Ill Document Register Number [auto] **CF/RAD/USAA/DB01/2003-02454**

ExRef: Document Series / Year / Number **E/ICEF/1977/ASIA/SR.0002 (PDF-Eng)**

Doc Item Record Title

Summary Record - Special Meeting - Manila [PDF version] on the situation of Children in Asia with Emphasis on Basic Services - UNICEF Executive Board - 18 May 1977 9:30 AM

Date Created / On Doc	*Date Registered*	*Date Closed / Superseeded*
05/24/1977	01/01/1997	

Primary Contact
Owner Location **Office of the Secretary, Executive Bo = 3024**
Home Location **Office of the Secretary, Executive Bo = 3024**
Current Location **Record & Archive Manage Related Functions=80669443**

1: In Out Internal, Rec or Conv Copy?
Fd2: Language, Orig Pub Dist **English , L.Avail: E.. ; L.Orig: E-?**
Fd3: Doc Type or Format

Container File Folder Record
Container Record (Title)

Nu1: Number of pages	*Nu2: Doc Year*	*Nu3: Doc Number*
0	1977	5

Full GCG File Plan Code

Da1: Date Published	*Da2: Date Received*	*Da3: Date Distributed*	*Priority*
05/01/1977			

If Doc Series?: **CF/RA/DS/USAA/DB01/2003-0007**

Record Type **A04 Doc Item: E/ICEF 1946 to 1997 Ex Bd**

DOS File Name

Electronic Details **No Document**

Alt Bar code = RAMP-TRIM Record Numb : **CF/RAD/USAA/DB01/2003-02454**

Notes

Document Format Series/Year/SubSeries/Number/Rev: E/ICEF/1977/ASIA/SR.0001- 0005; Doc Series/SubSeries/Year/Number/Rev: E/ICEF/ASIA/SR/1977/5
Doc Series: E/ICEF/ASIA/SR; Series Valid date on import: 01-Jan-1977; Doc Year: 1977 ; Doc Number: 0005

Print Name of Person Submit Images	*Signature of Person Submit*	*Number of images without cover*
R. Tooker	R. Tooker	10

Intentionally Left Blank

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL

Distr.
GENERAL
E/ICEF/ASIA/SR.2
24 May 1977

ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND

EXECUTIVE BOARD

SPECIAL MEETING ON THE SITUATION OF CHILDREN
IN ASIA WITH EMPHASIS ON BASIC SERVICES

SUMMARY RECORD OF THE 2nd MEETING

Held at the International Convention Center, Manila,

on Wednesday, 18 May 1977, at 9:30 a.m.

Chairman: Mrs. ALDABA-LIM (Philippines)

CONTENTS

This record is subject to correction.

Corrections should be submitted in one of the working languages, preferably in the same language as the text to which they refer. They should be set forth in a memorandum and also, if possible, incorporated in a copy of the record. They should be sent as soon as possible to Miss S. Barry, Meeting Room 7, International Convention Center.

Any corrections to the records of the Special Meeting will be consolidated in a single corrigendum to be issued shortly after the end of the Meeting.

(10p)

Services benefiting children in urban areas

(b) "Face to Face with Poverty: The Mobile Creches" (E/ICEF/ASIA/5) by Ms. Meera Mahadevan (India)

(c) "A Review of the Slum Improvement Programme in Calcutta with Special Reference to Services for Women and Children" (E/ICEF/ASIA/4) by Mr. K.C. Sivaramakrishnan (India)

(d) Analytical comments by Dr. Stephen Yeh and Professor Myong-Chan Hwang

(e) General discussion by participants

Services benefiting children in rural areas:

(a) "Integrated Health Services Project, Miraj, India" (E/ICEF/ASIA/6) by Dr. Eric R. Ram (India).

(b) "Sarvodaya Shramadana Movement for Social Development in Sri Lanka (E/ICEF/ASIA/8) by Mr. A.T. Ariyaratne (Sri Lanka).

(c) "Basic Services Delivery in Underveloping Countries: A view from Gonoshasthaya Kendra" (E/ICEF/ASIA/9) by Dr. Zafrullah Chowdhury (Bangladesh).

(d) Analytical comments by Mr. Ali bin Esa.

(e) General discussion by participants.

The meeting was called to order at 9.40 a.m.

+

SERVICES BENEFITING CHILDREN IN URBAN AREAS (continued)

(a) "DEVELOPMENT OF EDUCATION AND WELFARE PROGRAMMES FOR CHILDREN IN THE KLONG TOEY SLUM (E/ICEF/ASIA/3)" BY MS. PRATEEP UNGSONGTHAM (THAILAND)

(b) "FACE TO FACE WITH POVERTY: THE MOBILE CRECHES" (E/ICEF/ASIA/5) BY MS. MEERA MAHADEVAN (INDIA)

(c) "A REVIEW OF THE SLUM IMPROVEMENT PROGRAMME IN CALCUTTA WITH SPECIAL REFERENCE TO SERVICES FOR WOMEN AND CHILDREN (E/ICEF/ASIA/4)" BY MR. K.C. SIVARAMAKRISHNAN (INDIA)

(d) ANALYTICAL COMMENTS BY DR. STEPHEN YEH AND PROFESSOR MYONG-CHAN HWANG

(e) GENERAL DISCUSSION BY PARTICIPANTS

1. Dr. MANDE (France) said that his delegation had unfortunately been unable to read the relevant documents earlier as they had not been distributed until the start of the meeting. Nevertheless, he wished to thank Ms. Prateep for her moving statement of the previous day: her childhood had been spent in conditions which her film had made it easier to understand and from her own experience she had mustered the energy required to set up her schools and give hundreds of children legal status. She was, of course, an exceptional person and, in their teens, thousands of children whose experience had been similar had not been inspired by the same idealism. The situations described in her paper and in the two papers submitted by Mr. Myong were rather similar: a strong-minded person, motivated by a great ideal, had succeeded, after herself initiating a project of use to the community, either to enlist the help of the authorities or to induce them to comply with the legislation in force. Their example showed that that was possible, which was already a step forward. But, as Mr. Yeh had said, the question arose as to how that example could be generalized and some thought might be given in the context of the Special Meeting to ways in which UNICEF might assist Governments along those lines.

2. Dr. RAHMAN (Bangladesh) observed that the lack of communication between the authorities and the people whom their action was intended to benefit was a major obstacle. After working for a long time in government services, he had realized that he knew nothing of the sufferings and needs of the people until he himself had been in contact with them.

3. Another factor to be borne in mind, possibly linked to the first, was the distrust which the slum-swellers felt, if not of the Government at least of the methods it used, and that distrust generated a passive attitude. It was therefore necessary to re-establish the Government's credibility; otherwise its action was doomed to failure. As the source of all real power lay in the people, they must be encouraged to take action themselves. Hence community participation was of the utmost importance.

(Dr. Rahman, Bangladesh)

4. Accordingly, when basic services were being set up in Bangladesh, efforts had been made to establish a link between the administration and the people. The results had been conclusive and that example deserved to be followed to a large extent.

5. Finally, the importance of the economic factor must not be minimized; nor should it be forgotten that the spread of slums and shanty-towns was not an exclusive characteristic of the developing countries. The problem arising in all countries, both developed and developing, was one of narrowing the gap in living levels between the affluent and the deprived, but its solution was a matter for the economists; UNICEF, for its part, should continue to advocate the adoption of a multi-sectoral appraoch.

6. Mr. RAHENDRAN (India) said that urbanization problems had always been given priority attention by the policy-makers, who were familiar with them at first hand as they lived in urban areas. It was also a fact that, even though per capita incomes might be the same or even higher, urban children led more difficult lives than children in rural areas who had more space and more wholesome and more plentiful food. There would therefore seem to be a case for keeping urbanization within certain limits, whatever its economic advantages might be, and UNICEF might consider how best it could influence the authorities of the developing countries in that direction.

7. As things stood at present, everything possible must be done to improve the lot of children in urban areas. The key role which could be played by voluntary activities carried out by organizations or individuals could not be over-emphasized in that connexion. Unfortunately the social changes occurring in the developing countries tended to eliminate a form of action which offered the great advantage of enabling programmes to be implemented by people who were close to the beneficiaries and hence of adapting them to real requirements. Governments should consider providing financial and other assistance to the voluntary organizations in order to maximize their effectiveness. That was the policy chosen by India which was carrying out two important programmes with their co-operation. One of them was designed to tackle the problem of the abandonement and destitution of children, which was particularly acute in urban areas; in rural areas family ties were still strong and children were taken care of by their near relations. The other was concerned with the provision of crèches for children of working women in the urban areas, particularly those of the unorganized sector.

8. The need to integrate basic services was extremely important. In four of India's urban slums, for example, child nutrition projects also included non-formal education for pre-school children, basic health services and functional literacy for mothers. The last mentioned was becoming increasingly important as the success of any programme for children depended on the participation of parents.

9. The CHAIRMAN remarked that the funding of voluntary organizations by the Government was a very interesting idea which might well be taken up again at a later stage.

10. Dr. WAHABZADAH (Afghanistan) said that Ms. Prateep's experience illustrated the problem of internal migrations which, in the developing countries, uprooted from their traditional surroundings entire populations which swelled the ranks of the slum-dwellers. There were many reasons for those migrations, but one of them was certainly the absence of services in areas remote from urban centres. Ms. Prateep's success was particularly encouraging as the problems she described were not exclusive to Thailand but common to all developing countries.

11. As pointed out by Mr. Myong and Mr. Yeh, Governments were indeed striving to help the communities, but, even when relatively successful, their action lacked balance unless they had adopted the integrated approach advocated by UNICEF. Only through that approach was it possible to economize limited human and financial resources. Another factor of disequilibrium was the population explosion and that too was a problem common to all developing countries.

12. The problems must first be properly defined, as Mr. Yeh had observed, but it was also necessary to identify the factors contributing to their creation and the various possible solutions, to formulate a strategy for counteracting them, and, lastly, to plan scientifically and follow and monitor the activities undertaken in order to solve them. Account must also be taken of the social and cultural differences existing between the different ethnic groups consituting the population of developing countries, and the implementation of pilot projects suitable for subsequent extension to the country as a whole, must be promoted.

13. Dr. THAPA (Nepal) congratulated the authors of the papers on the success of the projects they had described, adding that only through coordinated effort in health, feeding, education and family planning and by adopting an integrated approach to rural and urban development would it be possible to apply the experience of limited pilot projects at the national level and to solve the problems on a major scale. In that connexion she referred to the integrated project carried out with the assistance of the World Bank in two districts of Nepal which had led to substantial progress in two years.

14. Mrs. MONTES (Philippines) said that the Philippines was experiencing educational problems similar to those of Thailand. A very large number of children could not be enrolled in a school for want of a birth certificate. To remedy that situation, the Council for the Welfare of Children had recommended the adoption of a bill providing for the registration of children and designed to regularize the status of all those who did not have the necessary identity documents. In the meanwhile, interim measures had been taken, for example, to enable the children of squatter families in the 25 emergency relocation centres of Metro Manila to attend school. In addition, the Government had continued to act in partnership with the non-governmental organizations in order to provide basic food assistance to slum children suffering from second-degree and third-degree malnutrition either through the day-care services directly or under a home feeding programme for children.

15. Dr. SASSADY (Lao People's Democratic Republic) said that the problem of deprived children also existed in the urban areas of Laos, but on a smaller scale,

(Dr. Sassady, Lao People's Dem Rep)

because Laos had no very large urban centres; Vientiane, the capital, had only about 160,000 inhabitants. The problem of children was nevertheless complex and he hoped to present an account of the situation at a later meeting.

16. Mr. DANILOV (Union of Soviet Socialist Republics) said that the problems under discussion were of crucial importance not only for the developing countries but for the entire world. No country could fail to recognize them.

17. The Soviet Union had experienced a situation similar to that of many developing countries during the civil war - a very high rate of infantile mortality, illiteracy, malnutrition and hundreds of thousands of abandoned children. After the October Revolution, social reforms had been introduced with a view to solving those problems. The Constitution had proclaimed the right of every child to life, health, education and work and the State had assumed responsibility for children by establishing creches, children's homes and day-care centres. In the early years of the Soviet regime, when the economy had still been weak, a system of four years', subsequently extended to seven years', compulsory and free education had been introduced. At a later stage, all children had the benefit of 10 years' compulsory and free secondary education which equipped them for higher education. The Soviet Union had thus gradually solved its problem and was now sharing its experience with other countries through international organizations (United Nations, UNICEF) or under bilateral agreements.

18. So far as the health services were concerned, the Government had instituted a child welfare system which began even before birth with pre-natal care. Children were then kept under supervision up to the age of 3 years by paediatricians in the health clinics and kindergartens and under child development programmes. Child health policies were formulated at the highest level. A commission had been established within the Supreme Council to deal with maternal and child health. Substantial material and financial resources were allocated to the programme which was reviewed each year during the session of the Supereme Soviet and implemented throughout the country, including the Central Asian Republics. In 1978 the Soviet Union intended to convene an international conference on medical assistance and child welfare and a conference on health protection in co-operation with WHO and the International Red Cross, respectively. Papers would be presented and the participants would be given an opportunity to visit institutions, hospitals, maternity clinics and dispensaries and benefit from a study of the system.

19. The items under consideration deserved close attention. The Soviet delegation would put the very interesting ideas set forth in the case studies presented at the special Meeting to good use for its population.

20. Mr. YEH, referring to people's distrust of public authorities, asked what the slum-dwellers of Bangkok thought of the authorities and the policies they implemented and what they believed the Government thought of them.

21. Ms. PRATEEP replied that the people reacted to the Government's policy in three ways: some Thais, swayed by the promises of politicians, emigrated to towns in the vain expectation of improving their living conditions; others, faithful to Budhist philosophy, were resigned to their lot; others again remained indifferent and lived from hand to mouth

22. Dr. SOMBOON (Thailand) said that, following a period of political upheaval, Thailand now had a more stable government of national reform which was dealing with the slum problem. However, the related legal and moral constraints had to be taken into account. The government had built housing for low-income groups under its economic and social development plan and was trying to improve the living conditions of the people in slum areas.

23. Mr. PANOM (Thailand) said that one of the problems which had to be solved was that of co-ordinating the activities of the central and local administrations. The educational system, in particular, came under various public and private agencies, hence the serious communication problems that existed. The Government, which was aware of the problems in the slums, was trying to solve them by co-ordinating the activities of the various agencies involved in education.

24. Mr. NAYAR (International Labour Organisation, Manila Office) pointed out that workers' organizations could make their contribution to projects benefiting children and in that connexion he cited the remarkable work being carried out in the Philippines.

SERVICES BENEFITING CHILDREN IN RURAL AREAS

(a) "INTEGRATED HEALTH SERVICES PROJECT, MIRAJ, INDIA" (E/ICEF/ASIA/6) by Dr. Eric R. Ram (India)

(b) "SARVODAYA SHRAMADANA MOVEMENT FOR SOCIAL DEVELOPMENT IN SRI LANKA (E/ICEF/ASIA/8) BY MR. ARIYARATNE (SRI LANKA)

(c) "BASIC SERVICES DELIVERY IN UNDERDEVELOPING COUNTRIES: A VIEW FROM GONOSHASTHAYA KENDRA" (E/ICEF/ASIA/9) BY DR. ZAFRULLAH CHOWDHURY (BANGLADESH)

(d) ANALYTICAL COMMENTS BY MR. ALI BIN ESA

(e) GENERAL DISCUSSION BY PARTICIPANTS

25. Mr. SEDDIQ (Afghanistan) said that the concept of integrated developmenht was not new for Afghanistan, which had embarked on a rural development programme in the mid-1950's. Unfortunately, action in that area had slowed down but the Republican regime had given it a new impetus. Believing that physical planning could not be separated from social development, it had undertaken (with assistance from USAID, the World Bank, UNDP and UNICEF) the implementation of two projects encompassing a number of elements: education, health, the establishment of co-operatives, and the irrigation and drinking water supply networks, roads and bridges. The human settlements project encompassed 172 families living in an area with a population of 85,000 where there were only two co-operatives and no handicraft industry. The level of education of children in the area was extremely low and malnutrition and diseases were prevalent. The project was concerned not only with mothers and children but also with farmers who needed help in

Dr. SEDDIQ

order to export their produce and import necessary goods. The establishment of non-formal and homecraft education was also under consideration. The impossibility of reaching the people, who were mostly farmers living in rural areas, was a serious problem in Afghanistan. The new Consitution, however, provided for the institutionalization of village councils, which should produce positive results.

26. Dr. RAM presented the project on integrated health services in Miraj, India, (E/ICEF/ASIA/SR.6) and explained why it had been launched. It had been undertaken in co-operation with the central Government and the local administration and had begun on 2 July 1973. The first aim had been to train the various categories of staff necessary for its execution trainers, field staff, supervisors, dais or traditional midwives, village health aides, etc.) It had been noted in the process that the dais did not use the kits provided by UNICEF and, accordingly, they had been given inexpensive and simple locally-made packs. There had been a number of health workers in the project area but their activities had not been co-ordinated. It had, therefore, been necessary to regroup and retrain staff.

27. The project was basically concerned with the following areas: maternal and child health care, simple medical treatment, family planning, school health, health education, diarrhea control, prevention of blindness and immunization, particularly against smallpox and tuberculosis.

28.. He then cited a number of statistics illustrating some of the activities which had made it possible to establish integrated health services and mobilize the active and dynamic participation of the community.

29. Dr. THAPA (Nepal) asked how many persons were visited by mobile health teams and whether the figures relating to the results and financing of the project could be compared to data obtained in control groups where a different system was employed. Finally, she asked how the difficulties entailed in setting up a cold chair had been resolved when mobile health teams were used.

30. Dr. RAM replied that there were no mobile health teams as such; doctors visited the centres once a week, but the basic health workers lived in the villages; there was one auxiliary nurse midwife per 5,000 inhabitants, one basic health worker per 7,500 inhabitants and one dai per 1,200 inhabitants. The figures in the working paper covered a period of three years, but there were no control groups with which to make a comparison. However, the statistics for districts, States or the country as a whole could serve as yardsticks. The results shown had been obtained by making villagers aware of the need for vaccination. Where parents were very reluctant to have their children vaccinated, the help of dais was sought in order to convince them.

31. Dr. HASAN (Pakistan) asked what criteria were used by the participants in the project; he also wished to know first, whether the statistics submitted had been compiled from baseline data available before the project began or extrapolated from vital statistics and second, whether the 60,000 rupees allocated each year for the purchase of medicines included the cost of vaccines, which was high.

33. Mr. DANILOV (Union of Soviet Socialist Republic) asked what role was being played by the World Health Organization in the implementation of the programme; he also wished to know whether other States had participated in the programmes for improving the people's health.

34. Dr. RAM replied that WHO and UNICEF did not participate directly in the programmes carried out in India, but UNICEF provided assistance to the central Government and to State Goverments, thereby playing a vital role in the supply of medicines and supplementary foodstuffs.

35. The production of vaccines was very slow, and he wished to make a personal suggestion to the effect that UNICEF and WHO should take charge of supplying vaccines produced in India or abroad in order to accelerate implementation of the programme.

36. Mrs. del MUNDO wished to know why the dais did not like using the kits provided by UNICEF.

37. With respect to co-operation between UNICEF on the one hand and the central Government, local administrations and charity organizations on the other, she asked how the funds allocated were divided among those organizations and the Government. Finally, she asked whether the project could be extended to other regions using the same principle of tripartite co-operation or whether the charity organizations would gradually withdraw.

38. Dr. RAM replied that the reluctance to use UNICEF kits was basically due to cultural prejudice. Co-operation between the State and charity organizations was very satisfactory; in India, 20 per cent of hospital beds were provided by charity organizations which were also responsible for executing various community health projects. It would seem that the project under discussion could be extended to other regions; the integrated approach used in Maharashtra State could usefully be applied in other States, subject to possible slight modifications to take account of cultural differences.

39. The CHAIRMAN said that, according to the UNICEF secretariat, there were several types of kit: the most sophisticated were intended for fully trained midwives, but there were much less complicated kits.

40. Dr. RAM said that there was no question as to the usefulness of the UNICEF kits, which were very well conceived and even enjoyed a certain prestige; when the dais were in difficulty, they sought help from nurse midwives who generally had them.

41. Mrs. PALACIOS (Philippines) said that she remembered attending a travelling seminar for traditional midwives in several Asian countries at which several very nice kits had been distributed to the participants.

42. The CHAIRMAN said that it might be appropriate to re-examine the contents of UNICEF kits and to remove whatever was not indispensable.

43. Mr. ARIYARATNE gave a brief historical account of the Sarvodaya Shramadana Movement (E/ICEF/ASIA/8). Having begun as a simple experiment by students and teachers from Nalanda College, Colombo, who wished to share the life of the most deprived rural groups, the Movement had developed over the years into an integrated development programme in which thousands of young people participated and which encompassed 1200 villages in all districts of the country.

44. A movement of social regeneration based on the Buddhist doctrine of respect for all life, Sarvodaya Shramadana sought to preserve the culture and respect the values of rural communities, while at the same time trying to promote their well-being. Members lived in a village for some time, working alongside the inhabitants, studying practical problems and trying to solve them. Daily meetings to study the causes of poverty brought the most assertive members of the community into prominence. Those members then attended a course in one of the Movement's 73 Institutes where approximately 400 trainees received training related to nutrition, health care and community leadership.

45. The Movement employed 900 persons from the villages in which it operated on a full-time basis. In Sri Lanka, it had set off a process of decentralization whereby the community itself was responsible for planning, implementing and evaluating the activities affecting it. The change was taking place with the full support of the authorities, who believed that it was likely to help offset the lack of resources.

46. The Movement helped 800,000 families, providing them with integrated services in fields ranging from education, health and nutrition to the application of simple techniques at the village level. It had established groups of pre-school children, mothers and farmers, and considered it important that trainees attending its training courses should be chosen by the communities themselves. While it co-operated with the Government and with both national and international organizations, it was careful not to forget that solutions must always be local ones and must never be imposed. Of course, it encountered obstacles, not the least of which was formalist and bureaucratic mindedness, but in a country which, in the words of Gandhi, did not have the resources to satisfy its desires, the only road to salvation lay in building on existing foundations.

47. Slides on the activities of the Sarvodaya Shramadana Movement in rural communities in Sri Lanka were projected.

The meeting rose at 12.30 p.m.