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UNITED NATIONS CHILDREN'S FUND

EXECUTIVE BOARD

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

SUMMARY RECORD OF THE 4th MEETING

Held at the International Convention Center, Manila,  
on Thursday, 19 May 1977, at 9:30 a.m.

Chairman: Mrs. ALDABA-LIM (Philippines)

CONTENTS

Services benefiting children in rural areas: (continued)

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

This record is subject to correction.

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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.

- (b) "Sarvodaya Shramadana Movement for Social Development in Sri Lanka (E/ICBF/ASIA/8) by Mr. A.T. Ariyaratne (Sri Lanka)
- (c) "Basic Services Delivery in Underdeveloping Countries: A view from Gonoshasthaya Kendra" (E/ICBF/ASIA/9) by Dr. Safrullah Chowdhury (Bangladesh)
- (d) Analytical comments by Mr. Ali bin Esa
- (e) General discussion by participants

**Area development approach to delivery of basic services for children:**

- (a) "Development in West Sumatra, Indonesia" (E/ICBF/ASIA/7) by Governor Harun Zain (Indonesia)
- (b) "The Need for an Integrated Approach to Social Development in Under-developed Countries-- A Look at Project Compassion" (E/ICBF/ASIA/2) by Mr. Ramon P. Binamira (Philippines)
- (c) Case Study by the Comité Central de Protection de la Mère et L'Enfant (Socialist Republic of Viet Nam)

Concluding discussion on the situation of children in Asia

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

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 GONOSHASTAYA KENDRA" (E/ICEF/ASIA/9) BY DR. ZAFRULLAH CHOWDHURY (BANGLADESH)
- (d) ANALYTICAL COMMENTS BY MR. ALI BIN ESA
- (e) GENERAL DISCUSSION BY PARTICIPANTS

1. Dr. WAHABZADAH (Afghanistan), referring to a number of basic points in the documents relating to the projects carried out in India, Bangladesh and Sri Lanka, observed that the success or failure of a health programme depended essentially on the competence of the staff responsible for implementing it. In most developing countries, training programmes had been copied from those in developed countries without being adapted to the needs of local communities. It was, therefore, essential to reform the system of training paramedical staff, to whom it should be possible to assign a number of functions, while keeping them under continuous and strict supervision.

2. Donor agencies would have an important role to play in that connexion through their advisers in the field. Those advisers should, however, be detached for short periods of time, as needed, so that their salaries would not absorb too large a share of the funds made available as assistance.

3. He emphasized that, when equipment and supplies were provided, provision should also be made for local maintenance and repair facilities. For all those reasons, improvement of the programme management system was imperative.

4. Finally, his delegation was presenting two new documents. The first dealt with the delivery of primary health care to rural communities, to which the Afghan Government was seeking to give greater autonomy in order to enable them to meet their own needs themselves. The second related to the decentralization of health training through the establishment of regional centres and the formation of mobile teams.

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5. Mr. BROINOWAKI (Australia) described in outline an integrated rural development project begun three years earlier with the co-operation of the Australian Government in one of the most disadvantaged provinces in the southern Philippines. The project entailed, inter alia, the construction of feeder roads and tube wells, the development of an irrigation system and the establishment of a livestock farm. His Government had provided the services of some thirty engineers and agricultural experts, construction materials and various kinds of machinery. The Philippine Government, for its part, had provided all the skilled and unskilled labour for the project.

6. In order to ensure the success of the project, Philippine and Australian social scientists had first conducted an in-depth sociological survey of the area which had showed that, because of their isolation, the inhabitants of the various villages and barrios were deprived of basic services and unable to take advantage of assistance from the central and local Governments or private organizations.

7. Although the first phase of the project had not yet been completed, considerable progress could already be noted. The construction of roads had created numerous job opportunities which generated additional income, thereby enabling the inhabitants of the area-Christians and Muslims alike-to raise their level of living and improve their children's state of health and education. Moreover, nutrition and health teams were now serving previously inaccessible areas. The essential point in his view was, however, that the project enjoyed the support of the entire population, which was the surest guarantee of its success.

8. Mr. LAUFER (United States of America) said that his delegation had listened with keen interest to the comments - both favourable and critical - which had been made regarding the participation of the United States Agency for International Development in a number of programmes in various Asian countries. The assistance policy of the United States Government was far from doctrinaire and was aimed essentially at satisfying the needs and wishes of the sovereign States receiving United States assistance. His Government supported programmes which reflected its view of assistance. For example, it was committed to integrated rural development and supported the concept of primary health care, which had been broadened to encompass basic services for children. That did not in any way mean that other more fragmentary approaches which had proved their worth could be ignored, since they had made it possible, for example, to eradicate such ills as smallpox and protect millions of children in Asia from such diseases as measles. Consistent with that attitude, his Government was preparing

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(Mr. Laufer)

to make significant financial contributions to support the malaria control programme in Bangladesh.

9. His government was likewise participating in the search for solutions to population problems. In a field in which there was no panacea, the integrated health services approach, which was the most desirable, was not necessarily the only one. Family planning programmes might very well be coupled with various economic or legal measures capable of improving their results. Thus, for example, a minimum age might be set for marriage, small families might be given favoured treatment, greater educational and job opportunities might be offered to women and the development of the rural sector might be promoted by establishing multi-purpose co-operatives and other village-based organizations.

10. He commended the efforts made by the dedicated and generous-minded individuals who had spoken during the Special Meeting and hoped that UNICEF, Governments and bilateral agencies would find a way to take advantage of their experience and talents. He endorsed the remarks made by Dr. Chowdhury concerning the programme begun in Bangladesh and recognized the need to ensure greater co-ordination between the activities of international organizations in the field.

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11. Dr. HASAN (Pakistan) said that he was disturbed by the remarks made by Dr. Mande concerning the midwifery kits distributed by UNICEF, the contents of which were supposedly completely superfluous. It was imperative to solve that problem which only appeared to be a minor one.
12. The experiment carried out by Dr. Ram in India was most instructive, since by making use of existing resources and staff he had managed to deliver health services to previously unserved rural populations. The success of that project was doubtless due to the catalytic role played by Dr. Ram and the participation of the community as a whole.
13. The pioneering work of Dr. Chowdhury had also been rightly acclaimed. The Gonoshasthaya Kendra project had served without a doubt to close the cultural gap between the members of the medical profession and the rest of the population and had shown that advanced theoretical training or complicated medical studies were not necessary for providing simple basic medical care.
14. It was obviously necessary to rethink curricula that were patterned on Western long-outdated models and make every effort to adapt them to the particular needs of developing countries.
15. Mr. VINETTE (Canada) said that there was general agreement as to the necessity of establishing effective channels of communication. As the representative of the Soviet Union, among others, had pointed out, one of the chief continuing difficulties was to co-ordinate activities. UNICEF was aware of that fact and the appropriate machinery for ensuring communication with Government and the headquarters of the specialized agencies had been established. Thus, the question which arose concerned communications in the field, thousands of miles from headquarters and regional offices. What could be done to improve co-ordination among international organizations, regional development banks and bilateral agencies and promote co-operation in preparing, executing and evaluating programmes? It would also be interesting to learn how those problems -- which were relevant to the two items already considered as well as to the next item.
16. Dr. SASSADY (Lao People's Democratic Republic) stressed that children and young people accounted for 50 per cent of the Lao population. He also pointed out that the war had left a profound mark on the country and its inhabitants, particularly children. The number of orphans was not known and many children had been abandoned by parents who were neglectful of their duty. Of one million school-age children only some 350,000 were enrolled in schools. Infant mortality was high owing to the inadequate health network and malnutrition.
17. The People's Revolutionary Government had assigned responsibility for the problems of child health to three national services: the Directorate of Hospitals, the Directorate of Health and Disease Prevention, and the Directorate of Maternal and Child Welfare. It was exerting considerable efforts to improve the health services and in the field of education was stepping up the training of teachers. In the social sector, a reception and training centre for orphans and abandoned children was operating in temporary facilities, but international assistance was needed for permanent premises.



18. The Government was seeking to enhance the role of women in society. It was trying to educate children and to mould them into the "new man". Educational reform had already been instituted. Education had become national (since it was provided entirely in the Lao language), scientific (efforts were being made to eliminate outmoded prejudices) and popular. The Government was aiming to eliminate illiteracy by 1980. It was aware of the magnitude of the task and hoped that UNICEF would continue to provide its generous assistance.

19. Mrs. DUPT (Associated Country Women of the World) indicated that the association which she represented had a membership of approximately 8 million women. She herself was working in the western part of Bengal, an area so poor that women were not interested in education of any kind unless it could enable them to earn some money. Consequently, her association was teaching them handicrafts, the rules of nutrition, family planning techniques and the rudiments of writing and arithmetic. It also had outdoor dispensaries and for some time intensive care had been provided for children suffering from serious malnutrition. The assistance which her association received from international organizations would soon end and it was to be hoped that it would be replaced by governmental assistance. Voluntary organizations generally constituted a useful link between the Government and the rural population.

20. Every year in India 14,000 children were stricken with blindness as a result of serious malnutrition. That was due more to the ignorance of mothers than to poverty and it was therefore more essential to educate women than to distribute nutritious foods. The education of women was also of prime importance in family planning, but people would not accept the idea of family planning until they could be certain that their children would live.

21. Finally, referring to two documents presented the preceding day, she suggested to Dr. Ram that groups of women should be formed and trained for the task of persuading parents of the value of vaccinations. She wished to know how Dr. Chowdhury made sure that women using oral contraceptives did not neglect to take them.

22. Dr. RAM, replying to a number of questions asked during the Special Meeting, explained that he hired both male and female workers and that they visited an average of 60 homes each day.

23. With regard to immunization campaigns, he relied largely on women's clubs and the technique he used made it possible to use concentrated vaccine and eliminated the need to keep vaccines under refrigeration and sterilize needles and syringes. The incidence of malaria was decreasing in the area in which he worked thanks to a permanent surveillance system.

24. He was having success in family planning by using village workers. Finally, it had proved highly economical to rely on dais (indigenous midwives).

25. Dr. CHOWDHURY stated that, while supervision was impossible at the international level, it was ensured at the local level, firstly, by the villagers themselves and, secondly, by doctors assigned to the rural health centres.

(Dr. Chowdhury)

26. Malaria was reappearing owing to the fact that it was treated in isolation, as a separate problem. If an integrated approach had been taken, it would most likely have been eradicated already.

27. Finally, in reply to a question from Mrs. Dutt, he said that in the area in which he was working 40 per cent of the women continued to take the pill two years after deciding to accept it. Checks were made by the village midwives in the course of spontaneous conversations. It was on the same occasions that the psychological effects and possible problems were discussed. If the problems were serious the woman concerned was referred to a doctor. Very often, when women had the number of children they desired they had themselves sterilized.

28. Dr. ZAHRA (World Health Organization) began by emphasizing that, notwithstanding the train of human suffering and unfulfilled expectations which accompanied poverty and a scarcity of health and social services, the three programmes under consideration illustrated the efforts being made everywhere to find alternative approaches to meet the basic needs of the population with respect to health and well-being. They showed how manpower and other resources could best be used by adapting services to the priority needs of an area. Moreover, UNICEF and WHO had always recommended integrated services as opposed to vertical programmes. They also recognized the importance of community participation in the development effort.

29. Secondly, by deciding to give top priority to public health, WEO and UNICEF were putting their trust in auxiliary health personnel, indigenous midwives and traditional healers. Providing them with an education and vocational training, as well as moral and material support, was one of the most challenging tasks in public health.

30. Thirdly, whatever the level of development of public health care in a country, it was always possible to launch a programme to meet the basic needs of families with respect to family planning, immunization, nutrition and health education through MCH. In terms of numbers, mothers and children comprised 70 per cent of the population in developing countries, which made the mother the principal agent for health care.

31. Finally, referring to a question raised by the representative of the USSR, he pointed out that UNICEF and WHO were committed to an expanded programme of immunization against six childhood diseases, (diphtheria, whooping cough, tetanus, tuberculosis, poliomyelitis and measles) wherever such immunization might be necessary. They were helping the Indian Government, which already produced enough freeze-dried smallpox vaccine, to embark upon the local production of vaccines against most of those diseases and to establish quality-control laboratories.

32. With respect to the question of the UNICEF kit, he suggested that Dr. Fazzi should be given the floor.

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33. Dr. FAZZI (World Health Organization) explained that UNICEF supply lists were periodically updated in the light of experience acquired and the views of national bodies and departments, as well as those of the personnel for whom the kits were intended; the last complete review had been undertaken 2 or 3 years before and had resulted in the consolidation of the various lists, the removal of superseded articles and the inclusion of new items such as orally administered rehydration salts. A new review had just begun.

34. There was several types of kits which were more or less complicated depending on whether they were intended for professionals, auxiliary personnel or indigenous midwives. The kits were complete, and it was for the national health services to determine the needs of each category of personnel. With respect more particularly to traditional midwives, the aim of kits was not only to provide the midwives with equipment, but also to enable them to apply the rules of hygiene they had learned at training courses in order to prevent tetanus in newborn infants and in mothers, post-natal ophthalmia and septic complications arising from childbirth. A less complicated kit could always be made up, depending on the skills of the midwives.

35. He drew attention to the fact that the components of the kits were often purchased in the country itself and emphasized the great potential of the kits within the context of basic health care.

36. Mr. HEYWARD (Senior Deputy Executive Director) said that he would confine himself to answering questions which did not require a decision of the Board. Firstly, the projects included under item 4 were pilot projects, carried out by the private sector non-governmental and charity organizations, their aim was to develop means of action which were less rigid than those of government departments. If the Government agreed, UNICEF assistance could be channelled towards such pilot development activities, or alternatively, it could be directed towards their extension and their implementation on a larger scale. The projects submitted to the Special Meeting, some of which, for example the Miraj project (India), had received direct or indirect assistance from UNICEF, had been selected because they represented the best means of demonstrating some possible courses of action. UNICEF generally participated in the extension of the pilot methods thus established, but did so in co-operation with the Government concerned and with various international and bilateral organizations: for example, with respect to the provision of basic health care, Dr. Chowdhury's project had been the subject of case studies which had resulted in recommendations approved by the WHO Assembly and the UNICEF Executive Board. UNICEF field offices were constantly pursuing the matter and made every effort to help spread innovative methods. It was clear that the Meeting itself constituted an important method for attaining that goal.

37. The discussion had underlined the importance of established contacts with local communities. The communication difficulties referred to demonstrated the need to provide training, re-orientation and retraining in the actual working environment for departments having contact with those communities, particularly departments dealing with mothers and children. Moreover, in several cases, that principle had been accepted. Thus, in Bangladesh there were 47 teachers training schools in rural areas.

(Mr. Heyward)

38. It might have been expected that the efforts to construct wells would meet with success. However, the question of siting arose in very densely populated countries. In Bangladesh, in order to build a well it was necessary to have the approval of 10 heads of family, as well as that of the UNICEF District Representative. It had become clear that it was easy to obtain signatures and that that could lead to abuses, with rich owners controlling the water points. In fact, in one case in 20, the District Representative was obliged to reverse his decision concerning a previously accepted course of action. However, once the well had been constructed, the landowner was obliged for religious reasons to authorize anyone to draw water. As for maintenance, 80 per cent of the pumps were in working order. Nevertheless, the community should play a greater role in choosing the site of wells and in maintaining them. One method of doing so would be to ensure the transfer of simple techniques to the villages.

39. It had been recognized practically everywhere in the world that the problem of latrines was more difficult to solve than that of the water supply. The latrine construction programme was more limited and of a more experimental nature: only 5,000 latrines had been built in the past year, as opposed to 2,000,000 wells. It nevertheless remained an important goal, especially for women who were not supposed to leave their house during the day.

40. He did not think that the funds allocated for kits represented a waste of money. As Dr. Fazzi had explained, the different types of kits corresponded to different categories of personnel (skilled midwives, paramedics and indigenous midwives). Furthermore, the aim was not to obtain the least sophisticated and least expensive kits possible, but to help countries and communities solve their problems. In any case, efforts were always made to simplify the equipment in supply lists and recommendations and to purchase it in the country itself.

41. One of the most innovative efforts in education concerned the teaching of science with the use of education kits. A study was being conducted in India and Bangladesh on ways of teaching children basic scientific concepts using materials available in villages.

AREA DEVELOPMENT APPROACH TO DELIVERY OF BASIC SERVICES FOR CHILDREN:

- (a) "DEVELOPMENT IN WEST SUMATRA, INDONESIA" (E/ICEF/ASIA/7)  
BY GOVERNOR HARUN ZAIN (INDONESIA)
- (b) "THE NEED FOR AN INTEGRATED APPROACH TO SOCIAL DEVELOPMENT IN UNDERDEVELOPED COUNTRIES - - A LOOK AT PROJECT COMPASSION"  
(E/ICEF/ASIA/2) BY MR. RAMON P. BINAMIRA (PHILIPPINES)
- (c) CASE STUDY BY THE COMITE CENTRAL DE PROTECTION DE LA MERE ET L'ENFANT (SOCIALIST REPUBLIC OF VIET-NAM)
- (d) ANALYTICAL COMMENTS BY MR. SHOAI B SULTAN KHAN AND MR. RALPH DIAZ
- (e) GENERAL DISCUSSION BY PARTICIPANTS

## CONCLUDING DISCUSSION ON THE SITUATION OF CHILDREN IN ASIA:

(a) OVERVIEW OF THE PREVIOUS DISCUSSIONS BY DR. STEPHEN YEH AND MR. RALPH DIAZ

(b) GENERAL DISCUSSION BY PARTICIPANTS

42. The CHAIRMAN announced that items 5 and 6 would be considered together.

43. Mr. ESMARA speaking on behalf of the author, Governor Marun Zain, introduced working document E/ICEF/ASIA/7 concerning development in West Sumatra, Indonesia. Since his accession to power in 1966, the Governor, despite the limited financial resources available, had organized and co-ordinated development efforts in his province with good results.

44. With the help of slides, he described the geographical situation of the province of West Sumatra, explained its economic problems (per capita income below the national average, disparities in population density and in the level of development of the various regions and outlined Indonesia's national development policy: growth with equity. The five-year development plan was notable for its sectoral programmes (economic and social sectors) which provided for subsidies at all levels ---each province, municipality and village received government subsidies; it also included specific programmes (primary school construction, health services, rehabilitation of small landing fields to improve communication with the most isolated areas, reconstruction of vital regions, credit for small tradesmen, etc.). The provincial Governments, however, drew up their own development plans.

45. In his province, the Governor had made every effort to enlist the participation of all population groups in the development effort and to that end he had begun by dealing with the situation of civil servants; he had also tried to co-ordinate all government departments and to ensure the participation of the universities.

46. With respect to explaining the objectives to the people at the village level in easily comprehensible terms, he emphasized the importance of volunteer leaders, namely clan chiefs, religious leaders and students who taught villagers how to use fertilizers and pesticides. He also referred to the matriarchal social and cultural system of West Sumatra which gave women great authority and tremendous responsibilities in society.

47. The Governor had tried to inspire the people's confidence and also to obtain the support of those who, in the belief that they could not earn a living in the province, had left to settle elsewhere in the country but maintained close ties with their home villages and clans. One of the features of the Minangkaban was that the land belonged to the clan and could not therefore be sold without the approval of the whole clan.

(Mr. Esnara)

48. Contact had also been established with the central Government, and action had been taken, but it was sometimes difficult to convince the authorities of a project's effectiveness, to obtain the funds for its implementation, or to persuade a regional or international body to take an interest in it. In drawing up the first five-year regional development plan, the provincial Government, universities and voluntary leaders had worked together to identify the people's needs. The plan included two types of projects, namely, those which fell within the competence of the Government (for example, electricity) and those which required community participation, for example, in agriculture; the voluntary leaders participated in the latter.

49. Efforts had been made to harmonize the various priorities of the population, the provincial Government and the private sector, to integrate those priorities into a comprehensive plan for the region and to allocate the limited funds available in accordance with that criterion. The annex to working paper E/ICEF/ASIA/7 contained statistics on what had been achieved to date.

The meeting rose at 12:40 p.m.

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