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E/ICEF/410
ANNEX II
ENGLISH
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SUMMARY OF VIEWS AND PRIORITIES EXPRESSED BY GOVERNMENTS

Countries or Organizations	Needs of Children	Action Recommended in relation to Existing Needs
ANTIGUA		<p><u>Health</u> School dental services, Health education.</p> <p><u>Nutrition</u> Continuation of current UNICEF milk feeding programme and its extension to provide vitamin tablets and biscuits.</p> <p><u>Education</u> Establishment of school libraries. Physical education and recreation.</p> <p><u>Priorities</u> (1) School libraries; (2) school dental services; (3) physical education and recreation (4) health education.</p>
BASUTOLAND		<p><u>Health</u> Increase of maternities, creation of school dental services.</p> <p><u>Nutrition</u> Study on standard of nutrition.</p> <p><u>Education</u> Equipment for primary schools.</p>
CHAD	<p>High mortality in the 0-2 year age group due to various contagious diseases and also to nutritional errors. Mothers' knowledge of children care insufficient.</p> <p>Frequent calcium and vitamin deficiencies among the children of 2-6 years of age, although food intake seems to be satisfactory both from the quantitative and from the qualitative point of view.</p> <p>Insufficient school enrolment among the 6-14 age group owing to lack of schools in the southern part of the country. As northern part is sparsely inhabited, only the creation of boarding schools will permit satisfactory enrolment.</p>	<p><u>Health</u> Training of medical and health personnel. Creation of basic mother and children health services. Health education.</p> <p><u>Nutrition</u> Nutrition survey of the food consumption of children. Nutrition education. Milk plants and other plants for processing protein-rich foods.</p> <p><u>Education</u> Creation of kindergartens in urban centres. Creation of boarding schools to accommodate children of nomads or peoples living in remote areas. Health education to be taught in schools. Vocational and professional training.</p>

Countries or Organizations	Needs of Children	Action Recommended in relation to Existing Needs
CHAI (continued)		
	<u>Social welfare</u>	Creation of community centres and establishment of a community development programme.
	<u>General observations</u>	Concerted action of UNICEF, FAO, WHO and UNESCO requested.
CHILE		
	<u>Health</u>	High neonatal mortality (39 per thousand) and infant mortality (124 per thousand) due to low standard of living. Only 65% of mothers receive qualified assistance in urban areas. The situation is much worse in rural areas.
		Creation of mother and child health services in rural areas. Training of health personnel.
	<u>Nutrition</u>	Undernutrition.
	<u>Education</u>	Illiteracy an important problem. Out of a total of 1,900,000 school-age children, 600,000 do not receive any education owing to lack of teachers and schools.
		UNICEF in collaboration with UNESCO should assist Chile to speed up the training of teachers and construction of new schools. Creation of technical schools.
	<u>Social welfare</u>	Illegitimate and abandoned children constitute a serious social problem.
		Day-care centres, centres for abandoned and handicapped children, recreational facilities in worker's centres.
	<u>Priorities</u>	(1) Health; (2) nutrition; (3) education; (4) social welfare. Concerted action of UNICEF, UNESCO, WHO requested.
CHINA (TAIWAN)		
	<u>Health</u>	Epidemiological studies of child diseases. Parasite control project (hookworms and ascaries). Equipment for public health education. Continuations of present assistance to mother and child health centres, venereal disease and trachoma control, and BCG campaign.
	<u>Nutrition</u>	Bigger quantities are needed of skim milk powder, A and B vitamin capsules for distribution to infants, pre-school and school children.
	<u>Education</u>	Audic-visual equipment for teaching. Provision of physicians scales for schools.
	<u>Social welfare</u>	Equipment for existing day-care nurseries for farmers. Training and refresher courses for social workers. Education equipment for delinquent children institutions and fellowships for specialized personnel.

Countries or
Organizations

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FIJI

Youth problems especially in urban areas.

Social welfare

It is hoped to appoint a social welfare officer in 1961 to study the problems and advise on methods for dealing with them.

GREECE

Unsatisfactory housing conditions and lack of environmental sanitation in rural areas. Health of rural population not satisfactory owing to paucity of rural health services and medical and paramedical personnel in rural areas. Insufficient care of handicapped children.

Health

Increase of mother and child health services in rural areas. Establishment of maternity clinics in general hospitals. Development and increase of schools and training courses for health personnel. Better distribution of medical personnel between urban and rural areas. Training of specialized personnel for handicapped children.

The general level of nutrition improved after Second World War but undernutrition and malnutrition still a considerable problem in the mountainous areas.

Nutrition

Distribution of milk and meals to children of indigent parents. Improvement of quality of school lunches by addition of butter and cheese and increase in number of recipients. Community development projects aimed at increasing food production home. Nutrition education to mothers and school children.

Insufficient number nursery schools. Overcrowded classes in the elementary schools (50-60 children per class).

Education

More teachers, especially for the rural areas. Construction of modern and healthy schools.

70,000 children lack parental care.

Social welfare

Expansion and improvement of the programme of aid to unprotected children. Training and refresher courses for social welfare personnel. Creation of services for vocational rehabilitation of unprotected children.

Inadequate health services for working children of 14-17 years of age. Insufficient vocational training facilities.

Labour

Creation of medical centres for young workers. Provision of buildings and equipment of technical schools for training.

Priorities

(1) Health; (2) nutrition; (3) education;
(4) social welfare; (5) child labour.

INDIA

Infant death rates is 270 per 1,000. Health surveys under preparation.

Health

Development of domiciliary midwifery teaching units. Development of mother and child welfare training. Development of school health services. Large-scale production of appliances for physically handicapped. Development of physiotherapy and occupational therapy departments in institutions of handicapped. Creation of 20 integrated child welfare pilot projects covering all the fields of child welfare, i.e. health, nutrition, education, social welfare. Expansion of mother and child welfare services in rural and urban areas. Pediatrics teaching and training. Development of pediatrics and obstetrical services at district hospitals. Assistance to midwifery schools.

Countries or
Organizations

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INDIA (continued)

Nutrition surveys under preparation.

Nutrition

Manufacture of special cheap protein-rich food-stuffs. Provision of midday meals in economically and socially backward areas.

Education

Level of illiteracy varies considerably from one part of the country to another, but problem of illiteracy still formidable according to the 1951 census. Average percentage of illiteracy in the country 83.4 - 75.1 % for men and 92.1% for women. At the end of the second 5-year plan in 1960-61, there will be 300,000 more primary schools in the country. However, only 60 per cent of children in the age group of 6-11 will be enrolled in primary schools and only 23 per cent of children in the age group 11-14 years. The main problems are lack of buildings, in secondary schools equipment, textbooks and especially, the lack of trained teachers. The difficulty is particularly great in respect of women teachers who are badly needed for girls' schools. Especially in rural areas, women teachers are not available at present.

Social welfare

Rural families generally suffer mainly from illiteracy, ignorance and poverty. Not aware of the essential elements of physical care of children including basic principles underlying their development. This leads to neglect and destitution. Growth of big industrial towns has resulted in changes in the social life of the communities migrating from rural to urban areas, i.e. weakening of the customs and practices of the joint family, growth of unitary families. In urban areas poor families live in slums of filth and squalor which build social vices. Families living in these areas have neither the time nor the means to attend to the needs of their children.

Child guidance clinic for emotionally disturbed, pre-delinquent and problem children.
Training of social field workers.

General observations

The Government of India assigns high priority to nutrition. Other priorities in the field of health are considered very important. The Government "would like to take up all of them subject to availability of funds."

INDONESIA

Health

Existing conditions in towns and villages a threat to health of children and child-bearing women.

Expansion of mother and child welfare services, rural health services, crippled children's centres, and communicable disease programmes.

Countries or
Organizations

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Action Recommended in relation
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INDONESIA (continued)

Nutrition

If present conditions do not improve in the next ten years, 5,000,000 children under 1 year old are expected to die from lack of adequate nutrition. A survey in Djakarta City shows that "in the 5th month after birth 50% of the mother's breasts are completely dry".

Development of dairy industry. Development of high protein food. Development of home and school gardens.

Education

Lack of education aggravates nutritional and health problems.

Training of local leaders and wide dissemination of practical knowledge among the rural population in regard to health and nutrition.

Social welfare

Existing social problems related to rapid industrialization and urbanization.

Creation of social services for children.

Priorities

(1) Nutrition; (2) health; (3) education;
(4) social welfare.

INTER-AMERICAN CHILDREN'S INSTITUTE

Illegitimate unions and illegitimate children constitute a very serious problem in Latin America, where, in some areas 65 to 90 per cent of the total child population is illegitimate. These children are usually abandoned by their fathers, and since they are not registered officially they do not benefit from the national health and social welfare programmes nor do they receive any education. First priority should be given to this problem.

Other priorities regarding children's needs in Latin America:

1. Under-nutrition and malnutrition.
2. Incomplete registries of vital statistics.
3. Juvenile delinquency.
4. Lack of primary education for physically or morally handicapped children.
5. High incidence of accidents among children living in urban areas.
6. High rate of infant mortality due to acute diarrhea resulting from unsatisfactory environmental sanitation and lack of safe water supply.
7. Persistence of infective diseases of children such as diphtheria, smallpox, whooping cough.
8. Persistence of high peri-natal mortality.
9. Great number of vagrant children.
10. Exploitation of child labour.
11. Prostitution of minors.
12. Child drug-addicts.

Countries or
Organizations

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Action Recommended in relation
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INTERNATIONAL UNION FOR CHILD WELFARE

1. Progressive broadening of UNICEF social services programme with increasing emphasis on direct individual services to families and children.
2. Increased assistance to training of social services personnel.
3. Need for UNICEF aid in extending basic education and vocational and specialized professional training.
4. Need for a strong central planning group at UNICEF headquarters in which the various specialities and both regional and national planning groups would be represented. Representatives should be included from the specialized agencies.
5. UNICEF field services should be strengthened.
6. Need for UNICEF funds in assisting individual countries in planning and training, and for support of local projects.
7. Need for closer co-operation between UNICEF and non-governmental organizations working in the field of mother and child welfare.

ITALY

Health

Important improvement of health in Italy during the last 30 years. Great differences however between northern and southern regions. In the south a direct correlation between poor nutrition, bad housing and slower rate of growth of children has been confirmed. Typhoid infections persist in the southern regions owing to inadequate environmental sanitation.

Immunization against smallpox, diphtheria and other communicable diseases. Increase in pediatric hospitals and pediatric personnel. Expansion of health education and environmental sanitation especially in the southern regions. Expansion of services for physically or mentally handicapped children. Increase of children's rehabilitation centres.

Nutrition

Food production increasing and has kept pace with the demographic expansion. Problem of adequate nutrition not yet solved, however, in the southern regions where there are marked deficiencies of vitamin A, riboflavin and acid niacin. At the present time there are 33,000 centres providing food for 1,700,000 poor children.

Expansion of existing school lunch programme which is supported entirely by the Government. Nutrition education in the southern regions.

Education

School attendance is high in areas of advanced economic and social development, but in depressed areas attendance is incomplete, often being delayed, irregular and subject to premature termination. Ministry of Education figures for the most depressed areas indicate that non-attendance at school arises from: poverty 32%; parental negligence 17%; illness or physical defects 16%; lack of schools 15%; excessive distance between home and school 16%. School attendance drops by an average of 25% when free school meals are discontinued.

Italy is implementing a 10-year plan for school development, the aim of which is to increase educational facilities in general, and a "P-Plan", designed to increase elementary education and adapt it to local needs.

Countries or
Organizations

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ITALY (continued)

Social welfare

Although of recent origin, kindergartens already embrace 45% of the child population in the 3 to 6 year age group (1,080,000 out of 2,900,000 children) food is provided free of charge for 80% of the children attending.

Increase of day-care centres for working mothers. Increase of kindergartens for children between the ages of 3 and 6. Creation of recreational facilities for youth and summer holiday camps. Expansion of community centres. Rehabilitation of handicapped children.

Labour

Considerable unemployment and under-employment in the southern regions. Existing regulations determine the minimum age for work outside the home in general as 14 (12 for agriculture and craft work in a family enterprise). Family dislocations mainly in depressed areas but low rate of illegitimacy (2.7%). Rapid changes in living conditions creating insecurity and juvenile delinquency. Problems of children deprived of parents and physically and mentally handicapped children.

Expansion of vocational and professional training in schools. Training for young workers.

KENYA

Health

Heavy incidence among African children of malaria, bilharzia, amoebic dysentery, hookworm, tuberculosis and trachoma. In some schools bilharzia has been found in as many as 70 or even 80 per cent of the children. In a recent survey it was found that 53% of the incidence of open tuberculosis occurs among children under 15 years of age and 50% of the total population in this age group.

In general, measures for prevention of these diseases are more urgently needed than further measure for treatment. The most urgent preventive measures are: expansion of rural health centres and mother and child welfare clinics; improvement of housing, water supplies; drainage and sanitation. Specifically for tuberculosis there is a pressing need of facilities for specialized treatment of children. Expansion of present facilities for physically or mentally handicapped children.

Nutrition

Very wide-spread malnutrition and under-nutrition among children 1 to 5 years, especially in rural areas. Malnutrition usually takes the form of protein deficiency and is attributed primarily to ignorance and secondly to poverty. Malnutrition is a main contributing factor to the high incidence of tuberculosis among children.

Nutrition education. Provision of protein-rich foods such as fresh or dried milk, eggs, meat.

Education

Significant hiatus in training between primary school leaving and first employment owing to a serious lack of secondary education facilities.

Expansion of secondary education facilities and creation of pre-vocational, vocational and professional training centres.

Social welfare

Vagrancy and juvenile delinquency constitute a serious problem attributed to the hiatus in training, lack of social disciplinary facilities, break down of the traditional family structures in urban areas.

Need for enhanced welfare services, need for more trained workers in social education supported by adequate facilities for their own training, together with increased social and recreational facilities.

Labour

Many children in urban areas are illegally employed.

Priorities

(1) Malnutrition; (2) hiatus in training.

Countries or Organizations	Needs of Children	Action Recommended in relation to Existing Needs
MEXICO		
	<u>Health</u>	
	Unsatisfactory housing conditions and lack of environmental sanitation especially in rural areas. 80% infant mortality due to gastrointestinal and respiratory infections and communicable diseases. 2.4% of women die in childbirth. Only 23% of deliveries are made by qualified personnel. Lack in rural areas of pre-natal and obstetrical care as well as health services for children.	Environmental sanitation especially in connection with water supply. Sanitary education. Expansion of communicable disease and immunization programmes. Expansion of pre-natal, natal and post-natal assistance to mothers and children especially in rural areas. Expansion of medical mobile care of pre-school and school children in rural areas.
	<u>Nutrition</u>	
	Malnutrition due to poverty and ignorance.	Increase of cheap protein-rich foodstuffs. Adequate distribution of food to children. Nutrition education.
	<u>Education</u>	
	Considerable illiteracy among children and adults. Inadequate prevocational training a big obstacle to industrialization.	Increase in the number of school teachers. Prevocational training.
	<u>Social welfare</u>	
	Unequal distribution of wealth. 38% of all births illegitimate. Lack of parental care and family stability.	Programme of social welfare to protect families and abandoned mothers and children.
	<u>Priorities</u>	
		(1) Health; (2) nutrition; (3) education; (4) social welfare.

MONTSERRAT

Nutrition and Education

The supplies of milk powder currently provided by UNICEF to assist in the school feeding programme have proved most helpful. The children have attended school more regularly, appeared more healthy and energetic, more attentive to lessons and more receptive. It is the top priority for schools, and should be continued.

MOROCCO ^{1/}

Health

Lack of physicians and health personnel. High incidence of tuberculosis. High incidence of tuberculosis. Training of medical personnel. Improve health equipment. Health education programme and BCG vaccination.

Nutrition

Frequent nutritional ailments. Protein deficiencies very widespread. Accidents during weaning period. Increased production of protein-rich food (fish flour) school lunches and distribution of milk powder.

Education

Insufficient secondary education facilities. Expansion of secondary education.

^{1/} Report prepared by Dr. Marquet, Consultant at the International Children's Centre, but Government's official approval not yet received.

Countries or Organizations	Needs of Children	Action Recommended in relation to Existing Needs
MOROCCO (continued)	<p><u>Social welfare</u> Standard of living low. The country is in the throes of an acute economic crisis. Child population represents 43 per cent of the country's population. Lack of social welfare assistance.</p>	<p>Creation of a school of social services.</p>
	<p><u>Priorities</u></p>	<p>Training of medical and para-medical personnel (is considered as the top priority)</p>
NYASALAND	<p><u>Health</u></p>	<p>Expansion of health services and health education.</p>
	<p><u>Nutrition</u></p>	<p>Nutrition education.</p>
	<p><u>Education</u></p>	<p>Expansion of education facilities for children and adults.</p>
	<p><u>Social welfare</u></p>	<p>Strengthening of the biological family unit.</p>
PAKISTAN	<p><u>Health</u> The number of existing mother and child health centres is insufficient. In rural areas the large majority of mothers depend upon the local untrained midwives for deliveries. The high percentage of infant and maternal mortality is largely due to unhygienic methods of delivery. A large toll of deaths and illness among children is due to unhygienic conditions, and lack of safe water supply. Handicapped children and specially blind children is a considerable problem.</p>	<p>Increase of the number of mother and child health centres. Training of medical and paramedical personnel and specially midwives. Health education and diffusion of child care educational material.</p>
	<p><u>Nutrition</u> Under-nutrition and malnutrition due to insufficient amounts of cheap protein-rich foods. Milk is rarely available to children. In the villages producing milk it is usually sold and not given to the children.</p>	<p>Production of cheap protein-rich foods. Nutrition education. School lunches.</p>
	<p><u>Education</u> Need for more primary schools and trained teachers.</p>	<p>Training of teachers. Establishment of special schools for handicapped children. Pre-vocational, vocational and professional training.</p>
	<p><u>Social welfare</u> Juvenile delinquents and street vagrants are an important problem in urban areas. There are no proper facilities for the re-education and rehabilitation of such children. Insufficient number of institutions caring for orphans or abandoned children.</p>	<p>Creation of day-care centres for working mothers, child guidance clinics for juvenile delinquents. Expansion of existing institutions for orphans and abandoned children. Organization of recreation sites.</p>
	<p><u>Labour</u></p>	<p>Creation of juvenile delinquents employment service.</p>

Countries and
Organizations

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PERU

Health

In 1958 approximately 60% of all deaths were of children of 0-15 years of age. The main causes of infant mortality are communicable diseases (whooping cough, tuberculosis, malaria, gastro-intestinal and respiratory infections). In 1958 care given only to 7% of expecting mothers. Almost 70% of all births attended by unqualified personnel. Lack of elementary health education.

Establishment and expansion of rural health services beginning with mother and child centres. Control and eradication of communicable diseases through measures such as malaria, and national immunization programme. Good results already obtained in this field from the collaboration of UNICEF and WHO. Environmental sanitation in rural areas. Training of technical personnel.

Nutrition

Insufficient and inadequate nutrition due to poverty and ignorance. Deficiencies of calcium, riboflavin, thiamine and vitamin A and protein constitute a national problem.

Concerted action to increase production of food-stuffs needed. However, milk powder distribution and nutrition education are two valuable measures in the fight against malnutrition.

Education

1,000,000 children unable to attend school owing to lack of teachers and schools.

It is felt that UNICEF's assistance in the field of education and in particular in the field of health education is very valuable.

Social welfare

Children of 0-15 years of age represent 46% of the total population. Illegitimate and abandoned children are the most important social problems. Approximately 41% of all children born in 1958 were registered as illegitimate. It is estimated that 250,000 lack any moral or material support. Delinquent youth has not received any attention.

The size and complexity of the existing social problems make it impossible to propose specific measures at this time. It is felt that action in the other fields will gradually help to solve the existing social problems.

Priorities

No priorities established between the various fields. Concerted action embracing all these fields requested.

PHILIPPINES

Health

High infant death rate (72.44 per thousand in 1959). Only 60% of pregnant mothers submit to pre-natal care. In rural areas deliveries attended by unlicensed midwives. Only 30% of mothers visit health centres for a post-natal examination. In rural areas few mothers have children immunized against diseases such as smallpox, dysentery, typhoid, tetanus, diphtheria and tuberculosis. Parental ignorance and/or neglect largely responsible for the high death rate of children.

Expansion and improvement of mother and child health services to reach more children. Co-ordinated and integrated public health education programme.

Nutrition

Malnutrition due, not to insufficient food production, but largely to food prejudices.

Co-ordinated and integrated nutrition education programme to meet the nutritional needs of children, especially those of elementary school age.

Education

2,000,000 school children do not attend school. Out of 100 children enrolled in Grade I only 40 reach or finish grade IV and 10 only finish high school.

Full implementation of the compulsory education act, improvement of the quality of education, increase of the number of high school pupils, improvement of vocational and professional education programme.

Countries or
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

PHILIPPINES (continued)

Social welfare

Children out of school are the biggest and most urgent problems in this field.

Establishment of new services to meet the needs of children out-of-school and other socially handicapped children, especially those in danger of becoming delinquents. Intensification and strengthening of existing services for protective care and education of dependent, neglected and other needy children.

Labour

Child labour problems directly related or attributable to weakness of public school system.

Training and establishment of a corps of counsellors who will extend the necessary services to children and youth in public employment.

Priorities

(1) Education; (2) health; (3) social welfare and child labour; (4) nutrition.

PCLAND

The needs of children are nowadays manifold and therefore it would be necessary to give some limits to the survey. The scope, the methods and the techniques of such a survey should be first discussed in detail.

NORTHERN RHODESIA

Nutrition

UNICEF assistance requested for eradication of malnutrition which is the consequence of natural increase of population or its drift to urban areas.

Social welfare

UNICEF might now concentrate on the problems of child deprivation in the more general sense of family rejection. Funds needed for research and implementation of child care programmes, especially in urban areas.

SARAWAK

Health

Protection of children against more common communicable disease for which protective vaccination or inoculation is available. Dental nurses equipment. Provisions of houses for district midwives and health visitors.

Nutrition

It is important to discover the more precise nutritional requirements of children, in order to decide what assistance might be requested in the future from international organizations. Provision of salt iodization plants for prevention of goitre and cretinism.

Countries or
Organizations

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Action Recommended in relation
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SENEGAL

Health

High infant mortality rate (150-200 per 1,000 live births). Approximately half of the children born alive die before the age of 5 years. Two thirds of all births are not attended by any type of health personnel. A recent survey established that 99.7% of the infants examined had never before been presented to a health centre. The main diseases affecting children are malaria, tuberculosis, measles, intestinal parasitosis, bilharziasis, trachoma. It has been estimated that 31% of deaths of children below 1 year old and 52.5% of deaths of children between 1-5 years are due to measles. Ten to twelve per cent of children below 15 years old are affected by trachoma. Lack of environmental sanitation and safe water.

Health education and training of medical and paramedical personnel. Extension of preventive health services and control of endemic diseases. Environmental sanitation in rural and urban areas. Epidemiological surveys.

Nutrition

Frequent protein deficiencies in the post-weaning period.

Production of cheap protein-rich foods, fish flour, ground-nut flour. Nutrition education and nutrition training of health personnel and school teachers.

Education

80 to 85 per cent of the urban population and 95 per cent of the rural population are illiterates. In 1960 only 28 per cent of primary school age children were attending school. Only 28 per cent of all pupils were girls. Lack of schools and teachers.

Expansion of primary education. Training centres for teachers. Increase of the number of girls attending schools. Provision of school equipment.

Social welfare

Social problems are related to rapid urbanization and to insufficient education facilities. Juvenile delinquency and vagrancy constitute a serious problem in urban areas.

Amelioration of housing conditions, establishment of recreational centres, increased education facilities.

Labour

Problems in this field are related to insufficient primary education and lack of training.

Creation of centres for vocational guidance and training. Creation of special employment centres for young persons.

Priorities

(1) Education; (2) health; (3) nutrition;
(4) social welfare.

SPAIN

Health

Extension throughout territory of hospitals for lactating mothers and infants in order to reduce neo-natal mortality. Creation of centres for premature children in every region. National immunization programme against poliomyelitis and diphtheria. Expansion of handicapped children's rehabilitation programme. Creation of five mobile units of puericulture. National campaign of public health education.

Nutrition

Equipment for distribution of milk powder in liquid form. Equipment for school kitchens. Extension of school lunch programme.

Countries or
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

SUIAN

Health

Vaccine for inoculation against diphtheria, whooping cough, infantile paralysis, smallpox. Basic equipment for mother and child health services. Supplies and equipment for campaigns against malaria, yaws, tuberculosis and trachoma. Assistance for handicapped and premature children.

Nutrition

Powdered milk and multivitamin tablets. Improvement of nutrition among school children.

SWEDEN

The aim of the survey should always be to get a realistic evaluation of the principles guiding UNICEF's present activities and on this basis to draw up new guidelines, if deemed necessary, for UNICEF's future choice of projects and working methods. It should try to give an answer to the question what the international organizations, and particularly UNICEF, are doing in the world of today to meet the immediate as well as the long-term needs for assistance to children in underdeveloped areas. The report should give due attention to problems connected with the conditions of the family, especially the size of the family in relation to its financial means and its resources in respect of housing.

SWITZERLAND

1. A detailed study on the needs of children can be of use in guiding the future activity of UNICEF and in promoting understanding of child problems in the developing countries.
2. UNICEF should render assistance to any recipient governments who may request it in making special studies on the needs of children in their countries.
3. In the preparation of this study, UNICEF should obtain the co-operation of the specialized agencies of the United Nations and should also encourage co-operation from other international organizations whose aim is to promote child welfare.
4. UNICEF should attach particular importance to aiding programmes to stimulate local food production.
5. The free distribution of milk should be continued, but it should serve mainly as a means of nutrition education of recipients and to encourage Governments to undertake useful nutrition activities.

Countries or Organizations	Needs of Children	Action Recommended in relation to Existing Needs
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SWITZERLAND (continued)

6. UNICEF assistance in health and social service programmes can be especially beneficial if it encourages the training of national personnel. The supply of equipment for such programmes is only of use insofar as it enables the recipient countries to initiate projects which can subsequently be continued by the Governments themselves.
7. The campaigns against diseases, and in particular infantile diseases, should be continued, but, with regard to the anti-malaria campaigns, the Swiss authorities would be glad if WHO could release UNICEF from its co-operation, and if the proportion of expenditure set aside in the UNICEF budget for anti-malaria campaigns could be gradually reduced.
8. The study on the needs of children could provide the Executive Board of UNICEF with an opportunity of re-examining the question of aid for primary education. Furthermore, it might be desirable for UNICEF, with the co-operation of the ILO, to promote other programmes designed to prepare children for an active and useful life in their community.

TANGANYIKA

Health

Expansion of mother and child health services.
Health education.

Nutrition

Distribution of skim milk powder in primary schools.
Nutrition education.

General observations

"It is not considered that a systematic survey of children's need would serve any useful purpose in this territory at present."

THAILAND

Health

Mothers and children receive very little health care. Communicable diseases still a big problem. Unhygienic housing conditions in urban areas. Lack of environmental sanitation in rural areas.

Expansion of training for various categories of health personnel. Control of communicable diseases. Expansion of rural health services. Expansion of mother and child health services. Expansion of school health services.

Nutrition

Malnutrition due to lack of meat and dairy products and to feed prejudices.

Increase in production of protein-rich foods (dairy and meat products). Development of dairy industry. Nutrition education.

Countries or
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

THAILAND (continued)

Education

Insufficient number of schools, equipment and teachers. Of the total number of teachers 47% unqualified. Approximately 73% of all young people receive only four years primary education and every year about 400,000 young people have no chance of further education.

The main immediate needs are schools, equipment and teachers, as well as extension of compulsory education and expansion and improvement of vocational and professional education.

Social welfare

In urban areas most social problems related or attributable to congested housing, lack of recreational facilities for children, breaking down of family unity, juvenile delinquency. In rural areas social problems related to the low standard of living, to illiteracy of the parents, and to inadequate village organization.

Material assistance to poor families, housing for the low-income urban population. Family counselling services. Adequate child welfare services. Community self-help programme. Recreation facilities for children.

Labour

Lack of training and vocational guidance of young people. Lack of employment service for young people.

Wider opportunity for employment of young people.

Priorities

Various fields are inter-connected and not possible to establish priorities between these fields. UNICEF assistance thus far confined mainly to health field. Felt that this assistance should be expanded to other fields, particularly to include education and social welfare.

TUNISIA

Health

High maternal and peri-natal mortality. High infant mortality due to diarrhea, respiratory ailments and infective diseases. High incidence of tuberculosis and trachoma.

Expansion and improvement of rural health services. Health education in MCH centres and schools especially for women and school teachers. Immunization against various diseases.

Nutrition

Malnutrition a serious problem. Lack of protein-rich foods and animal fats in certain regions, specially acute in the southern region where standard of living and level of education very low.

Development of a general nutrition plan. Production and conservation of protein-rich foods. Development of home and community gardens. School canteens and milk distribution in schools and MCH centres. Nutrition education especially for medical and health personnel.

Education

Relatively low level of school enrolment. Of a total of 840,000 school age children, only 340,000 enrolled. Insufficient secondary school services.

Expansion of school services and enrolment. Expansion of higher education and training services for school teachers.

Social welfare

Rapid urbanization. Difficulties of adaptation to modern life. Unequal distribution of wealth, considerable unemployment and low standard of living especially in the south. Rapid emancipation of women. Abandoned and delinquent children constitute a serious problem.

Development of rural social services. Strengthening of families. Social security services (free health and maternal care services). Social workers to advise women and speed up their emancipation. Development of a programme for abandoned children.

Countries or
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

TUNISIA (continued)

Chronic underemployment in rural areas. Lack of trained labour.

Labour

Creation of municipal centres and of a national institute for training of professors and key personnel in administration. The students of the national institute will first be trained and selected at the municipal level.

Priorities

Establishment of a general plan of action covering the needs of children in all fields. (1) Nutrition: national nutrition policy and nutrition education of mothers. (2) Health: development of hospitals. (3) Social welfare: training and home economics institute. (4) Education: training of teachers and technicians for research in, and introduction of modern techniques.

TURKEY

Health

Provision of vaccines for various diseases, mobile X-ray units and X-ray films, incubators for premature children, dental and handicapped children equipment.

Nutrition

Creation of industries producing cheap protein-rich foods (fish flour, ground-nut flour, cottonseed flour, soy-bean flour). Distribution of cheap protein-rich foods to the following groups classified by order of priority:

- a) Pregnant women and lactating mothers;
- b) children in the age group 0-3 years;
- c) children 3-6 years old;
- d) school children;
- e) delinquent children.

Social welfare

- a) Training of personnel;
- b) creation of summer camps and vacation homes for children;
- c) pre-vocational, vocational and professional training;
- d) rehabilitation education for handicapped children;
- e) stipends for refresher courses for specialized personnel;
- f) projecting equipment for public health education;
- g) equipment for school gardens and agriculture education;
- h) vehicles for supervising educational and social activities.

Priorities

(1) Nutrition; (2) health; (3) education; and social welfare.

Countries or
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

UGANDA

Health

Continuation of assistance to mother and child health services and to the leprosy control programme.

Nutrition

Continuation of the dry skim-milk feeding programme.

UPPER VOLTA

Health

High infant death rate due to various children's diseases, among which measles and meningitis are prominent. Tuberculosis, diarrhea, trachoma and malaria are also very widespread.

BCG vaccination. Malaria control. Treatment of people suffering from trachoma and tuberculosis. Measles immunization. Environmental sanitation. Health education.

Nutrition

Protein and vitamin deficiencies. Nutritional ailments during the weaning period when children are put on an adult's diet poor in proteins and vitamins. Post-weaning period characterized by high incidence of measles.

Dry milk and vitamin distributions through MCW centres. Distribution of dry milk, fish flour and vitamins in schools.

General observations

Dry milk and vitamin distributions in all MCW centres is considered as the top priority.

UNITED STATES OF AMERICA

The usefulness of a survey depends on the involvement of the countries themselves. If a country can be stimulated to look at its own needs and to develop a continuing mechanism for planning to meet the needs of its children, the survey will be useful.

VIET-NAM

Health

Training of rural midwives. Immunization programme against tuberculosis, diphtheria, tetanus, whooping cough. Health education.

Nutrition

Milk powder and vitamins A and D for institutions for abandoned children.

Education

Assistance to existing centres for abandoned children in elementary and especially secondary education. Creation of training centre.

Social welfare

The Second World War and the political unrest of the period 1944-1954 have created tremendous economic and social problems, including widespread poverty, disrupted family and social structures, great numbers of abandoned and disabled children and orphans.

Assistance to centres for abandoned children and orphans. Increase of day-care centres and training of personnel. Training and stipends for specialized personnel for disabled children.

Priorities

Assistance to centres for abandoned children (considered to be the top priority).

Countries or
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

YUGOSLAVIA

Health

A 5-year programme of assistance to MCH services under preparation. This programme stresses community development in under-developed areas. Tuberculosis control through BCG vaccination in the regions of Bosnia and Hercegovina. Rehabilitation of youth cured of TB is considered in a separate project. Rehabilitation of mentally retarded, blind and deaf children.

Nutrition

Creation of: (a) centres for advancement of home economics and (b) institutes of hygiene and/or departments for nutrition.

Education

Comprehensive school services (school kitchens and school gardens, provision of water, erection of latrines, health education).

Social welfare

Creation of workshops and pre-vocational training.

General observations

It is suggested that UNICEF "should engage itself more to the social programmes in the field of MCW". Extension of comprehensive school services considered as the first priority.

ZANZIBAR

Health

Continuation of anti-malaria campaign. Equipment for nurse's training school. Material for health education. Equipment for village midwives.

Nutrition

Nutritional survey and provision of dried milk, cod liver oil.

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Executive Board

SURVEY ON THE NEEDS OF CHILDREN

Preliminary Review by Executive Director

Conclusions and Recommendations *

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* For the Review itself, see E/ICEF/L10.

(10p)

1. The rights of children, as set forth in the Charter adopted by the General Assembly in November 1959 (Resolution 1386(XIV)) constitute a basic expression of the needs of children.
2. The basis for the conclusions and recommendations set forth below have been developed in detail in the main document of the Executive Director giving a preliminary review of the needs of children (E/ICEF/L10), in the studies and the views expressed by participating Governments, in the analytic studies made by the specialized agencies (FAO, WHO, ILO, UNESCO) and the United Nations Bureau of Social Affairs.
3. The needs of children may be expressed in the terms of an inventory which defines the problems and brings them into focus. They may also be expressed in terms of possibilities for action so that each country can work out its own policy for meeting these needs.

Inventory of Needs

4. The studies indicate that an inventory of needs cannot be limited to the major causes of child distress (disease, ignorance, poverty, hunger, lack of social protection), and that a deeper analysis is required. Not only must there be an inventory in terms of needs, but it is equally important to pinpoint, as precisely as possible, action to meet them at community and national levels in terms of health, nutrition, education, etc.

Environment

5. It is therefore necessary to ascertain the relative importance of needs resulting from environmental influences. Such needs may vary substantially from country to country, a minor need in one place may be a major one elsewhere.
6. In this connexion, the studies have shown great differences between the needs of children in economically developed and under-developed countries. Between the extremes a series of intermediate situations can be found. Although the picture is generally dark in the under-developed countries, there is also considerable diversity

of needs. Some needs may, of course, arise from similar situations, for example, the needs of the urban child in the "shanty-towns", which are scattered over the world, and which are increasing year by year in number and in importance. Even here, however, the situation cannot be entirely the same from one country to the next because of variations in the general way of life, climate, cultural patterns and the economic and social situation.

Age-Groups

7. The studies also show that needs (considered in terms of the afflictions and deficiencies suffered by children) vary considerably according to age-groups. Overall priorities for particular age-groups need to be recognized, without, however, minimizing in any way the importance of other problems. During birth and the first few months that follow, the gravest threat is to the maintenance of life itself. During weaning and early childhood, the nutrition problems are often primary. Still later, ignorance threatens the future development of the child. Social protection is needed to avert serious harm even in early childhood, but it is of major importance later as the child begins to live more outside his family circle.

8. The inter-play of environmental influences with the general priorities for age-groups determines the situation in specific instances. Thus an extreme diversity is inevitable when analysis of needs is extended to take account of diseases, nutritional deficiencies and psychological and social conditions.

9. These considerations lead to a conclusion. In the countries where surveys of children's needs have not yet been conducted, they should be undertaken in order to set a national policy based on the needs of the child as they appear at the local levels, since there is no general formula for a priori definition of needs in a given situation, or of a given age-group.

Policy on Needs

10. While a major objective of a country survey is to determine child needs and their priorities as a basis for charting a policy for the children of the country, this policy must obviously be integrated into a social and economic context, and especially into national policies on health, nutrition, education and social welfare.

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11. Moreover, needs must be determined in terms of possibilities of action. A country survey of needs should make it possible to draw up a plan taking into account the priority needs of various age-groups, the influences of the environment and the possibilities and opportunities for action. A plan of this kind must be concrete and realistic. Of course if poverty could be eliminated, many of the needs of children would be met at the same time. But this would involve an attempt to solve the most difficult problem of all, and often quite in vain, because of the complex economic and social factors involved. Some diseases may constitute the most serious threat to children of a certain age-group and yet there may be no practical possibility of eradicating these diseases. Social services may be indispensable but such services cannot always be readily established.

12. Thus every plan must take account of over-all factors (such as the technical soundness of the proposed action), and specific factors arising from the physical, economic and social environment (including organizational structure, financial resources, available staff, etc.).

13. Moreover, whatever the methods that have already given a good account of themselves in many developed countries, they must still, in most cases, be adapted to the special conditions in the receiving country. The experience gleaned in a European country cannot be directly applied to an African country, where conditions are radically different. These considerations apply to problems of health, education, social welfare, labour protection, etc. Thus to the greatest degree possible a country plan must be related to the specific conditions in that country.

14. It follows therefore that country studies of needs are essential as a basis for establishing priority upon which concrete programmes of action can be undertaken and be fully adapted to the economic and social conditions of the country.

15. Are such surveys and planning at national level of a nature likely to advance the child aid policy in the country? Can they contribute new elements? The reply must be in the affirmative. The pragmatic approach tried in many regions of the world has often been most beneficial. However, sometimes it has involved the

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governments in programmes of doubtful priority both from the point of view of inventory of needs and of action. Planning based more solidly on analysis of needs is essential if an effective policy regarding children is to be achieved in government programmes, particularly when a number of elements are involved (health, nutrition education, labour protection, social services, etc.). This planning is also essential if policy regarding children is to be fitted into the over-all framework of national economic and social policy.

16. At the level of international aid, plans prepared by the Government (in cooperation with various international, multilateral, bilateral or non-governmental organizations) would permit aid to be given for programmes best designed to meet the special needs of the country. However, to meet Government requests, on the basis of priorities set up by the Governments themselves, would require a broadening of the range of aid that UNICEF can offer. It would appear, indeed, that restrictions placed on UNICEF aid have been due to the limitations of resources rather than the terms of reference of UNICEF. As other priorities are recognized - and in this respect the Declaration of the Rights of the Child serves to broaden the ultimate scope of UNICEF aid - policies need to be broadened or re-oriented, within the main principles which the Board has already developed, whilst taking care not to endanger gains already made. Certain divergencies might occur between restrictions on aid laid down by the Executive Board and the desire of countries to receive aid which is not limited by global priorities but rather is available on the basis of national priorities and opportunities for action. (See for example the report from Senegal). Present limitations mean that UNICEF aid cannot cover the diversity of situations as they appear on the different continents. In certain cases, of course, primacy may need to be given over Government priorities to programmes, such as malaria eradication, where a regional or continental solidarity is necessary.

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17. At the same time the Executive Board will, of course, wish to continue present policies which experience has shown to be essential for effective international aid.

18. On the surface it might appear that an aid policy based upon government requests according to national priorities and opportunities for action might be inconsistent with Board policies which have restricted the fields in which aid can be given. These two concepts, however, are not necessarily irreconcilable, given a certain flexibility in Board policy. The Board might agree to have some projects submitted to it which the requesting governments regard as important but which are in fields where UNICEF aid has not yet been given. The Board would thus be in a position to judge on the basis of specific project proposals whether it wished to enlarge the scope of aid.

19. Moreover, as in the past, the Board will annually review financial prospects in the light of forecasts of allocation requests. It will thus continue to be in a position to change policy emphasis when necessary and determine the balance to be maintained between various types of programmes and geographical regions.

20. It is clear therefore that no radical shift of the policy is proposed. At the most, the Board might envisage a slow but progressive development which would permit it (after appropriate assurance of the financing of previously approved programmes), to devote a part of the steady increase of resources to projects given high priority by the Governments on the basis of their own surveys.

21. However, an important problem, to which the Delegation of Sweden has rightly called attention, still remains to be settled, for it has not, in the past, been resolved in an entirely satisfactory manner:

- one facet involves effective liaison between bilateral or multilateral aid on the one hand and the various forms of other international aid on the other. The purpose would be to assure concerted instead of fragmented effort, and to

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use to best advantage the various possibilities of aiding economically under-developed countries. Co-ordination procedures between the Specialized Agencies and the several departments of the United Nations already are in existence. Under the auspices of the Administrative Committee on Co-ordination, a meeting of all the agencies concerned in the United Nations family will be held in Geneva in August 1961 in order to simplify procedures in connexion with projects aided by UNICEF which are of interest to more than one technical agency. But the problem of liaison with the bilateral and multilateral organizations still remains a subject for basic study.

- the other facet of this problem concerns co-ordination, at national level, between the several forms of aid proposed. Too often, indeed, a sort of competition exists between the various offers of aid. One of the possible solutions might be to set up governmental co-ordination committees at the national level, which would include participation of representatives of the various organizations providing aid. The representation would include Technical Assistance Board Resident Representatives, the Specialized Agencies, UNICEF, the United Nations Bureau of Social Affairs, the bilateral or multilateral agencies, and the non-governmental organizations desiring to participate in this joint effort. But this co-ordination would be effective only to the extent to which the action planned for children would be within the framework of national economic and social development plans. Such a plan for children could be based only on a general survey of their needs, and a determination of priorities. The solution would thus reside in a dual mechanism of nation-wide planning and the co-ordination of all the different forms of aid offered. For the moment, all that should be done is to set the Governments on the path of making possible the preparation of co-ordinated programmes which meet the fundamental needs of the nation's children and are integrated into its over-all development policy.

Recommendations

22. In summary, the Executive Director of UNICEF calls attention to:

a) the interest in the needs of children manifested by the General Assembly and other United Nations organs, the Specialized Agencies, the United Nations Bureau of Social Affairs, the Governments that have made surveys, and other Governments consulted by the UNICEF secretariat;

b) the first results of this survey which have disclosed the diversity of priority needs, both according to age-groups and the influence of differing physical, political, economic and social environments;

c) the interest expressed by Governments in national surveys to determine the most pressing needs of their children in the light of local circumstances and possibilities for action, within the framework of broader national economic and social policy, and to determine the priority areas requiring additional national effort and international aid;

d) the interest of such national surveys to UNICEF as a basis for enabling it, within the framework of its general policy, to focus its aid on the types of programmes most in accord with the desires of governments.

e) the difficulties which many developing countries would experience in undertaking such surveys without outside help.

23. The Executive Director recommends that the Board take the following action:

- 1) advise receiving governments that UNICEF is prepared to assist them, in co-operation with the technical agencies, to survey the needs of their children and to plan programmes, within the framework of economic and social development plans, designed to meet children's needs considered to be of high priority and for which effective action is possible;
- 2) requests the technical agencies in the United Nations family, the multilateral and bilateral organizations, and the voluntary organizations, to continue to collaborate in such surveys;
- 3) include within the range of UNICEF programme aid, assistance to such surveys of child needs as the countries may desire to undertake, and allocate an initial amount of \$100,000 to assist countries to undertake such studies either for the country as a whole or for sections of the country. The aid provided by UNICEF could take the form of supplies, transport, local expenses, and international personnel;
- 4) consider whether the time has not come to review the range of UNICEF aid now being offered from the point of view of broadening the fields in which it now operates and opening new fields, (a point of view which for the most part was reflected in the surveys of the governments and the technical agencies). While all the Governments that responded recognized the importance to them of the UNICEF aid for projects in nutrition, health (including basic health services and control of communicable diseases), and family and child welfare services, a number of them requested the broadening of the scope of such aid in relation to needs to which they assign high priority in their own countries.* The new or extended fields which are considered of high priority by governments include the following:

a) Broad social services

- (i) aid for the establishment or expansion of various types of social services within the framework of family services and directed towards the specific child needs within each community;

* For example the report from Thailand states: "UNICEF should not restrict itself to aiding health programmes alone; its sphere of action should also include education and the social welfare of children".

aid to programmes of rural and urban community development, with special reference to programmes of environmental sanitation and housing;

- (ii) extension of training programmes for social services at three levels:
 - multi-purpose workers at the village level;
 - persons occupying key positions;
 - specialized personnel for training of social workers or for field operations;
- (iii) aid to programmes for abandoned children;
- (iv) aid in establishing a legal status for protection of the child, with special reference to the establishment or extension of a birth registration service that will give each child a legal identity at birth and permit it later to enjoy full rights at family, city, and national levels;
- (v) extension of aid for handicapped children.

b) Preparation of the child for adult life

- (i) Certain aspects of elementary education;
 - training of normal school instructors;
 - teacher training;
 - training of home economics instructors.
- (ii) Certain aspects of agricultural education (nutrition, production at village level);
 - training of agricultural extension service agents.
- (iii) Certain aspects of vocational training for various occupations (handicrafts and industry);
 - training of extension service workers.

For the three types of operations listed above (4 b (i) (ii) (iii)), aid could be considered for:

equipping centres for teacher training and for vocational schools;

equipping field demonstration and training centres and areas;

production of school materials and teaching aids;

aid in the form of honoraria, stipends, teaching grants, etc.

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(iv) Aid to pilot youth centres, including:

a vocational guidance section;

a section to prepare youth for certain occupations, and to give refresher courses for young workers;

labour protection of youth.

(v) Multi-purpose demonstration programmes covering a number of practical activities.

- 5) defer action on an extended global survey on the priority needs of children. It is more urgent to assist Governments without the necessary resources in surveying the needs of their own children, establishing priorities, and planning programmes of action. Resumption of a global survey of child needs, and of their financial aspects in relation to international aid, might be usefully considered later, particularly if much larger amounts were placed at the disposition of the United Nations. Preliminary studies of the cost of health and education programmes for a number of regions have already been made by the relevant Specialized Agencies. The degree of precision attainable by subsequent surveys would depend on the surveys and studies undertaken in each country at the national level.