning to the improvement of factors like health, nutrition and sanitation which are support systems for primary education, as well as to enhance the capacity for productive work. This is not a new direction and some work has been done in each country. What is needed is an acceleration of pace.

23. Institutional capacity in the region for teacher training and production of learning materials could be strengthened and used in a flexible way towards agreed aims. The vast communication networks should be fully used for these purposes.

24. The school system should be increasingly used for raising awareness on issues of child health and nutrition.

### Improving the Environment

#### Physical environment

25. There is a need for SAARC countries to reaffirm their commitment to assure safe drinking water for all at the earliest. In respect of water supply, a sharing of information on the distinctive experiences and strengths related to particular techniques, modes of construction, maintenance and community involvement, would stimulate the climate of cooperation.

26. An allied field of inter-country cooperation is the communication effort necessary to make communities recognize the relationship between clean water and sanitation on the one hand and health and nutrition on the other.

27. The central issue in sanitation is a change of habit on the part of the community. This can be promoted through social communication and demonstration projects. A network of knowledge, experience and skills could be usefully built up among SAARC countries.

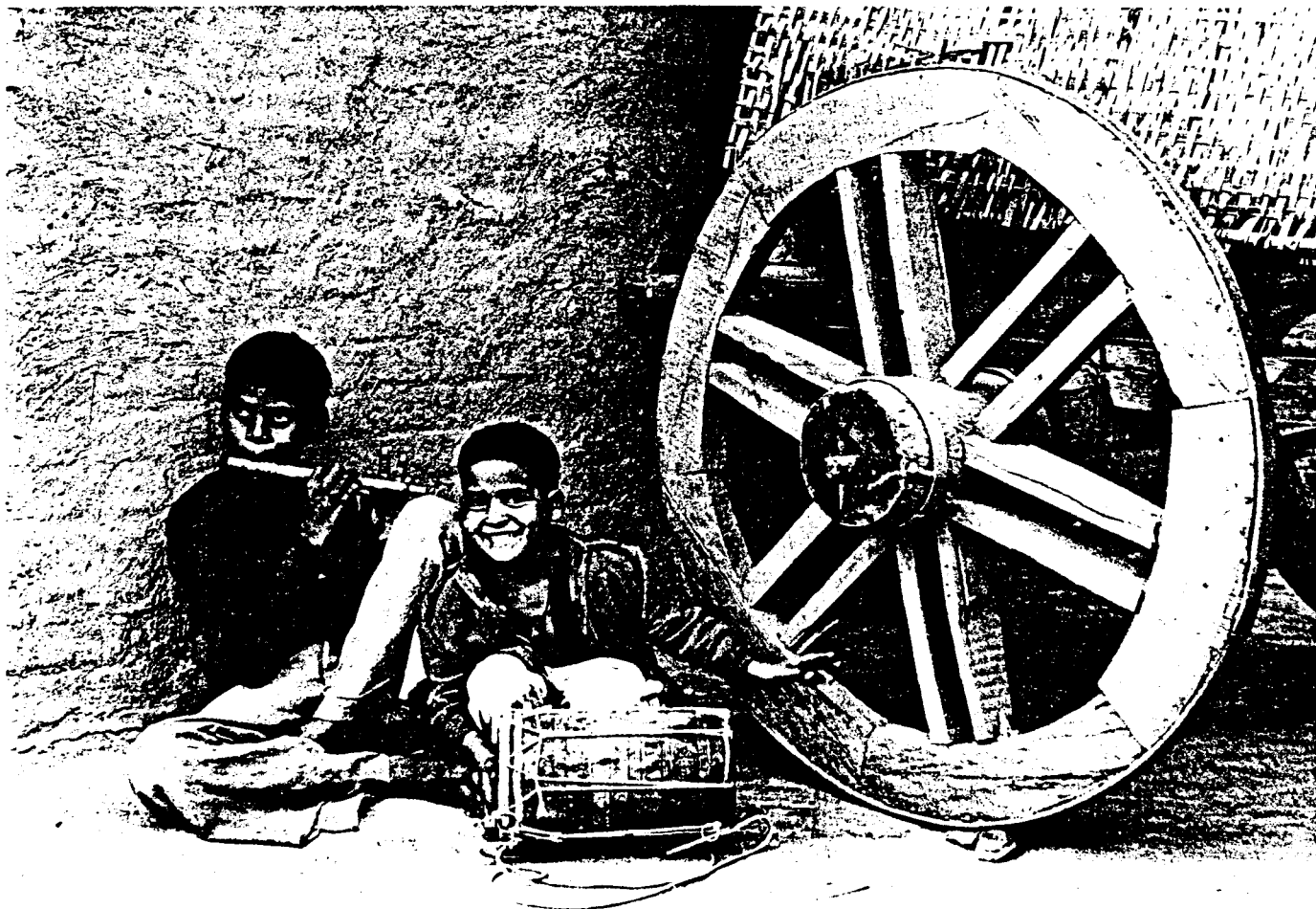
28. Another area for exchange and cooperation would be a community-based, government-supported approach to the problems of shelter, sanitation, water and energy in urban slums which today pose a serious threat to children's development. This has a special significance as 1987 is the International Year of Shelter for the Homeless.

29. Facilities for day-care services and space for play, recreation and sports for children should become an essential part of old and new settlements.

30. The deterioration of the physical environment leading to a decline in the support to children from natural life support systems like land, water, air and forest, are matters of growing concern. Often, forces of economic development accentuate these problems. The answer lies in striking a balance between economic and ecological considerations, taking into account social as well as economic costs in the present and for the future.

31. A review by each country, and jointly among the countries, of the effects of the deterioration of the physical environment on the development of children, could strengthen policy insights for arresting or abating the damage to children.





### **Social environment**

32. The moral and social values of the family as an institution should be preserved and protected from unwholesome effects of urbanisation and alien cultures. This should be a concern of the systems of education and communication in each country. Rapid urbanisation should be prevented by promoting effective regional planning.

33. There are reports from several countries in the region of a deterioration in the social environment, arising from poverty, parental neglect and other causes. Millions of children in SAARC countries are exploited in many ways, child labour being the most pervasive. Most of these children are not protected by labour legislation. There is a close link between this phenomenon and dropping out of school. While it is important and necessary to bring an early end to child labour, attention has to focus on the basic needs of children currently working. The relevance of non-formal systems of learning is heightened in this context.

34. Commercial advertisements should not be allowed to exploit children.

35. Children should not be exploited for political purposes.

36. Exemplary punishment should be given to adults who involve children in criminal and other perverse activities. Children who commit crimes should be placed in rehabilitation and correctional institutions.

37. The SAARC countries should have a coordinated policy on prevention, detection and treatment of childhood disability and rehabilitation of the disabled child who should be integrated in the community and not treated in isolation. Greater public awareness and more funds from governments, institutions and individuals should be made available for these purposes.

38. The problems of the neglected child as well as those related to use of tobacco, alcohol and dangerous drugs and child abuse are increasing in the countries of the region. These problems require new regulatory and educational measures. At the present stage, SAARC countries could share experiences on problems and solutions.

39. There should be a strong adherence to basic values of peace, compassion and cooperation to contain violence. The family, the community, the educational system and the media should promote these values in the minds of children.

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## AGENDA

27 October 1986

### 1. Inauguration of the Conference

Inauguration by the Minister of Human Resource Development and Health, Mr P.V. Narasimha Rao of India.

### 2. Election of Officers

Election of a Chairperson, a Vice-Chairperson a Rapporteur General and Members of the Drafting Committee, as well as officers for each of the seven working groups to be nominated and announced during the plenary taking into account the recommendations of each country delegation.

### 3. Adoption of the Agenda

Consideration of the provisional agenda by the Plenary and adoption with amendments if any.

### 4. Country Statements

Statements by the leaders of delegations from Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka, introducing the perception of each country on the situation of children in South Asia and responses to it.

28 October 1986

### 5. Consideration of Issues on Child Development

Seven Conference themes, as follow, each taken up by a different working group:

- Public Policies for Child Development
- Physical Environment
- Social Environment
- Access to Food
- Nutrition and Child Growth
- Child Survival and Maternal Health
- Learning Opportunities

Bases for discussion are the *Review of the Situation of Children* in each country prepared nationally, along with an *Overview of the Situation of Children in South Asia*. *Conference Papers* have also been prepared focusing attention on specific issues. Group reports summarize the discussions and reflect the consensus of each group.

29 October 1986

### 6. Consideration of seven Working Group Reports

Introduction of group reports at the Plenary Session by the Chairperson of the respective group, followed by brief discussion.

### 7. Adoption of the Conference Report

Consideration of the Report of the Conference prepared by the Drafting Committee. Adoption with amendments, if any, and the declaration of the report as the official conclusions and recommendations of the Conference.

### 8. Vote of Thanks

Brief comments of behalf of each delegation and UNICEF.

### 9. Closing

The Chairperson declares the Conference closed.

## CONFERENCE DOCUMENTS

<i>Title</i>	<i>Code</i>
Information for participants	00 SAR 01
A Review of the Situation of Children:	
Bangladesh	20 BAN 01
Bhutan	20 BTN 01
India	20 IND 01
Maldives	20 MAL 01
Nepal	20 NEP 01
Pakistan	20 PAK 01
Sri Lanka	20 SRI 01
An Overview of the Situation of Children:	
South Asia	10 SAR 01

## CONFERENCE PAPERS

<i>Author</i>	<i>Title</i>	<i>Code</i>
<b>Public Policies for Child Development</b>		
<b>Social Environment (Working Groups 1 and 3)</b>		
1. M A Mannan	Social values and the child	31 BAN 06
2. Sardar Mohammed	Social values and rights of the child	31 PAK 02
3. U M Malla	Intersectoral coordination	30 NEP 06
4. Tarzie Vittachi	Children's rights	30 SAR 03
<b>Physical Environment (Working Group 2)</b>		
1. Abdul Majid Mahir	Sanitation and water supply	32 MAL 01
2. Rattan K Siddhi	Water and sanitation	32 NEP 02
3. S A Qutub	Water, sanitation and shelter	32 PAK 06
<b>Access to Food (Working Group 4)</b>		
1. Dr Iftikhar Ali Rana	Food production and consumption	34 PAK 05
<b>Nutrition and Child Growth (Working Group 5)</b>		
1. Simeen Mahmud	Correcting Malnutrition	35 BAN 02
2. Yogesh Vaidya	Infant feeding and nutrition	35 NEP 01
3. Suniti Acharya	Iodine deficiency	35 NEP 03
4. Tirtha Rana	Maternal nutrition	35 NEP 05
5. Mushtaq A Khan	Nutritional status	35 PAK 04
6. Anees Jillani	Breastmilk code	35 PAK 08
7. K Alahakone	Maternal nutrition and the child	36 SRI 02
8. Mohamad Saeed	Nutrition of children	35 MAL 03
9. Jigme Singhye	Targetting nutrition	35 BTN 02

### Child Survival and Maternal Health (Working Group 6)

1. Sharifa Begum	Reducing mortality	36 BAN 01
2. M R Khan	Priorities for survival	36 BAN 05
3. Naseema Mohamed	Child growth and maternal health	36 MAL 02
4. M R Pandey	Acute respiratory infection	36 NEP 04
5. Mushtaq A Khan	Maternal and child health	36 PAK 03
6. M I Burney	Integrated approach to immunization	36 PAK 07
7. Mohamad Sohail	Controlling threats to survival	32 BAN 04
8. H. Norbu	Maternal and child health	36 BTN 01

### Learning opportunities (Working Group 7)

1. Kazi Jahid Hossain	Learning opportunities	37 BAN 03
2. Chitra Naik	Alternative approach to learning	37 IND 01
3. Krishna Kumar	Reforming the primary school	37 IND 02
4. Mubarak Shah	Learning opportunities	37 PAK 01
5. Swarna Jayaweera	Learning alternatives	37 SRI 01
6. A D Nikapotha	Psychological development of	36 SRI 03
7. Prayag Man Shrestha	Planning basic needs in education	37 NEP 07

### Common Concerns (Working Groups: 1 to 7)

1. Gaston Roberge	Communication for social learning	30 IND 03
2. SBR Nikahetiya	Use of social communication	30 SRI 04
3. UNICEF	The right to know	30 SAR 01
4. United Nations	Selected recommendations of major conferences	30 SAR 02
5. UNICEF	The Declaration of the Rights of the Child	30 SAR 06
6. SAARC	The SAARC Charter	30 SAR 05

## ADDRESSES AND STATEMENTS

### INAUGURAL SESSION

#### Welcome by Mrs Margaret Alva

It is a great pleasure and privilege for me to extend to each one of you a very warm welcome on my behalf and on behalf of the Government of India to this Conference on South Asian Children. The proceedings have rightly begun with a symbolic song that we know would be understood and echoed by the 400 million children in the SAARC region. It is to pay heed to their voice, their perception and their needs, that we are assembled here, this morning.

It is through children that humanity transmits the values, knowledge and skills which ensure its survival. When we speak of children's survival therefore, we are really safeguarding our own future and that of our planet. Quite often, in the search for some distant sophisticated horizons, we forget the simple fact of what we really set out to do, why, and for whom. It is the 'whom' with which our children are inseparably linked. There is nothing more certain, than that they shall inherit this earth, and that they should reap the benefits of the harvests we sow. Since that is true, there is an indisputable rationale, in fact, a compelling predestiny, in planning adequately for children.

Pandit Nehru, who had as much concern for planned development as love and affection for children, had once observed: 'Somehow the fact that ultimately everything depends on the human factor gets rather lost in our thinking of plans and schemes of national development... But ultimately, it is the human being that counts; and if the human being counts, well, he counts much more as a child than as a grown-up'.

Development implies an all-out effort encompassing every child and the totality of children's needs. This requires a synthesis of various sectoral activities bearing on children and of well-connected, sustained action, escorting the child from its conception to adolescence. Above all, it necessitates harmonizing the socio-economic and health status, as well as child rearing competence of the mother with enhanced quality of services for the child. Without the one the other can only falter. Mainstreaming children in national and regional development has to be the ultimate outcome of this Conference. Obviously, this will only happen when we cease to look at children, in economic terms, as an asset or liability, or to view the birth of a child as social or personal ritual. We have to regard children as a fulfilment of a human promise and to grant them that elevated status.

In recent years, all member countries of SAARC are engaged in achieving universal coverage of minimum health, nutrition and education services for their children. There are outstanding success stories for our countries, or of areas within countries, where favourable levels of life indices have been reached or

surpassed. We need to learn from those and to extrapolate and adapt from those. Where endeavours have not succeeded, we require an understanding of what went wrong and to avoid making similar mistakes elsewhere. It is this close, constructive and incisive dialogue in SAARC that should be the objective of this Conference and of its follow up mechanism.

In the past, we have looked too much to the West for solutions that lie closer home to us. Our region is rich in human terms and in social and cultural values. Learning to survive despite heavy odds is a tribute to the inborn indomitable grit of our children and of their innovative, creative capacity. We owe it to them, to turn this innocent resilience of the human spirit, into a deliberate massive positive human resource.

This conference will, I hope, eventually lead to a viable form of technical cooperation among the national projects to promote the well-being and development of our children. The exchange of information and insights on shared problems, that we are going to have on the seven conference themes relevant to child survival and development and which cover a wide range of issues from public policies, to strategies and structures for basic services through the fields of environment, food, nutrition, health and education—will I am sure result in a set of useful practical recommendations in terms of goals and strategies.

And yet, what must not be lost sight of, is that the child is born without barriers. Its needs are integrated and it is we who choose to compartmentalize them into health, nutrition or education. Yet the child itself cannot isolate its hunger for food, from its hunger for affection or its hunger for knowledge. The same unity extends to the child's perception of the world. The child's mind is free of class, religion, colour or nationality barriers, unless we wish it otherwise. It is this intrinsic strength in the unity of the child, that we need to exploit, for building a better world, and a more integrated development process.

Friends, as colleagues undertaking to work together on behalf of children, we cannot isolate ourselves from the issues of peace. While differences are undeniable and will recur, what has to be systematically and ruthlessly pursued, is the path of peace. Children and war *do not* go together. Just as hunger and children are incongruous, war and children should also be considered irreconcilable. As a woman, a mother, and as President of World Women Parliamentarians for Peace, I put it to you, to let SAARC be the first region of the world whose member countries, in full faith, mutual respect and trust, were able to join their hands, so that their children could inherit peace.

These children have given you a very special welcome, singing in the major languages of the countries of the South Asian region. Though the languages were different, the message and the tune were the same emphasizing the fact that our countries are bound together in more ways than one. Together we have fought many political battles against our



colonisers, and together, we strive to overcome our socio-economic problems. Let us together work for the all round development of our children, particularly those who are deprived of their childhood. For, in working for our children, we work for our own future.

I once again welcome you all, distinguished delegates, and other participants to this conference. I also welcome you, Sir, the Minister for Human Resource Development, and request you to inaugurate the Conference and guide the deliberations that lie ahead.

#### **Inaugural address by Mr P.V. Narasimha Rao**

I join my colleague Mrs. Alva in extending a hearty welcome to you all. I am sure you will all agree with me that the state of well-being of a nation's child population is a key indicator of the nation's present and future health. A country that cares for its children and for mothers and adequately reflects the concern for their well-being and development through full political, administrative and fiscal support, truly makes an effective insurance against all risks and threats to national development. It is possible to look at children and mothers as consumers of goods and services. This is not uncommon when planners are caught in an exercise for allocating resources to development sectors like irrigation and power on the one hand and social services on the other. This is obviously a distorted view of development. Child development programmes, which essentially imply coordinated focus on children and mothers, should be viewed as socially and economically productive investments for the well-being of coming generations. I am, therefore, very happy that this Conference on South Asian Children is being organised in order to take stock of the situation in our region and to arrive at some feasible course of

cooperation for providing better prospects of life to our children, thereby also enriching the areas of SAARC cooperation.

The situation of children in the South Asian region varies from country to country. In terms of children's access to basic services, there are marked differences between different socio-economic groups and geographical areas. If we draw a generalised picture of the situation of children in our seven countries, we cannot avoid noticing some disconcerting features—though there are of course, also areas and examples of excellence. About one third of our children do not enjoy an essential minimum of health care, nutrition, learning opportunities and environmental safety.

Maternal health and nutrition is the key to the infant's growth and development. In our South Asian region, about 40 percent of pregnant women suffer from iron deficiency anaemia. Protein-energy malnutrition affects a large proportion of them. Hardly one third of them get some professional ante-natal care and protection against tetanus. Most of the deliveries are conducted by ill-trained persons, often in unhygienic conditions. Fertility rates are high and about one third of the newborns have birth weight below two and a half kilogrammes.

Early childhood constitutes the base of human resource. But the situation of young children is marked by high levels of wastage and deprivation. Infant mortality rates are above 100 in most parts of the region. A very large proportion of children suffer from varying degrees of protein-energy malnutrition. Some parts of the region have endemic iodine deficiency and iron and vitamin A deficiencies are widespread. Delayed supplementation to breast-feeding adversely affects the nutritional status of infants and toddlers in most parts of the region. Diarrhoeal disorders, respiratory infections and skin diseases are fairly common. Levels of protection from



preventable childhood diseases are unacceptably low. Curricula in medical education continue to be biased in favour of curative medicine.

The education situation in most parts of our region is also weak. Except in a few parts of our region, the adult literacy rate ranges between 10 percent and 40 percent and the female adult literacy rate ranges between 9 percent and 26 percent. School enrolment has been rising rapidly throughout the region but drop-out rates for children from poor families continue to be high. Pre-primary education has not received much attention. Even in those parts of the region, which have high literacy rates, only about one fifth of the children in the age group of 3-5 years have access to pre-school education.

This rather grim picture of the state of our children need not however give rise to a sense of despair. There are hopeful features which should be recognised and strengthened. Government policies in our region show a clear commitment to provision of basic services to children in the foreseeable future. A large service infrastructure has been built up in most countries of the region. It can be strengthened, upgraded and put to more effective use.

The most important signs of hope are the successful experiences of our countries in the efforts to improve conditions of our children. Some instances can be cited for illustration. I understand that Bangladesh has effectively introduced a programme of management of diarrhoea with oral rehydration therapy through the efforts of Government and other agencies like the Bangladesh Rural Advancement Committee. Bhutan has achieved a high level of immunization against measles and also developed a good reporting system on immunization. Maldives has achieved high literacy rates. However, the high birth rate in Maldives seems to co-exist with high levels of literacy and low levels of death rates. Maldives has also done some commendable work in organising mobile teams for immunization and under-five clinics; this is a strategy particularly appropriate for that terrain. Nepal has a policy chapter on child development in her Seventh Plan. A massive effort has been made in the control of iodine deficiency and research has been undertaken for management of respiratory infections through community level workers. Pakistan has in recent years made successful efforts to man the basic health units and train a large number of traditional birth attendants. Pakistan also has rich experience of a mass literacy programme with focus on women who are viewed as catalysts in providing motivation for entry of children into schools. Sri Lanka has a store of varied experiences and successes: achievement of immunization coverage and provision of skilled birth attendants. We can also benefit from Sri Lanka's experience in the scheme of food stamps as a measure to improve the access of the poor to food. Some very innovative efforts of Sri Lanka include association of village level voluntary organisations with government administration through statutory provisions in the form of Gramodaya Mandalayas and Pradeshiya Mandalayas and development of teams of young volunteers at community-level to improve the outreach of maternal and child health and sanitation education. These volunteers have successfully improved the attendance of mothers and children at the maternal and child clinics for peri-natal and under-five care.

In India, we also have a variety of experience. In the state of Kerala, we have indices of child growth and development analogous to those of Sri Lanka. During the last ten years, we

have developed a massive programme of Integrated Child Development Services from an experimental phase in 1975. It provides an integrated package of early childhood services, including health care, nutrition and preparation for school, covering about one fourth of the country's population. We hope to further expand the coverage. We have launched the Universal Immunization Programme in 90 districts. This year we have adopted a national policy on education which looks at the needs and development potential of the child from conception to productive adulthood as one continuum. The Ministry of Human Resource Development has been formed to provide a coordinated thrust to the survival, growth and development of our children. Through a policy of reasonable support prices to agricultural producers and supply of food commodities at reasonable prices to consumers, we have developed food reserves and are utilising some of these food reserves for food-for-work and child nutrition programmes.

I have cited a few instances only to stress the fact that there is considerable scope for mutual exchange of our experiences and for mutual supportive action. This Conference will surely add to a detailed knowledge of the experiences in this region. Some essential steps to improve the status of children in our region could be mentioned: policy direction adequately reflecting the concern for children in development planning; improvements in physical environment, especially water, sanitation and shelter; a congenial social environment that prevents exploitation of children and promotes the fulfilment of the rights of children as enshrined in the UN Declaration of the Rights of the Child; improved access of the poor to food and health care; use of available technology for improving infant feeding practices, controlling specific deficiencies like those of iron, iodine and Vitamin A, immunizing children against preventable diseases and reducing the incidence of morbidities like diarrhoea and respiratory infections by proper management; quantitative and qualitative improvement in learning opportunities, particularly for girls; and strengthening, upgrading and effective utilisation of social service infrastructure, involving academic institutions and voluntary organisations besides governmental agencies. In all these areas, we have rich experience in different parts of the South Asian region. Because of many similarities in the nature of the problems affecting our children, exchange of experience and mutual collaboration among our countries are likely to be more useful than similar efforts related to other countries.

We must aim at the outreach of basic services to all our children within this century. This requires full political, technical, logistic, communication and management support. In times of adverse economic situations, we should desist from reducing resource allocations to health, education and allied activities, taking into account the adverse effect such reductions will have on children and consequent long-term adverse effect on national development. National efforts could be supplemented with mutual cooperation in identified fields on our individual successful experiences. This is a task of utmost importance for all of us because our development is primarily linked with the human factor, namely the quality of the coming generations which is determined by the state of well-being of children today and their preparation for life.

Seven groups will be discussing many issues in detail tomorrow. I am mentioning a few which need attention throughout the region. Despite successful experiences in some parts of the region in relation to improvement in the literacy rate,

reduction in infant mortality, improvement in immunization coverage etc., child malnutrition is a common problem throughout the region. It would therefore be useful to analyse and exchange our experiences related to the interface between nutritional needs, agricultural production and distribution and income transfer mechanisms.

In all South Asian countries, there is a substantial social service infrastructure. Some strengthening may be necessary in some parts of the region. However, special efforts are needed to upgrade the social development management capability, particularly in relation to coordinating mechanisms, both behavioural and structural, because fulfilment of children's basic needs requires unified planning and implementation across several development sectors.

Educated mothers constitute the strongest support for child growth and development. We should therefore collectively act for rapidly raising the educational status of girls and women. Experience within the region shows that this is possible.

We are witnessing a technical revolution in the field of information and communication. We should ensure that we do not miss the opportunities offered by the growth of information and communication technology. It will be a pity if, after a decade, we find ourselves in a state of 'missed opportunities'.

Nine fields of cooperation among SAARC countries have already been identified. These relate, in some measure, to women and children also. The first SAARC ministerial level meeting on 'women in development' in Shillong in May 1986 further indicated the scope for useful cooperation on women's development. I trust that the present SAARC Conference on South Asian Children will also identify some feasible areas of practical collaboration.

We have with us Mr. James P. Grant, Executive Director of UNICEF, who took the initiative for suggesting and assisting the SAARC Conference on South Asian Children. UNICEF officers here have assumed much organisational responsibility for this conference. We appreciate this initiative and cooperation from UNICEF.

Friends, the weather in Delhi is comparatively pleasant at this time of the year with Dussehra festivities behind and Diwali festivities just ahead. I hope, you enjoy your stay in Delhi and your deliberations bring some cheer to the 400 million children in South Asia who are the focus of this Conference. Let them not say after they grow up that the generation immediately preceding them has let them down. This is our main responsibility which we must discharge to the best of our ability. I wish all success to your deliberations and thank you for your attention. It is now my proud privilege to inaugurate the Conference.

#### **Address by Mr James P. Grant**

I am honoured and delighted to have the opportunity to address you at this meeting which is historic both as an event and as an enduring process in the making. The South Asian Association for Regional Cooperation is the *newest* among formal groupings of contiguous nations. Your seven countries have joined together in an act of faith in a common future, founded on mutual cooperation and collective self reliance. This in itself, I believe, is a victory for peace and human progress in our turbulent times.

At the same time, I observe that SAARC is the *first* among



regional associations anywhere seeking to build self-reliant cooperation around the highest of human values—namely, a reverence for life. You in South Asia have set an historic precedent by taking the decision in SAARC's first year to discuss, agree on and follow up action to accelerate efforts to protect and enhance the lives of children.

It is this inviting prospect that has excited the United Nations Children's Fund, and our offices in each of the seven countries, into taking a lively interest in this conference, and indeed brought me to this extraordinary meeting.

UNICEF is privileged to be cooperating with SAARC in organizing this pioneering conference representing not only a spectrum of ministries and disciplines from the seven governments in their political capacity but also those outside government working for and with children. What is common to all of us, I believe, is a firm commitment to basic human development as the fundamental first step to development of any kind.

We have been encouraged by the decision of the seven governments to convene the conference, a decision formally expressed by the SAARC Council of Ministers in August at Dhaka. We consider this further evidence of a renewed commitment on behalf of children. And, as the world's advocate for children everywhere, we look forward to a political reinforcement of this commitment when the heads of state and of government meet at the forthcoming summit, and to a series of practical measures thereafter in each of the seven countries.

Nothing is closer to UNICEF's heart than the survival, development and protection of the 400 million children in South Asia. The future of children anywhere is not safe until basic needs of children everywhere are met, and met in time. Perhaps it is not coincidental that the 40th year of UNICEF's work for the world's children coincides with the year which has been dedicated by the peoples of the United Nations to International

Peace and has seen the first activities of SAARC giving priority to children.

We know that a fourth of the world's children live in South Asia. But how well do they live? The answer presents something of a paradox: the grim facts and the bright exceptions, the burden and the glory of South Asia.

Of some 34 million children born in South Asia each year, around 4 million do not survive their first birthday. Another 2 million die before the age of five. And not all of those who survive grow up into healthy and productive adults; millions are blind, deaf or otherwise disabled. There is widespread malnutrition, its interaction with infections of many kinds, the diseases borne by water and air, the periodic disasters brought by drought or flood or civil strife, and finally, the massive reality of illiteracy, ignorance and isolation which saps peoples' capacity to overcome adversity. The combined effects of these circumstances impinge harshly on the lives of children and those who spend their days and nights with them, the mothers.

Happily, we know that the participants in this conference have taken the time and trouble to come here not only to analyse this situation but also to change it.

There is, however, another side to South Asia which expresses the genius of its peoples, rooted deep in some 5,000 years of history. Many of my friends in this region trace the material poverty of their country to historical circumstances over the past 200 years or so, and their lagged effects. I see their point. But I also see a turn of the tide. The return of political consciousness to the peoples of the region has, in fact, resulted in at least two visible trends—both of which strengthen my own optimism about the inherent capacity of South Asia to liberate the full potential of its human resource, of its humanity.

*First*, each of the seven governments is clearly committed to assure basic services for all children within a stipulated time—particularly in the fields of nutrition, health and education. This commitment has gone well beyond an enunciation of policy. It has been expressed and promoted in substantive terms of programmatic aims, public investments and national targets. The strategies and structures appropriate for responding to the needs of the people, in a situation-specific manner, will, I am sure, be reviewed by some of the best minds of South Asia who are participating in this conference. Let me, at this moment, make the observation that the current development thrust in South Asia may be seen as an attempt, with gathering momentum, to raise the priority for human and social development to a par with the priority for economic development; and indeed to link them for promotion as aspects of a single organic process. I submit that the most crucial plank of this approach is the survival and development of children.

*Second*, there are examples in each of the seven countries of social development having reached respectable levels in village communities, despite their low incomes. I refer to the daring and successful initiatives taken by groups of people in various parts of South Asia to break loose of poverty in its diverse manifestations. Often these efforts are led by enlightened individuals and they include some dynamic minds in the government. In the areas of their activity, the effects of poverty—if not poverty itself—have been tamed. The capacity of mothers to look after their children has been substantially increased. Illiteracy, including that of girls, has been practically eliminated. Home-based nutritional programmes, supplemented by community inputs, have reduced the incidence of

malnutrition. Sanitation at the village level has improved. Public facilities, from safe water supply to immunization, are effectively arranged. In these population groups, in South Asia, few children die or are disabled.

The current development indicators for South Asia, taken at the average, look formidable in their import. But averages hide both the extremes. There are countries or parts of them almost as advanced in some respects as the industrialized countries—be it in infant survival rate, girl's education or intellectual development. And the infant and child mortality rate for the SAARC region has dropped sharply since 1950 to a level half that by the early 1980s.

Whatever lessons we need to learn for the development of South Asia are already available in the continental memory of its own experience. South Asia need only recall and apply these lessons, on a wider scale, with a renewed vigour. May this conference shed some light on the way ahead.

South Asia today offers a unique kaleidoscope of developmental activity; mass immunization under controlled temperature in desert conditions... prevention of iodine deficiency in snow-clad heights of mountains... demonstration of oral rehydration therapy for childhood diarrhoea for illiterate mothers in the remote rural interior... functional literacy classes linked to farming and health care in tribal habitations... programmes for preventing childhood disability and rehabilitating the disabled mainly on the responsibility of the community... organizing women using bank credit for raising their income level... promotion of birth care, birth-spacing, breastfeeding, proper weaning. It is no longer rare to see particular communities organizing all these activities simultaneously and reaping the bonus of synergism—the result being more than the sum of the individual efforts, and indeed coming easier and faster.

South Asia, thanks to the development progress of recent years, has the technological knowledge and capability. It has trained and experienced manpower. It has a developed, or fast developing, social support service infrastructure. The foundations of the mass media are being strongly laid and are already well advanced with the ubiquitous radio and television spreading rapidly. The tradition of the folk media and inter-personal and group communication is very much alive. Literacy is spreading steadily though slowly. What is to be done is known. How to do it has also been proved on the ground. The wisdom as well as the wherewithal for development are now right here.

The task ahead consists mainly of mobilizing the human and material resources for mounting an assault on poverty and its worst effects, and to make the development of children the focus of that thrust. I believe the processes of communication and education could make all the difference, if they are re-gearred to serve this social purpose. I believe the apparatus of public administration has to be readjusted and tuned to make for mutual permeation of different disciplines, services and departments—for all of them have to move in even step in support of basic human development. I believe the developmental centre of gravity has to shift to where people live, to the community. Once their awareness is roused, they will know what is good for them and for their children better than any of us. Also, a firm basis in the community is probably the least-cost option for governments faced with a shortage of financial resources.

This is the context and climate in which I believe that the targets the countries of South Asia have set for themselves are achievable. Some of these aims can be achieved faster, in the next four or five years, like universal child immunization by 1990, universal access to mother's milk and proper weaning foods and a drastic reduction of childhood deaths from diarrhoeal dehydration. We greatly welcome concrete recommendations from this conference for accelerating these ongoing programmes.

There are other allied aims accepted and being acted upon by the seven countries, like literacy particularly of girls, maternal nutrition, family planning, safe drinking water and a cleaner environment. These have longer gestation periods, but they need not take, in the South Asian context, longer than 10–15 years. For obvious reasons, a renewed emphasis on each of these building blocks of human development can accept no delay.

Perhaps those elements in the national development plans directly related to children could be pulled together into an action plan for children at the national level with elevated political priority, enhanced budgetary support and refined strategies and structures?

In such a scheme, the community of parents has to be at the heart of the development process, with a full measure of government backing and professional support. On the basis of these national plans for children, an agreed set of timebound aims and targets for South Asia could be formulated for the medium-term future. The main function of such an inter-country, trans-disciplinary plan would be to share developmental experiences and insights among the countries. This, I believe, would be a timely tribute to the concept of regional self-reliance and cooperation.

We in UNICEF see excellent prospects for historically unprecedented progress in advancing the well-being of children with the active coordinated leadership of SAARC countries. With priority attention to children and with each country drawing on the experience of the others, it is possible to foresee such improvement in the health of children that the overall infant and child mortality rate for the SAARC region would be halved over a ten year period, and the lives of some 5,000 children would be saved daily by the end of 1990. Such progress in improving the health of children, through the greatly increased participation of parents, as with the prevention and control of diarrhoea through such techniques as oral rehydration therapy, growth monitoring, and immunization—which give parents reasonable assurance of the survival of their first children—can be expected, on the basis of experience in South Asia and elsewhere, to contribute also to an even greater reduction in the number of births.

In particular, I would request this conference to assist in elevating to the political level discussion of the needs of children and ways of meeting them, so that the highest political consideration is actually available to children. I would also suggest that the genius of South Asia should be used to the utmost for the development of children by the seven countries in a mutually supportive manner.

Earlier, I mentioned the burden and glory of South Asia. I am convinced that South Asia, on its own, can turn the burden into glory and that this conference will make a historic contribution towards bringing this possibility to reality.

## Message from President H M Ershad

I am very happy that the SAARC Conference on South Asian Children is being held in New Delhi. Our children are our future and there are no two opinions among us that the highest priority should be accorded to their well-being and needs and to the provision of a proper environment in which their potential for development can be best realised.

The widespread poverty, under-development, malnutrition and disease in our region are, in large measure, an unfortunate legacy of history, one that we should not like to pass on to our future generations. It is towards this objective that all our efforts should be focussed collectively and severally. The basic theme of this conference is thus very much of a piece with the broad strategy of development of the SAARC states.

UNICEF's has been a catalytic role in the convening of this conference. Soon after the historic Dhaka summit last December, the Executive Director of UNICEF addressed letters to all SAARC heads of state or government suggesting that development of children would be a very fruitful area of collaboration under the auspices of SAARC and also offering UNICEF's support and assistance in this regard. This was an idea that commended itself and the SAARC council of ministers requested India to host a conference with UNICEF's assistance for in-depth discussion on the well-being and development of our children and on how we in SAARC can cooperate in this area. I am glad that delegations to this conference would comprise representatives of government and non-government agencies concerned with children's welfare. This would make for a very meaningful conference.

To all the delegates to the conference I wish to convey my greetings and good wishes. We will certainly follow your deliberations with keen interest and I am confident that you will provide useful inputs and valuable suggestions for consideration of the SAARC heads of state or government at Bangalore. I wish your conference every success.

## Vote of Thanks by Dr. Ranjith Atapattu

We as adults in our various actions in our struggle for power, position and privilege often justify ourselves by saying that we are doing it for the sake of our children. As individuals, whatever positions we may reach, whatever heights we may rise to, if we fail by our children we have to consider ourselves as failures and what is true for individuals, what is true for a country, is true for the region. And it is in this frame of mind that we meet here today to discuss the future of South Asian Children.

Mr. Grant, you have referred to SAARC as the youngest of the regional bodies. Also you have said that we have been pioneers in taking up the subject of children and their future. I would like to remind you that in Asia we have been trail-blazers in other fields too. It is in this very building the Vigyan Bhavan that Parliamentarians of this region met in 1980 to discuss the problems of population and development and as you are aware, the Asian Forum that was formed here has been duplicated all round the world and the momentum of coordinating population growth with development has spread to all regions. It is with a degree of sadness I look back on that occasion because we were inspired that day by the presence of the late Madam Indira

Gandhi, the Prime Minister of India, whose words inspired us to greater action. And on that occasion the key-note address was delivered by a young person, a young Member of Parliament, none other than the present Prime Minister of India, Shri Rajiv Gandhi.

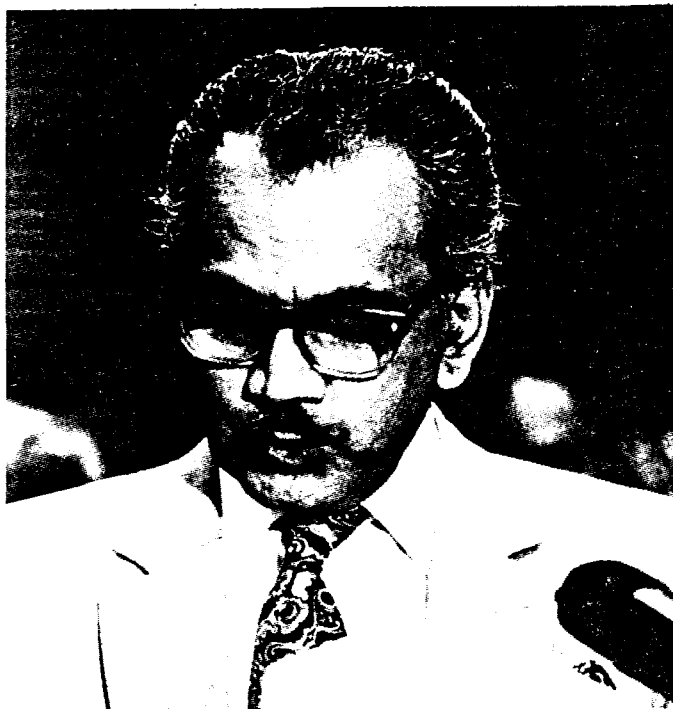
Mr. Grant referred, and so did the message of H.E. President Ershad, to the message we should give to the leaders of the SAARC region who will be meeting in India in Bangalore next month.

Madam Alva in the course of your address speaking as a mother and a woman, you appealed for peace. Mr Narasimha Rao in the course of your speech, you referred to my country and you pin-pointed how we have mobilized the human resources that are available to us. You referred to our volunteer programme and how through them we have been able to reach the far flung villages of our country. Were foreign assistance to be measured not in dollars or pounds or rupees and cents, but in moral values, we in Sri Lanka are the greatest recipients and you in India are the greatest donors for it is the message of the Buddha brought to us by the son of one of your illustrious kings Dharma Asoka, the Rev. Arahat Mahinda, that has inspired our people to develop a culture which enables us to mobilize them for any activity that is of use to the human kind. Unfortunately, of late this massive human resource is being dissipated in pointless violence which has become a fashion in the Eighties. Therefore, with Madam Alva I wish to join all you delegates: let us send a very firm message to our leaders who meet in Bangalore that while we draw up our plans for the children and the future, let those children through the grace of our leaders have an environment of peace under which our plans can develop. That I think should be the message that this assembly can give.

The high level of participation at this meeting, Mr Chairman, endorses the sentiments that have been expressed and the grave concern that the countries of this region show for the welfare of our children. I thank all the participating countries for the tremendous interest they have shown by participating not only in numbers but in quality as I can see looking around this room. If I may strike a personal note, it is indeed a great privilege to have been given this opportunity to propose a vote of thanks on behalf of all of you. Delhi has been a centre of many a meeting. The hospitality of this great country is something that is proverbial. We, who are the recipients of your hospitality and of your organizational ability, are today thankful that you have given a forum for us to discuss the problems of millions of children in our region who do not have a voice, and who do not have a vote. And may I end this vote of thanks by expressing the view that the agonizing cry of the children of our region will move the hearts of our leaders in November to provide a better future for them.

## PLENARY SESSION

### Statements by Leaders of Delegations



**BANGLADESH: Mr A. Karim Khandker**

I bring you greetings and good wishes from the Government and the people of Bangladesh and from the millions of our children on whose behalf we are meeting here in the SAARC-UNICEF Conference on South Asian children.

Madam Chairperson, may I at the outset extend our highest felicitations on your election as Chairperson of the Conference. We are confident that under your guidance, we will have fruitful deliberations to provide valuable leads to the task of promoting child survival and development in this region.

Distinguished delegates, the establishment of the South Asian Association for Regional Cooperation reflects the firm conviction of the leaders of our countries that regional cooperation among the countries of South Asia is mutually beneficial, desirable and necessary for promoting the welfare of all our peoples. Among the major objectives of SAARC, has been the development of the enormous human resources of this region of one billion people, one-fifth of humanity. At the core of this one billion human beings are the 400 million children, our most precious resource, the hope of our future, and the focus of concern of this SAARC-UNICEF Conference on South Asian children.

There is indeed ample cause for concern, for the obstacles faced by our children in the exercise of their most human right, that of survival, is formidable. In Bangladesh, for instance, some 600,000 infants die before the first birth day, and another 270,000 die before they are five. Taken in an aggregate perspective of our region as a whole, we have a situation of enormous human waste, and since these are our most cherished ones, a tragedy of enormous proportions.

This situation need not and must not continue. There is mounting evidence from around the world to show that dramatic gains in child survival and well-being can be achieved at

relatively low cost and in a relatively short time, despite all constraints.

Madam Chairperson, over the years, we have individually and collectively adopted various development strategies and objectives that are of key relevance to the well being and development of children. Let us consider at this Conference whether it would not be apt to reiterate within a regional context such key child survival and development oriented objectives as:

The acceleration of child immunization with a view to achieving Universal Child Immunization by 1990 (UCI 1990).

The acceleration of the use of oral rehydration therapy (ORT) with a view to achieving virtually universal awareness of how to use ORT, and actual usage by at least 50 percent of households, by the year 2000.

The acceleration of our safe water supply and sanitation programmes with a view to achieving or very nearly realising the goal of making safe water supply and sanitation facilities available to all by the year 2000.

The acceleration of our education programmes with a view to achieving Universal Primary Education (UPE) by the year 2000.

The acceleration of our literacy promotion efforts with a view to achieving or very nearly realising the goal of Universal Literacy by the year 2000.

The elimination as soon as possible, and certainly by the end of the century, of hunger and malnutrition, with particular attention to maternal and child hunger and malnutrition.

The attainment of Health for All by the year 2000 (HFA 2000) through primary health care (PHC) to reduce infant mortality levels to 50 per thousand live births or less and to reach a minimum life expectancy of 60 years by the year 2000.

The availability to all of the advice and means necessary to achieve desired family size in accordance with the World Population Plan of Action.

These are challenging goals but they are attainable. Let us reiterate them in the spirit of the basic conviction upon which SAARC was established, that regional cooperation among the South Asian countries is mutually beneficial, desirable and necessary for promoting the welfare and improving the quality of life of the peoples of our region.

The promotion of the above goals within the SAARC framework of cooperation requires that we give due consideration to the appropriate institutionalisation of child survival and development concerns in SAARC. We will have to consider how to arrange this within the SAARC Secretariat in a manner that will facilitate a comprehensive and truly inter-sectoral approach that does not lock child survival and development concerns into any narrow functional grid. We may also benefit here from an exchange of mutual experiences related to the roles and institutional locations of the particular agencies charged with coordinating child survival and development concerns among the SAARC member countries.

We may also benefit from giving serious consideration to the question of how best the CHILDREN FIRST theme might be operationalised within the national development processes of the SAARC member-countries. Let us resolve, that ways and means of ensuring survival and development of children receive first rather than last priority.

It would be apt at this SAARC Conference on South Asian Children to cast our thoughts back to the 1959 UN Declaration on the Rights of the Child. I commend the exercise currently underway at the UN Human Rights Commission to draft a

convention on the Rights of the Child. It will be appropriate for our conference to provide strong support from SAARC to an early conclusion of the exercise and the adoption of the convention by the UN General Assembly without delay. Bangladesh has actively participated in the drafting exercise and provided support to this convention at UNICEF's Executive Board and other forums.

While the core areas of child survival and development are well known there are others of importance that are still largely uncharted but which are of increasing concern within our region and without. One particular area that comes to mind is the situation of children placed in especially difficult circumstances. These include children in situations of strife, working children, abandoned and street children and those suffering from abuse, neglect, and exploitation. This problem is not confined to but is often exacerbated by, the deteriorating physical and social environment in our depressed urban areas. These are areas where SAARC might facilitate appropriate action in the future by encouraging necessary studies and research.

We face enormous challenges in our common endeavour to promote the welfare and improve the quality of life of the 400 million children of this region. We have enormous resources, especially human and institutional, to move individually and collectively to achieve this goal. In Bangladesh, for example, we have developed institutional excellence and expertise in diarrhoeal diseases research and extension through the International Centre for Diarrhoeal Diseases Research (ICDDR'B) and the Bangladesh Rural Advancement Committee (BRAC), and in credit schemes and income generation for the rural poor through the Grameen Bank. We have also acquired much experience in the enactment and implementation of a national essential drugs control policy. The other friendly nations of SAARC may wish to enlighten us about their own institutional expertise and excellence. Taken together, these constitute an enormous technical resource within SAARC which remains to be tapped for the survival and development of our children. This is as good a forum as any for identifying such regional resources and recommending ways and means for sharing them for the mutual benefit of the 400 million children of our region.

Let this Conference establish and proclaim a new ethic for children within our regional and national perspectives. The ethic requires that children shall come first, that their rights shall be enshrined in our political systems and implemented throughout our social fabric, and that the priorities of child survival and development shall become our national development priorities. The ethic requires that we promote child survival and development through an inter-sectoral approach that does not lock children into any particular institutional grid or compartment. It requires that the state of the children of this region be the focus of continuous concern and annual review at all levels of SAARC. Let us resolve here that this will be done and let us consider here how this might be done.

We are poor in this region, but we are not poverty stricken. Let our common poverty be a spur to our mutual endeavours and an incentive to our regional cooperation. Let it not be an excuse for inaction. We have enormous untapped resources in this region. We have genius and we have valuable experience to share for our mutual benefit. We also have friends who will help us if we show we are willing to help ourselves. But the will to develop must be ours, just as the initiative to associate in regional cooperation was our own. I thank you.





**BHUTAN: Lyonpo Sangye Penjor**

At the outset, I would like to congratulate you warmly on your election as Chairperson of the first SAARC meeting on Children of South Asia. We are confident that under your wise guidance we will be able to find ways and means of enhancing child survival and development in our region. We also hope that we can set in motion a process of cooperation among our countries in this important area and accord a high priority to this subject in our national development plans.

I have had the rare privilege of living in this beautiful city for some years when I served as the ambassador of my country. I am, therefore, delighted to be back in Delhi once again amongst my Indian friends. It is a matter of great satisfaction for us that the traditional friendly relations between our two countries have further strengthened in recent years. I am confident that this mutually beneficial relationship will continue to grow in the years ahead.

May I, on behalf of the Bhutanese delegation and on my own behalf, express our deep gratitude to the Government of India and UNICEF for the most cordial welcome and generous hospitality extended to us since our arrival here. I am confident that the excellent arrangements which have been made for this conference, and the careful preparatory work which has been done, will greatly contribute to the success of our deliberations. We would like to thank the Government of India and UNICEF for the comprehensive documentation prepared for this meeting. We would also like to express our deep appreciation to UNICEF for its committed support in organizing this conference.

Madam Chairperson, 1985 will be regarded as an important year in the history of South Asia. For the first time, the leaders of our seven countries met in Dhaka last December and established the South Asian Association for Regional Cooperation with the objective of promoting the welfare of our peoples through meaningful regional cooperation. The launching of this association also marked a turning point in our inter-state relations as our countries affirmed the necessity of

promoting trust and understanding based on respect for each other's sovereignty, equality and mutual benefit. Now it is our task to fulfil the goals set by our leaders to develop closer cooperation in various spheres of development.

The task of ensuring the healthy survival of our future generations is one of the challenges facing our programme of regional cooperation. Various SAARC activities under implementation are geared to improving the wellbeing of our children. The SAARC Technical Committee on Health and Population activities is particularly relevant in this context. It is most heartening that such a high level conference is now being convened to address the problems relating to child survival and development in our countries. Although, each of the SAARC countries has made great strides towards alleviating conditions of the South Asian child, there is much that we can learn from each other's experiences. We welcome this opportunity to share our ideas and experience in order to formulate programmes to achieve our goals in this important field.

This is a unique opportunity for SAARC to demonstrate its unity as a truly regional organization in addressing in a meaningful manner the numerous issues involved in assuring the healthy growth and development of our children.

The world is certainly different from the world of forty years ago when UNICEF was founded. We are indebted to this organization for its laudable efforts and achievements in the expansion and improvement of basic health and other services. UNICEF is to be credited for saving millions of lives. Its emphasis on mother and child care, safe drinking water and basic education are some of the essential ingredients in a strategy designed to serve the basic needs of our people. UNICEF is also to be praised, among other achievements for its work, in drawing the world's attention to the efficacy of oral rehydration therapy, breast-feeding, better weaning practice, growth monitoring and the importance for mothers and children of birth spacing. Each of these simple low cost techniques has proved to be an effective measure in dealing with the problem of child survival and development.

These are indeed proud achievements. It is for these reasons that UNICEF today is respected and regarded as a highly organized efficient and effective organization all over the world, while some of the multi-lateral organizations are in danger of losing their credibility. On the occasion of the coming celebrations of its fortieth anniversary, I would like to take this opportunity to convey on behalf of the Royal Government of Bhutan our heartfelt felicitations to UNICEF and wish this noble organization continued success.

In Bhutan, the shortage of trained personnel has been a critical bottleneck in the provision of basic health services. Consequently, manpower training programmes are receiving high priority. Indeed we believe that this is a vital area in which cooperation among the SAARC countries can become very meaningful.

Safe water supply is one of the essentials for the healthy development of our citizens. The rural water supply programme in Bhutan began in 1974 and the pace of water supply installation has accelerated during recent years. The purpose of the rural water supply and sanitation programme is to improve public health by reducing the incidence of water and waste borne diseases. The data indicate that population clusters without safe drinking water are diminishing in size. In our sixth plan, our target is to establish almost 1000 new rural water

supply schemes. In addition, renovation and improvement of existing schemes will be continued.

We in Bhutan wholeheartedly pursue the objectives of the 'Health for All by the Year 2000' programme. In our fifth Plan period, soon to be concluded, the health care programmes were formulated around several strategies and objectives in order to attain higher standards through improved sanitation, personal hygiene, better nutrition, prevention and control of common endemic and communicable diseases and the extension of basic facilities for the treatment and cure of diseases. In our sixth Plan period, we will endeavour to expand the health facilities in order to provide reasonably effective coverage of the nation. A renewed effort will be made to recruit and train village health workers who will provide first aid and health education in the villages. Efforts will be intensified to expand the coverage of the immunization programme to reach the most vulnerable groups, particularly children. The family health programme focussing on maternal and child care will increase its use of a newly established training centre.

Education is a major factor on which shall always depend the welfare and the future of the child. While all our nations can be justly proud of the vast resources allocated to education in general, I believe, we need to take a closer look at the share of the primary education as compared to secondary and tertiary education. If primary schools are the very basis to education in general and the means to eradicating ignorance and poverty, then primary education must receive a greater consideration than it receives today.

A cooperative effort stemming from this conference could capitalize on the valuable experiences being accumulated in each of the SAARC countries. Such an effort would contribute greatly to the wellbeing of our children. Let us carefully consider each of the interrelated areas which are identified by this conference. Let us then weave the threads together to produce a strong fabric of child survival and development in South Asia. In taking such an initiative SAARC would immeasurably enhance the quality of life of our present and future generations.

#### **INDIA: Mrs. Margaret Alva**

On behalf of the Indian delegation, I felicitate you, Madam, on your election as the Vice Chairperson of the Conference. We are confident that with your guidance and support this Conference will arrive at useful conclusions for improving the prospects for life, of the 400 million children of South Asia who are the focus of our deliberations at this Conference. I also welcome once again the delegates from other South Asian countries to Delhi. The weather is pleasant and I hope you will enjoy your stay here. The Indian delegation looks forward to sharing their experiences with you during these three days of consultations.

The children's world is one of innocence, joy and peace. Perhaps these are the qualities that we need most today. Yet, the situation of children in this part of the globe presents a picture that calls for an urgent and serious concern. We have a fairly large child population. Some 34 million children are born every year in our region. But around four million do not survive their first birthday and another two million die before they attain five years of age. And not all those are strong enough to survive and grow into healthy adults. There are millions who are living in conditions of want and deprivation; malnutrition and ill-health,



illiteracy and exploitation. In all these unfavourable situations, the girl child in particular is badly affected. If our male child is deprived, the girl child is doubly deprived. Besides common deprivations, she is discriminated against because of her sex. Morbidity is higher among the female children than among the male ones, and girls enter adolescence and motherhood undernourished, in turn giving birth to underweight babies.

Today, a growing majority of South Asian children face a context of deprivation. This is deprivation born not so much from economic poverty—which is a poverty of means in relation to wants, but a poverty related to services, to appropriate technologies, to infrastructure, and to managerial ability. This sort of poverty is not necessarily overcome by improved GNP and per capita income or by enhanced resources but requires deliberate measures to expand the availability and efficacy as well as utilization of services, and to make them more responsive to children.

The first and foremost objective of the South Asian Association for Regional Cooperation is to promote the welfare of the people of this region so as to improve the quality of their life. And since the integrated development of children is basic to this process, this conference of South Asian Children adds a new dimension to the SAARC concern.

The growth of the child on a sound basis is a necessary precondition for development. Children are our wealth and they are our future. We can afford to neglect them only at our own peril. I am reminded of the concern for children expressed by our late Prime Minister Smt Indira Gandhi, when she said: 'Every child has a right to health, to education, to congenial environment. But his share of the sun and air, of water and sustaining food, is limited by the economic status of his parents. We feel that it is the duty of the State to correct this injustice. All children do not come with the same endowments, but every government should be able to give every child the best opportunity to develop its potential to the fullest.'



Emphasizing the importance of human resources as a key factor in development, our Prime Minister formed a new Ministry of Human Resource Development in September 1985. This Ministry now provides a coordinated thrust to inter-related activities for the growth and development of our children from conception to the time of productive adulthood.

In August 1974, we adopted a National Policy for Children, which recognizes the nation's children as a supremely important asset and stipulates that children's programmes should find a prominent place in all national plans for the development of human resources so that our children grow up to become citizens, physically fit, mentally alert and morally alive, endowed with the skills and motivations so necessary to support our social and national development objectives. The Policy enjoins the State to provide adequate services to children, both before and after birth, and through the period of growth, to ensure their full physical, mental and social development. It allocates high priority to programmes relating to child health and nutrition, and care and education of orphans and destitute children, children of working mothers, and handicapped children. It also lays emphasis on special assistance to children of weaker socio-economic groups, and gives priority to children for protection and relief in times of distress and natural calamities.

In 1983, we adopted a National Health Policy reiterating our commitment to attain the goal of 'Health for All by the Year 2000' by provision of universal comprehensive primary health care services. It aims at integration of all plans for health and human development with the over-all socio-economic development process. It gives high priority to adequate nutrition for all segments of the population, water supply and sanitation, environmental protection, maternal and child health services, prevention of food adulteration and maintenance of the quality of drugs, and provision of a well dispersed network of comprehensive primary health care services integrally linked with the extension and health education approach.

In 1986, we have adopted a National Policy on Education and also formulated an Action Plan. The Education Policy sees growth and development of the child from conception to adulthood as a continuous process in which the child's basic needs and development potential should be fulfilled by provision of an integrated package of mutually supportive services at all stages of the child's growth and development. The Education Policy lays particular emphasis on universalization of free elementary education, particularly girl's education, a massive nationwide programme of school improvement through supply of teaching aids, teacher training, etc., and providing a vocational thrust to education. For education at higher levels, the Policy lays emphasis on pursuit of excellence and strengthening of existing institutions. It envisages non-formal modes of functionally relevant programmes for adults as well as school drop-outs.

The National Policies for Children, Health and Education equally emphasize the importance of early childhood care and education, as the very foundation for the development of our human resources. During our first four Five Year Plans, several programmes were started for pre-school children but these were mostly sectoral in nature and lacked adequate support in terms of organizational capacity, training, monitoring and research. Recognizing the holistic nature of early childhood care and education, requiring coordinated action for health, nutrition, social, mental, physical, moral and emotional development of

young children, we took up 33 experimental projects of Integrated Child Development Services during the year 1975 in a few tribal development blocks, urban slums and developmentally backward rural areas. These projects aimed at laying a solid foundation for physical, mental and social development in early childhood, reducing early childhood mortality, morbidity and malnutrition, improving the capacity of mothers to look after the normal health and nutritional needs of their children, and coordinating the various child welfare policies and activities of different departments. These projects provide an integrated package of services like immunization, health check-ups, supplementary nutrition, referral services, health and nutrition education and non-formal pre-school education to children below 6 years, pregnant women and nursing mothers. Efforts are made for convergence of other supportive activities like safe drinking water and environmental sanitation. The health infrastructure in ICDS project areas is strengthened in order to provide physical access to all mothers and young children in project areas. The basic functional unit is a child care centre called an Anganwadi catering to the needs of young children and mothers in a population of about one thousand, though this limit of population may sometimes be much smaller depending upon the habitations, number of villages and topography. Each centre has an Anganwadi worker and a helper, both of whom are local women. The anganwadi workers are trained for a variety of health, nutritional and educational tasks. They are supported with material supplies like food commodities, basic medicines and simple and locally made play materials for pre-school activities. Supportive supervision in the form of guidance and continuous education is provided by trained supervisors, para-professionals and project level medical and child development project officers. Medical colleges, home science institutions and schools of social work have been involved in independent surveys and evaluation studies. Very close monitoring systems have been established. The evaluation studies showed that community response was overwhelming, that the health and nutritional status of children substantially increases in immunization coverage, and that a large proportion of beneficiaries belong to the most needy sections of society. Encouraged by positive results of the programme, we started accelerated expansion during the Sixth Plan with adequate care for preventing deterioration and emphasizing improvements, during the phase of accelerated expansion. Today, we have all over the country 1,605 projects of which about 400 are in early stages of operation. At the end of September 1986, as per reports from 1231 projects, 9.1 million children and mothers were receiving supplementary nutrition and 4.2 million children were attending pre-school education activities in 1,21,000 anganwadis.

The infant mortality rate in ICDS projects which had functioned for 2 years was 88.2 as against the national IMR of 105 in 1982 and the birth rate in ICDS projects was 24.2 as against the estimated birth rate of 33.3 for the whole country. In 1983, the immunization coverage in 7-year old ICDS projects was 64.6 per cent for BCG, 61 per cent for DPT and 59.6 per cent for polio as against 29.4 per cent for BCG, 21.4 per cent for DPT and 16.6 per cent for polio in non-ICDS areas which were selected for new ICDS projects in 1983.

We have made substantial investments to increase our agricultural production and attain self-reliance in foodgrains. Our Agricultural Price Policy ensures reasonable support prices to

producers, and supply of food commodities to consumers at fair prices. Distress sales are prevented by public procurement of surplus foodgrains in the market. This ensures food security for the nation as a whole. For improving food availability at the household level, we have a network of fair price shops which sell food commodities to consumers at fair prices. In order to increase the purchasing power of the poorer sections of our population, we have increased our investment in rural employment programmes. Food surpluses in the public distribution system are now being utilized in rural employment programmes as well as supplementary feeding for young children, pregnant women and nursing mothers in tribal areas, urban slums and backward rural areas. These are supplemented with health and nutrition education and strengthening of the rural health infrastructure.

In recent years, considerable advocacy has been mounted by several aid organizations for a few activities aimed at improving the survival prospects of young children. While we must ensure the survival of our children, we must not lose sight of the need for their full growth and development. Moreover, in the minds of parents, all the needs of children are integrated. If workers approach them with one or two services aimed at only increasing the chances of survival, the workers are naturally confronted with other child development needs which are equally important. Integrated activities are needed for improving the survival and development prospects for children. Workers in such an integrated programme are more acceptable to the parents of children and can respond more effectively to the expectations of the community.

Universalization of elementary education is one of our important goals. While enrolment has improved remarkably, more efforts are required to tackle the problem of school drop-outs. This problem assumes critical proportions in respect of girls and children belonging to very poor sections of society. We are, therefore, mounting special drives for the enrolment and retention of girls and children belonging to poor families. Some important elements of the strategy are: improvement of facilities in schools like satisfactory buildings and supply of teaching aids; adjustment of school hours according to local conditions; development of curriculum related to socio-economic factors and environmental needs; extensive use of new education techniques; promotion of early childhood education among first generation learners; attaching of Anganwadis to schools to help girls attending on their younger brothers and sisters, to attend school; promotion of non-formal system of learning with emphasis on retention of children in both formal and non-formal systems; development of specific programmes to promote earning while learning; incentives such as free uniforms, books and supplementary diet.

There is another set of problems related to children of working mothers, destitute children, working children and handicapped children. We are assisting voluntary agencies for setting up day-care centres for the children of poor working mothers in the unorganised sector, whereas statutory obligation is cast upon employers to provide day care centres for the children of working mothers in organised industry. Assistance is also given to voluntary agencies for both institutional and non-institutional services for destitute children. As regards working children, our constitution prohibits employment of children in hazardous occupations and laws are enacted for this purpose. Our goal is elimination of child labour altogether. However, as a short-term

measure, we have focused our efforts on prevention of child labour in hazardous work and provision of health, nutrition, education and recreation to working children with the help of voluntary agencies. We are also considering some legislative support for this purpose. We have also taken up programmes for prevention, early detection and care of handicaps amongst children. For handicapped children, we have taken up programmes of their integrated education along with normal children and specialised training in vocations suitable for them. In all these programmes for children of working mothers, destitute children, working children and handicapped children, our focus is on integration of services to fulfil all the basic requirements of these children. Cooperation of voluntary agencies and academic institutions is enlisted for training of workers, implementation of programmes and independent studies.

I welcome the Resolutions in the form of a 10-Point Pledge adopted at the Symposium of Parliamentarians from SAARC countries on Child Survival, Population and Development from 29 September to 1 October 1986 at Colombo. If Parliamentarians take active interest and become strong advocates of the cause of children, we can not only prevent reduction in social services outlays in times of economic distress, but we can secure much higher priorities for higher resource allocations to children's programmes as the most constructive investment in national development planning. In the advocacy for children, we should keep in view the entire set of basic services for full growth and development of children. In my country, we have recently taken certain decisions for ambitious targets in respect of certain activities. For example, we have launched the Universal Immunization Programme in 90 districts and propose to extend this programme to the whole country in a period of five years. During the same period, we also propose to iodize the entire edible salt. A national programme for control and management of diarrhoeal disorders has also been initiated. We have adopted a National Code for protection and promotion of breast-feeding and shall soon introduce legislation to ban advertising of breast-milk substitutes. All these activities are, however, viewed by us as integral components of a comprehensive integrated programme for the growth and development of our children. The basic child care infrastructure of anganwadi workers and health para-professionals is appropriately trained and equipped with material support for successful incorporation of all such activities in their total set of early childhood development activities.

Gone are the days when children had no lobby and hence no clout in the decision-making processes of States. Advocacy for the child is now strong. Decision-making authorities are getting more and more oriented to and conscious of the needs of children, particularly those in a disadvantaged situation. I must here thank UNICEF, for their major role in child development during the last forty years and for the support they have rendered to this Conference.

I see many ways in which this Conference could serve the cause of the child and also of the SAARC nations. This Conference will be another instrument to strengthen the links among these nations, out of a common concern for the disadvantaged child. The very fact that seven governments have considered it necessary to get their representatives together, to discuss the South Asian Child, puts children high on our agenda for our planning and development. The exchange of

programme experiences can be used to improve national projects. This Conference could eventually lead to a viable form of technical cooperation among the seven SAARC nations, in the formulation and implementation of national projects to promote the well-being and development of our children.

I fervently hope and pray that the SAARC nations meeting in this Conference, will strengthen the advocacy for the child and will emerge as the strongest collective group, for children in South Asia.

#### **MALDIVES: Mr. Abdullah Jameel**

I am deeply honoured to address you at this SAARC Conference on South Asian Children. At the very outset, I wish to convey to you our warmest felicitations on your assumption of the chairmanship of this important conference. We are confident that with your wide and varied experience and your deep understanding of the problems facing our region, you would be able to guide our deliberations to a successful conclusion. On behalf of my delegation and on my own behalf, I assure you of our fullest cooperation.

I have great pleasure in extending my delegation's deep appreciation for the eloquent and inspiring inaugural statement made by His Excellency Mr. P.V. Narasimha Rao, Minister for Human Resources Development and Health & Family Welfare of the Government of India, and I am confident that it will remain a valuable asset in our deliberations.

On behalf of my government and my delegation I wish to congratulate His Excellency President Hussain Mohd. Ershad on his success in the recent presidential election in Bangladesh.

We are thankful for his encouraging words read to us this morning and I propose that His Excellency President Ershad's

message to this conference be registered as an official document of this conference.

Madam Chairperson, in the last few years, a revolution in child survival has been taking place around the world. The realization, especially with the advent of the Primary Health Care approach, and the fact that low-cost technology and approaches have the potential to save millions of lives, has shifted the focus of health care from institutions to families. The importance of the child as the foundation of the future, has begun to be emphasized, and he is beginning to receive the attention he rightfully deserves. We know that education increases the productivity of all workers, and that good health increases work capacity; therefore, the child's health and education should be regarded as an investment in the future, rather than an expenditure.

Madam Chairperson, during the last year, spectacular achievements were made by many nations in raising support and aid for the stricken people of some African countries. Fund-raising efforts were made by many concerned people and organizations, and these met with tremendous success. Many nations involving millions of men, women and children showed their concern, by generous donations of food, money, aid, and their time, to assist those in need. This response has shown us that the world attitudes have changed a great deal in the last few decades, and that now, people are not willing to accept such suffering anywhere.

Every such case, however, does not get the same degree of publicity. As in Mr James Grant's report, 'The State of the World's Children, 1986' there are the "quiet emergencies" that must be dealt with,—the malnourished child who dies of measles or diphtheria, or the baby who dies of tetanus; the individual children who die of preventable causes. These children make up the thousands of child deaths in developing countries, and many of them are in our own South Asian Region.

To prevent these, action must be taken by governments, communities and individuals; firm commitments must be made to reduce poverty and disease and to improve the quality of life.

In the Maldives, the Government accords great importance to the areas of education and health as a means of child survival and development. The Maldives is in the group of least developed countries, and as such we have major constraints in many fields. However, some significant achievements have been made in recent years in the areas of health and education. The literacy rate, from the most recent survey, (1986), is shown to be 93.25 per cent and the infant mortality rate has fallen from 128/1000 in 1978 to 63/1000 in 1985. These are clear indicators of national commitment towards raising the levels of education and health.

Madam Chairperson, the Maldives has not yet achieved universal primary education, but we have a long tradition of formal and non-formal education. Schooling in the English medium began in the 1960's and continues now with many modifications and improvements. Presently there are government as well as private schools which prepare students for the London GCE examinations. The number of children attending government and private schools in the Maldives stands at 45,726 (1985). There are also Atoll Primary Schools and Atoll Education Centres in each atoll, which cater to the learning needs of children in the islands. In addition, the islands also have their own private schools. The total number of school age children in the Maldives now is 50,394. About 91 per cent of this number are enrolled in school.



The high national rate of literacy is largely due to family and community based informal teaching, and high parental aspirations. There is no gender disparity in education as in many traditional societies. In fact, in the Maldives, women have a higher literacy rate than men, in the urban as well as rural areas. The government has also placed emphasis on a basic education programme for adults which is carried on throughout the country. The response has been extremely good and the sudden rise in the literacy rate from 86 per cent in 1983 to 93 per cent now, can be directly attributed to this cause.

Women in the Maldives, have always enjoyed equal rights; this is reflected in the number of women in employment, in offices, hospitals, schools and also in responsible positions in the government. For many years, women have held seats in Parliament (Citizen's Majlis) in the Maldives. Evidently maternal illiteracy is not a problem in the Maldivian context.

The goals of child health and education are closely connected; both sectors need to work in close cooperation to achieve maximum benefit for the child. In the sector of health the government has adopted the Primary Health Care approach to solve the present problems of inadequate maternal and child health services, under-nutrition and improper food habits, high incidence of diarrhoeal diseases and its causes, preventable and communicable diseases. The major focus then is on improving health care and health education services at all levels. Immunization programmes, nutrition programmes and health education programmes on oral rehydration therapy and other topics and a child spacing programme are all underway at the present time. To achieve the desired results we must have active support from all other government sectors, e.g. Ministries of Education, Agriculture, Atolls Administration, Fisheries, etc. It is also imperative that we strengthen the capability and efficiency of our referral support system at regional and central hospitals.

One of the major difficulties experienced by the Maldives in promoting child survival and development to achieve our targets for 1990, is the lack of trained manpower. This constraint is present in almost all sectors of government, dealing with aspects of child survival and development—education, health, sanitation, agriculture, social welfare, etc. We need teachers and educators, doctors, nurses, technicians, nutritionists and trained people in all technical fields. There are many training centres for these professions in the South Asia Region—it is our hope that the spirit of regional cooperation, in SAARC countries, will make possible more technical cooperation, TCDC in other words, to create opportunities for students of the region, who will eventually become leaders in their fields and play crucial roles in the development of their countries. What is needed are training facilities in universities and colleges of the region, where health and socio-economic problems are similar, and education will be relevant to their countries.

In conclusion, I wish to extend our profound appreciation to the Executive Director of UNICEF for the initiative taken in organising a conference of this nature which I am sure will provide a unique opportunity for the South Asian countries to work together towards a noble objective—protection for the lives and health and development of children of the region. I also wish to express our sincere appreciation to the South Asian Association for Regional Cooperation for their support and endorsement in holding this conference. I am confident that this conference will result in an exchange of information and

experience and insights into the common problems, faced by the countries of the region. Lastly, may I express on behalf my delegation, our sincere gratitude to the Government of India and UNICEF for the generous hospitality extended and the excellent arrangements made for the Conference.

#### NEPAL: Mr Ramesh Nath Pandey

On behalf of the delegation of Nepal and on my own behalf, I wish to express our great appreciation to His Excellency Mr P.V. Narasimha Rao for his inspiring inaugural address. The Minister's eloquent address has clearly delineated the task before this conference.

May I congratulate you, Madam Chairperson, on your well deserved election to the Chair. The contribution and commitment of India to SAARC and your own personal eminence and ability make us feel confident that the deliberation of this conference under your guidance will be fruitful and memorable.

I wish also to express the appreciation of my delegation to the Government of India for the warm welcome and generous hospitality accorded to us as well as for the excellent arrangements made for this meeting.

Our gratitude is also due to UNICEF for its generous support of this first South Asian assembly on Children. On its 40th anniversary I wish to pay a special tribute to this organization which has been carrying on a silent but remarkable global revolution dedicated to child survival and growth. Many of the great hopes of mankind depend upon the survival and growth of children into productive adulthood. The distillation of the experiences of the past forty years has brought UNICEF to launch a revolution in child health. A serious commitment to that revolution by peoples and governments could further accelerate the progress for the world's children with attendant reduction in child malnutrition and avoidable deaths and a significant slowing down in the rate of population growth.



Madam Chairperson, I wish now to dwell briefly on the state of the Nepalese children and our efforts to meet challenges facing us. According to the 1981 census, child population in the age group of 0-14 years is 6.2 million which is 41.4 per cent of the total population of Nepal. Children thus constitute a very large segment of our human resources. Our development status, however, seriously limits our capacity to fulfill the needs and to promote the welfare of the children. The growing national concern and the need for a comprehensive inter-sectoral approach to deal with the varieties of problems confronting them have led to the formulation of a national level policy for child development in the Current Seventh Plan (1985-90). We are aiming at child survival for facilitating the transition from childhood and youth to physically, mentally and socially fit adults.

Education for the children has been receiving special attention in our policies. Pursuant to the directive of His Majesty King Birendra Bir Bikram Shah Dev, primary education is free and textbooks are distributed free of cost to every child in primary schools. Our goal is universal and compulsory primary education by the year 2000.

Madam Chairperson, the establishment of a just, dynamic and exploitationless society through class and occupational coordination in order to promote the well-being of the people is the basic objective of our Partyless Democratic Panchayat System of governance. Promotion of the welfare of the people has been accorded the highest importance in our constitution and this includes promotion and safeguarding of the rights and welfare of the children. This political priority is evident from the provision for the Nepal Children's Organisation as one of the Six Class Organizations in our Constitution since the early Sixties. To achieve these constitutional objectives, we have launched a programme for decentralization emphasizing an even greater role for local Panchayat leaders to reach out to the people with maternal-child and other development programmes. The responsibilities for the formulation and implementation of village and district level population and development programmes, including those for the children, rest with the 75 district Panchayats of our country. The members of Rashtriya Panchayat, the highest legislature of the country, are encouraged to initiate policies on child-maternal health, population and development, based on their proximity to and knowledge of local conditions. Appropriate legislation to safeguard the right and well-being of children is enacted.

It is clear that the problems cannot be solved by the efforts of the government alone. Large scale public participation in development activities including those related to child welfare is necessary to generate community awareness and to upgrade the knowledge and skills of parents and guardians. Her Majesty Queen Aishwarya Rajya Laxmi Devi Shah has been the national rallying point for coordinated and concerted non-government efforts for national development. This has led to the avoidance of duplication and fragmentation in social services. Under the gracious chairmanship of Her Majesty the Social Services National Coordination Council has been able to impart a new sense of direction and devotion to individuals and organizations involved in social services. The Child Welfare Coordination Committee is one of the six committees under the Council which is receiving direct royal patronage and guidance and has been instrumental in launching programmes directed

particularly at rural children. The Nepal Children's Organization under the august patronage of Her Majesty the Queen Mother has branches in all the 75 districts and has been operating children's education, nutrition and development programmes on a nationwide basis. I avail myself of this opportunity to express our appreciation to UNICEF for the sustained cooperation in our efforts.

Madam Chairperson, the problems I have outlined are not unique to Nepal. All countries of this region have similar problems in varying degree. The shared perception of the common challenges posed by poverty, under-development, low level of productivity, unemployment and pressure of population has led to the launching of the South Asian Association for Regional Cooperation at the historic Dhaka Summit last December. That epoch making event in the history of inter-state relations in this region symbolizes the striking national consensus in the seven countries of this region to transcend divergences in favour of group interest and regional perception. It marks the culmination of the determined will of the people and government of this region to create an institutional framework for mutually beneficial regional cooperation. South Asia is the home of a quarter of the total human population; the promotion of their welfare and improvement in the quality of their life through joint action and enhanced cooperation within their respective political and economic systems and cultural traditions are the motivating forces behind this regional endeavour. In the words of His Majesty King Birendra Bir Bikram Shah Dev, SAARC represents a "modus vivendi, an approach as it were towards a new way of living together." His Majesty has exhorted us all to chart out a course of action based not only on idealism but also on hard realism so that the peoples of this region could live a life free not only from poverty and disease but also from tensions and anxieties.

It is therefore appropriate, Madam Chairperson, that representatives from SAARC countries should gather here to exchange experiences and ideas on ways and means of promoting the welfare of the children. In them lie our hopes for a peaceful, stable, prosperous and dynamic South Asia of tomorrow. Statistics bear but the enormity of the task that lies ahead. Out of 34 million children born in this region, four million do not see their first birthday and another two million die before they are five. Malnutrition, ill health, illiteracy, child labour and exploitation prevent a great many of them from growing into active and productive members of our society. The connection between mental and physical development of children and the socio-economic development of our countries is clear. Together we can forge a regional strategy for our children and thus help ourselves move closer to the visions of SAARC. The delegation of Nepal earnestly hopes that this conference will be able to provide valuable inputs for our collective longmarch towards promoting the welfare and improving the quality of life of the peoples in this region.



**PAKISTAN: Begum Afsar Riza Qizilbash**

It is indeed a matter of immense pleasure for me and the members of my delegation to participate in the SAARC Conference on South Asian Children. The child is not only a blissful object but being the father of man, poses a great challenge and responsibility for mankind. It is, therefore, heartening to note that the SAARC family, in collaboration with UNICEF, is meeting here to review and ponder over the ways and means of promoting the welfare of the children of the region.

Since Pakistan is an Islamic Republic, its policies and programmes are led by Islamic teachings which are all-embracing and cover all aspects of human life. Islam regards children the best of human capital. The investment on their healthy growth and development as responsible citizens is considered as a sacred duty. There is a saying of our Holy Prophet (Peace Be Upon Him) that no father gives his child a gift more precious than good upbringing. Islam, therefore, emphasizes all aspects which lead to the growth and development of a healthy child and which prepare him for a responsible adult life.

*The child cannot advocate his needs. His future as an adult depends on the care and education which he receives as a child. Being a basic unit of human capital, the child needs the greatest possible care and services from his family, his elders, teachers and the society as a whole.*

According to the 1981 population census, the children in the age group 0-14 years comprise 44 percent of the total population of Pakistan, out of which about 28 percent reside in urban areas while about 72 percent live in rural areas.

The Government of Pakistan is fully alive to the needs and requirements of children. The Government is also conscious of the fact that since the women as mothers stand at the centre of children's survival, their education as well as their physical, mental and intellectual well-being requires special attention.

These aspects should, therefore, receive priority. In Pakistan, special programmes have been initiated by social welfare activity in the country and further boosted through the Women's Division of the Literacy and Mass Education Commission as well as non-government organizations. These programmes aim at improving the socio-economic status of women, enhancing their knowledge about health, hygiene, nutrition intake, self-care, care of family and above all, the care and development of their children.

In order to evaluate the existing services for children, to identify needs and tasks, to fix priorities, to initiate and assist action-oriented specific programmes for promoting optimal and integrated welfare and development of services for children and their families in urban and rural areas through government and non-government agencies, the Government has established a National Commission for Child Welfare and Development with the President of Pakistan as its patron-in-chief. Besides other matters such as the identification of areas that require improvement or new legislation, the Commission has formulated a National Plan of Action which has highlighted the following major problems:

- Lack of information among families about healthy growth and development of children;
- Malnutrition and poor health;
- Unhygienic environment;
- Insecurity, neglect and exploitation;
- Lack of educational and recreation facilities; and
- Lack of guidance facilities

The plan has also laid down 24 policy objectives which aim at solving these problems and improving the lot of children. The plan emphasizes education and guidance of family, specially the mothers for making improvements in physical, social and intellectual development of children. The plan also envisages that education, health and recreation programmes may be extended to working children so that where it is not possible to withdraw them from work, their developmental needs may be met. It has recommended that where the children are made to work simply because of economic reasons, such families may be assisted through Zakat and Ushar funds. The plan places great emphasis on developing programmes that provide constructive and healthy activities to school-going children in their leisure time in order to protect them from falling victim to anti-social elements.

Realizing that as, for various reasons, it would take time to achieve the laid down objectives, the plan has fixed the following five priorities:

- ensuring the rights of children;
- provision of an environment to children free from want, neglect, indifference and exploitation;
- provision of services to children for healthy, physical, emotional, social and intellectual growth and development;
- legislation, and,
- infrastructure.

Simultaneously, all-out efforts are being made to reduce infant and maternal mortality and I am happy to inform this august gathering that with the growing emphasis on primary health care, infant mortality rate in Pakistan is showing a downward trend. In order to provide at least one trained birth attendant in each village, traditional birth attendants are being trained. Qualified doctors have been placed at basic health units at public health delivery outlets. The immunization programme



against the six diseases of infancy and childhood, i.e. diphtheria, tetanus, whooping cough, tuberculosis, measles and poliomyelitis has changed the situation for the better.

This programme in Pakistan which had been vertical in the beginning is gradually assuming the profile of a horizontal integrated activity. Primary education both for normal and handicapped children is receiving concerted attention of the Government. In the sector of Special Education, 37 development schemes costing about Rs. 1600 million have already been initiated. These cover all aspects of disability. A breakthrough in this field has been achieved.

Community development projects, medical social work projects, day-care centres for children of working women, mothers' and children's homes, baby homes, centres for lost and kidnapped children, model orphanages, school social work services, etc. have been established. More than 4,000 non-governmental organizations are also augmenting Government efforts in provision of health, education and social welfare services for mothers and children. In the Sixth Five-year Plan, a close coordination between various government agencies and voluntary sectors has been envisaged. Provision of housing, construction of roads, electrification of rural areas, etc. are being given due priority.

All the afore-mentioned programmes are being further boosted in the wake of the Five Point Development Programme announced by the Prime Minister of Pakistan, Mr Mohammad Khan Junejo, in his historic address to the nation on 31 December 1985.

Pakistan needs to study the experience of developing countries in the region having similar socio-economic conditions as that of Pakistan. The following is proposed in that connection:

- exchange of experiences and expertise through conferences, workshops and seminars and exchange visits, in the areas of enhancing the role of women in development, raising their socio-economic conditions, enhancing their knowledge for improved child care, health, nutrition, growth monitoring, pre-school stimulation of their children as well as in tackling problems such as child labour, child abuse, drug addiction and juvenile delinquency.
- exchange of information and literature on the welfare and development of children,
- development of case studies containing success as well as failure stories,
- exchange of technical assistance.

In the end, I, on my own behalf and on behalf of the Government and people of Pakistan and my delegation, would like to acknowledge and appreciate the initiative taken by UNICEF for providing an opportunity to the SAARC family to review their policies and programmes for mothers and children and renew their pledges to improve the state of mothers and children in the region by sharing their experiences and expertise. I also thank the Government of India for playing host for this august platform.



**SRI LANKA: Dr Ranjith Atapattu**

The Sri Lankan population today both adults and children continue to benefit from the progressive social policies upheld by successive government since independence 39 years ago. These measures have led to vastly improved literacy, education and health standards and have also provided for a high quality of life for the average Sri Lankan today, remarkable for a low-income and developing country. Recently we have been deeply affected by international economic trends and have had to set limits to the outreach of many of these social welfare programmes. These have also affected the quality of some of their outcomes. The challenge ahead of us now is to maintain our past gains in social development and better target our strategies and interventions so that the most vulnerable and the disadvantaged are adequately looked after.

At the macro level, most of the present government's initiatives have been focussed on investment and economic growth, so that employment creation and income generation which would alleviate poverty and improve living standards of the masses have been emphasized. Through the minimizing of a reliance on subsidies, and also other adjustment policies, the low income groups have been encouraged to participate in production oriented processes and programmes.

We, however, are most aware of the fact that until our long-term development plans are fulfilled, the most vulnerable groups in our population need to be protected. Thus we have continued our people's policies such as the food stamp scheme, free education and health facilities, and many other social welfare measures which can protect our people from the adverse effects which can take place during this transition phase.

I must also mention here that our macro economic performance has been most encouraging. In per capita terms, there has been an average growth rate of 4.1 per cent during the

period after 1977 and an increase in per capita income from US\$ 170 in 1970 to US\$ 340 in 1985. Similarly there has also been a significant decline in the rate of unemployment from 24 per cent in 1973 to between 12–14 per cent by 1984. In spite of these gains, we still continue to ask the question, 'to what extent does the macro-economic growth rates benefit the different sectors or regions in the country, especially the poorest families in our villages, urban slums and shanties, plantation areas and new settlement schemes'.

The most recent information reveals that these low income groups are still continuing to face problems connected with loss of value of their income and escalating price inflation of essential food items. Their lives are also burdened with a high child *dependency ratio*, which makes it even more difficult to maintain minimum consumption standards. On the other hand, the allocation of resources for investment connected with development programmes such as major irrigation schemes like the Mahaweli has meant a curtailment on the expansion of facilities in the social sector. There has also been problems within the social sector to initiate national scale, universal remedial measures to reach specific groups, whether it be children or youth, the aged or the disabled.

However, I should stress that the needs and current status of children have not been neglected in the country's further strategies and perspective. A number of National Co-ordinating Committees continue to monitor the problems and needs of children since inter-sectoral co-operation and co-ordination is important. The establishment of the Children's Secretariat under His Excellency the President is one such mechanism, since the child is not the monopoly of any one government ministry or department.

At this juncture, may I share some of the more positive experiences on child survival, growth and development interventions and our concerns for the future of the Sri Lankan child. The child population as estimated by the 1981 census was over 5 million and almost 10 per cent of this falls into the 1–4 year category. Thus it is a relatively large dependent group in the total population and will remain so for a number of years to come. This has taken place despite a significant decline in fertility which was facilitated by changes in attitudes and behaviour through education, and trends towards late marriage by Sri Lankan women. Young couples today not only benefit from access to equal educational opportunities but also have ready access to free family planning services offered by the state.

Before the actual birth of a child, a mother becomes eligible to an integrated package of services provided through the presently existing Maternal and Child Health services. A cadre of public health midwives has been recruited, trained and mobilized to provide domiciliary care to all pregnant women, infants and pre-school children, supplemented by a range of health services provided at the child welfare clinics.

The impact of these services is most evident in the immunization programme. Although immunization services began in the 60's, the Expanded Programme on Immunization (EPI) was introduced only in 1978. By the 1980s coverage was expanded and in 1985, the programme was further accelerated by the government in its commitment to the goal of Universal Immunization by the end of 1986. A WHO/UNICEF survey conducted in early 1986 revealed that in these areas, a near universal coverage of infants with age appropriate immunization

with Polio, DPT and BCG had been accomplished.

The maternal and child health clinic also provides the infrastructure for other important programmes, namely, growth monitoring and nutrition, diarrhoeal disease control/ORT, maternal health, family planning services and health education. Through the strategy of growth monitoring, better targetting of services including food supplements take place and, most important, the mother and health worker together can prevent malnutrition setting in. Diarrhoea management becomes important not only control of child mortality but also reducing child morbidity and its implications for malnutrition. Through oral rehydration therapy, efforts are made to reduce the many preventable fatalities due to dehydration, while health education and better access to water supply and sanitation facilities remain key factors in the control of diarrhoeal diseases. A communication strategy aimed at educating parents on how to recognize the symptoms of dehydration and to rely accordingly on the life giving salts named 'Jeevani' is presently being promoted through all available audio and visual techniques.

A programme for early detection of child mental health problems and promoting healthy psychological development has also been introduced through the field health staff. This is also part of a programme to promote early childhood stimulation.

Sri Lanka is fortunate in having a traditional concept of voluntarism and an enlightened and educated band of youthful volunteers who assist the health field staff in achieving 'Health for all' and child survival goals. These volunteers provide leadership to a large number of community activities which not only contribute to self-reliance in health at the village level but also enable the extension staff to reach the more under-privileged and deprived groups.

Maintaining gains in the food and nutrition sector as well as in the education sector have not been easy for the policy makers. Nutritional deficiencies among young children have emerged as a major problem area in spite of improvements in overall food production, investment, economic growth and employment in the country. Acute under-nutrition or wasting in the pre-school child population has risen significantly while chronic under-nutrition or stunting also remains a matter of great concern. Children in the poverty groups are not receiving sufficient food for their growth and development, due to poor purchasing power of their parents as well as due to ignorance. Nutritional anaemia connected with iron deficiency is a major problem not only for the entire population connected with work capacity and productivity, but is also very significant among pregnant mothers and children.

The Food Stamp Scheme is an effective intervention to which a considerable amount of government resources (Rs. 1,800 million) is allocated. In late 1985, the scheme was rationalized to benefit the poorest groups, with the value of food stamp doubled and all children below 12 years becoming recipients. Approximately two million children will also benefit from the new scheme.

In order to overcome many of the logistical problems of supplementary feeding programmes, the Government has been giving serious thought to alternative schemes utilizing indigenous food, freely available in the rural areas and prepared with minimum overheads. The 'kola-kenda' programme is one such initiative. It is also effective. Coverage of this will be expanded through collaboration with the non-government sector. Home gardens and school gardens will also be



popularized with government support.

A nutritional surveillance system to monitor the nutrition status of infants and pre-school children and other groups 'at risk' is being established since it is only through such a scheme that it will be possible to assess the impact of nutrition related interventions.

We also need to keep in mind the close inter-relationship between infections, diarrhoea and nutritional status of children. Therefore the government through a multi-sectoral approach will continue to emphasize the health related nutrition aspects such as ORT/diarrhoea control, immunization—particularly measles, food safety, food control infrastructure development, water and sanitation and nutrition education as main supports for a long-term health and nutrition strategy.

Imbalances in social and economic development have affected the implementation of educational programmes and imposed barriers to equal participation. Often it is the more privileged and articulate groups that get the best resources, and it is characteristic of the school system that there is congruence between the socio-economic status of the school population and the facilities provided in school.

Yet, most of the children of school age had access to schools within two miles of their home in 1983. The distance to a school is a critical factor in primary school enrolment. So is the availability of basic support to the family especially school books and uniforms. Thus the government initiative to supply free school books to the entire school population was a step to curb non-enrolment and school drop-outs. Participation rates of children are, therefore, relatively high and free education has ensured that urban rural differentials and gender disparities are minimal.

The educational needs of non-school going children and the pre-schoolers received low priority until recent times. In 1981 non-formal programmes of evening classes for out-of-school children was introduced with external assistance. Currently the

programme is conducted in about one hundred centres. These centres are the only avenue of educational opportunity to some of the most economically deprived children.

A new proposal for a programme for early childhood care and education found expression through government channels in 1985. This encompasses a holistic concept that the physical, intellectual and psychological needs of the young child needs an integrated structure of services. This is to be achieved through a network of Child Centres and Support Centres in rural, urban and estate areas. The programmes at such centres will not only ensure early childhood care and stimulation but also assist to prepare the pre-school child for entry into primary school.

The time has now come for Sri Lanka to re-assess its commitment to its child population, even though the children in Sri Lanka appear to have fared relatively better than their counterparts within larger countries in this region. However we need to reassess the continuing needs of children and devise alternatives for programming. This is more so in the face of monetary limitations, poor prices for export commodities and the menace of terrorism. We are acutely conscious of social, economic and political forces which have created pockets and groups of disadvantaged children, who will have no support network except the government system.

There is no room for complacency where the needs of children are concerned. It is in this spirit of consciousness that the Sri Lankan government pledges support to the SAARC initiatives for children which include a Child Survival and Development Revolution. It is a challenge that we have taken. We are hopeful of achieving a positive outcome, especially because we are already assured of a strong community involvement. A strong concern for children widely prevalent even among our poorest families, living in the most remote villages of our country, is a significant factor why we can succeed, if we try hard enough

## OFFICERS OF THE CONFERENCE

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## Working Groups

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3 Mr M Mujibul Huq (Bangladesh)	Ms Vidyabehn Shah (India)	Ms Sonam Chhoki Gyamtsho (Bhutan)	Dr Ashfaq Ahmed (Pakistan)
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7 Mr Jigme Thinley (Bhutan)	Ms Bushra Rehman (Pakistan)	Mr C K Pradhan (Bhutan)	Dr S A Chowdhury (Bangladesh)



Rapporteur-general



Drafting the report

## WORKING GROUP REPORTS

### Working Group I: PUBLIC POLICIES FOR CHILDREN'S DEVELOPMENT

Chairperson: Professor U.M. Malla, Nepal  
 Vice Chairperson: Ms Ismail Shafeeu, Maldives  
 Rapporteurs: Mr. Susil Srivardana, Sri Lanka  
 Mr M. Bux Abbasi, Pakistan



#### Poverty and its conceptualization in relation to women and children.

Poverty is the core issue at the macro level, where:

- The goal should be to help all children in general above the poverty level, and the bottom 20 percent of children in particular.
- Families below the poverty level need to be explicitly quantified.
- Magnitudes of child labour need to be assessed and quantified, and a benchmark indicated.
- There is a need to explicitly recognise and quantitatively

reflect the value and output of women's and children's work.

- There is an urgent need to generate new concepts and frameworks from within national contexts, instead of being limited to conventional, received stereotypes.
- National plans should explicitly recognize the contribution of the informal sector in every area of economic activity.
- Public policy must address the issue of the social and economic value of children as human resources in societal development.

#### Some key perceptions

- All forms of discrimination based on gender, especially those related to female children at birth, socialisation, access to medical and learning facilities need to be identified and removed to achieve equal opportunities.
- Poor families and communities in the informal sector possess their own processes of meeting basic needs. The state needs to recognize and value those people's processes implicitly, and build on them through explicit support.
- State support should be limited to those areas where the poor cannot resolve problems on their own.
- Human beings should be made the primary resource in development, with other secondary resources from outside complementing.
- Attitudes towards children's optimal physical and mental development need to be sensitized by recourse to all channels of the mass media.

#### Employment

- Labour intensive employment strategies have a major impact on raising incomes and reducing poverty.
- Apart from the organised private and public sectors, which are well recognised, the role of the informal sector should receive explicit recognition in planning and programme preparation.
- Women, children and women-led households, constitute large majorities in the informal sector.
- Credit is a vital catalyst in helping women to develop self-employment.
- Upgrading and diversification of skills, and making them marketable, are important aspects of employment generation.
- Recruitment policies for women joining the organised labour force should be relaxed to an age limit of, say, 30 years, to permit them to do so after bringing up their young children.

- Children themselves have inherent, creative capacities for self-reliance and self-help, and adults should be made aware of their potentialities through the mass media. Programmes like sanitation could be developed on the basis of those capacities.

### Inter-sectoral linkages and SAARC cooperation

- There is a need for a synergistic approach to child development.
- There is a need for regular review of national policies to revise and improve them with the lessons learnt from practice.
- Since a SAARC Secretariat is in the process of being set up, it is desirable that a function for Social Sector Monitoring be established at the very inception.
- There is a strong need for a small SAARC group to annually meet and continue to observe, study and write up significant lessons from actual experience, as an instrument of essential follow-up to this Conference.

### National budgets

- Children should be the first priority in budgets.
- Special component plans for vulnerable groups should be incorporated in national planning.
- Food balance sheets should achieve trade-offs between food surplus and food deficit segments.
- Unproductive and wasteful draining away of scarce resources in conflicts are seriously eating into national budgets and worsening the condition of children today. This critical trend has to be reversed in the short term through diverting resources away from armaments towards child development activities. Therefore, political leaders should take a stand as parents to ensure this.

### Working Group II: PHYSICAL ENVIRONMENT

Chairperson: Mr Moosa Hassan, Maldives  
 Vice Chairperson: Mr Abidur Rahman, Bangladesh  
 Rapporteurs: Dr A.B. Bose, India  
 Ms Chandni Joshi, Nepal

### Education

- Specific programmes for female literacy and female school enrolment levels should be implemented.
- There should be universal education.
- Pre-primary education is important.
- An important aspect of education for working class children is specific vocational educational programmes which combine earning while they learn skills, in which the duration of working hours can be stipulated.



### Specific target groups

There is a need to identify specific target groups. They are:

- children during the 9 months of gestation;
- children from 0–5 years;
- Pregnant mothers in the last trimester; and
- mentally and physically handicapped children.

### Role of the private sector

- The invaluable role of private voluntary organizations should be explicitly recognised by governments and appropriate support should be extended to them.
- The informal private sector is a massive source of productivity, which remains largely untapped. The state needs to recognize this, and mobilize and support it.

### Legal Issues

- There should be more effective enforcement of existing laws, especially at the grass-roots, factory and interpersonal levels.
- The key issue with regard to child labour is not child labour per se, but its exploitative implications.

The main issues discussed included Water and Sanitation, Shelter, Domestic Fuel Resource, and Slums. While these issues are wide ranging, the discussion focused on their relevance to children and women in the region. The members participated actively in the discussion and sometimes divergent views were expressed which helped in understanding the

different dimensions and complexities of the issues. It was recognized by the group that the large number of children involved, the severe constraint on available resources, and the low economic status of the majority of the population, made the resolution of these problems very difficult. However, a sharper focus on children and a recognition of their special needs in development plans would help to channel more resources for actions designed to alleviate these problems.

### **Water and sanitation**

It was recognized by the group that one of the first requirements for ensuring child survival, growth and development was the availability of adequate quantities of safe drinking water and a clean environment.

The group reaffirmed the targets set by individual countries on coverage of water supply and sanitation during the International Decade for drinking water supply and sanitation. Although it was recognized that universal coverage for water supply and sanitation may be difficult to achieve within the decade, concerted efforts should be made by the countries of the region within the framework of Health for All by the year 2000 as agreed at the Alma Ata Conference. The group expressed concern at the low priority accorded to water supply and more particularly to sanitation in the allocation of resources in national plans. It also recognized that local authorities by themselves are ill-equipped to meet the requirements unless there is substantial financial support from the national government. The group urged that policy makers and planners should be sensitized to the requirements of the poor in terms of resource allocation for water supply and sanitation. The need for integration with programmes in other sectors on the basis of identified linkages was also emphasized.

It was agreed that sustained health education efforts and increased community awareness are crucial in reducing water and fecal-borne diseases. The involvement of the community in programme planning and implementation and the maintenance of services was considered vital. The group felt that cleanliness and good health habits are best inculcated as a part of the education of the child. Therefore mothers and school teachers need to be trained and children educated and actively involved in all such programmes. Both mass and traditional media of communication using modern social marketing techniques should be used to convey messages relating to improved personal and community hygiene practices which pollute the environment and create health hazards. The group felt that a more effective use of night soil disposal and the construction of low-cost latrines, for which adequate technologies already exist, could be made if behavioural changes can be brought about.

The group noted that non-governmental organizations in different countries of the region have achieved success in dealing with problems of water supply and sanitation, and their resources and expertise should be mobilized to a much greater extent. Government should not only give recognition to the valuable work they are doing but also provide some support for training, and financial assistance whenever possible.

### **Shelter**

The group expressed concern about the serious problem of inadequate shelter in the region. It recognized that, while at the

decision making level the need is accepted, enough funds are not allocated and there are serious shortfalls in implementation. The group strongly recommended that shelter should be a focal concern in meeting the basic needs of the under-privileged sections both in urban and rural areas. The group strongly recommended that in areas with extreme climatic conditions, temporary shelters should be provided using public funds. Homeless, abandoned and vagrant children as well as destitute families should receive priority in the matter of provision of shelter.

Innovative, low-cost housing techniques which make maximum use of community resources should be utilized. In view of the general paucity of infrastructural resources, maximum use should be made of existing buildings and institutions by extending their use beyond normal working hours. Flexibility in use of the infrastructure to meet the community's needs should be permitted.

Since children are the worst affected by inadequate shelter and poor environmental conditions, governments should give serious consideration to providing an integrated package of sites and services and credit and subsidies so that people are encouraged to build shelters.

The group endorsed the goals of the *International Year of Shelter for the Homeless* and urged the governments to work towards achieving these goals.

The group strongly felt that in the planning of layouts of cities and neighbourhoods and in urban renewal and slum clearance programmes, the need for space for play, recreation and community activities, and day care services for children of working mothers should be recognized by town planning organizations; norms should be worked out for incorporation in the city development plans and included in the bylaws.

### **Domestic fuel resources**

The group strongly urged the need to restore the ecological balance of the region which has been severely degraded due to thoughtless deforestation. Such a measure would be the best legacy that the present generation could give to children. The group recommended that for achieving this goal, social forestry should be fully promoted and awareness and community support obtained. The community and the family should have a stake in afforestation and conservation by allowing them to benefit from the fruits of their endeavour.

The group strongly advocated the need for launching the smokeless chula (stove) campaign and promoting alternative energy to conventional energy uses to relieve the pressure on fuel wood, thereby facilitating conservation of trees.

Children should be encouraged to participate in a big way in afforestation programmes and given responsibilities for taking care of such plantations on a neighbourhood and school basis.

### **Slums**

The group was of the view that, while all of the general development issues discussed above had a bearing on slums, it was necessary to sharpen the focus on them because their concentration in slums had a particularly detrimental effect on the growing number of urban children.

The group recognized that the urban poor perform important functions in the cities; slum improvement should therefore be a

priority concern. It was agreed that development should be carried to the villages in order to create better conditions there and check migration to cities. However, since the poor would continue to migrate to the cities satisfactory living conditions would have to be created for them in the cities. In order to do this, it is important to allocate sites for low income housing and ensure credit facilities and subsidies.

The group recommended that in order to relieve the pressure on mothers and on social services, and allow more attention of services to the mother and to the child, family planning services should be promoted in urban slum areas.

The group recognized the crucial role of people's involvement and community motivation in slum improvement and in maintenance of community facilities and social services; it recognized that urban community development must be supported in a big way.

### Regional cooperation

The group recommended the following three areas for regional cooperation recognizing that there is much to share from the experience of the countries of the region in tackling various problems which, despite national variations, have many similarities:

- Identify research and training institutes and universities that can function as a network for studies, training of manpower, documentation of information and dissemination of information.
- Encourage exchange of experts between different countries of the region and organize periodically study-tours, workshops, seminars on different problems.
- Develop strategies for joint diagnosis and plans of action for problems which require the co-operation and active participation of countries in the region.



### Working Group III: SOCIAL ENVIRONMENT

Chairperson: Mr M. Mujibul Huq, Bangladesh  
 Vice Chairperson: Ms Vidyabehn Shah, India  
 Rapporteurs: Ms Sonam Chhoki Gyamtsho, Bhutan  
 Dr Ashfaq Ahmed, Pakistan



### Child labour

The first issue discussed was child labour. The group felt that at present, although legislation exists and can be strengthened further, complete ban on child labour was not realistically possible and what could be achieved was to prevent the exploitation of child labour. In this context the following suggestions were made by the group:

- The minimum age of child employment should be restricted by law as exists now in some SAARC countries; but for a limited period of time there could be some relaxation decided by the national governments depending on the local constraints.
- There should be free and compulsory primary education for all the children in the SAARC countries.
- In some families it is an economic compulsion for a child to work and in appropriate cases, these families could be given financial and employment assistance to their parents, if possible, if the child is withdrawn for his education.
- The places where the children work, like factories, should not be exposed to hazards, which endanger the child's safety and development. All the work-places should have

adequate recreational and medical facilities and safety precautions. The environment should stimulate their interest in formal education.

- Proper data on child labour are not available in the SAARC countries. The problem should be properly surveyed and data collected to quantify it. Data collection techniques should also be reviewed and improved.
- The ILO charter on child labour should be strictly followed in the SAARC countries. The difference between child labour by formal employment and child work in informal family situations need to be properly distinguished and national laws on child labour drafted accordingly.

### **Drug abuse**

On the problem of drug abuse, the following suggestions were made:

- No child should be allowed to have access to any drugs and narcotics including alcohol and tobacco.
- School going children should be educated on the problems and hazards of drug abuse by voluntary organisations, teachers, and religious leaders. Children must be informed of the dangers of drugs.
- There should be a complete ban on cultivation of poppy in the SAARC countries with adequate substitution to compensate the farmers.
- There should be a convention signed by SAARC countries on the complete ban of drug trafficking between these countries.
- Legislation should be strengthened to give exemplary punishment to drug traffickers involving children as users or carriers.
- Exchange of expertise among member countries— conferences, conventions on drugs and narcotics should be encouraged.
- Rehabilitation centres for drug addicts should be established.
- Maternal education on the use and dangers of sedatives in infancy should be promoted.
- Services should be made available to the parents of the drug addicts as to how to tackle this problem.

### **Child marriage, delinquency, vagrancy and prostitution**

- The moral, social and religious values of the family as an institution should be preserved.
- Preservation of the family and its protection from disintegration should be ensured.
- Prevention of rapid urbanisation should be helped by promoting effective regional planning.
- Attempts should be made to reverse the mass exodus of children and families, back to the rural areas.
- There should be effective implementation of the Children's Act. Children who commit crimes should be put in rehabilitation and correctional institutions.
- SOS villages or other similar institutions common to the countries should act as a link among SAARC countries.
- A stock-taking of progress in implementing recommendations of the UN during the International Year of the Child in 1979 and International Year of the Disabled in

1981 is necessary to see how far these have been followed up.

- There is lack of funds to tackle the above problems. SAARC countries should ensure that more funds should be made available by the respective governments.
- Education of both the mother and the father is important to prevent juvenile delinquency, vagrancy, drug abuse, destitution, prostitution, etc. Responsible parenthood is required in the prevention of these maladies.
- Action in this field is not the sole responsibility of the government. Private welfare institutions, private sector firms and individuals must come up for the prevention, education and rehabilitation programmes.
- In commercial advertisements, women and children are exploited and foreign values which are alien to the local culture are transmitted. These should be contained and stopped.
- There should be wide dissemination and exchange of inter-country ideas and experiences on these issues.
- Exemplary punishment should be given to adults who involve children in criminal and anti-social activities.
- The media should be involved in mass education.
- Children should not be involved in politics.
- Although facilities for pre-school children of working mothers exist in some of the SAARC countries, efforts should be made to provide day care facilities for the children of working parents and other suitable facilities for the school going children, so that they can have group experience and are kept away from vagrancy or crime.

To prevent disintegration of the family, it is necessary to ensure peaceful environment for the child's development and retention of rural population by providing basic needs at the village level. The local government in the SAARC countries can do a lot to identify the problems at the village level and to support the affected families.

### **Prevention of childhood disabilities and rehabilitation.**

- Not much data are available in the SAARC countries on the prevalence and types of disabilities. The SAARC countries should have a coordinated policy of detection, treatment, rehabilitation and prevention of disabilities in children. The main problem is a lack of enough public awareness. The disabled child should be integrated in the community and not treated in isolation. More funds from the SAARC governments, individuals, philanthropists and public sector should be made available to detect, treat, rehabilitate and prevent disabilities.
- The traffic law should be rigidly enforced to prevent accidents on the road.
- There should be universal immunization of children against the crippling diseases.
- Pregnant mothers should have no access to drugs which would have deleterious effect on the foetus.
- The SAARC countries should pool their talent in combating this problem by regular exchange of ideas, meetings, conferences, exchange of expertise, etc.
- Prevention of disability must be promoted by fortification of food with nutrients like vitamin A and iodine and by strengthening services for the handicapped children.

## **Eradication of leprosy and rehabilitation of patients**

There is an information black out regarding this disease. The group felt that the most important factor is the social stigma which should be removed by making the public aware that leprosy is curable and is not contagious. This can be highlighted by holding leprosy weeks, seminars, etc. News media can also play a constructive role by highlighting the current treatment available and the largely non-infectious nature of the disease. There are instances where cases of leprosy remain invisible in the SAARC region. Special voluntary forces should be trained to detect these cases and bring them out of isolation to be treated and integrated in the community.

## **Containing the cult of violence**

- There should be adherence to basic values of peace, compassion and cooperation, and this should be an essential part of the school curricula.
- Legislation must be introduced against the exhibition of scenes of violence in the media, particularly, television, films and radio.
- Recreation facilities to keep the children mentally and physically occupied should be provided to keep children away from violence.
- No political pressure should be put on the children to promote the cause of any political party or their propaganda.
- The nuclear threat is symbolic of the cult of violence and this has a strong bearing on young and impressionable minds of the children. Peace and cooperation must be advocated in the SAARC region.
- The cult of violence takes many forms, one of which is the inbuilt system of competition in the schools whereby the children while competing for recognition and acknowledgement generate violence and a feeling of jealousy. This needs to be tackled.

## **Recreation and sports**

- The existence of class bias in recreational sports should be removed.
- There is need for a policy to cultivate the indigenous sports culture as a part of educational programme.
- There is also a need for the de-colonisation of sports.
- Urban planning should be streamlined in SAARC countries. There should be legislation on urban planning where legal compulsions insist that no building plan in a city or town can be approved without proper recreational facilities for the children.
- There should be more emphasis on the provision of recreational facilities in the rural areas, specially for girls.
- No school, private or government, should be registered unless it has the required recreational sports facilities and open space for children.
- The idea of sports and recreation in the SAARC region has been given a low priority and the countries should make special efforts to popularise it.
- SAARC sports should be organized on a regular basis and common indigenous sports encouraged.

In conclusion, the group felt that there should be a special institutional mechanism, within the countries and across them, for "planning for children" which should be an integral and distinct part of national planning.

Implementation of programmes of child development should be through the local government institutions and non-governmental organizations in addition to the government programmes. The SAARC countries should identify the area of child development as a specific area of cooperation so that they can learn from experiences and failures of one another.

## **Working Group IV: ACCESS TO FOOD**

Chairperson: Mr Amaradasa Gunawardena, Sri Lanka  
Vice-Chairperson: Dr S.Y. Anayat, Bhutan  
Rapporteurs: Ms Ayesha Saleem, Maldives  
Ms Vinitha Jayasinghe, Sri Lanka



Maximizing food production has been priority number one in many developing countries. So, it is with the SAARC countries. Even those countries reaching self-sufficiency in food, do face the problem of food distribution. Benefits of development do not reach all individuals in a country. Hence, access to food has come up as a serious problem. Availability of food does not necessarily mean that every person has access to that food which is available. Social structure, bureaucratic patterns, traditional and cultural behaviour in various communities may be obstacles in the process of 'access to food'.



In addition to structural changes in administration, a serious process of education should be planned to overcome these obstacles in respect of nutritious and low-cost food items. Existing social and cultural values should be respected in introducing new changes.

The group felt that it is imperative that every member of a community must have access to food irrespective of age, gender and social status. Special attention should be paid to people below the poverty line.

With these observations, the group made the following recommendations:

The countries in the region should adopt a Food Policy taking into consideration the major requirements such as essential minimum needs. This policy should also focus and give greater attention to the accessibility of food to all children, while ensuring adequate distribution of food among all people. In the implementation of the policy, all sectors such as state, private sector and non-governmental organizations should be meaningfully involved.

An integrated child development services (ICDS) programme be introduced in those countries where it is not found and be strengthened where it exists, to ensure the availability of the adequate food to reach every child everywhere.

In order to provide access to food, the availability of food is important. In this task there is a need for increased food production. It is therefore recommended that:

- An attempt be made for maximizing food be it in agriculture, animal husbandry or fisheries.
- More extension facilities be given to farmers, particularly to those who own small holdings in the form of new and innovative agricultural training, introduction of new techniques such as better seeds and fertilizers, provide subsidies in respect of inputs, and provide agricultural credit.
- Diversification of crops and multiple cropping be encouraged in order to avoid any possible shortfalls in the production and the availability of food.
- Home gardens or kitchen gardens be promoted and sufficient inputs provided in the form of training and extension services and the supply of seeds and fertilizers.
- Technical know-how and training be provided for the cultivation of arable land and waste land.
- Land reforms be introduced and fully implemented for increasing food production.
- Sufficient attention be given to restrict the export of food crops for gaining foreign exchange vis-a-vis local consumption, as far as possible.
- In the selection of food crops priority should be given to those crops that are more nutritive and less expensive.
- In agricultural farming, particularly rice, a fair amount of the production is lost in the post-harvesting activities. Therefore, it is recommended that action be taken to improve efficiency in post-harvest activities to avoid such wastage, keeping costs down.
- In providing food for the family, traditional attitudes towards preferential treatment for boys be overcome and changed.

In order to ensure equitable distribution of essential food items as identified by respective governments, correct identification of the target groups should be made. A well drawn-up distribution network inclusive of mechanisms such as cooperative societies, private sector and non-governmental organizations has to be developed in order to eliminate wastage, pilferage and high cost of transportation.

A public distribution scheme should be developed which will include special subsidized programmes such as the Food Stamp Scheme in Sri Lanka for those households below the poverty line.

The food distribution programme should be effectively monitored. In this exercise, non-governmental organizations and consumer groups should be established with greater participation of women who will function as vigilance committees.

The mass media should be used to popularize the food consumption patterns that are both inexpensive and nutritive, e.g. coarse grains versus expensive grains like rice. This will also be used as a means of changing dietary habits of people.

The food distribution policy must receive support at the highest political level.

In order to eliminate wastage and to ensure correct distribution of foods, sufficient storage facilities should be provided at regional levels. Adequate measures should be taken to provide storage facilities for perishable food items, using innovative and low cost techniques.

In order to increase the purchasing power of consumers, new employment avenues should be opened for both men and women. Emphasis should be given towards self employment programme as well. In this regard, more attention should be given to income generating projects for women by providing more training facilities for skill development of women, particularly in the rural sector. Special programmes such as 'food for work' should also be introduced.

The food pricing policy should seriously consider subsidizing the cost of food having taken into consideration the cost of production, transport, storage and the purchasing capacity of the consumer.

New and low cost technology should be provided for food preservation, particularly for seasonal food crops such as vegetables and fruits in order to ensure availability during the off-season.

High priority should be given to nutrition education. The mass media should be effectively used and village-level workers trained to reach the target groups for this purpose. Non-governmental organizations should be actively involved in this programme. Special consideration has to be given to include nutrition education in the school curricula.

## Working Group V: NUTRITION AND CHILD GROWTH

Chairperson: Dr C. Gopalan, India  
Vice Chairperson: Dr Raja Ameresekere, Sri Lanka  
Rapporteurs: Dr Humayun K.M. Abdul Hye, Bangladesh  
Dr Suniti Acharya, Nepal



The group focused on the importance of child nutrition from the point of view of national development. Children under 15 years of age, constitute nearly 50 percent of the population of the SAARC region. Despite the paucity of quality data there seems no doubt that malnutrition is highly prevalent among the children.

The nutritional status of the child largely determines its health status and its pattern of growth and development, both physical and mental.

Malnutrition in children stunts physical growth and development and also impairs learning ability. It also reduces the capacity to resist infections. Malnutrition thus contributes heavily to the prevailing high child mortality and morbidity pattern in the SAARC countries. Malnutrition in childhood ends up as stunted adults with poor physical stamina, impaired mental ability, poor education and poor productivity. Thus the quality of the human resources of the country is eroded. Investment in programmes designed to improve the nutrition status of children should therefore be considered not just as a humanitarian and welfare operation but as a major approach towards insuring durable social and economic development of the country.

Child health and nutrition implies lot more than child survival. Strategies must aim not only at child survival but on ensuring optimal health and nutritional status in the surviving

children. Otherwise the expanding number of sub-standard survivors will only further erode the quality of human resources in several areas of this region. It may be estimated that only less than one fourth of the children of the region are now able to achieve their full genetic potential for growth and development. Malnutrition among children is widespread. Low income levels, inadequate diets, illiteracy, poor environment and sanitation are contributing to the present malnutrition scenario. Protein energy malnutrition, vitamin A deficiency and iron deficiency are some of the common manifestations of malnutrition in our countries and these take a heavy toll among our children. For this reason nutrition programmes must find adequate focus and high priority in national development plans.

### Strategies for combating malnutrition in children

Strategies to improve nutritional status should be essentially multisectoral in nature. While short term strategies like providing nutritional support in the form of food supplementation and subsidies can be of immediate benefit in reducing gross nutritional imbalance in highly vulnerable groups of children or mothers, it is only with long term strategies that lasting and sustained development in improving the nutritional status of children in this region can be achieved.

### Poverty alleviation: Income and employment generation

Malnutrition in children being a by-product of poverty, programmes for the alleviation of poverty can make an important contribution towards improving nutrition. But, in order to bring about improvement in the nutritional status of children and women, it is important that these programmes are integrated and supported by health and nutrition inputs. This will ensure that increased family income is in fact reflected in better child nutrition instead of being frittered away. The right strategy is to develop integrated programmes of child development including income generation, education inputs, health inputs as well as nutrition inputs.

### Female literacy

Experience in many SAARC countries indicates a close correlation between the level of female literacy and infant and child mortality rates and the health and nutritional status of women and children. Programmes for the improvement of functional female literacy must receive highest priority.

Adolescent girls (mothers-to-be) between 10–18 years of age are not adequately covered by the school systems in most of the SAARC countries nor by special non-formal education programmes. It is important that special education programmes be directed to adolescent girls to include not only health and nutrition education but also vocational training. This can prove to be of immense help in equipping them for the future and will also improve their economic status and decision making capacity in their families.

### Health and nutrition education

In view of the poor outreach of health services and partly because of the competing claims of curative work, health and nutrition education through the health system is currently weak

in most countries of the region. In this context it is important to explore other avenues and strategies for organizing health and nutrition education programmes. There is also greater scope for better use of television and radio for propagating nutrition and health messages. The software and the appropriate communication methods for these programmes suitable for the different areas of the region should be developed.

Incorporation of nutrition education in the curricula of preschool and school education and in the teacher's training curricula should be accepted as a policy in all the countries.

Incorporation of nutrition education in all professional education sectors, such as medical, agricultural and social development should also be actively encouraged.

### **Community awareness**

Health and nutrition improvement cannot be brought about by providers of health care alone. The communities must play a dominant role. For this purpose, communities at the village level, specially women, must be helped to organize themselves. The initial seed grant and technical support needed for their effective functioning should be provided by the government, and these organizations should be vested in the appropriate local authorities. Nutrition programmes and other development proposals can be operated through the active participation of such community-based organizations.

Non-government organizations play a significant role in training and community mobilization for nutrition programmes. Their role should be enhanced.

Local village volunteers are essential for implementing nutrition programmes. More emphasis should be given to adequate training.

Efforts of such community organizations are significant in some of the SAARC countries. Exchange of experience in this regard could prove useful.

### **Maternal nutrition and care**

The foundation for child nutrition is laid in the intra-uterine phase of development. Nearly a third of the babies born in many areas of the SAARC countries start with the initial disadvantage of low birth weight and thereafter proceed to develop in a substandard growth trajectory. Through better maternal care, improvement of maternal diet during pregnancy, and better perinatal care, the nutrition status of neonates can be considerably improved and children can at least be ensured a good start.

### **Breast feeding**

Fortunately an overwhelming majority of women (specially poor women) breastfeed their infants for prolonged periods in most SAARC countries. It must be the effort to preserve and foster this salutary practice. Unfortunately now there is an increasing trend towards use of commercial milk products and baby foods, in the urban slums and perimetropolitan areas. This trend must be vigorously checked and health personnel can play a significant role in this regard. However, breastfeeding can only be practised adequately if the nutritional status of the nursing mothers is maintained at satisfactory levels. Urgently, adequate emphasis should be laid on this latter aspect.

Strategies which provide appropriate family and community support for breast feeding should include the adoption of the International Code of Marketing of Breastmilk Substitutes. The right strategy is to enable the mother to exclusively breast feed for 4–6 months, thereafter appropriate supplementary foods should be identified and an approach worked out for each country of the region taking into account the availability and acceptability of local food items.

### **Growth monitoring**

Growth monitoring is not just a screening operation for targeting supplementary food but a method for early detection of growth faltering and for educating parents regarding remedial action. It is a diagnostic and educational tool. The countries which opt for growth monitoring should strive for self-reliance in all aspects of technology used for growth monitoring.

### **Iodine deficiency disorders**

The ravages of iodine deficiency continue unabated in most SAARC countries. It is clear that iodine deficiency disorders have tremendous socio-economic implications. The group noted with great concern the impact of endemic iodine deficiency on child growth, learning capacity and productivity. The irony is that we have in our hands feasible low cost technologies in all affected member countries for the control of this major problem. The group strongly felt that there is an urgent need to develop a strategy for mutual support among countries for the control of IDD. The group urged all member countries to collaborate in the monitoring of the incidence, prevalence and control measures currently being taken on iodine deficiency disorders. It is possible to iodinate all edible salt in any country of the region within the next five years. The modalities including legislation on universal salt iodination, research and training and allied aspects could be worked out in mutual consultation and support among member countries. Eradication of iodine deficiency disorders should be accomplished by the year 2000.

### **Blindness prevention**

Since vitamin A deficiency is a serious problem in the region leading to blindness, the group strongly felt that immediate measures need to be undertaken by the SAARC countries to alleviate this problem. A two-fold response to Vitamin A deficiency is indicated—the production and consumption of natural foods containing Vitamin A and Vitamin A capsules for young children. The production of appropriate natural foods and indigenous production and distribution of Vitamin A capsules could be stepped up in mutual consultation among the SAARC countries. Eradication of Vitamin A deficiency blindness should be accomplished by the year 2000.

Research and development for such bulk production of synthetic vitamin A within the region must be stepped up and collaborative action undertaken for this purpose among the SAARC countries.

### **Iron deficiency anaemia**

The group calls on all member countries to take urgent steps to alleviate the problem of anaemia. Measures such as

fortification of edible food items (salt, flour, etc), consumption of iron-rich natural foods and iron tablets for vulnerable groups (pregnant women and growing children) should be undertaken by formulating appropriate policies and action plans. Mutual consultation and cooperation among the SAARC countries would be useful.

### Research

Collaborative research in specific priority areas among member countries should be encouraged in order to achieve self-reliance in the technological tools and procedures needed for eradication of the major nutritional problems in the region.

### Exchange of expertise

Experts on nutrition and nutritional deficiency diseases of the SAARC countries could meet from time to time to exchange views and share experiences and to consider action programmes. Exchange of ideas and information between institutions of member countries should be promoted for the implementation of nutrition programmes.

### Working Group VI: CHILD SURVIVAL AND MATERNAL HEALTH

Chairperson: Maj Gen Dr M.I. Burney, Pakistan  
 Vice Chairperson: Dr M.R. Pandey, Nepal  
 Rapporteurs: Ms Naseema Mohammed, Maldives  
 Dr Shanti Ghosh, India



The working group recommends that:

- The member countries affirm their commitment to accomplish Universal Child Immunization by 1990 and consider the reduction of maternal and neo-natal mortality by providing tetanus toxoid vaccine to all eligible women.
- The member countries promote oral rehydration therapy as a *life saving strategy*, against all cases of diarrhoeas, using the collective resources available in the government, private and traditional sectors.
- The member countries, because of the high morbidity and mortality due to acute respiratory infections, provide high priority to the control of acute respiratory infections in their national programmes. Also, in view of proven effectiveness of early treatment, the member countries consider revising the policy to permit peripheral workers the use of appropriate drugs for the treatment of acute respiratory infections.
- Essential drug policy experience from Bangladesh was presented to the group and all the participants felt that every country must try its best to achieve a sensible essential drug policy if better health for the people has to be achieved. The group recommended that there should be a strong commitment by all SAARC countries to have a policy for essential drugs which will be available to people at an affordable price.
- The member countries consider:
  - developing strategies to enhance immunization coverage in rural, remote and urban areas;
  - using public and private sector companies for the production, marketing and distribution of oral rehydration salts.
  - involving professional and voluntary organizations in national health programmes.
  - involving sectors other than the formal health sector, as also practitioners of other systems of medicine, to practise and to reach the households with effective oral rehydration therapy, breastfeeding and continued feeding strategy for the management of diarrhoea.
  - increasing awareness of, and concern for, acute respiratory infections at all levels;
  - increasing the availability of reversible contraceptive methods, with appropriate care and back-up, emphasizing the health of the mother, and appealing to males as responsible decision-makers in the family.
  - in view of the increasing vector resistance to insecticides as well as increasing drug resistance, new strategies of biological control of malaria with community participation and personal prophylaxis have to be considered. There is a need to strengthen research for developing vaccines against malaria.
- The member countries should effectively cooperate:
  - to achieve self-sufficiency in the production, marketing and distribution of vaccines, oral rehydration salts, essential drugs and cold chain and vaccination equipment;
  - in sharing experiences in universal immunization (including training materials and technologies), diarrhoea management, acute respiratory infections, vaccine and drug trials, family health through birth spacing and implementation of essential drugs programme.

- in developing a regional monitoring and quality control cell for monitoring disease trends and testing quality of drugs, equipment and supplies being produced, marketed and used in the region.
- Lack of awareness is a major barrier in attaining high levels of acceptability of health services. The group recommends that, the member countries should initiate cooperative ventures in areas of communication, education and status of women within the region, to find ways of mobilizing all available resources to ensure the survival, health and development of both the mother and the child.

#### Working Group VII: LEARNING OPPORTUNITIES

Chairperson	: Mr Jigme Thinley, Bhutan
Vice Chairperson	: Ms Bushra Rehman, Pakistan
Rapporteur I	: Mr C.K. Pradhan, Bhutan
Rapporteur II	: Dr S.A. Chowdhury, Bangladesh



The discussion on Learning Opportunities was conducted on the basis of the following structure.

- Review of the existing policies and recommendations for adoption at national and/or regional level.
- Strategies for the translation of the above policies into programme activities.
- Identification of areas of mutual cooperation among the members of the SAARC region.

#### Policy

Universal primary education with special emphasis on formal education and improvement in the retention capacity of the primary education systems.

- Early child development and pre-school learning
- Out-of-school children and adult literacy.
- Resource allocation in terms of national budget for education in general, and primary and early childhood learning in particular.

The following were the recommendations that emerged from the discussions on policy matters.

- Children should be given the first priority in national development planning and programmes.
- Primary education should be provided free of cost with the long-term objective of raising the basic literacy level to grade 8.
- While all participants endorsed the objective of universalization of primary education, it was discussed in terms of three aspects.
  - Universal provision of primary education must be achieved within the year 2000.
  - Universal enrolment must take into account the enrolment of girls in particular, the accessibility to education for the disabled, special provision for the deprived children and a supplementary programme for enhancing the literacy level of mothers and parents.
  - Universal retention: In the discussion of this aspect the problem of low retention and high drop-outs featured as the major problem and this was attributed to inappropriateness of content and process of education together with inefficient management of the system.
- Early child development and pre-school education was recommended to be adopted as a priority concern and was recognized as the important aspect of education. The lack of this facility was a major constraint towards human resource development in general, and improving school enrolment in the SAARC region.
- On out-of-school children and adult literacy, particularly for women, the group recommended that the SAARC Summit should adopt a definite policy on the subject of educating out of school children and promoting adult literacy. In this regard members saw the need to resort to legislative instruments at the national level commensurate with the political will. The advantages of using incentives should be explored. The SAARC region should aim to raise the literacy level in each of the SAARC countries to reach at least 70 percent in keeping with minimum standards established by UNESCO.
- On the question of resources the group recommended that education did not receive its just share of resource allocation in terms of national budget while within the educational sector greater share was allocated to secondary and higher education. Recommendations were made to the effect that pre-primary and primary education be given the highest priority. It was further recommended that specific allocations should be made for female education.

In recognising the resource limitations of the member countries, optimal use was recommended to be promoted in each member country.

## Strategy

- Universal primary education: While the group felt the definition of primary education and level should be left to each of the SAARC countries, a child should complete 14 years of age before leaving the education system.
- Phased universalization of primary education in terms of grades, areas and classifications based on existing social, economic and cultural conditions and potentials within the ultimate time frame of the year 2000 was recommended.
- Concerning universal enrolment it was recommended that parental education and literacy should be enhanced so that, parents perceive the significance of education for their children. It was also felt that the enrolment of girls should be emphasized. The group also emphasised making the education processes more attractive, so that children will be attracted to educational institutions.
- Universal retention: The following factors were identified for recommendation:
  - The content of education should be made more relevant to society and the environment must make the learning experience joyful and positive.
  - The quality of teaching should be improved through appropriate training and design of teacher training curricula. Teaching material and equipment should be improved with emphasis on the use of indigenous resources. Free boarding facilities should be provided for deprived and disabled children.
  - The support systems of nutrition and health services to the children should be expanded and improved in the school.
  - Community involvement should be generated and promoted.

Taking cognizance of the fact that primary education has been terminal for most children, it was recommended that there is an urgent need to provide skill development opportunities within the framework of the primary educational curricula to enable active and productive participation in the community.

Appropriate measures should be taken towards the improvement of the poor quality in the management and supervision of primary schools which were seen to be major reasons for inefficiency and the high drop-out rate in the system.

Early child development and pre-school learning should be facilitated through home-based efforts by parents who should be trained in day-care centres replicating models which have proved successful in the SAARC countries. In this respect, the need to prescribe standard and simple norms and practices without structured academic content, taking into account the recent research findings, was emphasized.

Participants expressed concern over the lack of adequate facilities to cater to the urgent need of education for the out of school children and for adult literacy.

The role of parents as shadow teachers and in the transfer of values was highlighted and a need to provide parental education to community, and individuals irrespective of gender for shared responsibility in child-rearing and development was emphasized.

Having considered the resource constraints it was recommended that out of school children and adults could receive educational services in the formal primary schools after school hours so that the use of school facilities could be

maximised. In this respect the experience of the SAARC countries could be usefully shared.

Distance education through the effective use of the powerful media like the radio, was seen as an effective means to alleviating illiteracy. Condensed primary education to out-of-school children as well as training of teachers could be successfully introduced and implemented in all the SAARC countries. The experience of countries who have taken a lead in this direction could also be shared.

Given the resource constraints it was proposed that the establishment of non-governmental organizations should be promoted and the effective participation in the educational process, particularly the early childhood level and pre-school as well as non-formal education, should be realised.

## Regional cooperation

The following areas of cooperation were identified. In this respect it was regretted that SAARC has not yet established a committee on education. Recommendations were made that a co-ordinating committee in the SAARC region for elementary education and promotion of literacy be established at the earliest, for cooperation in:

- Training of educational personnel in the SAARC countries
- Sharing experiences through workshops
- Joint action research in education
- Setting up a co-operative institution for educational research and development
- Exchange of research outcome and educational information
- Exchange visits of educational personnel
- Exchange of visits to innovative projects in the SAARC countries
- Production of a newsletter on education by SAARC
- Sharing of training facilities
- Waiver of entry qualification for educational training in the SAARC countries (some member countries have laid down rigid rules for entry in their training institutions).
- Promoting and encouraging visits of children among SAARC countries.

1990's PROJECTStrategies and Goals for Children for the Fourth Development Decade  
(Preliminary) Calendar of Key Dates

<u>Field/Regional Level</u>	<u>Headquarters</u>	<u>UN-wide and Other External Consultations</u>
<u>1988</u>		
<u>June</u>		
EAPRO/ROSCA Representatives Meeting MENA Representatives Meeting TACRO Representatives Meeting	First Draft of Paper on Strategies and Goals for Next Decade (major input for 1989 Board paper); circulate for comment.	Committee on Development Policy (CDP) discussion
<u>July</u>		
(Regional and country-specific action continues, as appropriate in each case)	Meeting of 1990's Planning Working Group (Regional and Headquarters participation); (alternate dates in August and September being explored).  Deputies Consultation (22-23)	Tidewater Meeting
<u>September</u>		
	Draft 1989 Board paper available for preliminary review.  Deputies Consultation (12-13)	North-South Roundtable on Global Goals and Indicators (Amman)
<u>October</u>		
Further consultations at regional level in preparation for November Meeting in New York.		
<u>November</u>		
	Regional Directors' Meeting (13-18)	
<u>December</u>		
	<u>State of the World's Children</u> report launch (focus on 1990's goals).	

Field/Regional Level

Headquarters

UN-wide and Other  
External Consultations

1989

National, regional or sub-regional meetings on goals and child strategies for 1990's, as agreed in each case.

1989 Board paper presented (overview and process).

To be determined

Preparation of 1990 Board paper approval (seeking Board approval of 1990's strategies and goals, with regional and other variations).

1990

To be determined

Any major revisions of UNICEF's Medium-Term Plan, as appropriate.

General Assembly considers Development Strategies and Goals for Fourth Development Decade.

1990 Board paper presented.

1991

To be determined

To be determined

UNDP and various UN Agencies to show programme strategies and MTP's in relation to one another (tentative).

(Schedule)