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Executive Board

SURVEY ON THE NEEDS OF CHILDREN

Preliminary Review by the Executive Director */

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PREFACE

Purpose and organization of survey

1. During its session of 14 to 22 March 1960, the UNICEF Executive Board unanimously adopted the following resolution:

"The Executive Board requests the Executive Director:

- a) To undertake consultations with beneficiary countries and the technical agencies concerned for the purpose of ascertaining the priority needs of the children of these countries and identifying the fields in which UNICEF might assist in order to contribute to the greatest possible extent to their present and future welfare;
- b) To take into account any views which other participating countries may wish to offer on these questions;
- c) To submit his findings for the consideration of the Board at its session in 1961; and
- d) To advise as to the desirability and methods of any wider survey into the basic needs of children" (E/ICEF/398, paragraph 46).

2. Pursuant to this decision, the Executive Director of UNICEF consulted with the Directors General of the Food and Agriculture Organization, the World Health Organization, the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization, and with the Director of the Bureau of Social Affairs, who agreed:

- to prepare a general survey of the needs of children in their respective fields, and
- to provide technical advice to Governments desiring to co-operate in the survey of such needs in their own countries

3. The Executive Director also consulted with certain Governments with regard to their participation in the survey of the needs of children in their respective countries. ^{1/}

^{1/} For list of countries, see document E/ICEF/INF.18.

4. Finally, the Executive Director wrote to the States members of the UNICEF Executive Board to inquire, whether they desired to express their views on the priority needs of children.^{2/}
5. These analyses of the needs of children by the United Nations specialized agencies and the Bureau of Social Affairs give a general picture of the needs of children in the fields of health, nutrition, education, labour and social welfare.
6. A memorandum from the International Union for Child Welfare, reflecting data submitted to it by various member agencies, supplements a comprehensive report prepared by the Union in 1956 on "The Needs of Children in the World".
7. These reports reveal the scope and complexity of the great problems facing a world desirous of promoting the welfare of the children of today, and of laying the foundation for the welfare of future generations. The priority needs in health, education and other fields are also brought out by these reports.
8. The surveys carried out by the Governments in their own countries provide the Board with data on the needs of children in several representative countries, and give an over-all picture of the priority needs in certain regions of the world.
9. Each of these reports throws light on aspects of the problems that UNICEF, the specialized agencies, the voluntary organizations and the Governments must face in adopting a child-aid policy.
10. The surveys provide much specific information on child needs. This review, however, makes no claim to present a complete picture of these needs in the various regions of the world. Such a picture would require not only systematic compilation of a very large volume of data, but also systematic surveys in a large number of countries to collect the necessary additional data.
11. This preliminary UNICEF survey has therefore necessarily been confined to basic data, and to illustrations that will enable the Board to consider the problems in a concrete way. It is hoped that other Governments may be encouraged to undertake general or more detailed surveys of child needs.

^{2/} For list of countries, see document E/ICEF/INF.18.

12. This report, submitted by the Secretariat of UNICEF, is intended to give the Executive Board an over-all picture of the situation, preliminary conclusions on the priority needs of children in countries that are now receiving aid (or will in the future), and recommendations on:

- the need of, and prospects for, a more extensive survey;
- the fields in which UNICEF could provide aid for these priority needs, in the light of the aims and general policy of the Fund.

13. It comprises:

- an introduction;
- a definition of the needs and priorities;
- a study of the child and its environment, and of the economic and social factors determining child needs;
- an analytical study of child needs;
- a study of the priority needs, taking into consideration the way they vary with age and environment;
- the conclusions and recommendations of the Secretariat (E/ICEF/410/Add.1).

14. The surveys presented by the specialized agencies are available as separate documents (E/ICEF/411-415). The complete texts of the special surveys submitted by the Governments may be obtained from the Secretariat on request. The names of certain countries are given in parentheses where their views are reflected. A brief summary of the views and priorities indicated by the Government is given in annex II. The International Children's Centre has co-operated with several Governments on the study of the needs of children by sending experts and preparing documentation, and the Inter-American Children's Institute has provided general views on the needs of children in Central and South America.

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INTRODUCTION

Definition of needs and priorities

The needs

15. It is extremely difficult to define human needs. This term should be taken to embrace not only "the lack of necessities" but also "the desire for what are considered necessities". The concept of needs cannot be restricted to the bare biological essentials (food, water, protection from cold). It should properly be extended well beyond that, to include immaterial goods, such as education or culture. Needs are inseparable from desires, and it is here that difficulties arise, for the psychological background of the needs varies widely with different persons and with different ways of life. Diversity is an undeniable fact. And the intensity of these needs is not always the same for different persons or in different countries. Some needs are but vaguely perceived, and may sometimes even be subconscious, while others awaken only on contact with other cultural patterns. One of the essential characteristics of recent decades, which have multiplied the contacts between peoples, has been the creation of new needs by this process, and the revelation, to the individual, the community, and the country as a whole, of other needs that had previously been only latent.

16. Therefore, and for the same reasons, any survey of human needs must imply a judgement of the values associated with certain cultural patterns, with all the risks of failing to appreciate the needs, and aspirations inherent in other patterns which may have a different set of values. But this risk is more apparent than real, for in spite of the differences a common ethical system has evolved over the centuries.

17. Moreover, with respect to the child, who, by reason of his physical and mental immaturity, is unable to make his needs known, there exists an expression of these values, a formulation universally accepted when the General Assembly of the United Nations adopted the Declaration of the Rights of the Child.

The needs of the child as envisaged by the Declaration of the Rights of the Child

18. The rights of the child are defined in general terms by the Declaration of the Rights of the Child, adopted by the General Assembly of the United Nations on 20 November 1959 (resolution 1386 (XIV)). These rights correspond to permanent needs.

- a) The first of these needs, at the beginning of life, is a name, and a nationality, in other words, a civil status giving one child, at the very beginning, the same chances as any other, regardless of the legal status of the union between its parents.
- b) Then comes the need for maternal protection, for the love and understanding that should envelop it. The child should not be prematurely separated from its mother, who represents its protection against the external world.
- c) The child has special needs with respect to health. From the time of conception, both mother and child should be protected from disease. A child that is sick should be treated.
- d) An adequate diet, meeting his specific requirements, should be provided. He should live in a house that shelters him from the rigours of the climate.
- e) One of the essential needs of the child is that of an education that will develop his knowledge, his judgement, his social and ethical sense, and that will allow him to play his part in society.
- f) Equal emphasis is placed on the need for play and recreation; the child's right to this is recognized.
- g) The normal child needs social protection, and should enjoy his rights and liberties, without distinction of race, colour, creed, language, opinions, origin or status.
- h) The child should be protected from work at too early an age and from exploitation during work.
- i) Finally, there are certain special needs: orphans should be taken under protection of society; handicapped children should receive the special care they need.

All these needs must be satisfied if the child is to be normal and healthy and to develop the physical, moral, intellectual and social qualities essential to life in the community that will enable him to perform his duties, in liberty and dignity, after a happy childhood.

19. But it is not the object of this report to present a commentary on these rights, nor to study the extent of their practical recognition and application in various countries, but rather to analyse and classify children's needs, as manifested over the world, with special reference to the less developed countries, to which UNICEF activities are mainly devoted.

20. For this purpose, it seems logical to study:

- a) the problems of the child and the resulting needs;
- b) the shortcomings and inadequacies of the economic and social system affecting the child, and the remedies to be adopted.

Priorities in terms of inventory and possibilities of action

21. A study of the priorities should be based on an analysis of child problems and child needs in various regions of the world. There are no precise indicators that could be used for direct comparison to establish these priorities. Various criteria might be used within individual countries, for instance the extent of the problem, the proportion of the child population affected, its urgency, its effect on the other problems that beset the child etc. Some of these priorities are universally recognized but it is evidently impossible to set up any single, world-wide scale of priorities. It will be clear from the very outset that these priorities vary from country to country, just as the living conditions do, that they vary with age, and that adolescent needs cannot be identical with infant needs.

22. This survey of priority needs of children must thus be made according to:

- age-group;
- environment.

23. Moreover, even when the needs have been enumerated and classified by priorities, the result has practical meaning only insofar as the priorities remain the same when translated into action. If governmental efforts and international aid are to be

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directed first of all towards the needs of recognized priority, action to meet these needs must also be feasible, and there must be reasonable chances of success in such fields. In other words, the priorities in terms of action should also be inspired by the available opportunities.

24. Thus, briefly, the survey of the priority of needs should be expressed:

- in terms of inventory based on an analysis of the child problems;
- in terms of action, based on the possibility of constructive intervention in a given situation.

PART ONE

THE CHILD AND HIS ENVIRONMENT

25. During his first few years, the child depends entirely on the family unit. He depends not only on the narrow circle of his family, which gives him physical, mental and moral protection, and prepares him for adult life, but also, to an extent varying with the degree of development of the country, on the environment. Sometimes the child depends so completely on the environment that any factor affecting it has almost a direct effect on him. Thus, he suffers not only from the precarious living conditions in countries where ignorance, disease, poverty and malnutrition form a vicious circle difficult to break, but also from the vicissitudes of the demographic, economic and social development of the country. One might conclude that the analysis of the needs of the child is that of the needs of his family or community, were it not for the **existence** of specific needs, over and above those resulting from the general problems affecting his condition, for the child is not only the most vulnerable element of the social unit but also the active element on which the future depends.

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26. Thus, a general analysis of the child's needs should include a study of his environment, which largely determines his living conditions and is the point from which his needs develop. It should also include a study of special needs of children in various age-groups.

27. Since UNICEF aid is directed specifically towards the children in economically under-developed countries (General Assembly resolution 417 (V)), it is logical to survey in some detail the environment in these countries following a study of the factors that directly or indirectly condition this environment and thus affect child needs.

I. FACTORS DIRECTLY AFFECTING
THE ENVIRONMENT AND NEEDS OF THE CHILD

(1) Poverty, disease, chronic hunger, ignorance

28. Poverty, disease, chronic hunger, ignorance, and the **interrelationships** between these factors have often been described as the causes of the precarious condition of life in the under-developed countries, each of these factors being both partly cause and partly effect. Thus arise the tragic interactions that aggravate the situation and make it impossible to break the vicious circle.

29. These relations can be easily demonstrated. For instance, countries with the lowest incomes have high mortality rates, especially of children, high ratios of children, high incidence of infectious diseases, inadequate nutrition, quantitatively and qualitatively, and low school enrolment ratios (see annex I). The correlations will appear at once: for instance, high income will permit the improvement of health and diet, increased individual production, and better education for the children, giving them higher incomes as adults. In this connexion the survey just published by the United Nations in the report on the world social situation, 1961, ^{3/} has revealed close relations between national income per caput, energy consumption per caput, infant mortality rate, and school enrolment ratio.

^{3/} E/CN.5/346. 9 March 1961. Figures II to V, pages 140-144.

30. It is in the societies with the lowest living standards that the individual is most dependent on his environment, and that his chances are the least favourable, whether in rural areas, where he exists in a static state of poverty, or in areas directly affected by the fluctuations of an uncertain economy, dominated in the main by external influences that cause social change, frequently unfavourable.

31. The relationships between poverty and hunger are all too obvious; no one can improve his diet without having the necessary economic resources. And this malnutrition in turn has an adverse effect on the prospects for economic progress among the affected populations.

"It is the state of chronic hunger due to impoverishment and economic misery in which almost 66 per cent of the world's population still lives today that must be viewed as the cause of the weakness and biological exhaustion which so alarmingly places the poorest groups in a position of inferiority to the rich, healthy and well-fed groups." ^{4/}

32. Half the world lives in very unhealthy conditions. The lack of safe water supply and of environmental sanitation at the village level is one of the factors responsible for the persistence of poverty, just as poverty is one of the factors that affect the water supply and environmental sanitation of the village.

33. Disease retards economic and social development. It affects both working capacity and output of labour. It is estimated that malaria in India causes an annual loss of over 130 million working days. The decrease of working capacity due to this disease has been estimated at 25 per cent. ^{5/} Malaria affects both agriculture and industrial development. In some cases it has even forced the population to abandon fertile fringe areas.

^{4/} Josue de Castro "Le livre noir de la faim", 1957 p.7

^{5/} WHO, "Malaria Eradication - A Plea for Health", (Geneva, 1958) p.6

34. But disease also jeopardizes the future of the individual and of the community, by causing a certain apathy, or even lethargy, which prevents the realization of future projects. The spirit of enterprise and the will to help oneself and to create better living conditions are greatly weakened by the endemic diseases that affect the peoples of the economically under-developed countries.

35. Ignorance is one of the greatest obstacles to the economic development and improvement of social conditions (health, nutrition) in the under-developed countries. Ignorance helps to maintain a low level of living, poor health and poor nutrition (Indonesia).^{6/} The lack of primary, secondary, and technical education paralyzes the economic and social development of the under-developed countries. The lack of key personnel is a serious deterrent to agricultural development and still more to industrial development.

36. Although the child's right to education has been recognized, 45 per cent of the world's children are still deprived of even elementary education. Progress is being made of course, year after year, but the problem still remains serious in scope and substance.

37. Disease, hunger, poverty and ignorance are thus the essential factors motivating the needs of children in economically under-developed countries. But other considerations have a bearing on the dynamics of a society whose development is accelerated or retarded by favourable or unfavourable factors, most of which directly affect the child. Population growth is an important example.

(2) Population growth and its consequences

38. The world population reached a total of 1,550 million in 1900, 1,907 million in 1925, and 2,497 million in 1950. It was 2,691 million in 1956, and is estimated at 2,900 million in 1960 and 3,828 million in 1975.

^{6/} See paragraph 14.

39. The rate of growth is thus much more rapid than in the past: from 23.2 per cent for the first twenty-five years of the century, it rose to 31 per cent from 1925 to 1950, and according to estimates, it will probably exceed 53 per cent for the period 1950 to 1975.

40. The number of children included in these figures was 910 million in 1950 (704 million in the under-developed countries). The 1960 estimate is 1,070 million (850 million in the under-developed countries). In 1975, this figure should exceed 1,400 million (1,132 million in the under-developed countries).

41. This population growth has no precedent in world history. The rapid increase during the last few decades has largely been due to the triumphs of medicine, which have led to a rapid decline of mortality, while the decrease in mortality during the earlier centuries was due rather to the gradual improvement of living conditions.

42. The demographic cycle of certain European countries has been investigated in some detail. The high death rates of the seventeenth century, in conjunction with the high birth rates, led only to a slow growth of the population. The second stage corresponded to a fall in the death rate, while the high birth rate still persisted. It was during this stage that the very great population gains occurred in Europe. This same situation now prevails in the under-developed countries. The third stage corresponded to a decline in the birth rate, while the death rate continued to decline, or was stabilized at a low level. This is the stage through which the USSR and Japan have just passed. The fourth stage, which is that of the western European countries today, represents a relative stabilization marked by a slow increase in population linked with low crude death rates (10 per 1,000) and low crude birth rates (around 20 per 1,000).

43. In the less developed countries, the demographic situation is characterized by a very high birth rate, between 35 and 50 per 1,000, while the death rate varies from country to country, and is either still relatively high, between 25 and 30 per 1,000, or has already fallen below 20 per 1,000. In the former case, the annual rate

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of population growth ranges from 10 to 20 per 1,000. In the latter case, this rate is from 20 to 30 per 1,000, or even higher (which would double the population in 24 years). This latter situation obtains in a number of countries of southern Asia, Central and South America.

ANNUAL REGISTERED CRUDE BIRTH-RATES, DEATH-RATES, AND RATE OF NATURAL INCREASE (PER 1,000 POPULATION) 1947-49 AND 1953-55, FOR CERTAIN COUNTRIES OF ASIA AND CENTRAL AND SOUTH AMERICA WITH RELATIVELY GOOD STATISTICS 7/

Country	Birth-rate		Death-rate		Natural increase ^{a/}	
	1947-49	1953-55	1947-49	1953-55	1947-49	1953-55
Ceylon	40.0	37.	13.4 ^{b/}	10.8	26	27
China (Taiwan)	41.0 ^{b/}	45.0	13.7 ^{b/}	8.7	27	36
Malaya (Federation of)	42.4	43.5	16.6	12.0	28	32
Singapore	46.4	48.7	12.5	9.8	32	39
Guatemala	51.9	50.5	23.3	20.7	29	30
Mexico	44.9	45.9	16.9	14.0	28	32

a/ The rate of natural increase is affected by errors in registration of both births and deaths and is therefore less reliable than either the birth or the death rate. Rates are shown in units in order to avoid giving an undue impression of precision.

b/ 1948-49.

44. This "demographic explosion" contrasts with the situation in Europe, where the rate of increase is much smaller, owing to the lower birth rate, although the death rate has fallen to around 10 per 1,000. The principal cause is the decrease in mortality. This decrease has been universal and continuous, and in recent years has been accelerated by the availability of relatively inexpensive means of controlling infectious diseases, the effective use of which is possible even in poorer countries.

7/ Report on the World Social Situation (United Nations publication Sales No.: 1957. IV. 3) table 27, p.26.

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45. It is difficult to forecast the future development of the present demographic trend. Yet there is every reason to expect continuing decline of mortality in the under-developed countries, with little change in fertility.

46. The gradual change in the death rate appears to be continuing in most under-developed countries. It does not seem likely, however, that the economic and social development (more particularly the agricultural and industrial production) in the next twenty years could improve the living conditions in the under-developed countries sufficiently to bring about a general improvement in health and education, as has been the case in Europe and in certain countries of America where prosperity resulted in a decline in mortality. But control of the major endemo-epidemic diseases, and establishment of basic health services will presumably bring the crude death-rate down to between 10 and 15 per 1,000. It would seem difficult for the process to go beyond that to a still lower level, so long as living conditions are unchanged.

47. Although birth-rates in the past have declined with improving economic and social conditions, it is conceivable that the future may show a lag before this decline of fertility parallels the improvement in conditions in the over-populated countries. The future trends of human fertility are, moreover, unpredictable.

"Where fertility declines have occurred or are in progress, the onset and speed of the decline appear to be conditioned by a complex set of economic, social and cultural circumstances. The exact conditions which accompany reductions in fertility, remain, so far, quite incalculable." 3/

48: This population growth has numerous consequences, which vary from country to country. In the under-developed countries these consequences, are, for the most part unfavourable.

49. It is in the countries with rapid natural increase and high population density that these consequences seem to be most severe and it may be said briefly that population growth prevents an improvement in living conditions.

3/ United Nations, The Future Growth of World Population, 1958 (ST/SOA/Ser.A/28)p.6.

50. In such regions, where the economic and social situation is already precarious, it is impossible to improve present living conditions and meet the essential needs of health, food, housing, clothing and education, without broad economic development. It would be difficult to augment these services enough to meet a constant population increase, sometimes amounting to as much as 3.5 per cent a year, unless the economy expanded at a rate equal to or exceeding that of the population increase.^{9/} In spite of the remarkable efforts made by some Governments, and in spite of the increasing support given by the developed countries to under-privileged ones through the provision of capital or technicians, economic expansion does not keep pace with the population growth. The results are therefore serious.

51. The first effect is the intensification of hunger. When the population of a country increases, under-nutrition becomes worse unless food production increases at the same rate. During the last twelve years, the average annual increase of world agricultural production exceeded the population increase by 1 per cent each year. In the Far East, the Eastern Mediterranean and Latin America, the margin of agricultural production was higher than this figure of 1 per cent. In Africa, the total per caput food production is lower today than it was before the Second World War.

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"In a country in which the ratio between the value of the existing fixed capital and the annual national income is of the order of four or five to one, a population increase of one per cent a year requires an annual investment of the order of 4 or 5 per cent of the national income merely to provide the increased population with a constant per capita endowment of capital assets. With a population growth of 2 per cent a year - which has been the average annual rate in Latin America since 1920 - the basic pre-expansion investment would be about 8 to 10 per cent of the national income. With a population growth of 3 per cent a year - a rate approximated in Ceylon, Mexico, Venezuela, El Salvador and Puerto Rico in recent years - the required investment would be as high as 12 to 15 per cent of the national income. As few under-developed countries have a rate of gross capital formation as high as 15 per cent of the national income, the difficulty of making good capital depreciations as well as providing the population increment with its average share of capital assets is manifest."
Processes and Problems of Industrialization in Under-Developed Countries
United Nations, 1955 (E/2670), ST/ECA/29, p.15.

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52. The various countries do, however, show great differences in this respect.

AVERAGE ANNUAL INCREASE IN AGRICULTURAL PRODUCTION COMPARED WITH POPULATION, BY
REGIONS AND SELECTED COUNTRIES, AVERAGE 1952-53 TO AVERAGE 1957-58 10/

<u>Country</u>	<u>Production</u>	<u>Population</u>
 Percentage.....	
Federal Republic of Germany	1.9	1.0
France	1.7	1.0
Italy	1.9	0.5
United States of America	1.0	1.7
Argentina	1.9	1.9
Colombia	2.4	2.2
Cuba	3.1	2.1
Mexico	7.3	2.9
Ceylon	2.4	2.5
India	1.9	1.3 ^{a/}
Indonesia	1.8	1.9
Iran	3.9	2.4
Turkey	1.7	2.7

a/ For more recent years the estimated rate of population growth is higher and has now been revised to 1.9 per cent.

53. The inadequacy of agricultural production may be due to the lack of arable land or to the technical lag in the improvement of agricultural productivity, as is often the case in countries of high population density. In under-developed countries, lack of capital to exploit the land and lack of adequate technology prevent farmers from getting the same yields as in economically developed countries. There are also other factors which very often hinder agricultural production in these regions: poor distribution of the land, orientation of agriculture towards export crops instead of products for local consumption etc.

10/ FAO, The State of Food and Agriculture, 1960, CL 34/2 (Rome), excerpts from table 3, p.14.

54. In any case, even though it may be legitimate to hope that science will increase the agricultural potential of what is desert land today, there is little possibility of rapid progress among the essentially conservative rural masses in the course of the next few years. The problem is becoming particularly acute in areas already subject to strong demographic pressure, where the excess population is adding to the general poverty, even though some adults, and sometimes even children, are leaving to swell the metropolitan fringe areas in quest of a precarious living.

55. A second consequence is the retarding influence of population growth on economic development, not only in agriculture, but in all fields of production. For when the national income increases only slightly while the population increases more rapidly every year, individual income, and therefore also per caput consumption, must necessarily decline and the more rapid the population growth, the less possible it becomes to make the investments required for the development of these countries.

56. In this connexion, we may adopt Sauvy's distinction between "demographic" investments, required merely to maintain the same standard of living when the population is increasing, and "economic" investments, which tend to raise the standard of living. When the population increases more rapidly than the national income, it is not even possible to hold demographic investment at an adequate rate.

57. The third consequence is the increased burden of the children on the working population. In all countries with rapid population growth and high fertility, the ratio of children is high, sometimes reaching 45 per cent of the total population. It follows that the ratio of productive members of the community, termed "active population", will be lower, and these two factors will operate in the same sense to increase the burden on each worker for feeding, raising and educating the children in the various countries.

"For instance in Brazil, each 1,000 workers must bear the cost of expanding the educational plan so as to accommodate each year ten additional male children. In Taiwan, where the population is growing more rapidly, 1,000 workers must provide annually for fifteen additional male school children. In the United Kingdom, however, where the birth-rate is much lower and the population is increasing much more slowly, the number of additional schoolboys to be provided for each year is only one for every 1,000 workers." 11/

58. Thus, a large number of children cannot be given a suitable education. But this burden of the inactive population is also manifested in many other fields, and leads in particular to the reduction of "economic" investment (which is a pillar of economic and social development).

59. This brings out the extraordinary difference between the countries with large resources at their disposal, where children constitute only 25 to 30 per cent of the population and the countries that, in contrast, must bear the burden of a child population amounting to 45 per cent of the total, when it is already so difficult to provide funds for the minimum investment necessary for economic and social progress.

60. Moreover, this burden is not a heavy charge on the family income alone. It is also a charge on the revenue of the State which cannot provide all the investment required for health, public education and social services.

61. In conclusion, there is little reason to hope for any correction of this situation in the near future, and to hope that each country will be able to bear the population increase of the future.

62. Critical examination shows that, in order for this to happen, there would have to be either a substantial decline in the birth-rates, as in certain countries such as Japan, or a considerable increase in national income. It may of course be possible, at some unforeseeable date in the future, to improve the living conditions in the under-developed countries, if adequate means are mobilized for that purpose. An increase in production could, at least theoretically, be predicted, for we are only at the beginning of the atomic age, and the world still has vast unexploited reserves. But these factors do not seem likely to come into play in the immediate future. With a rate of natural population increase exceeding 2 per cent, which will probably persist for a long time in many countries, and with the present growth of production, the present living conditions, precarious as they are, would deteriorate **still** further in many countries.

63. This population growth, today not much more than a threat, may tomorrow become a heavy burden, increasing from year to year, and inevitably aggravating the effects on children of poverty, hunger and ignorance.

(3) Economic development

64. A balanced economic development demands the simultaneous increase of agricultural and industrial production (including handicraft production), the relative importance of each varying with the trends in the country or region concerned.

65. In most under-developed countries, economic expansion is slow. Agricultural production is qualitatively and quantitatively insufficient to meet the population needs. Industrial production develops only slowly, although the population increases from year to year.

"The cost of population in this sense is high. Estimates of the proportion of the national income which must be saved in order to provide capital for a 1 per cent increase of population vary between 2 per cent and 5 per cent of the national income. Hence, an under-developed country in which population is increasing at the not uncommon rate of $1\frac{1}{2}$ per cent per annum, probably needs nearly as much as it is normally likely to save, merely to cope with population growth; under these circumstances, it can do little to raise the average standard of living." ^{12/}

66. The obstacles encountered by this economic expansion are numerous.

67. Among the causes of the agricultural lag, the following factors may be mentioned:

i) Physical factors:

- Soil impoverishment - observed in numerous regions of the world, resulting from deforestation, and erosion (the Mediterranean basin, certain parts of Asia and America are convincing examples)
- and from continuous cultivation for excessive periods, without allowing the soil to recover its fertility.
- Lack of water.

^{12/} United Nations, "Measures for the Economic Development of Under-Developed Countries", 1951 (E/1986-ST/ECA/10), para.142.

ii) The economic factors:

- lack of capital for improvement or for the use by modern methods;
- difficulties of agricultural credit;
- practice of usury, prevalent in some parts of the world, which makes the tenant-farmer a life-long debtor;
- lack of roads hindering transportation and the sale of crops at organized markets;
- badly organized, inefficient and burdensome system of distribution;
- intervention of middlemen, who often take advantage of the situation;
- fluctuations of the world market, which may tend to depress prices, and, through them, the levels of living, especially with respect to export goods.

iii) The social factors:

- conservatism of the peasants and their lack of knowledge of modern techniques;
- subdivision of the land into such small parcels that they will not yield even family subsistence;
- persistence of an agrarian system; corresponding to social structures of the past;
- exploitation of tenant-farmers.

iv) Finally, there are certain technical factors:

- lack of experimental farms and agricultural technicians, which would increase production;
- lack of fertilizers, preventing replenishment of the soil, due to the lack of local production, the development of which is connected with general industrial development;
- lack of insecticides;
- use of low-quality seed etc.

68. In the industrial sector, there are many other difficulties:

- i) The first and most important is the shortage of capital, whether of domestic or foreign origin. The importance of the financial effort required if national production is to be increased has been indicated above. Assuming a ratio of 4:1 or 5:1 between invested capital and annual production due to such investment, it follows that a 5 per cent increase in national income (which, in many cases, would be a minimum) would demand the investment of sums equal to 20 or 25 per cent of the national income, under these two assumptions respectively.

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- ii) Another difficulty is the absence of a power distribution system, and sometimes even of sufficient power generation to supply new industries.
- iii) There is also a lack of adequate technology, key personnel, skilled labour, centres for training key personnel and workers.
- iv) Lack of transportation facilities and precariousness of local markets.
- v) There is a lack of market studies and of adequate surveys concerning the national economic needs and potentialities.
- vi) Finally, there are the political instabilities and economic fluctuations, which are felt far more directly and endured far less easily, by a young industry than by industrial concerns which already have a foundation and experience.

69. Thus these obstacles to economic development, more serious in the disinherited countries than elsewhere, and in any case more powerful there, help to divide the world into groups of countries whose development depends on their potential in capital and technologists. The result is that the least privileged countries are also those in which development proceeds most slowly.

(4) The shift in social values

70. The increasing contacts between different civilizations also bring about a change in social values. Old concepts are discarded and new ones appear, the desire develops for new ways of life while the old patterns fall apart. In some countries, for instance, **family instability causes child abandonment. Juvenile delinquency** develops even in countries where factors such as poverty or housing cannot always be assigned as causes.

71. The image of the fatalistic resignation of populations burdened with age-old traditions is rapidly fading out. New needs appear even within the most conservative societies. Individuals become conscious of the miserable conditions under which the social group exists and the desire to escape from these conditions is born. The most varied consequences ensue in the political, economic and social fields.

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72. The psychological conflicts due to contact between different cultural patterns have not always been given due weight. The attraction of new ways of life is a force that should not be under-estimated. The results may, of course, be favourable. The thirst for education is, without doubt, the most tangible evidence. But when shocks result from these contacts and failures set in, negative attitudes towards society rapidly become established. Such rejection may foster antisocial attitudes in youth.

73. Besides these psychological elements, a group of factors tending to improve the position of the individual should be noted (in this respect attention should be called to the emancipation of women, whose social role is increasing considerably in many societies). These factors also tend to modify the family structure (narrowing of the family circle, disappearance of polygamy in some societies, disruption of the traditional extended family etc.) Finally, even the political evolution of the countries has a substantial influence on the social conditions among the people. These factors come into play to a greater or lesser degree depending on the society involved and the circumstances. As they are interrelated it is generally impossible to assess their respective importance in a given situation from analysis alone.

(5) Social evolution and urbanization

74. The report on the world social situation (E/CN-5/346, March 1961) has again called attention to the continuous flow of agricultural workers into non-agricultural occupations. This has led to the growth of cities and their suburban fringes. Thus, this social development is manifested by other phenomena as well, far wider in scope, and rural areas themselves are today undergoing transformations that vary considerably from country to country. The introduction of a new technology has increased agricultural income in the highly developed countries, in spite of a decrease in rural population density, while, on the other hand, many countries still adhere to ancestral and outmoded forms of agriculture.

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75. The causes of growth of cities (urbanization) are difficult to analyse; care should be taken as any interpretation runs the risk of being hasty. In any case, it is an almost universal phenomenon which assumes more importance every day. It is sometimes a sign of economic health when it is a manifestation of increased production of the great metropolitan centres of countries in full course of expansion. Sometimes, however, urbanization is a symptom of economic and social distress when it indicates only the transfer of poverty and under-employment from the country to the city, as is often the case in the under-developed countries.

76. It may be asked whether this attraction of cities is due to their historic role as religious centres, cultural centres, educational centres, and administrative centres. In certain cases this is true and these factors do exert a varying degree of influence. The new administrative capitals have their own population of governmental and service personnel, their formal *raison d'être*. But new revolutionary factors, tenuously related to the age-old traditions, have quickened the slow, secular march of urbanization.

77. Roads, railway and air communications have led to new contacts, and to new aspirations. Many persons flee the monotony of the old days, or at least the boredom of the traditional way of life. Many are attracted by the new ways, initiating the novice townsman into the unknown wonderland of technology, rapidly emancipating women and helping the men to escape the bondage of the usurer or feudal lord.

78. Whatever the causes of this "urbanization", the living conditions are worse in the improvised communities that mushroom on the edges of the great cities. Such areas usually form without benefit of municipal or government supervision of any kind, on unsubdivided, informally appropriated land, unmapped, unplanned, without the most elementary amenities, such as water supply, garbage disposal facilities, or sewers. The dwellings are mere improvised shelters, built with salvaged materials (boxes, rusty sheet metal, palm leaves, straw etc.), which cannot under any circumstances provide adequate shelter, or old slum buildings.

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Sometimes even ruins or caves are used, with dwellings resulting in hovels and slum areas where people occupy incredibly little space - a few square metres per family. The consequent overcrowding is extraordinary - representing a population density per square kilometre that defies all the calculations of town planners. The consequences for public health are communicable diseases due to the lack of sewers, to the danger of water pollution, to overcrowding etc., leading to frightful mortality among children.

79. Confronted with the large sums required to rehouse these populations under more sanitary conditions, the authorities, even the boldest and most enterprising of them, tend to put off the solution to the distant future, hoping for a general improvement in the levels of living. And yet there is nothing that justifies this optimism, which is denied by the very facts themselves; the near future never brings a solution, but, on the contrary, only aggravates the situation. Moreover, the social conscience is the slowest of all to make itself evident, and even where government or voluntary action is taken it is rarely on a scale commensurate with the needs. The dangers that threaten the child are not merely intensified by over-population and overcrowding but arise also from the disruption of the patterns of life and the acquisition of new patterns of social life. Indeed the rapid increase of urban population involves profound changes in the life of the adult and of the child. Improvised dwellings, over-population, overcrowding and promiscuity of all kinds, and lack of environmental sanitation, create deplorable living conditions. Employment difficulties still further darken the picture (most of the labour force is unskilled and is therefore most exposed to unemployment or under-employment). The child living in a home where the income comes from the more or less regular work of an illiterate labourer, undernourished, poorly housed, weakened by disease, must itself necessarily be an unhappy and undernourished child, afflicted by numerous diseases.

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80. But the dangers to health are not the only ones that threaten the child. There are social dangers as well, due to the disruption of the traditional way of life. It is in the rural family and in the rural community that the physical, moral, and psychological needs of the child are best satisfied, in spite of the dangers due to the persistence of age-old traditions, often a barrier to better hygienic practices. The abandonment of the ancestral ways of life, often leading to the disruption of the traditional social unit, tends to deprive the child of his natural protectors. Many consequences result, ranging from desertion of the mother, to the abandonment of the child itself in a society poorly equipped to receive it. The mother must work if she is deserted. Even if she is not, she must often help meet the inadequacy of the family income, and the child is quasi-abandoned in a social environment to which he is a stranger. In the gravest cases, the child is entirely left to his fate. He takes up some little occupation if he can, and is often exploited by adults when he does. He is often employed in small shops, or as a domestic servant, and is entirely unsupervised by the public services even where labour legislation does exist. Even where the picture is less gloomy, however, life is still difficult in these quarters, usually of recent origin, where the city and State provide few services; where there are few, if any, schools, social services or medical services except those connected with the control of epidemic disease. The child is left almost entirely to his fate, as soon as he reaches the age at which he can "get along". When the mother takes part in illicit or undesirable activities, it is not surprising if the child becomes a vagrant, beggar, or thief.

81. Such abandonment does not as a rule take place in a village community, where, even in the case of an orphan, the other members of the family provide for his welfare and take him under their care. In the city, the child remains alone, isolated in the community.

82. This picture, of course, varies from country to country, and the effects of this rapid social revolution are not always harmful. The child may serve as a link between two cultural patterns, one of them traditional, the other the way of life taught at school. An increase in the number of juvenile delinquents, and especially of young delinquents, is, however, observed in the rapidly growing cities. Studies have shown a relationship between urban population growth and the delinquency rate. In general, these offenses involve young people who do not attend school, and have no occupation, no family and no home. They form gangs and display antisocial attitudes ranging from individual crimes to collective manifestations. /...

83. Thus new societies arise in which the traditional role of the family tends to diminish. Whether the transition be from the extended rural family, with its collateral branches, to that of the unitary family, or even to the triumph of individualism with all its social consequences, the child is still largely deprived of the protection of the community, of the family, and of its father, if not of its mother.

84. This development may lead to integration into new ways of life, or, on the other hand, to isolation in a "no man's land" between two cultures. In the latter case there are serious repercussions on the physical and mental well-being of the child and on his behaviour in an environment where social insecurity is a dominant element in the picture.

II. CONTRASTS BETWEEN LESS DEVELOPED COUNTRIES AND ECONOMICALLY DEVELOPED COUNTRIES

85. These demographic, political, economic and social factors have many effects on the environment in which the child lives. But one of the gravest is the increasing disparity between the needs of people in countries in course of economic expansion and those of the people living in economic stagnation or in slowly developing economies where the natural population increase is so rapid that it causes a relative impoverishment of the levels of living.

86. Although many intermediate cases could be found, it is quite obvious that two extreme cases of child environment may be considered; that of the rich and economically well developed countries, and that of the under-developed countries.

87. In the regions of highly advanced economic and social development, the child's position is incomparably better than in under-developed areas. Problems are less acute. Population growth is slower, ranging from 0.5 to 1 per cent; the ratio of children is lower than in the developing countries. The burden of the inactive population on the population as a whole is due mainly to the older members.

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Resources exist for new basic services for children. Even among the poor classes of the population, the home provides the child with at least a minimum of comfort. He is better lodged and better fed. The higher level of education of the parents, and a good sanitary environment put him in a more favourable position. He is assured of suitable school instruction and of an education. On the contrary, in so-called under-developed countries, most children live under very precarious health and living conditions as regards housing, nutrition and clothing. It is difficult to ensure even primary education. In some regions illiteracy is dominant. In the rural areas, the child lives in the family circle. The conditions under which he lives are closely connected with those of the environment in which **sometimes** dangerous ways of life and customs linked to ancestral traditions are perpetuated. In cities, the abandonment of traditional ways of life aggravate child problems, and the number of children who are abandoned or do not enjoy full family protection is considerable. Between those two extremes lie numerous intermediate cases in which the well-being of the child remains conditioned by the economic and social development of the country.

88. This difference is still more striking when we consider the effectiveness of the remedies to these problems. In rich countries, useful preventive action may be undertaken through legislation and substantial resources may be mobilized for aid (through community or voluntary action). This action tends to be more effective, since there are fewer to be aided. On the other hand, in the economically under-developed countries, the problems are of considerable scope. Any improvement in the child's lot is linked with improvement in the general levels of living, and difficulties of every kind appear in the economic, social and cultural fields. Substantial funds are required, while the countries have but scanty public or private resources available to meet these requirements.

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89. Thus the problems relating to the social life of the child and to its physical and mental well-being that arise in the under-developed regions, are different from those that arise in highly-developed countries. But there are difficult problems in both under-developed and fully developed countries, such as the problem of young workers, or of youth in the community, problems on which the very interesting study, prepared by the Director General of the ILO for the forty-fourth ILO Conference at Geneva in 1960 ^{13/} has thrown a clear light. There is also juvenile delinquency, which afflicts not only the developing countries, but also many parts of the world that have reached various levels of economic development. This separation from the community appears even in highly developed countries with a homogeneous population, with traditions, and with a stable structure. This is one of the problems that must be met by developed countries, for this social evil appears to be spreading. Important as these problems may be in the developed countries, however, they are still less urgent, and present fewer opportunities for UNICEF aid than those that appear in the under-developed countries.

^{13/} International Labour Conference, 44th Session, Report of the Director-General. Report I (Part I), Part I: Youth and Work (Geneva, 1960).

PART TWO

ANALYSIS OF THE NEEDS OF THE CHILD IN THE
UNDER-DEVELOPED COUNTRIES

Review of the problems and needs^{14/}

90. Part One of this report indicated the wide difference between the needs of children in economically under-developed and in developed countries.

91. Since the primary role of UNICEF is to aid the children of under-developed countries, it has seemed preferable to focus our analysis to the needs of this "third world", which represents all the stages between a pastoral life, entirely static for thousands of years, and the modern ways of life.

92. This analysis comprises a study of child problems coupled with a statement of the resulting health, educational and other needs.

I. THE SOCIAL FRAMEWORK

Poverty

93. Poverty is one of the major ills affecting children.

1) Indicators - Levels of Living

94. Poverty and, more generally, living conditions have been assessed by various methods and various indicators, none of them entirely satisfactory.

95. Per caput national income is one such indicator although its accuracy cannot be relied on. However, used as an element of comparison between different countries, the per caput national income does reveal extremely important differences, for some countries have less than US \$100 per caput per annum, while others have over \$1,000.

^{14/} No reference has been made here to the physiological needs of the child. The omission has been intentional; this subject is dealt with in WHO and FAO reports (E/ICEF/413 and E/ICEF/415).

96. An analytical study of the problem likewise reveals that the under-developed countries have not only the lowest incomes but also the widest range of individual incomes. This is due to numerous factors, such as the concentration of agricultural property in the hands of a small minority of landowners, the high rents charged for tenant farms, the high rates of interest on loans, often amounting to usury, the large unskilled labour force, the very low wages, the absence of a middle class and unequal distribution of culture between classes, some of which are illiterate, while others are highly cultured etc.

97. The study of the family level of living is another method of analysis, the family here being taken in the broader sense, whatever the differences in its composition in various countries.

98. While the area of the monetary economy is constantly expanding in the world, there are still vast areas where a subsistence economy prevails. This makes it necessary to include in the family level of living not only the cash income but also the subsistence goods (crops, products of hunting and fishing etc., the goods and services in the fields of health and education, the goods and services that create family income, and finally the immaterial goods of social stability).

99. These family levels of living are affected by a number of the factors previously enumerated: population growth; employment ratio; development of the national economy; availability of employment; stability of income (which may vary, for instance, with the fluctuations of world prices); currency inflation; industrialization; social and cultural factors which may in turn affect the individual and social structures, the education given, and even certain political and administrative factors.

(2) Effect on the needs of the child

100. It is difficult to establish direct causal relations between poverty and the afflictions from which children suffer. So many interrelations exist or have

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been established between all these factors that poverty itself can be considered only one of the dominant factors of the picture of a family living in economically under-developed countries as has already been shown.

101. Housing. There is a close relation between poverty and inadequate housing. Considerable differences are also to be found between the dwellings at different latitudes. Dwellings in rural areas are sometimes mere tents or palm-covered shelters, and sometimes houses built of earth or adobe, less often of stone. In the suburban areas, the dwellings are often improvised shelters made of old sheet metal, boards, boxes or old canvas. There is almost never a latrine, and the animals are often kept under the same roof as the people. But even when the house is neat and well kept, as it often is, the streets of the village or of the shanty-town usually lack all environmental sanitation. The water is drawn from the nearest source, whether spring, well, pond or stream, and no matter how polluted it may be, it is still used for drinking and for domestic purposes. Overcrowding does not merely result in unhealthy physical consequences. It may also have extremely unfavourable effects on the child's moral development.

102. Clothing. Poverty is also associated with scanty and unsuitable clothing. The child, often in rags, walks barefoot, on the infected ground.

103. Health. There is a high incidence of communicable and parasitic intestinal disease among the children owing to the lack of environmental sanitation and to polluted water. Hence the frequency of respiratory morbidity or complications due to the inadequate protection against cold (in countries with great variations of temperature) of skin diseases caused by the lack of personal hygiene, and of diseases due to human or animal overcrowding.

104. Diet. As much as 90 per cent of the total income may be spent for food by poor families in under-developed countries, and yet the diet may not be sufficient even quantitatively in many cases. It is not therefore surprising that in the areas where the money economy has replaced the subsistence economy, the family budget can provide neither milk for young children, nor food for infants during the weaning period. The mother needs a minimum cash income for essential requirements, such as clothing and so the home-raised poultry and vegetables, which might be used to improve the family diet, must be sold at the nearest market.

105. Education. It is in the poorest countries that educational facilities are generally the most limited. Moreover, poverty often makes it necessary to put the child to work in the fields (where, in stock-raising countries, he usually tends the family flocks), in domestic service, such as fetching water, or to employ him in the city in an artisan's workshop or a store, where he earns a little money to eke out the family income.

106. Social welfare. Poverty not only causes family instability but may also oblige the women to leave their homes for outside activities. In rural areas, however, this is of less importance than in urban areas, where it may result in neglect of the children. Neglect is not confined to poor communities, but poverty is one of the major factors contributing to pre-delinquency and adolescent delinquency in urban areas. In many cases also, the men leave the village to find sources of income elsewhere to support themselves and permit them to send home part of their earnings.

107. Thus poverty in turn has its effect on the destitution of the home and of the child. Social security systems, and even simple social welfare schemes, are generally lacking in the less developed countries. Thus the consequences of poverty increase pari passu with the replacement of the ancestral forms of subsistence economy by a monetary economy, which often engenders new priorities and new needs, frequently of doubtful priority. The amounts spent for actual needs are thus slashed to an inadmissible or dangerous level, owing to the purchases of goods of no biological or cultural value.

(3) The needs to be met (in terms of action)

108. It is most certain that the remedy for poverty resides in the improvement of family levels of living, and that only co-ordinated measures aimed at the parallel improvement of living conditions in the economic and social spheres can be considered as means for combating the effects of poverty. One of the most serious problems is probably that of housing. Overcrowding and insanitary conditions inflict the most disastrous physical and moral damage on children. These problems

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exist not only in the cities but in rural areas also. Up to now international agencies have taken little action against these conditions. The municipalities, whatever their efforts, could not cope with the needs. The ideal solution would be a plan taking due account of the economic and social factors, the exodus from rural areas, and the drawing power of industry. The application of such a plan would require the participation of administrators, town-planners, physicians, pedagogues etc.

109. The international agencies however, can aid environmental sanitation, with special reference to the supply of safe water (WHO), the provision of playgrounds, for children and day-care centres to take care of them and teach them.

110. The efforts directly undertaken by those immediately affected, e.g. building co-operatives with government aid, have demonstrated their effectiveness, but this movement has only a slight effect in a field where millions of families suffer from bad housing.

111. Thus there is room for effort, with a broader child health policy in the fields of environmental sanitation and maternal and child health services, a policy of education and child welfare, a policy of aid to housing. It should be recognized however, that these projects could not be expected to bring about a rapid improvement in the living conditions in a family where poverty is the very cause of the sufferings of the child.

II. HEALTH

Health needs of children^{15/}

112. Communicable diseases are the major cause of morbidity and mortality in the less developed countries. The new techniques and the scientific advances in disease control in the last few decades have already resulted in substantial progress, more marked in health work than in other fields of economic and social activity. Nevertheless, in spite of the decline in infant and general mortality, health conditions still remain poor in a large number of countries. Lack of

^{15/} For a more detailed survey of health needs of children, see the WHO report (E/ICEF/415).

environmental sanitation, poor health conditions, malnutrition and under-nourishment are prevalent in most of the less developed countries, and the death-rates of children sometimes reach levels ten times as high as in the most advanced countries.

113. It is certain that, whatever the ethical system may be, the maxim "primum vivere" is a golden rule, and that the primary need that follows from the rights of the child is that of health (principle 4 of the Declaration of the Rights of the Child).

(1) The indicators of health

114. The primary indicators of health selected by United Nations Committee of Experts ^{16/} from those considered are the expectation of life at birth and at various ages, together with infant mortality.

115. In spite of the deficiencies and imperfections of the statistics on these indicators and the inequality of their reliability in different parts of the world, they are nevertheless important sources of valuable information on health conditions and even on levels of living. Other indicators are also used, such as the number of facilities for care and prevention, the number of physicians, and, more generally, the medical facilities available to the population. The expectation of life at birth, that is, the average number of years lived by a group of persons born at a given time as calculated from age specific death rates also yields useful indications.

^{16/} Report on International Definition and Measurement of Standards and Levels of Living (United Nations publication, Sales No.: 1954.IV.5).

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EXPECTATION OF LIFE AT BIRTH, BOTH SEXES, FOR SELECTED COUNTRIES, 1955-58

	<u>Less than 35 years</u>	<u>35 - 44 years</u>	<u>45 - 49 years</u>	<u>50 - 54 years</u>	<u>55 - 59 years</u>	<u>60 - 64 years</u>	<u>65 - 69 years</u>	<u>70 - 74 years</u>
AFRICA	Guinea: Rural pop.	Congo (Leopoldville): African pop.	South Rhodesia: Indigenous pop.	Mauritius				
		Guinea: Urban population		Reunion				
		Ivory Coast: Indigenous pop.						
NORTH AMERICA			Guatemala		El Salvador Mexico	Costa Rica Barbados Jamaica Trinidad and Tobago	Puerto Rico	Canada United States
SOUTH AMERICA				Brazil	Chile	Argentina		
ASIA		Burma Cambodia	Philippines Thailand	Malaya, Fed. of	Ceylon	China (Taiwan) Singapore	Japan Ryukyu Is.	Cyprus Israel: Jewish pop.
EUROPE		India				Albania Greece Poland Portugal Romania Spain Yugoslavia	Austria Belgium Bulgaria Czechoslovakia Finland Germany Hungary Ireland Italy Luxembourg United Kingdom: Northern Ireland Scotland	Denmark France Netherlands Norway Sweden Switzerland United Kingdom: England & Wales
OCEANIA								Australia New Zealand
USSR							USSR	

Infant mortality

116. The statistics on infant mortality and expectation of life bring out the extraordinary differences between advanced countries, where infant mortality may be less than 20 per 1,000, and that of many less developed countries, where this rate is sometimes ten times as great (around 200 per 1,000), and sometimes even higher.

117. Considerable caution is necessary in their interpretation ^{18/} for there are numerous causes of error: errors in diagnosis, omission of the true cause of death, inadequate information about the cause of death, contributory causes of death. With these qualifications, these statistics nevertheless yield considerable valuable information on the causes of death, and thus on the afflictions of childhood.

^{18/} Infant mortality is due to a considerable number of economic and social factors, which have been analysed above.

EXPECTATION OF LIFE AT BIRTH AND CHILD MORTALITY UNDER 19 YEARS
 IN CERTAIN COUNTRIES FOR THE PERIOD 1955-1958.
 (EXPECTATION OF LIFE IN YEARS; AND DEATH RATES PER 1,000 POPULATION
 FOR AGE ONE YEAR AND OVER, OR PER 1,000 LIVE BIRTHS FOR INFANTS
 UNDER ONE YEAR)^{17/}

Expectation of life at birth (in years)	Country	Infant mortality (under 1 year)	1 - 4 years	5 - 9 years	10 - 14 years	15 - 19 years
Under 35	Guinea (rural pop.)	Over 250	Over 35	Over 8	Over 6	Over 9
35 to 45	Congo (Leopoldville) Guinea (urban pop.) Ivory Coast Burma Cambodia India	180 - 250	21 - 35	5 - 8	4 - 6	6 - 9
45 to 55	Southern Rhodesia Guatemala Philippines Thailand Mauritius Reunion Brazil Malaya, Fed. of	120 - 180	13 - 21	3 - 5	3 - 4	3 - 6

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Expectation of life at birth (in years)	Country	Infant mortality (under 1 year)	1 - 4 years	5 - 9 years	10 - 14 years	15 - 19 years
55 to 65	El Salvador					
	Mexico					
	Chile					
	Ceylon					
	Costa Rica					
	Barbados					
	Jamaica					
	Trinidad and Tobago					
	Argentina					
	China (Taiwan)	50 - 120	5 - 13	1 - 3	1 - 3	2 - 3
	Singapore					
	Albania					
	Greece					
	Poland					
	Portugal					
	Rumania					
Spain						
Yugoslavia						
65 to 75	Remainder of Europe					
	United States					
	Canada					
	Australia	15 - 50	1 - 5	Under 1	Under 1	Under 2
	New Zealand					
	USSR					

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(2) Childhood afflictions

118. This section reviews briefly the health problems that appear in the replies of Governments.

(a) Infant mortality - its causes

119. Neo-natal mortality (before the end of the first month). The Governments stress the high mortality at this period of life, which may reach 30 per 1,000 live births.

120. They stress the fact that few women receive care during pregnancy, especially in rural areas. In spite of the progress achieved in Mexico only 15 per cent of expectant mothers receive medical care before delivery, and in Thailand only 20 per cent.

121. In the cities, more and more babies are being born at hospitals or maternity centres, but the number of beds is entirely inadequate. Most deliveries in the rural areas are handled by the traditional birth attendants of the village who, in most cases, are entirely untrained. The high incidence of haemorrhage, of infection, and of difficult labour complicated by anaemic conditions, are also responsible for many maternal deaths (Mexico, Tunisia). Tetanus neonatorum is frequent.

122. Post-neo-natal mortality (1 - 11 months). Most infectious diseases affecting adults are also a threat to children. The under-developed countries have not only the specific child diseases and the diseases common to that part of the world but also what are termed tropical diseases, which have often disappeared entirely from economically developed regions, such as malaria, yaws, leprosy and smallpox, and diseases related to the lack of environmental sanitation and to the poor hygiene of the environment. Infantile diarrhoeas and dysenteries are of particularly high incidence and gravity in such countries.

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123. Malnutrition and undernourishment are encountered in all forms, and affect children at very early ages (see paras. 184-214). They may be either a direct cause of death, or a contributory cause in that they substantially decrease the child's resistance.

124. It is difficult to determine precisely the relative contribution of these diseases to infant mortality, for conditions vary considerably from country to country and from region to region, with the environmental conditions. In all less developed countries, infantile diarrhoeas are a very important cause of morbidity and mortality (15 per 1,000 in Mexico), while malaria may do great damage before the child acquires sufficient resistance to this disease. On the other hand, it may only be of secondary importance.

125. The acute forms of tuberculosis appear to be more frequent in the overpopulated cities, where overcrowding leads to mass infection. Certain diseases such as smallpox, are still a cause of infant mortality in certain regions of the earth, while they have practically disappeared elsewhere. Syphilis has important sequelae. It may be a factor in sterility, abortion and stillbirth. It may also be a cause of infant mortality.

126. Child mortality (one to four years). Statistics show that mortality in this age-group is still relatively high in the under-developed countries, compared with countries where health conditions are very satisfactory and where mortality at these ages has declined substantially during the last fifty years.

127. The causes of this mortality are not confined to the acute communicable diseases of childhood and intestinal or respiratory diseases, which may be improved by preventive measures, such as vaccination. Malnutrition also plays a substantial role. The frequency of accidents (burns, road accidents etc.) must also be mentioned.

128. School-age mortality between the ages of five and fourteen years. After the age of five years, morbidity still remains high, but mortality between the ages of five and fourteen years no longer appears to be one of the precise indicators of the health of children.

(b) The principal diseases of childhood

129. Infantile diarrhoeas constitute one of the major causes of death between birth and the age of two years. ^{19/}

130. Malaria ^{20/} is probably the disease that is still the most prevalent in under-developed countries. It is not merely a factor of mortality, but it is also one of the causes of the extremely serious morbidity during the early years of life. Besides the acute attacks of the disease which appear episodically in certain areas, one must also mention the effects of chronic malaria due to multiple infections, causing anaemia, hypertrophy of the spleen, apathy, and in some cases general debility.

131. Tuberculosis seems to be one of the major diseases of the future in many countries, especially in new cities where the chances of infection have increased as a result of the poor environmental conditions, the inadequate levels of living, and the intense overcrowding of housing (Thailand, Tunisia).

^{19/} Diarrhoeal Disease with special reference to the Americas, Dr.L.J.Verhoestraete and Dr.R.R.Puffer (Bull.Wld.Hlth. Org.1958, Volume 19, No.1, p.23-51).

^{20/} The report submitted by the Italian Government states that malaria, one of the major causes of child mortality and morbidity, has disappeared since 1949-50, but that the importance of this fact has not as yet been assessed in relation to health statistics.

132. Smallpox. Through the centuries, this has always been one of the diseases responsible for the most child deaths. Today it is receding, owing to vaccination, which has been going on for years in most countries of the world. But smallpox epidemics still persist and are responsible for a substantial share of the mortality (India).

133. Tetanus neonatorum is frequent in many countries where deliveries take place under unhygienic conditions.

134. Yaws is by definition a disease of the less developed countries; contracted in childhood it may cause major lesions, and also ulcerations which may considerably reduce the activity of the patients (West Africa).

135. Leprosy exists in a vast area of the world. A child can contract this disease at a very young age and become an invalid in adult years (Asia, South America, Africa).

136. Trachoma and the related eye diseases are also prevalent over a very large part of the world. The bacterial forms of conjunctivitis, with their highest incidence in young children, may cause blindness. Trachoma acts similarly, and its far slower development may lead to incurable corneal lesions (North Africa, Eastern Mediterranean, India).

137. Kala-azar and the leishmaniasis are similarly one of the frequent causes of illness, especially in the Eastern Mediterranean.

138. The filariases, transmitted by mosquito bites, are one of the important causes of illness. Various forms are reported in the world.

139. Trypanosomiasis and sleeping sickness exist only in a few parts of the world, but their effects on the people are always extremely grave (Africa south of the Sahara).

140. Bilharziasis exists in two classical forms, (vesical or intestinal) and affects a large proportion of the world's child population. It is found in the Mediterranean basin, in Africa, and in Asia.

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141. Intestinal parasitic diseases are extremely common in all under-developed countries. They are due to the lack of environmental sanitation. From ankylostomiasis, with its sequelae of anaemia, to taeniasis, practically all forms of intestinal infestation are encountered in the countries.

142. Skin diseases. While these diseases are not per se very serious, they contribute none the less to the ills of children (pyoderma, tropical ulcer, scrofula, ringworm etc.)

143. These diseases, which are common in the under-developed countries, although their geographical distribution varies very greatly from continent to continent, or from country to country, are not the only causes of infection. The other infective diseases of childhood are also found, especially mumps, scarlatina, measles, chicken-pox, and whooping cough, often complicated by the environmental conditions. These diseases may cause an appreciable mortality.

144. The common respiratory ailments are also extremely frequent, ranging from simple bronchitis to complicated cases of broncho-pneumonia, which are among the most frequent forms of respiratory ailments (Mexico, Tunisia).

145. The various forms of meningitis - cerebrospinal meningitis and meningococci- are also frequent especially in some parts of Africa. They sometimes appear in the form of serious epidemics.

146. Of special importance are salmonellosis, typhoid and paratyphoid fevers which are extremely prevalent in large parts of the world, especially in India, and amebic and bacillary dysenteries, which affect children from the first years of their life.

147. Poliomyelitis exists also in the under-developed countries, but its incidence in children is apparently highest during the first years of their life and it seems to occur less frequently at school age.

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148. Diseases of the teeth form an important problem in certain countries. A distinction is made between dental caries, and periosto-gingival affections, the incidence of which varies with environmental conditions.

149. Separate attention is devoted to nutritional diseases (see paras.203-212).

150. Accidents constitute an important cause of morbidity and even of mortality (especially drowning and burns in rural areas).

151. The problem of prematures. Few of the countries referred to this problem which has a lower priority in developing countries. In this connexion the views of the Executive Board in September 1957, (which applied equally to physically handicapped children, see paragraph 152 below) are of relevance:

" In countries with high infant mortality rates, it was pointed out, specialized programmes of this type were relatively less urgent. Moreover, as they involved relatively high per caput costs, it seemed desirable that requests for aid in these fields should be brought forward with caution; such programmes should be to help training of specialized staff for national programmes rather than for purely service activities." 21/

152. The problem of physically or mentally handicapped children. All countries have a large number of these children. They may be classified in several categories:

- physically handicapped children:
 - suffering from locomotor disorders;
 - suffering from spastic conditions;
 - suffering from sensory deficiencies (blind or deaf-mute children);
- on the other hand, mentally handicapped children:
 - maladjusted children;
 - mentally retarded children.

Several European countries (Greece, Spain, Yugoslavia) and several countries of Asia (India, the Philippines, Indonesia) have assigned a priority to these needs and have requested increased aid for them. This is one of the questions which the Executive Board will undoubtedly want to discuss again.

153. An inventory of the most frequent and important diseases affecting young children in economically under-developed countries would include the hazards of birth and the post-natal period, diarrhoeas, respiratory and communicable diseases and malnutrition and undernourishment. However, variations exist from country to country because of the prevalence of endemic diseases. Therefore the establishment of a true inventory would be possible only for a limited geographical area. Certain statistical data, however, do indicate the relative importance of certain endemic diseases. It may be considered that malaria affects 80 million children every year, tuberculosis kills 2 million, trachoma and related conjunctival disorders strikes 160 million, leprosy 4.8 million, bilharziasis 60 million, and that the parasitic intestinal diseases afflict from 80 to 100 per cent of all children between three and ten years of age, according to the region involved. These figures correspond to actual attacks, and not to the total population exposed, which, for instance, in the case of malaria, amounts to 1,100 million (including over 400 million children).

(3) The psychological needs of the child

154. Psychological studies have shown the importance of the first years of life in shaping the physical and intellectual development of the child and its social behavior .

155. The love and understanding of the surrounding world, and an atmosphere of sympathy constitutes needs as important for the child as his biological needs. Of course his reactions will be directly influenced by the cultural patterns, the economic and social structure, the composition of the family unit etc., but their fundamental nature remains the same.

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156. Maternal love and care are the foundation of the child's confidence in the external world, and his social evolution begins within the family, itself, and is then extended to the school, to the shop, and to the community. Children who are unhappy at home must inevitably develop feelings of fear, anxiety and resentment which persist and are almost unamenable to educational influences.

(4) Needs to be met (in terms of action)

157. It has been said that the child is nine months old at birth.^{22/} During pregnancy, everything that affects the mother's health also affects the child.

158. But this dependence does not cease at birth. Long after this period, the child is still directly dependent on his mother for daily care, for food, and for physical and moral health.

(a) During pregnancy: the need for examination and appropriate treatment

159. But it is during the period of intra-uterine life that the child's fate, already conditioned by heredity, is physically most directly dependent on the fate of its mother. The infant enjoys immunities transmitted to it by its mother (passive immunity), which protect him during the first months of life. But he also suffers from the diseases and nutritional deficiencies of his mother. It follows that the mother, if only because of the rights of the child, has the right to medical social protection. It also follows that medical examinations are necessary (pre-marital examinations in many countries, or in any case regular prenatal examinations), to a balanced and adequate diet, and to legal protection against overwork.

160. These are considered fundamental needs by most Governments. There are many diseases that threaten mother and child during intra-uterine life: the anaemias of pregnancy, which may cause stillbirth, premature delivery and even maternal death; toxæmias, so common in some countries; infective diseases, including syphilis, inducing congenital syphilis at birth; disorders of nutrition, malnutrition and undernourishment.

^{22/} Dr. M. Sen, Manual Of Paediatrics for South-East Asia (Robinson and Wallgren, Orient Longmans, 1959), p.1 /...

(b) During labour: the need for obstetric aid

161. Care during labour is also one of the fundamental needs of mother and child, in order to avoid the possible complications that endanger their health and sometimes their lives. Delivery is of course a normal physiological process, but all the complications which may appear at this time must be prevented and treated - mechanical complications due to many causes (contracted pelvis, malpresentation etc), haemorrhages, severe septicaemias resulting from unskilled and septic manipulations, tetanus neonatorum, so often due to the use of unsterilized instruments, complications resulting from the frailty of the newborn child. These are referred to in the Governments' replies and the need for obstetric aid is indisputable.

162. The question arises in what form these services should be provided. At the present rate of births throughout the world, with the continual rise in their absolute number, it would appear extremely difficult to provide facilities for the delivery of every woman by a specialized maternity service, or even assure her medical aid during labour. In rural areas, with only a single doctor for every 50,000 persons, and with a birth rate of 40 per 1,000, it would be impossible for the doctor and his assistants to attend the 2,000 deliveries every year in the villages, some of them miles away. For a long time to come, it will be possible only to have deliveries by midwives or traditional birth attendants, in most cases at home, reserving only the complicated cases for medical aid. But in this case the system of regular pre-natal clinics must be expanded, personnel competent for supervisory functions must be trained, and village birth attendants taught to observe cleanliness and call the doctor when the limits of their own competence are passed.

163. If a preventive approach is developed and the number of health workers is increased, some reduction in obstetrical morbidity and mortality may be expected.

164. It is interesting to note that in most under-developed countries neonatal mortality is still 30 per 1,000 or more, but on the average it is only a third or a quarter of the total infant mortality. It follows that the care given to expectant mothers, and to mothers and children at delivery, is a very important element of the maternal and child welfare services. But it also follows that to orient these services too strictly in the obstetrical direction would result in

failure to attain the desired end, unless at the same time a substantial effort were also made against the exogenous factors, communicable diseases and nutritional disorders that are responsible for three or four times as many deaths as the causes termed "endogenous". The Executive Board has already taken account of these considerations. On the recommendation of the UNICEF/WHO Joint Committee on Health Policy it has recognized the great importance of the child health services before and after birth, during the first years of life, and especially during the first year of life.

(c) Need for medico-social protection in infancy and early childhood

165. The diseases affecting the child during the first years of life may be classified into several categories:

166. i) Diseases common among adults, which affect the child in varying degree. The immunity transmitted by the mother is more or less short-lived, and the child, like the adult (sometimes suffering more severely than the adult) often contracts the following diseases: malaria; acute forms of tuberculosis; smallpox; treponemiasis; typhoid and paratyphoid fevers and other salmonellosis; leprosy; various forms of conjunctivitis and trachoma etc., and communicable diseases more frequent in children than in adults.

167. These infectious diseases are not prevalent everywhere, and their pathology varies from region to region. But they do affect a large number of children all over the world, and the child - frail and vulnerable - needs protection against infectious diseases, which can be provided either by basic public health agencies which can administer the necessary immunizations (against smallpox, tetanus, whooping-cough etc.), or by specialized agencies, such as malaria eradication campaigns, BCG vaccination campaigns, campaigns against leprosy, yaws, eye diseases etc.

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168. A separate place must also be assigned to the diseases more directly due to the environment, or more precisely to the lack of environmental sanitation, which in all cases require a policy of environmental sanitation and of health education (given general priority by Mexico).

169. ii) The specific diseases of children, such as the diarrhoeas and gastrointestinal infections, are a major factor in infant mortality, and are in any case responsible for a very high morbidity, often complicating nutritional syndromes which had remained quiescent or even subclinical.

170. Malnutrition and undernourishment will be discussed in a separate chapter. In the child, especially at weaning age, these conditions are of most particular importance.

171. This pathology of infancy and early childhood creates the need for preventive and curative measures for children, who must be the object of continuous surveillance with respect both to their physical development and to their intellectual and moral development; who should be protected against disease; and who should receive appropriate treatment when attacked by nutritional or digestive ailments, infective diseases etc.

172. Hence the necessity of having available, both in cities and in rural areas, medico-social welfare organizations for infants and young children (clinics and services for young children), and at the same time of providing pre-natal and obstetric aid for the mother.

(d) At school age and during adolescence

173. Most of the Governments, in their replies, emphasized the necessity of organizing school medical services for school children. These services, which should primarily have a preventive action, often play an important role in less developed countries in providing minor care and in improving nutrition (see para.213 (d)). It is similarly necessary to protect the health of working youth by forbidding hazardous employment and by regular surveillance of their physical and moral health. This surveillance should also extend to the athletic field.

174. Owing to the great dependence of the child on the environment, especially during the first years of life, on the family unit, on his parents, more particularly on his mother, who feeds him, dresses him and protects him, there can be no meaningful action unless the parents have enough education to be able to follow the advice given them about their child. Thus appears yet another need, that of educating the parents in matters of health and nutrition.

175. Everyone knows how difficult it is to eliminate prejudices, superstitions and traditional prohibitions in a few years, how difficult it is to educate the mother in the family unit, when there are so many forces of resistance, emanating especially from the grandmother, whose moral authority often dominates the family unit. For the parents' need of education will disappear only as the new generation itself receives basic elementary instruction and the essentials of education in health and nutrition. Hence still another need, that of teaching the child at school about the health problems that will confront him tomorrow.

176. But one essential point must be recalled. At each period of life, from the first months until he becomes an adult the child has its own psychological needs, demanding special attention in the home environment, at school, and at the shop, and no health policy can be disinterested in these essential aspects of the child's preparation for social life.

177. As regards the ways and means by which these health needs can be satisfied, experience has shown the desirability of applying several fundamental principles.

178. First of all, the necessity of maintaining maternal and child welfare services within the structure of the health organizations, for the needs to be met are in large measure special needs. This applies equally to the preventive and curative services.

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179. Then follows the necessity of integrating the maternal and child welfare services into the health services as a whole to ensure the best use of those services, which envisage the health protection of the entire population, from which the child cannot be dissociated.

180. Finally there is the need of associating educational measures with preventive and curative measures, whether this takes the form of a group approach, a family approach, or, wherever possible, an individual approach.

181. As regards the means by which results may be obtained, the problem is complex. The financial difficulties encountered by countries in developing their social agencies are often substantial, but the greatest obstacles of all would appear to be the lack of competent staff for formulating general policy, for supervision, and at the operating level. Hence the necessity of training competent workers, without whom the essential health needs of the child cannot be met. ^{23/}

182. In conclusion, the essential need of the child - health, a fundamental right recognized by society - should be satisfied, both by the effective operation of basic health services which protect it as a vulnerable element of the population, and by an effective organization and operation of special maternal and child welfare services which meet the special needs of the child.

183. For this purpose, qualified personnel must be trained at all levels, from the paediatrician down to the qualified midwife, and the need for such personnel is of primary importance.

^{23/} A survey on training is being submitted to the Board separately (see E/ICEF/420).

III. FOOD AND NUTRITION ^{24/}

(1) Extent of the problem

184. In 1952, the Food and Agriculture Organization of the United Nations estimated, on the basis of its second survey of world nutrition, that the 60 per cent of the world population for which statistics were available, lived in countries where the daily per caput consumption was under 2,200 calories. Since then, in spite of increased world production, the quantity of food available per caput still remains inadequate to meet the needs.

Available per caput food supplies ^{25/}

Country	Year	per diem	
		Calories Total	Proteins Per cent of animal origin Grammes (total)
India	1957/58	1,800	13 47
Philippines	1954/55	1,890	23 40
Pakistan	1957/58	1,950	18 45
Ceylon	1959	2,170	16 44
Australia	1958/59	3,210	65 92
Denmark	1959/60	3,340	63 94
United Kingdom	1959/60	3,290	60 87
United States	1959	3,130	71 93

^{24/} For a more detailed survey of the dietary and nutritional needs of childhood, see the WHO/FAO report (E/ICEF/413).

^{25/} Data from Nutrition Division, FAO, Rome 1961.

" The basic difficulty in overcoming the dietary deficiencies lies in the fact that agricultural income in underdeveloped countries is far below the national average. This makes the farming community of these areas the poorest in the world. Considering the large number of people involved - in every country with a per caput national income below \$200 a year, more than 50 per cent of the population is engaged in agriculture - it is clear that the major programme of economic and social development should be concentrated on the rural populations, whose pressure on land, mostly as subsistence farmers in underdeveloped areas, tends progressively to reduce soil fertility and thus exhaust the potential for future development." 26/

185. It should be noted, moreover, that chronic hunger is not due merely to insufficient per caput production and consumption, but also, in large measure, to the lack of diversity in the diet, which in many countries fails to provide essential elements, such as proteins, certain vitamins etc. This malnutrition is shown by various indicators in dietary tables: low animal protein in the daily supply, high proportion of high-carbohydrate foods.

186. The situation as a whole has undoubtedly been somewhat improved during the last few years, but it still seems clear that there is a widening disparity between the quality of the food supplied in the highly developed countries and that supplied in the least developed countries.

187. There can be no doubt that the child is the member of the community who suffers most from this situation.

" Millions of children in the sub-tropical and tropical technically underdeveloped areas of the world are suffering from malnutrition as a result of poverty, lack of suitable food, ignorance, and superstition....It is during the rapidly growing period of infancy and early

childhood that this malnutrition is most marked, having a high morbidity and mortality, and probably leaving physical and psychological scars in later life in those who survive." 27/

188. The importance assigned to what is designated by the image-word "hunger" among the various factors involved in the sufferings of children is, however, relatively recent. It appeared with full clarity only when the quantitative deficiencies represented by the classical picture of undernourishment and famine were supplemented by the recognition of malnutrition, of qualitative deficiencies, more particularly of proteins and of vitamins. It should be recalled that the protein deficiencies of children in the less developed countries were first described only after the Second World War. 28/

189. This has been because malnutrition, in contrast to the communicable diseases, is a slow, insidious process with subdued manifestations, with symptoms which in many cases do not dominate the clinical picture and in fact constitute merely an accessory sign of a syndrome dominated by a more dramatic symptomatology. Only in acute or serious cases has it been recognized in the past as a cause of child mortality, or even as a pure cause of morbidity, for it is often associated with undernourishment or with diseases for which it paves the way by undermining the resistance of the organism.

190. Moreover, it is only relatively recently that the medical profession has become fully aware of the serious effects on health, particularly on the health of children, of certain nutritional deficiencies. However, this concept has not yet been fully recognized as a governmental problem among policy planners in many countries.

27/ WHO, D.B.Jelliffe - Infant Nutrition in the Subtropics and Tropics (Geneva, 1955) p.7.

28/ WHO, J.F.Brock and M.Autret, Kwashiorkor in Africa (Geneva, 1952) (WHO Monograph Series No.8).

(2) The indicators

191. The FAO survey (E/ICEF/413) indicates the quantities of food required for child growth, expressed in calories and in proteins.

192. Various types of indicators are used to measure the actual situation:

- The vital statistics and morbidity statistics reflect a complex situation, in which malnutrition and undernourishment play a major role. However, as previously explained, it is difficult to determine its importance.

- Weight and height curves. Such surveys have been made only of a limited number of children in a number of countries (see WHO/FAO report on child needs - E/ICEF/413).

- Average food intake per caput expressed in calories and total proteins. Although these tables show the great differences from country to country, and more specifically, bring out the low level of this average intake in the under-developed countries, they still fail to indicate the major deficiencies in the diet of children, although an attempt is made to extend the analysis and estimate separately the vegetable protein from cereals and pulses and the animal protein from meat, fish, eggs or milk.

- Surveys of nutrition yield more exact information on this subject.

(3) General causes of undernourishment and malnutrition

193. There are various causes, which act in a varying degree according to environmental conditions.

194. Insufficiency of total food production, or its qualitative inadequacy, is obviously one of the essential factors.

195. Food production is quantitatively insufficient when a country is unable to produce the food required by its population. This problem should, in particular, be considered in the light of the factors unfavourably affecting the environment, such as population growth (Indonesia).

196. Food production is qualitatively inadequate when the production patterns lay undue emphasis on certain types of poor foods, such as manioc, which provide only an inadequate protein intake.

197. To mention the importance of the growth of total agricultural production and of the orientation towards the specific needs of the country, would seem unnecessary here, were it not to emphasize the necessity of taking into account both the economic aspects of production and social needs.

198. These considerations apply not only on the national scale, where the planning and development of agricultural production should take careful account of the nutritional needs of the people (and especially of children), but also at the village level, where agricultural diversification can provide at least a partial solution to the problems posed by the single-crop system, as it exists in certain sugar-exporting countries. Even in the countries where there is no single crop system this diversification is often essential to the production of high-protein foods, high-vitamin foods etc.

199. Another factor is the inadequacy of family production or purchasing power, whether of poor rural populations (India), where the parcels of land available for family cultivation are too small for a balanced diet, or of urban populations in the great agglomerations where wages are very low and unemployment is prevalent, and where, consequently, purchasing power is inadequate. In all these cases, the inadequacy of levels of living involves qualitative and quantitative deficiencies, the first victim of which is the child. It is, indeed, more often than not impossible to provide him with the most-needed foods, primarily milk and high-protein foods, during the critical periods of life.

200. Customs, superstitions and prejudices regarding the use of certain foods are also factors that act in varying degree. There are countries in which there are large unused resources of vitamin A while the people suffer from vitamin A deficiency. There are countries where protein deficiency is particularly serious, and yet milk or eggs are never eaten.

201. Ignorance on the part of mothers concerning the types and quantities of foods for children due to the lack of any nutrition education is another cause of undernourishment.

202. Yet another cause is the lack or inadequacy of maternal and child welfare services for supervising mothers and children, remedying the deficiencies of both, and at the same time educating them.

(4) Aspects of malnutrition and undernourishment

203. The exact statistical studies of child malnutrition are as yet insufficient for accurate measurement of its frequency in the less developed countries and assessment of its effects on child health. But there have been numerous surveys, medical observations and scientific studies, and a substantial amount of data has been collected, showing the importance of this problem in those areas. There are, of course, considerable variations from country to country, but certain facts common to many countries do appear, especially the frequency of:

- (a) retarded growth and underweight (allowing for racial differences) at birth and during the first years of life;
- (b) protein deficiencies, of which kwashiorkor is the most characteristic type;
- (c) extreme undernourishment, which may lead to marasmus;
- (d) anaemias, especially iron-deficiency anaemias;
- (e) avitaminoses (deficiencies vary from country to country, but are found in most tropical regions);
- (f) intestinal parasitic infestation, which very often aggravate the effects of malnutrition.

(a) Underweight and retarded growth

204. These conditions are most often connected with both quantitative and qualitative dietary deficiencies. They are found:

- (i) At birth. The weight of infants of undernourished or improperly nourished mothers (allowing for racial differences) is lower than that of infants of well-nourished mothers (such dietary deficiencies also appear to be indicated by high premature birth-rates and neo-natal mortality); 29/

- (ii) During the first year of life. In this respect, as shown by the charts of the malnutrition survey, the weight curve of the infant up to six months of age 29 is parallel, in the under-developed countries, to the curve for well-fed children, while, from six months on, deficient maternal lactation and inadequate supplementary feeding of the infant cause dietary imbalance, with protein deficiency and carbohydrate excess.

205. Secondary factors, such as intestinal parasitic infestation, malaria and other recurrent infective diseases, doubtless do play some part in this picture. But it is dietary deficiency that appears to be the major factor, since the essential dietary needs are satisfied only by the daily food intake of the mother during the last months of pregnancy, and of the child after intra-uterine life.

(b) Protein deficiency syndromes

206. A protein shortage directly affects child growth, but protein deficiency may cause extremely serious pathological conditions. In this connexion, it should be remembered that the problem is not merely quantitative but qualitative as well, that the child's diet should contain a sufficient quantity of amino-acids, and that the amino-acid content of foods is extremely variable.

207. The clinical signs of these protein deficiencies are manifested in underweight and retarded growth, in oedema, skin and digestive disorders, signs of apathy etc., with relative emphasis varying from case to case. Such conditions might perhaps be called polymorphic pathological disturbances, as encountered in most of the tropical or subtropical countries: Mediterranean basin, the Middle East, South-East Asia, tropical Africa, South America, the West Indies etc.

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208. These deficiencies are frequently associated with the weaning period, during which the diet is generally deficient in proteins and rich in starch and sugar. But the condition may also appear later. It is probably the most widespread disorder, and constitutes the essential nutritional problem of childhood. It is also the condition that represents the greatest threat to the city child, especially in the agglomerations that spring up, under very bad conditions, on the fringes of the cities and where undernourishment and malnutrition are associated with urbanization. In most cases women stop nursing their babies when they work, and the substitute diet generally fails to provide sufficient quantities of proteins.

(c) Marasmus and cachexia

209. In its gravest form, under-nourishment may lead to marasmus and cachexia (state of extreme emaciation and general enfeeblement) also found even in the absence of dietary deficiencies and caused essentially by insufficient caloric intake and by protein deficiencies. These forms are frequently combined with infections.

(d) Anaemias

210. These often constitute the background of a clinical picture dominated by more dramatic deficiencies, but their incidence is extremely high in both mothers and children. They are often due to foetal inability to store sufficient quantities of iron and proteins. The iron-deficiency anaemias and protein deficiency anaemias of children are also often due to infective or parasitic agents (malaria ankylostomiasis) acting after birth.

(e) Vitamin deficiencies

211. i) Avitaminosis A, which is manifested by ocular and cutaneous symptoms, may in the gravest cases cause blindness of the child (Mediterranean basin, India, Burma, Indonesia, Philippines). If due to insufficient storage during intra-uterine life, or to insufficient breast milk, it may appear early; it may also be due to a diet deficient in vitamin A and pro-vitamin A, found in green leaves, animal viscera, butter and many tropical fruits.

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(ii) Infantile beriberi: In its various clinical forms - cardiac, digestive, pseudomeningeal etc. - this disease is found in countries where polished rice is eaten, such as Burma, the Republic of Viet-Nam, and the Philippines.

(iii) Rickets: is encountered on the southern coast of the Mediterranean basin and in some parts of India and Pakistan.

(f) Intestinal parasitic infestation

212. This plays a very important part in child malnutrition, disturbing assimilation, promoting anaemia, and inducing toxic effects. It is very widespread; almost all of the children in many tropical countries may be considered to suffer from it, owing to the total absence of environmental sanitation (see para. 141).

(5) The needs to be met (in terms of action)

213. On the country-wide scale, a nutrition policy in favour of children should necessarily form an integral part of a broader plan for improving the general conditions of production, consumption and distribution in the country. But the specific needs that appear should also be emphasized.

(a) Consideration of the needs of the child should commence with foetal life, when the mother's diet plays a part in the development of the child and affects the reserves stored by the child before birth.

(b) The need for an appropriate, balanced and quantitatively adequate diet during the various stages of a child's life

i) Milk is obviously the first food, and every programme should stress not only the distribution of safe milk, but also its production in the required quantities, and at a price low enough to be provided in adequate quantities to children of the poorest families. This is one of the essential aspects of UNICEF policy in many countries. These countries should also have enough milk to meet the needs of their people, which is rarely the case in the less developed countries.

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- ii) Where milk is unavailable, certain high-protein foods may be used during the weaning period. Such foods will sometimes be direct products of agriculture or fishing, and sometimes industrial by-products, such as those from oil extraction (peanut and cottonseed presscakes), soya products, etc. - which can be supplied at relatively low prices.
- iii) The production of protein- and vitamin-rich foods at village level may also be encouraged.
- c) The need of medical supervision of the nutritional condition of mother and child during the years of infancy and early childhood (pre-school age) through maternal and child health services.
- d) The need for an appropriate diet during the school period (school meals in countries where the diet is inadequate). Many countries stress this supplementary feeding (Spain, Italy, Indonesia, India etc.).
- e) The need for a minimum nutrition education for the parents, and for the children when they reach school age. This need is essential for mothers raising young children.
- f) Thus any programme, tending to increase food production and consumption and disseminate nutrition education deserves to be maintained. In some countries it will find its place in the community development policy, in others, in the agricultural development system.
- g) In setting up any programme of this nature, with aspects relating to production, consumption, and education, coordination between the competent ministries must be established.

214. UNICEF assistance could be given to programmes of this type.

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IV. EDUCATION ^{30/}

Shortcomings: ignorance

215. The cause and effect relationships, and in any case the correlations, that exist between high illiteracy rates, very low levels of economic development, and the general states of destitution and disease, have been emphasized many times.

216. Education is recognized by all governments as one of the essential needs of the child and a conditio sine qua non of economic and social progress in less developed countries. However, in spite of progress in this field, and in spite of the priority assigned by many governments to the expansion of education, the needs of the child in this respect still remain substantial, both quantitatively and qualitatively.

(1) The indicators

217. The illiteracy rate in a given population is a useful indicator of the degree of educational development in the past.

"In terms of a minimum criterion of literacy, such as is implied in the usual census question "Can you read and write?", it has been estimated that rather more than half (55-57 per cent) of the world's population fifteen years old and over are now literate." ^{31/}

^{30/} For a more detailed survey of the educational needs of children, see the UNESCO report (E/ICEF/414).

^{31/} Report on the World Social Situation, 1957 (E/CN.5/324/Rev.1; ST/SOA/33,) p.65. See also Report on the World Social Situation, 1961 (E/CN.5/346), pp.25 ff.

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218. Considerable progress has indeed been made since the beginning of the century (the illiteracy rate has fallen an average of 10 per cent per decade), and still more during the last few years, during which quite substantial efforts have been made. Nevertheless, as illiteracy disappears, the proportion having completed a given number of years of education would be a better measure of the educational level of the population. In many countries, a large proportion of the children leave primary school after two or three years of study.

219. School enrolment ratio is, beyond all doubt, the best existing indicator, in spite of the errors in its estimation.

220. Very great progress has been made in school attendance during the last fifteen years. Yet the last estimates (Press Release UNESCO/NYO/14, 10 May 1960) show that in fifteen Asian countries there are 87 million school-age children without elementary educational facilities, and that the population increase alone could bring this figure to 220 million by 1980, assuming continuance of the status quo in other respects. There are 10 million such children in the Arab countries, and 17 million in the African countries.

221. In most under-developed countries, less than 60 per cent of the children in the 5-14 year age group attend school. The group of countries with such attendance ratios have two-thirds of the world population. ^{32/}

^{32/} According to the Report on the World Social Situation, 1957, p.70.

222. Most of the economically under-developed countries, however, have registered considerable progress in primary education. Thus, in fifteen Asian countries, ^{33/} the primary school enrolment increased from about 38 million in 1950 to about 65 million in 1960, a 71 per cent increase. In eleven Arabic-speaking countries, it increased from about 2.7 million in 1950/51 to about 4.9 million in 1958/59, an increase of 82 per cent. ^{34/} Comparable expansion is noted in most countries and territories of tropical Africa. ^{35/} In the Western Region of Nigeria, where a system of free and universal primary education was set up in 1955, the increase in primary school enrolments was 142 per cent in five years. In other territories, this increase ranged between 50 and 100 per cent. In Ghana, where an accelerated programme of expansion of primary education was put into effect, the enrolment in approved primary schools increased from 154,300 in 1951 to 455,053 in 1958, or about 300 per cent. In Central America and South America, the total enrolment in the primary schools showed an average increase of 18.6 per cent between 1956 and 1959. ^{36/}

223. The enrolment data show an imbalance between primary and secondary education in many developing countries. Secondary education is provided there on a far smaller scale than primary education.

^{33/} Afghanistan, Burma, Cambodia, Ceylon, India, Indonesia, Iran, Republic of Korea, Laos, Federation of Malaya, Nepal, Pakistan, Philippines, Thailand, Republic of Viet-Nam (Document UNESCO/ED/PE/Asia, Karachi, 9 Jan.1960, annex I, p.8).

^{34/} Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Saudi Arabia, Sudan, Tunisia, United Arab Republic (Egyptian and Syrian regions) (Document UNESCO/ED/Arab States/2, Paris, 23 Dec.1959, page 17).

^{35/} Central and West Africa: Congo (Leopoldville), Cameroun, Ivory Coast, Dahomey, Gabon, Gambia, Ghana, Upper Volta, Liberia, Nigeria, Congo (Brazzaville), Senegal, Sierra Leone, Sudan, Togo. East Africa: Ethiopia, Rhodesia-Nyasaland Federation, Kenya, Madagascar, Uganda, Somalia, Tanganyika (document UNESCO/ED/Africa/2, Paris, 15 Jan.1960, page 7).

^{36/} Press release UNESCO/1287, 14 March 1960.

(2) The difficulties encountered

224. Thus, in spite of the progress achieved, a very large number of children, and in some continents a very large proportion of the child population, enjoy neither the chances for the future that vocational training would provide, nor even ~~that~~ basic education without which they will have little hope of any change in their extremely precarious living conditions when they reach adult age. This is due to the immense difficulties encountered by the governments with respect to education.

225. These difficulties are primarily financial and economic. ^{37/} They are due to the inadequacy of the resources that the governments can devote to programme development.

226. But there are many others: for instance, demographic factors. In countries with extremely high rates of **population** increase, these factors make it very difficult for the government even to maintain the same school enrolment ratio each year; the low levels of living compel the families to consider the child a productive member when still very young and to make him contribute to the family income, whether in the form of services or of wages earned outside.

^{37/} Attention is again called to the difficulties due to: dispersion of population, precluding aid to children of rural families; lack or inadequacy of roads and transport facilities; the climatic conditions, in some countries with extreme climates; nomadism, which exists in large parts of the world; certain social factors, such as the status of women; In some countries, the conservative elements oppose education, which might lead to emancipation; the traditions and habits of thought of certain groups of the population; the multiplicity of languages; the lack, or inadequate development, of a vernacular language that would permit the extension of education; the problem of ethnic minorities.

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227. The government analyses show other shortcomings in the administrative organizations, indicating the immense difficulty of the task. The lack of over-all planning is felt in many countries, precluding any balanced development of public education.

228. But the basic difficulties reside in:

- the inadequate number of teachers;
- the inadequate number of school buildings;
- the insufficient amount of school furniture and teaching aids;
- the inferior quality of the teaching;
- the ineffectiveness of this teaching.

229. Modern buildings are not essential for the teaching of reading, writing and arithmetic. But there should be at least primitive quarters to shelter the children, without overcrowding harmful to health, and with adequate lighting and ventilation. Minimum teaching aids should also be available to inculcate the fundamental ideas - visual aids, books, exercise books, all of which are always in short supply in the under-developed countries.

230. But the shortage of teachers is still more serious. In spite of the large classes, sometimes numbering over eighty pupils instead of the recommended maximum of thirty to forty, this factor precludes the admission of more than 30 to 50 per cent of all children of primary school age.

231. This situation is also due to numerous factors: an insufficient number of normal schools; an insufficient number of instructors at those normal schools; inadequate teachers' salaries etc.

232. The last point, and without doubt the most important for the future, is the ineffectiveness of the teaching.

233. In many countries primary education is considered to be an end in itself, and neither formulation nor subject-matter has been sufficiently adapted to the child's psychology and environment, especially to the economic, social

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and cultural needs of the community (in particular, with respect to vocational training, health, civic consciousness etc.). A considerable amount of effort has been devoted to these questions, and new formulations have been adopted in many countries, tending to make the education an integrated whole adapted to the needs of both child and nation (Tunisia, for instance).

234. The problem, viewed from a different angle, is that of the ultimate objectives of this primary education, which should prepare the child to live more harmoniously in its own community, while contributing useful work, adapted to the needs of that community.

235. The inadequate teaching is also due, in large measure, to the factors already described (overcrowded classes, lack of teaching aids). It is also due, in some cases, to the lack of training on the part of the teachers who have had neither an adequate general cultural education nor adequate pedagogical training. Hence, in many countries, the need to extend this training by means of continuation or refresher courses.

(3) Individual and collective needs

236. In order to give a general picture of the specific educational needs of the child it would be well to consider the problem for several periods of the child's life.

237. In many economically developed countries the child's preparation for study begins at about four years of age in nursery schools and kindergartens, where the aim is to develop the child's personality; to diminish his dependence on his immediate circle and to develop his aptitudes; and to permit profitable pursuit of the subsequent primary education. In the under-developed countries, such preliminary training is practically non-existent, and does not appear to be considered a priority need.

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238. At the age of five or six, but sometimes only at about the age of seven, the child should begin to receive the basic education that will prepare him for life. His essential educational needs at this primary school age, from six to twelve, may be summarized briefly.

239. First of all comes the development of the child's personality, his skill and aptitudes, in such a way as will enable him later to "earn his living" and participate actively, on the economic, social and political planes, in the life of the community to which he belongs; the development of his intellectual qualities, of his moral and social qualities, and of his artistic and aesthetic qualities; the laying of the foundation for more advanced studies provided he has the ability and the possibility.

240. Education may thus be deemed to be both an individual need of the child within the community and a collective need of the community and the country as a whole, which cannot progress unless its children receive an adequate education.

241. Thus all governments assign considerable importance to the expansion of primary education. In many countries, especially in those now attaining independence, however, there is a new trend in the thinking about the priority to be assigned to the more urgent national needs for training the elite and the cadres, who will later take over the conduct of public and private affairs, as these needs relate to the individual needs of the children.

242. The need for training that is more advanced than that given even by extended primary education is also the need of the adolescent, who should be given every opportunity to improve his standard of life. Obviously, however, basic primary instruction must precede technical, secondary, vocational or higher education. Obviously, too, in the nature of things, this access to more advanced education is afforded only to some of those completing primary schooling.

243. While a balance is maintained between primary education on the one hand, and technical, secondary and higher education on the other, in countries that have reached an advanced stage of economic and social evolution, the extension of primary education in some of the less developed countries, inadequate as it may be, is not accompanied by the same effort in technical and secondary education.

There will therefore be a lack in the training of the cadres and skilled workmen necessary to handle public business and develop private enterprise. This will sometimes give rise to a genuine dilemma between the social aspect, as related to the individual rights and the individual needs of the child, and the economic and political aspect, as related to the national needs.

244. Many countries have compromised. Without sacrificing the essential needs of the children as a whole, they are still able to take emergency measures for secondary, technical, vocational and professional education, which alone can train cadres and skilled workmen.

(4) The needs to be met (in terms of action)

245. These needs follow from the statement of the difficulties encountered.

- (a) The first of these needs obviously relates to the financing of these programmes, for which national and international resources must be mobilized (including all the official and private forms of bilateral or multilateral aid).
- (b) The second is connected with the training of a sufficient number of teachers, which is impossible as long as there are not enough instructors for such training. The need for training teachers or improving their training exists everywhere. Everywhere there is a need also for institutions for the training of teachers for primary and secondary education and for professional and higher education.
- (c) The third is connected with the revision and improvement of school curricula and teaching methods. Arising directly from this need, there appear the further needs
 - of having an adequate number of textbooks, and improving the quality of the existing ones; and
 - of selecting the vernacular language of instruction.
- (d) In some countries, priority has been assigned to the need for extending enrolment to girls and young women.
- (e) Many countries show the need not only for broadening the coverage of primary education and increasing its effectiveness but also for devoting part of the available resources and personnel to extending the coverage of technical and secondary education. **At the same time**

There is a need to adapt this education to the demands of economic and social development and to provide higher and professional education, in order to train the national cadres for public activities and private business.

- (f) In many countries there is also need for training administrators and supervisors to assure the effectiveness of the educational system.
- (g) Finally, in most countries, there is need for a complete analysis of the situation, and for over-all planning, which will help to route the available resources towards the recognized priorities.

246. In conclusion the present trend would appear to be the reconciliation of the individual needs of the child (who should, so far as possible, be given the basic education that is the key to his future) with the collective needs of the nation, which demand increased educational effort for the future cadres (industry, commerce, public activities, education etc.)

V. SOCIAL WELFARE ^{38/}

(1) The child in society

247. The development of social conditions throughout the world causes profound changes in the structure and composition of society which may lead to grave disturbances in the life of the child. This is especially true of the urban

^{38/} For a detailed survey of the social welfare needs of the child, see the report of the Bureau of Social Affairs (E/ICEF/411).

environment, particularly for rural populations transplanted from a traditional setting. This transition gives rise to problems of adaptation for the entire family to a different society (India). The needs change on contact with new cultural patterns, and other needs, frequently false or artificial in nature, arise.

248. These new cultural patterns are not, as a rule, acquired smoothly or easily. In many cases, the community spirit disappears. Immigrants often find it impossible to maintain their previous status, and their level of living falls. The consequent acceptance or rejection of new forms of life are equally dangerous, for adaptation is sometimes accompanied by the loss of traditional morality.

249. The disruption of the family unit, so frequent in the modern world, greatly handicaps the child from its very birth. At best, the woman may be compelled to work, leaving her children to the chance supervision of a neighbour. If only the father goes to the city to work, he often sets up a second household and may desert both mother and child. The consequences for the mother may range from concubinage to prostitution, with all their disastrous effects on the child. Closely associated with this problem is the problem of illegitimacy, which is very serious in some countries (Central and South America), on account of its high incidence, if not of its social gravity. Figures given by the Inter-American Children's Institute ^{39/} are most striking. In some cities, and even in some countries, more than half of all the babies born are born out of wedlock. This problem is not, however, as grave in the Americas as in certain other countries. The illegitimate child, who suffered in nineteenth century Europe under the social stigma due to his birth was then in a much more unfavourable position than the illegitimate children in the Americas today, who will meet with

^{39/} In its report to UNICEF on the needs of children.

very little prejudice or other difficulty in later life. This problem is nevertheless quite serious from the economic point of view, for such children are entirely supported by their mothers.

250. Another point that is rightly emphasized is the inadequate organization of the vital statistics system, which in many countries is quantitatively and qualitatively far from meeting the needs. All stages of development are found, some particularly under-developed areas lacking even a rudimentary system.

251. The child whose birth has not been registered, who is without legal status, and born out of wedlock, is thus a victim, often deprived of paternal aid, without even the rights to State aid in the form of insurance and social security.

252. In rural areas, as in urban areas, when the family is no longer the natural framework in which the child finds protection, love, shelter, food and clothing, he suffers profoundly from this situation, even at an early age. He suffers still more when partially and entirely deprived of the constant attention that is the rule in rural societies when he finds himself isolated in a community where he is only another unknown, lost in the crowd. If he gets the chance to study and develop his intellect, he suffers still more from his inability to realize his dreams. There are very few outlets available to these new "white collar" classes, who are reluctant to do manual labour, yet unable to find employment they can honourably accept.

253. If the child must contribute to the family income, he is often exploited by employers speculating in human misery, who force him to do hard work, beyond his power. If the child wanders, aimless and unemployed, he becomes the prey of every chance temptation and seeks by any means at all to gratify the longings thus aroused. In these circumstances juvenile delinquency flourishes.

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(2) The needs to be met (in terms of action)

(a) Planning

254. These problems cannot, of course, be solved by the mere establishment of social services. What is needed is a broad, well-planned system to restrict the flow of population from country to city, to establish new cities on patterns laid out by city planners, to provide them with housing meeting minimum sanitary standards, to give them schools and medical services, to organize vocational guidance, to create real openings for workers in line with the needs of the economy, to lay out playgrounds, athletic fields and green spaces, and organize leisure. In the rural areas, a whole policy of economic and social utilization of resources must also be developed. One of the best types of such programmes is, without doubt, community development.

(b) Establishment of social services^{40/}

255. The social services can and should take part in the planning and implementation of such facilities; but they should not merge themselves, for these purposes, in the mass of other administrations. They should not lose their own individuality for they must meet clearly defined needs. One could not imagine social services for children that considered the child outside the context of the family unit. The social services, present or future, should have as their primary object the protection of the child in the family unit, and of abandoned, neglected and maladjusted children (Tunisia, Philippines).

^{40/} The Development of National Social Service Programmes, 1959 (ST/SOA/40).

256. Under the common name of social services the Governments group together very different organizations - public and private and from the village to the national scale, dealing with fields as varied as health and delinquency, aimed at helping individuals or groups that have suffered from an unfavourable environment. This range of services employs workers of the most varied type, from the barely trained auxiliary to the university-trained social worker. The replies from the governments show a great diversity of views. The economically underdeveloped countries have, as a rule, no social security systems, and the services and legislation that are the basic framework of the social protection of children are but little developed. The creation here of social services corresponding to the structural, economic and social organization in an economically advanced country would be impossible, while attempts to restrict the problem to certain specialized aspects must likewise fail to meet the full range of child needs in the under-developed parts of the world.

257. (i) In the urban environment. Through all the diversity of the replies, one primary desire common to all the Governments stands out in bold relief. It is the desire to find and take any action that would tend to ease the difficult transition from one way of life to another, while preserving the family, guiding the parents towards employment, and teaching them (especially the mothers) about the simple problems of health, nutrition and home economics. The parents must, it is felt, be taught to recognize their true needs. A very large proportion of wage income is often spent for drinks, alcoholic or non-alcoholic, and for tobacco. Alcoholism and prostitution should be fought, the leisure of young people organized, and delinquency prevented. The child must be protected in the family unit and proper care provided for the child living outside the family unit. The problems are as difficult as they are raised.

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258. The following fields of action may be considered:

- (a) Social services for the family: guidance, education, advice, help in labour questions.
- (b) Pre-school children: social activities of the maternal and child welfare services; educational aspects; nursery and day care services for working mothers; kindergartens, etc.
- (c) School children: participation in school health services; establishment of services for those not attending school (Philippines).
- (d) Adolescents and youth: participation in services organizing youth clubs and in educational activities.
- (e) Participation in vocational guidance services and in social services organized at the place of work.
- (f) A broad legislative programme on the legal status of the child, organization of civil registration of births and protection of illegitimate children (Mexico, Peru).
- (g) Special groups: abandoned, handicapped and delinquent children, orphanages, family placements, delinquency prevention, re-education of handicapped children.
- (h) Training of social welfare personnel at all levels (Philippines, Thailand, International Union for Child Welfare).

259. (ii) In the rural environment. The basic problems are always those of poverty, malnutrition, the effects of tropical diseases, and, to a certain extent, the disorganization of tribal life under the impact of political, economic and social evolution.

260. Whether the family unit is of the monogamous or polygamous type (or exceptionally, of the polyandrous type), it still remains an organization in which the needs of the child are submerged in the collective needs.

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261. In these rural areas, the most interesting development is the initiation of community development programmes. Within the framework of this policy, new needs tend to arise in the community in the form of aspirations for a better life.

262. Women are called upon to play an important part in improving the dwelling, the domestic economy, and the family diet. Elementary ideas of hygiene and child care are taught in public health centres, where they exist, or in women's clubs and youth clubs, organized as in Africa and in co-operatives, and other community enterprises, which may include kindergartens and nursery schools and the development of small-animal husbandry. In some countries, such as India, even the training of specialized child-care workers is envisaged, especially for the 1-4 year age group.

263. In the light of the above considerations, the establishment of social services is a necessity. Here again, perhaps more than in any other field of economic and social activity, the problem of training is basic, since social workers should participate actively in services such as health, education, youth as well as directly to provide social protection services for children living with their families and for abandoned, orphaned or handicapped children.

264. Thus, in the rural environment, the child aid provided by the social services may take various forms within such programmes as:

- (a) Community development programmes;
- (b) Agricultural modernization programmes;
- (c) Educational programmes:
 - (i) Campaign against illiteracy;
 - (ii) Educational programmes for youth and for women; youth clubs and women's clubs (especially in Africa);
- (d) Maternal and child welfare programmes;
- (e) Nutrition programmes

265. Problems relating to abandoned and handicapped children appear to be of less importance in rural areas.

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266. The problems of the child in the rural environment do not after all differ so very greatly from those of the urban child, and the different needs that have been stated above should not be regarded as necessarily requiring separate programmes. The problems here are interrelated, and their interrelations should be studied on the national scale, especially where problems of urbanization are involved. But the forms of action may differ greatly, and one may consider programmes of community development in a rural environment, while town planning and social service programmes are more directly oriented towards the special problems of urban families.

267. In any case, to give training in social work, teaching personnel must first itself be trained, and UNICEF aid is desired:

- (a) To set up specialized courses in schools of social work, for programme directors, for administrators of social work education, and for instructors in that field;
- (b) For refresher courses for voluntary or official personnel holding key positions in social work;
- (c) For training multi-purpose workers at the village level, and workers coming in direct contact with children in urban programmes (International Union for Child Welfare).

(3) Abandoned children

268. All countries have a minority of children who receive neither care nor protection from their parents, owing to parental death, to disease, or to the desertion of the conjugal domicile by one or both parents. These problems arise primarily in the cities. They assume considerable importance in countries with a very high illegitimacy rate, where the unmarried mother is deserted when she becomes pregnant, as is frequently the case in certain regions of the Americas.

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There are about 1,500,000 completely or partially abandoned minors in Peru. Special attention has been devoted to this problem in the reports presented by Mexico, Peru, and the Inter-American Children's Institute of Montevideo.

269. But there appear to be few solutions for this social evil. In one of the countries where the problem is not so acute (Tunisia), the Government has made special efforts, which are worth reporting. Dr. Berthet, in his report on Tunisia, has mentioned the projects and achievements of the Tunisian Government. It has set up child homes and care centres for abandoned children, and has codified adoption procedures. Still more important, however, has been its rehabilitation work for the mass of abandoned children in the cities - beggars, bootblacks, cigarette peddlers - undernourished and miserably clad, who are the natural prey of delinquency. The National Child Welfare Fund set up in Tunisia has established two screening centres for the placement of apprentices, and children's villages to provide shelter and prepare the children for normal life. These operations have been successful. Over 3,500 children have been cared for. This effort has, of course, been modest enough, but it does indicate one of the possible solutions, i.e. collaboration between government agencies and voluntary organizations.

Orphans

270. The report on UNICEF aid to social services, submitted to the Board in March 1959 (E/ICEF/377), also indicated the present state of the problem of children in residential institutions, including orphans. The Board has already given its attention to these problems, and programmes have already been submitted. Many Governments appear interested in the international aid available to help them improve life in the institutions, train staff, and develop family placement of orphans and children abandoned at birth.

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Physically or mentally handicapped children

271. This subject has already been discussed under health activities (see paragraph 152). The problem is not merely one of physical or mental re-education of handicapped children but bears also on the entire group of social problems relating to the readjustment of such children to community life, and requires the combined resources of health services, social services etc.

Children of refugee groups

272. Children in refugee groups also have special problems, the solution of which cannot in any case lie in continued charitable aid, but in preparing the children for a new life in the country in which they find themselves. Hence the need not only for medico-social welfare work during the emergency period following their migration, but also for longer-range programmes for education and training.

Immigrant children

273. This problem resembles the refugee problem, when the immigrants are poor. It is also a problem of the child in the urban environment, when family and child are somewhat maladjusted to the new environment. Here, again, the solution is to be found in easing the contacts in smoothing the transition between the old and new ways of life, and in preparing the child for adult life.

274. To summarize, as the International Union for Child Welfare suggests, the welfare of families and children requires social services adapted in a practical way to their specific needs. Such services should be integrated and oriented towards the actual needs:

- of children and families in rural and urban areas;
- of "youth", which is in such great need of help to facilitate a transition from a rural to the urban world.

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VI. LABOUR ^{41/}

Social protection - training and vocational guidance

(1) The abuses and deficiencies

275. The principal labour problems of children and young people may be listed under the following three headings:

- exploitation;
- lack of training for future work;
- poor vocational guidance.

276. To these should also be added the problems that arise from the lack of maternal protection, especially during pregnancy, and the lack of child care for working mothers.

(a) Exploitation of children at work

277. The Declaration of the Rights of the Child provides that no child shall be employed before an appropriate minimum age. This principle is universally recognized, but little respected in practice. The minimum age for employment has been set at between fourteen and sixteen years, and even, in some countries, between twelve and fourteen years. In fact, a large part of the world child population does work, whether in rural areas where any control would be difficult, in industry, plants and mines, in handicraft, or even in itinerant trades. In many countries, children and young adolescents perform monotonous and generally exhausting labour, without adequate wages or even the minimum protection that is their due.

278. This lack of protection is manifested in several ways:

- (i) Most employed children today are set to work in complete disregard of their health, without examination by a qualified physician to determine their fitness for the work. While child labour in the under-developed countries has been eliminated in certain types of particularly hazardous occupations, there is no supervision of the child at work, and only very few health services provide a systematic and regular follow-up of the young worker during his working time.

^{41/} For a detailed survey of the needs of the child in this field, see ILO report (E/ICEF/412).

- (ii) Children and young people need rest; but in many countries they are employed prematurely and work far longer than the prescribed six to eight hours a day, and sometimes even without a weekly day of rest. Much has doubtless been accomplished in this connexion; but still more remains to be done, especially in the handicraft trades and agriculture, where the use of child labour sometimes goes as far as systematic exploitation.

(b) The lack of vocational and professional training

279. Fifty-five per cent of the world's children today attend school, and this percentage is improving year by year. The quality of the instruction they receive in many of the schools is far from satisfactory. Moreover, when they leave school, after a varying period (sometimes no longer than three years) very few children receive vocational or even pre-vocational training. To give a few examples, less than half the total child population of the world is apprenticed under conditions providing the essential background of the trade, or attends vocational schools (even including substandard vocational schools giving instruction far below the minimum acceptable level). This situation is not confined to urban children. It is still worse in the rural areas, where the school attendance ratio is generally lower, and where the curriculum follows trends that often fail to provide active preparation for agricultural work or rural handicrafts, which have become so necessary, in this period of rural modernization. The unsuitable orientation of this instruction, and the lack of training afterwards, are felt even more in the towns, where young people often get an elementary education at satisfactory levels, but also develop a marked aversion to all forms of manual labour in the process. These young "white collar" workers are thus disoriented, for they are unwilling to follow manual occupations like their fathers, and the number of jobs available to them is quite inadequate. Their preparation, moreover, does not equip them for work at higher levels, even under the recruitment conditions that the under-developed countries must perforce accept.

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280. This situation is still more serious for girls in some countries, for they have fewer educational facilities than boys; in some cases they do not even have schools of home economics or advanced training for professions such as nursing, teaching and welfare work, which are so important and yet have so few qualified workers today.

281. Thus there is a gap between primary education and vocational or professional training in many countries today. The preliminary schooling provided by primary education is necessary but not sufficient; it gives access neither to a trade nor to a profession. This essential need of preparation for a trade or a profession must be satisfied. It is not merely an individual need of the child but also a collective need of the country, and especially of the under-developed countries, where the problem of training skilled labour and professional cadres are perhaps those of primary urgency for economic and social development.

(c) The lack of vocational guidance

282. Here, too, the lack is almost universal. There are many consequences. The child is not guided towards those forms of activity for which he is best fitted by his aptitudes. On the contrary, he often enters blind alleys, only to suffer for the rest of his life from the consequences of this poor start. Unemployment, with all its disastrous results may then put its stamp on young people, sometimes irreparably inclining them towards delinquency.

283. This deficiency is just as serious on the national scale, for it is precisely in the countries with the largest unskilled labour force, the largest number of unemployed "white collar" workers, that skilled and semi-skilled labour and professional cadres are most needed. Here again there is a need for a vocational guidance and placement centre.

284. But experience shows that all these needs are, at the same time, of high priority and mutually complementary. No programme of action can succeed unless it attacks, on all fronts, the problem of preparing young people for work.

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(d) Lack of protection for the working mother

285. It is true that in many countries measures have been taken to give expectant mothers leave during the last stages of pregnancy and after delivery. But in most under-developed countries the situation is very different for an expectant mother must sometimes work until the very day before delivery, to avoid loss of wages, and must often resume her work at the factory or workshop very soon after delivery. The serious consequences for the child have already been enumerated. (para. 80)

286. Moreover, the urban working mother must often leave her child after birth, entrust him to neighbours, and wean him when he still needs breast-milk. The absence of nurseries and day-care centres in the economically under-developed countries is acutely felt by working mothers. Moreover, even when such establishments do exist, the sanitary conditions often fail to meet the minimum standards.

(2) The needs to be met (in terms of action)

287. Considerable progress has been made in recent times, especially during the last ten years, in social legislation, in organizing social security systems, and in education, but on the whole, the application of even these measures meets with very serious difficulties, the greatest of which is the impossibility of ensuring effective labour inspection for the benefit of mother and child, even in the towns, and still more in the rural areas, where the population is widely scattered, and any enforcement action would be futile.

288. From this statement of the problems of the child which cause direct or indirect suffering during adolescence, and even, as we have seen, in early childhood there follow certain needs, which may be summarized as follows:

The need - of protection against exploitation of all kinds;

- of vocational guidance, to lead the child, according to his own personal characteristics and aptitudes, towards areas of activity in which employment is available;
- of appropriate training after education;
- of labour protection for health, rest and recreation;
- of protection for expectant and new mothers;
- of protection for children of working mothers.

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289. Legislation has been adopted in some countries, for instance, making primary education compulsory (and increasing the minimum working age), and in fact, the Governments have often approved legislation that went beyond what could reasonably be implemented and controlled. Even rudimentary social security systems are now sometimes provided for industrial workers, and more seldom, for agricultural workers. To lighten the burden of the child on the family, some countries now have a system of family allowances, with beneficial effects on school attendance and the development of child aptitudes. But most countries have not yet reached **this** stage, and cannot meet the expense of this basic social welfare measure. In other States, the social legislation demands review, to protect children against exploitation.

290. One of the most urgent needs, to which the ILO report calls attention, is for the development of essentially practical training to equip the child for adult life. On a realistic basis and on a limited scale, various types of activity might be envisaged in this connexion, such as establishment of training centres, apprenticeship centres, or extension courses in technical and general subjects, especially in the rural areas, establishment or development of schools of home economics for girls etc.

291. Another need which the ILO considers paramount is the establishment of vocational guidance centres, which are important to both individual and community. In this respect, pilot projects have been suggested. In many countries such projects would demonstrate the need to the Governments, and could serve as centres from which other activities could spread out. Such pilot projects might include:

- (i) a vocational guidance centre that would direct adolescents towards the occupations best suited to their abilities;
- (ii) a centre for practical training in preparation for a trade or occupation, or for apprenticeship;
- (iii) a centre to provide protection and welfare services for the working child or youth, to keep him in good physical and mental health and to prevent labour abuses or economic exploitation.

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292. There is, finally, the need for establishing day-care centres in the industrial cities for the children of working mothers. Such centres would ensure satisfactory conditions for physical and mental health, as well as satisfactory pedagogical and social conditions. In the rural areas, the need is rather to provide guidance and preparation for the child, who will, in most cases, spend the remainder of his life in agricultural work.

293. On the whole, what is needed here is concerted effort directed simultaneously towards legislative measures, social improvement, improvement in labour conditions, enhanced labour qualifications, and socio-medical work, to give the child better protection when at work.

VII. REPLIES OF GOVERNMENTS

294. Summaries of the surveys conducted by the Governments and by certain non-governmental organizations will be found in annex II, together with such general views as have been expressed.

295. The following paragraphs are intended to give, in succinct form, the essential points and the priorities to which **attention** has been called, indicating the existing problems and suggesting the action that can be taken to meet them.

(1) The Government surveys

296. In most cases an interministerial committee carried out the survey and fixed the priorities. In some special cases (as in Peru), the survey was conducted by only one of the Ministries concerned, most often the Ministry of Public Health or the Ministry of Social Welfare.

297. There is a striking diversity in the situations indicated by Governments. There is, of course, a common background, and many of the Governments which submitted replies have brought out the influence of general factors, such as population growth (Mexico, Indonesia, and India) or of urbanization, on the needs of the child.

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298. The health needs were as a rule given first priority. The high infant mortality and morbidity are considered to be the primary problems of children in most economically under-developed countries. The Governments also indicate the inadequacy of their health services. Few women undergo pre-natal examination. Most mothers are delivered, especially in rural areas, by totally untrained traditional birth attendants. Maternal mortality is high, and neo-natal mortality very high. The share of communicable disease in child morbidity varies from country to country. The lack of accurate statistical data, however, precludes any exact assessment of it.

299. Opinion would appear to be almost unanimous on the importance of malnutrition. This is one of the major causes of suffering among children in Indonesia, the Philippines, India, Mexico and Peru, especially during the first few years of life. Only in Europe is this problem less acute, although Spain, Yugoslavia and Italy emphasize the importance of school meals.

300. Ignorance and illiteracy appear in all of these surveys as one of the essential causes of child suffering. For Indonesia, ignorance is one of the major causes of disease and malnutrition. Many other replies emphasize the serious hardships resulting from the lack of preparation for adult life, and of leaving school-age children to their own devices in countries with low school enrolment ratios (India, the Philippines etc.).

301. With respect to the social situation, many of the countries show anxiety about the disruption of the family structure. Mexico and Peru report a large number of illegitimate births, while India and the Philippines mention the frequently harmful effects of urbanization on family stability.

302. The problem of the abandoned child appears to be one of the fundamental problems in the Americas.^{42/}

^{42/} In this connexion, the Government of Mexico cites the results of a survey made at the Childrens' Hospital of Mexico City which showed that 54 per cent of the mothers delivered were unmarried, and that in 90 per cent of such cases, neither mother nor child received any material or moral assistance from the father. In certain circles, a woman living in an irregular union is deserted when she becomes pregnant.

303. The problem of handicapped children is very important, according to some European Governments (Yugoslavia and Spain), and even in some Asian countries (the Philippines, Indonesia, India).

304. The International Union for Child Welfare considers the lack of social services to be one of the most serious deficiencies in terms of its impact on the future of the child.

(1) The programmes of action

305. As the priorities and the needs are not the same from one country to another, and as the relative importance assigned to each of them varies with the local situation, there is likewise a wide diversity in the priorities in the programmes of action. It should, however, be noted that there is not always a close correlation between priorities which are defined in relation to the needs resulting from the lacks and sufferings of the child and priorities which are considered in relation to the programmes of action. This is probably because it is not always feasible to take action to satisfy all priority needs, or because some of the Governments selected for this survey limited themselves only to programmes eligible for UNICEF aid. Few of the Governments were willing in terms of possibilities of action to establish priorities as between health, nutrition, education, and social services. The Philippines, however, did give first priority to aid for education. In most cases, the Governments stated that each of these fields was essential, and it was only within each of these fields that they defined the priorities.

306. Health. The views regarding the health priorities were not unanimous. The establishment of permanent health services, especially maternal and child health services providing pre-natal and obstetrical care, is given first priority in Thailand and in Greece, while Mexico assigned first priority to environmental sanitation.

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All countries agree, however, on the importance of maternal and child health programmes, and considered training essential.

307. Nutrition. The campaign against malnutrition has priority status in all the countries. In Indonesia it has first priority. The Government recommends the production of milk and high-protein foods for child feeding, together with aid programmes for nutrition, school gardens and the raising of small animals. Everywhere nutrition education is the object of priority programmes at the maternal and child health centres, the school, and throughout the population.

308. Education. Some countries desire more extensive action in the field of education. Several wish increased aid for health and nutrition education, while other countries such as the Philippines, Senegal and Thailand, advocate broader action. UNESCO, in its report,^{43/} indicates the possible opportunities for UNICEF action.

309. Social services. While a number of Governments request the organization of social services in various forms, the best procedures for action and the possibilities of use of international aid in this field still remain to be defined. Many replies suggest the establishment of kindergartens, nurseries and day-care centres, especially for the children of mothers working in the towns or factories. The Government of India assigns relatively high priority to pre-school aid at the village level. The importance of training is emphasized in most of the replies, and the International Union for Child Welfare assigns high priority to it.

310. Multi-sided programmes. Considering that most of the activities were complementary, and believing that it would be extremely difficult to attack one without at the same time attacking the other causes of child distress, India has proposed "integrated child welfare projects", comprising aspects of public health education, environmental sanitation, nutrition, nursery schools, primary and secondary schools, vocational and professional training, and vacation camps, accompanied by special programmes for physically handicapped children and orphans.

PART THREE

SURVEY OF PRIORITIES

Priority of needs and of action

311. As stated at the beginning of this report, two different problems must be considered:

- (a) the priority of needs, as it results from analyses made in the various countries of the world, and from the general reviews submitted by the specialized agencies, in relation to the conditions which directly or indirectly cause child suffering; and
- (b) the priorities for action on the level of governmental action and of international aid, which are not necessarily the same, since other criteria must be considered in establishing such priorities, such as: government policy, the soundness of the proposed solutions, and the opportunities for action.

312. These priorities will be considered for a country as a whole (or for parts of a country).

I. PRIORITY OF NEEDS

313. The relative importance of the ills affecting children must first be assessed. The priority of the needs resulting from them must then be classified on the basis of general criteria, although it is difficult to consider such criteria in the absence of precise indicators. These criteria may be the following:

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- (i) Proportion of the child population affected, geographical distribution, urgency of the problem, effect on different age-groups.
- (ii) Gravity of the problem, as regards
 - its short-term and long-term effects on the child; and
 - its immediate and future effects on the community.
- (iii) Effects on the other existing needs - known interrelations;
- (iv) Relative "importance" assigned to the problem by the family, the community, and the Government.

314. The various surveys of health, education and social welfare that have been submitted have shown that disease, ignorance and the absence of social protection exist throughout vast areas of the world, that they are responsible in large measure for the misery of children, that they affect **their future, and thus the future of the community as well.** Attention has often been called to the inter-relation between these various deficiencies, each of which is at the same time both the cause and the effect of suffering among children.

315. The needs for health, education and social welfare are being felt with ever increasing intensity by Governments, communities and families. These needs are in all cases considered essential.

316. A general priority may thus be assigned to these fundamental needs. But they must also be precisely defined. Thus, for instance, the child's need of good **health may involve** the need for protection against certain dangers threatening it during pregnancy and at birth, for protection against communicable diseases, for improvement of nutrition etc.

317. Moreover, the analytical survey has shown that, while some of these needs could not be dissociated from those of the social unit in which the child lives, there are others which, on the contrary, are specific, and peculiar to the child, and that these needs vary in nature and extent according to the age of the child.

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318. Finally, the general study of the environment has led to the conclusion that the picture of child needs is not necessarily the same in different countries, for in large measure these needs are conditioned by social, cultural, economic and ethnological factors, that there are consequently special needs due to various local circumstances, and that, even where there is a broad common basis, the relative importance of each of these needs varies with the environment.

319. The priorities of the needs must therefore be studied from three different points of view:

- the general priorities (the fundamental needs and their components);
- the priorities by age-group; and
- the priorities according to environment.

(1) The general priorities

320. As already noted, these priorities reflect categorical and fundamental needs. The need for health is one of them. The importance of infant mortality and of infant and early-childhood morbidity is well known. The need to protect the child is a fundamental need, an absolute priority, whatever arguments might in other connexions be adduced on the subject of dangerous population growth. The population question cannot be solved by a high infant death rate. Ethically as well as economically and socially, the protection of the new-born and of the young child is an absolute imperative.

321. No one, of course, would attempt to minimize the substantial problem that population growth does represent in some countries. It is, however, for each of these countries to study the question and decide its own policy.^{44/} No one could recommend inaction against the threat of disease and hunger; nor could anyone affirm the economic acceptability of investments made to support, for several months or several years, children doomed to die without making any contributions to the community.

^{44/} Report of the Population Commission on the Work of the Ninth Session (E/CN.9/144), para.96

322. These considerations apply with equal force to the problems of nutrition. The need for suitable food is also fundamental. So important are the roles played by undernourishment and malnutrition in the lives of children in under-developed countries, so widespread is this phenomenon throughout the world that it must receive unquestionable priority by reason of its universality, its gravity, and its repercussions on the other needs.

323. The need for education is equally essential. The school develops the personality and prepares the child for the role he must play later on in the community. Education of the child is a necessary condition for the economic development of the country. The school itself is a centre for the health education and social training that will ultimately promote the well-being of the people, if not in the immediate **future**, then at least, in the course of a single generation.

324. Finally, the child's need for social welfare services is equally great whether he is a toddler, working adolescent, orphan or abandoned child.

325. In any case, these priority needs which have been expressed in general terms should be analysed if only to make it possible to express them in terms of action.

(2) Priorities by age-group

326. The specific needs of the child vary with his age, and there can be no comparison between the priorities applicable to the period of birth, or to the first year of life, and those which should be considered during its school age. We may thus distinguish several different periods in the child's life: birth and the first months, the weaning period, the first years, school age, and adolescence. ^{45/}

^{45/} It is hardly necessary to say that the health of the mother during pregnancy has a direct and decisive influence on the health of the child after its birth and that the priority need here is to protect her health (see paras.159-160). /...

(a) Birth and the first months

327. It is during this period that the child's hold on life is most tenuous. The priority need at this age is for health protection. No other problem is so vital or important. Thus, during this first stage of life, the problem of primary urgency is the control of infant morbidity and mortality. This is absolutely beyond all question.

(b) The weaning period:

328. During this period, after a time of normal growth, the infant is most susceptible to all digestive and infective dangers. Depending on the country, this critical period appears at the sixth, seventh, eighth or ninth month, when the quantity of breast-milk become insufficient to ensure the normal feeding of the infant. Often the mother continues to nurse the child for a long time, and even where the quantity is insufficient, the breast-milk does give the infant a certain amount of protection, but the decisive factors in infant morbidity at weaning are the quantitative and qualitative deficiencies of its diet at the very time when its nutritional needs are the greatest. These deficiencies are often extremely serious, and may lead to cachexia and marasmus. Moreover, it is during the first year, more specifically when the breast feeding stops, that the forms of gastroenteritis often associated with malnutrition assume considerable importance, with their train of extremely grave and often fatal complications. We may thus consider that at this period priority should be assigned to the problems of nutrition and infantile diarrhoeas.

(c) The pre-school period:

329. Nutritional disorders do not always disappear after weaning; they may be still further aggravated. Protein deficiencies, vitamin deficiencies - all of these make up a clinical picture often exacerbated by the parasitic diseases, the specific infectious diseases of childhood, and the endemo-epidemic diseases. These diseases play a considerable role in child morbidity and mortality during this period. Malaria and eruptive diseases like measles (Senegal), which often have

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complications, are, depending on the country, the diseases that take the greatest toll of lives among children. Accidents are also given as an important cause of mortality and morbidity (burns). These various factors are unequal in effect, but priority must still be given to health problems, with special emphasis on that of nutrition.

(d) The school period

330. By the age of five or six years, when the child is ready to go to school, he has already overcome many tests as regards his health. Although he may not have gained as he should in height and weight, he will have acquired a certain resistance to disease, a resistance that increases with age. A typical example of this development is offered by malaria. At school age, the priority of the health problem is thus less pronounced than in the preceding periods. The one problem which now dominates the picture is that of preparation for adult life. In some countries only a very small minority can go to school. In others, only a quarter, a third, or a half of the child population of school age are able, and then often under precarious conditions, to attend the classes that will give them a minimum of elementary education. The child thus barred from education is deprived of many of his chances in life. He is prepared neither to improve agricultural production nor to pursue any occupation. Priority must undoubtedly be assigned to primary education during this period of life, since the child's future depends on this preparation for adult life, provided, however, that such primary education leads to activities to which he has access, is practical, and prepares the child for occupations that really fit into the economic pattern of the nation.

(e) Adolescence

331. This is the period during which the child liberates himself from his earlier dependence, and attempts to play his own part in the community. He will be prepared to do so only to the extent to which he has received an education. He will be in contact with the world of labour, whether in agriculture, where the old patterns of life still provide some degree of protection, or in the towns, especially in the areas where the phenomena of urbanization attract a large number of young people to the new agglomerations, and where different dangers threaten.

In most cases the child is put to work with no special protection, no safeguards. His lack of practical training prevents him from taking up an occupation. The almost universal lack of any vocational guidance makes it impossible to steer him towards the fields of work in which he can find employment in line with his abilities. The gravest consequences result to the individual and to the nation. Lacking trained manpower, the country cannot train key personnel for economic, administrative and social life. There are no secondary schools to prepare the child for higher education. Left to himself, or to inducements of all kinds, most of them unfortunate, he runs the danger of slipping into vagrancy or pre-delinquency. Two priorities thus appear at this age, the preparation of the child for adult life, and the social welfare of the child.

332. These priorities do not, of course, exclude the other needs; they merely stress the greater importance of certain problems at different ages. In particular, social welfare is **necessary** on the medico-social level for all age-groups. It is just as important to protect the child at the time of birth as at the time when he comes of age. Similarly, education is a problem which does not cease with the end of the school period, since education is also essential to preparation for adult life.

(5) Priorities according to environment

333. The demographic, cultural, economic and social factors that exert their influence on the environment largely determine the needs of the child, and the relative priorities of these different needs according to the environment. But it is not enough to consider the problem in the light of the fundamental needs alone. The analysis must be extended beyond this point, to bring out the diversity of the situations that exist in under-developed countries.

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(a) Health

334. As already noted, the new public health techniques applied in the last few decades have greatly reduced the death rates, and there is a lag between the progress achieved in this field and the slower progress observed in other sectors of social action. The achievements in the field of health have, of course, come as the result of the control of communicable diseases, for these diseases are indeed the most important cause of morbidity and mortality in the under-developed countries, and it is in this field that the new techniques have produced the greatest results.

335. On the other hand, the initiation of maternal and child health services, which lay stress on the prevention of morbidity and mortality, has also been one of the reasons for the progress that has been made. But the relative importance of these needs varies from one country to another. Two extreme cases can, for instance, be examined: first, in an area where malaria is an important factor in infant mortality and morbidity, where the economic and social advancement of the people is paralysed by this disease, malaria control should obviously be granted first priority. On the other hand, in an area where the child's fate depends more on nutrition, or on family living conditions, priority should be given to the need for an organization to protect mother and child during the periods of greatest risk: pregnancy, infancy, weaning.

336. A survey at the national level will make it possible to establish within the framework of the general priorities, the particular priorities to be adopted with respect to the action to be taken. A field study of the causes of infant mortality and pre-school mortality, of the various causes of morbidity, and of the psychological needs of the child will make it possible to determine the relative importance of each and the resulting priorities as related to the protection of the health of the child.

337. Against the common background of malnutrition, of obstetrical risks, of infectious diseases, and of diseases due to the lack of environmental sanitation, must be sought the salient features of the picture, for, in fact, all of these dangers exist, in varying degree, in the different under-developed countries, but the distribution of the diseases varies from one part of a continent to another,

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and from one **continent to another.** A glance at the maps in an epidemiological atlas, showing the geographical distribution of the major diseases, is convincing in this respect. It is therefore necessary to recognize the relative importance of each such disease in a given country, and to assess its effect on child health. This is what the Governments have been trying to do, but in many cases, the lack of accurate information and reliable health statistics makes it impossible to answer as **specifically** as might be desired.

(b) Nutrition

338. The same considerations apply to nutrition. The deep-lying causes of the nutritional deficiencies of children are multiple. In some regions, they seem to be due primarily to inadequate production. The gravity of the food situation of many countries, in the light of their demographic trends, has repeatedly been pointed out in this survey (paras. 51, 53, 195). In other more sparsely settled regions (as in Africa), nutrition problems of children are due as much to general ignorance or to beliefs and traditional prejudices, as to true deficiencies, for adequate sources of food are available or, in any case, could be developed. In other countries, it is the incidence of certain vitamin deficiencies, especially of avitaminosis A and those causing infantile beriberi, and their gravity that make them feature so prominently in the pathology of children.

339. These analyses in the field may yield valuable indications as to the importance of the problems that plague the child, and as to the **priorities** to be assigned to the various types of maternal and child welfare services.

(c) Education

340. The same considerations apply with respect to education. Here the need is felt everywhere, but the orientation of education may vary with local conditions. In certain regions of the world, the fundamental need that has been recognized is that of commencing school attendance at the age of six or seven, for in those regions the school attendance ratio is very low. In other regions, the major problem is the brevity of school life (an average of three years in some countries).

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341. Almost everywhere the impossibility of training key personnel by giving the child secondary or higher education is stressed.

342. Almost everywhere it is also impossible to develop technical and professional education.

(d) Social welfare

343. Here again the priorities vary greatly from one country to another, and, in the same country, from towns to rural areas.

344. The problem of children in the towns, especially with respect to the poorest urban slums (shanty-towns) appears to be one of the most important of all the problems that confront the Governments in the field of social welfare.

345. In the rural areas, where the old traditions still persist, the major problem would appear to be the ignorance on the part of the parents, women and girls, as regards various aspects of child welfare (health, **nutrition**, improvement of the general living conditions).

346. In the large, rapidly growing cities, the disruption of the family, transplanted from rural areas, and coming in contact with new patterns of culture, is one of the priority problems in many regions of the globe.

347. The environment thus plays a decisive role in relation to the child's needs, for not only does it determine the very nature of these needs, connected as they are with the conditions of the physical, economic and social milieu, but it also very profoundly affects the relative importance of these needs, which vary from continent to continent, and from society to society.

348. Thus, these surveys, made in different parts of the world, indicate the need of general surveys, and in some cases of detailed surveys, to define these needs accurately, and to determine their relative importance.

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II. PRIORITIES OF ACTION

349. It should again be emphasized that the priorities to be assigned to action depend not only on the priority of the needs, but also on the possibilities and opportunities in each field where high-priority needs have been found.

350. Indeed, the criteria which may be considered in determining the high-priority sectors where Government action is desirable, and, if necessary, international aid, as well, should include criteria taking account, not only of the relative importance of needs, but also of the resources and practical possibilities in the various fields considered. In the case of International Aid, this approach which is both logical and pragmatic, must be **modified** by other considerations connected with the very nature of such aid. In fact, in the light of the utter disproportion between these immense needs and the extremely limited resources of international aid, the choice of a field of action should be inspired by concern for immediate and long-term effectiveness, and by the necessity of stimulating national action so that the country itself may be able as soon as possible to take over the programmes initiated by international aid. Thus the following criteria might be considered:

- (1) The priority of child needs;
- (2) The national resources and the existing possibilities for action;
- (3) The existence of strategic points permitting widespread results in a reasonable time.;
- (4) The technical soundness of the proposed action;^{46/}
- (5) The stimulating effect of international (or bilateral) action on national action; ^{46/}
- (6) The prospects that programmes will ultimately be carried on entirely by national action, without outside aid.

^{46/} For similar criteria see Five-Year Perspective, 1960-1964 (E/3347/Rev.1), 1960, para.99.

351. Comment on these points is hardly necessary.
352. Obviously, international aid should **first** of all be canalized towards priority needs, according to the existing **possibilities** for action, and to the actual openings for that aid.
353. There must also be technical solutions of recognized soundness, which can be implemented with the combined resources of the country and the assisting agencies. This action should, wherever possible, be aimed at essential strategic points to encourage a chain reaction favourable to over-all development.
354. International aid must be given in ways that will mobilize national resources, which, without such aid, would have remained unutilized or under-utilized.
355. Finally, the international action should be replaced, in the shortest possible time, by the action of the trained local key personnel.
356. In the light of these considerations, we may study the present and potential forms of UNICEF aid, as related to the priority needs expressed by many Governments.

Practical procedures for UNICEF' aid

(1) Health

357. Current UNICEF policy, as adopted by the Executive Board, permits aid for:
- (i) The establishment of maternal and child health networks integrated into the general health services, and UNICEF aid:
 - for personnel training;
 - for equipping health centres, hospitals, etc. (including means of transportation); and
 - for health and nutrition education;
 - for environmental sanitation.
 - (ii) Participation in campaigns for vaccination, prevention and control of major infectious and endemo-epidemic diseases, to protect the family unit.
358. An attempt to apply the foregoing criteria to each of these operational procedures yields the following conclusions:

359. Personnel training meets criteria 1,2,3, 4 and 5 of paragraph 350; equipping health agencies meets criteria 1,2, and 4, and in many countries 5 as well; health education of the people meets criteria 1,2,4 and 5 and often also 3; environmental sanitation meets criteria 1 and 4, and often also 2, 3 and 5.

360. On the whole, then, the expanded programmes aimed at the establishment of basic integrated maternal and child health services, combining these different actions, are consistent with the priorities for action as they result from the criteria.

361. As for specific measures, such as campaigns for vaccination, prevention, or communicable disease control, the diseases constituting the primary dangers to child health in a given country must first be determined, and the genuinely high priority of the corresponding needs, under the local conditions, must be confirmed. Unless this is first done, there will be risk of unwise use of large international and national resources, even though other problems may perhaps be more urgent. Some countries show a certain tendency to request UNICEF aid for such campaigns without examining the priority of the need over other child needs. For instance, it would hardly be justified to assist a mass vaccination campaign against poliomyelitis in a country where its incidence was only sporadic. Appropriate vaccinations should, of course, be one of the main activities of basic health services.

362. The next point should be to make sure that the required technical solution does exist, not only in the laboratory or hospital, but also in the environment concerned. Hence the need for pilot projects, in some cases, to appraise the methods before extending them to full-scale programmes.

363. The control of the particular disease must also be conducive to other favourable results. This is the case, for instance, with malaria eradication campaigns, which may result not only in the disappearance of this disease, but also in increased productivity and the restoration of abandoned land to cultivation or pasture, thereby raising the levels of living.

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364. Finally, the country should be in a position to carry on operations without outside aid at a given stage, and in this regard care should be taken not to undertake a costly campaign the subsequent consolidation of which cannot be ensured.

365. Thus mass campaigns against one infective disease or another can be considered to merit general priority of action, in the light of child needs, only where that particular disease plays a predominant role among childhood diseases, or where it paralyzes economic and social development.

366. It is doubtless better in most cases to begin by helping to set up health services whose multi-purpose operations will permit a simultaneous attack on many sectors - for instance, protection of the child against diseases due to poor environmental sanitation or to ignorance of the elementary rules of hygiene and of the basic principles of infant nutrition.

367. One point, however, does merit renewed discussion, in the light of the requests made by many Governments. This is the scope to be given to programmes for readjustment of handicapped children, and to programmes of aid to prematures (see paras.151, 152 and 271).

(2) Nutrition

368. The programmes for which aid has been given are as follows:

- (i) Medical surveillance of the nutritional status of mothers, infants, and pre-school children;
- (ii) Milk distribution (from contributed surplus stocks) through health centres and schools;
- (iii) Establishment of dairy plants to provide good quality milk for children (at the same time ensuring conditions favouring increased local milk production, and putting more of it within the reach of children and mothers in the lower income groups, either free or at prices that can be afforded;
- (iv) Development of new protein-rich food resources;
- (v) Aid for the production and consumption of supplementary foods at village level;
- (vi) Nutrition, education for all groups of population.

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369. All these programmes are directed towards the priority needs, but they are of unequal value, and must be considered in the light of the local circumstances in a given country. The establishment of milk plants is a sound long-term operation for child welfare only where a potential production exists, and, therefore, to the extent to which increased consumption of lower-cost milk is encouraged, especially among the lower-income groups.

370. Distribution of surplus skim milk is to be considered a relief measure, almost an emergency measure, aimed at immediate improvement of the nutrition of the individual children aided, but leading in due course to permanent measures. Such a programme will have a permanent effect only if it encourages the regular attendance of mothers at maternal and child health clinics, and serves as a starting-point for the nutrition and health education of various groups of the population (parents, school children etc.).

371. In conclusion, the various UNICEF aid procedures relating to nutrition are, in fact, adapted to the many and varied situations, if not to the full extent of the problem.

(3) Education

372. The only UNICEF aid that can at present be made available for education programmes (E/ICEF/380, para.104) relates to health, nutrition and home economics education. In this limited field (health and nutrition), the following points have been considered:

- (i) Aid for training normal school instructors at the regional or national level;
- (ii) Aid for training teachers of home economics;
- (iii) Aid for training school-teachers of both sexes at normal schools and satellite schools;
- (iv) Aid for refresher courses for teachers;
- (v) Aid for practical training establishments for various types of training.

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373. In the wider field of the educational needs of the child, the following priorities were established by the conferences held under the auspices of UNESCO at Karachi, Beirut and Addis Ababa:

- In Africa: The ministers and directors of education of the African countries decided that at this stage of development a substantial portion of their resources should be reserved for the training of higher or middle cadres.

- In the Asian countries: The essential objective is to ensure practical education for all children, and to eliminate illiteracy.

- In the Arabic-speaking countries: where, since 1950, school attendance has doubled in the primary schools, tripled in secondary education, and doubled in higher education, efforts to ensure a better balance are being made:
 - in the quality of teaching;
 - in strengthening secondary education, technical, training, and specialized professional training;
 - in relation to girls and women;
 - in relation to school buildings.

374. The report of the Director-General of UNESCO (E/ICEF/414) refers to the following material needs which might warrant UNICEF attention:

- the lack of teaching materials and supplies, and of teaching aids at primary school and teacher training levels;
- the problem of equipment for laboratories in school buildings and for physical training;
- the problem of training normal school instructors, and of training school teachers;
- the problem of refresher courses for teachers;
- the questions of nutrition, health, and home economics education.

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(4) Social Welfare

375. When the Board, in March 1959, took up the question of aid to the social services, it authorized UNICEF aid to improve existing services (and especially residential institutions for children living outside the family), and to develop new services to preserve and strengthen family life and foster opportunities for the healthy growth of the personality, abilities and social habits of the child.

376. Priority was assigned to this preventive action and aid to the existing services was believed justified only if it was conceived of as contributing to more fundamental objectives.

377. Experience has however revealed more possibilities and opportunities for action in assisting existing services than for the establishment or development of new social services.

378. Training was considered to be the most urgent need in all situations, whether for new staff or for reorienting the existing staff.

379. In the replies of Governments, frequent mention was made of the importance of these services. In many cases, however, there appeared to be a need for partial or complete planning with a view to establishing social services that would fully meet the priority needs of children under the local conditions.

380. This problem has been well described by the International Union for Child Welfare:^{47/}

"Social services should be of an integrated type, administered in accordance with the practical needs of children and families in rural villages and urban areas...The methods used and the approaches made must be adapted to the local cultural situation and needs... . Specific types of social services should include family and youth guidance, youth centres, day-care centres, youth camps and similar activities of a preventive nature, as well as services for homeless, uprooted, abandoned and delinquent children."

^{47/} Report to UNICEF of The International Union for Child Welfare on the needs of children.

(5) Preparation for adult life and for work

381. Many reports, especially those of UNESCO, ILO and the International Union for Child Welfare, suggest that UNICEF consider aiding the preparation of children for adult life.

"The Union is impressed by the need for some for of UNICEF aid in extending basic education and vocational and specialized professional training." 47/

382. The need for developing the educational programmes, the need of appropriate training to follow the school period of life, and the need of vocational guidance towards the fields open to the children, were all mentioned by most of the Governments, but they do not in all cases assign to such needs priorities for UNICEF aid.

383. It may, however, be noted that almost all the replies do consider aid to certain aspects of education essential (health and nutrition education).

III. CONCLUSIONS

384. As has been seen in this chapter, the analytical study of the needs of the child, and the classification of these needs according to their priorities are not an academic exercise in sociological research. Such an analysis should lead in each country to the formulation of an over-all plan which would help the Government to direct its child welfare activities into the most useful channels. Even in the most highly developed countries, it is essential from time to time to estimate the approximate extent of the problems and to draw up medium - or long-range plans. In countries as yet economically and socially under-developed, this question is of considerable importance, since the very future of such countries depends on ensuring as harmonious and well-coordinated as possible an economic and social development, in which the full utilization of the potential

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represented by the children constitutes an essential element. Hence the necessity of helping these countries to recognize their own needs with respect to their children, to analyse and appraise these needs, so that the problems afflicting children may be considered in their relative priorities and in proper perspective. This appraisal will make possible the preparation of a long-term plan. The planning of a separate policy for children in countries envisaging general economic and social development may give rise to some objection. It is obvious, however, that any action to be taken for the children cannot really be viewed apart from its political, social and economic implications: every plan designed to help children must fit into the more general context of the national policy, or of a development plan, if one already exists. On the other hand, it would be disastrous if the under-developed countries, in carrying out efforts for economic and social development were to lose sight of the fact that the child represents the potential of the nation, even though at the moment he is not a productive asset but rather a burden.

385. The problem is not to distinguish between the economic and the social, but rather to develop a rational plan with the object of utilizing not only the country's natural resources, its soil, its mines, and its industry, but also its present and future human resources.

386. Every effort to prepare children through appropriate training to become the nation's future key personnel is therefore one of the most important stages of any economic and social development. This should not, however, in any way obscure the immediate, basic problem, which is to maintain health in countries with poor sanitation and still subject to the scourge of endemo-epidemic diseases, or the problem of hunger, aggravated by population growth. No general rule can thus be laid down, and it is for each Government to make up its own inventory of needs and resources to set up its own priorities, and then, to draw up and implement the plan for action resulting from this analytical work. The aid of the United Nations and of the specialized agencies, as well as numerous forms of

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bilateral aid, has already been made available to the Governments in many fields. It is for the Executive Board of UNICEF to decide whether to embrace the opportunity of extending the scope of its aid into sectors still closed to it, sectors in which the participation of UNICEF would be welcomed by certain Governments and by specialized agencies, particularly UNESCO and the ILO.

Expectation of life at birth (in years) during the period 1955-1958	Nutrition ^{a/}					Education ^{a/}				National income per annum ^{g/}	
	Years	Calories per day	Proteins				Percentage of total population in 5-14 year age-group	Percentage of total population in primary, secondary & technical schools	Percentage of persons 15 years of age and over knowing how to read and write		
			Legumes	Fish	Meat	Milk					
45-55	1952/53-55/56	2350	2	0.2	8	8	-	-	-	10-15 (1950 E)*	150-299
45-55	1957/58	2660	5	3	5	5	23-25 (1955)	10.2 (1955)	19.5 (1955)	19.5 (1947 C)**	100-149
55-65	1949-53	2480	1	1	6	8	24-27 (1954)	7.2 (1954)	15-20 (1954)	-	-
35-45	-	-	-	-	-	-	23-25 (1955)	7.1 (1955)	45-50 (1950 E)	-	under 100
55-65	1959	2170	2	4	1	2	23-26 (1955)	18.4 (1955)	63 (1955)	63 (1946 C)	100-149
35-45	1957/58	1800	1	1	1	5	23-25 (1953)	7.3 (1953)	19.3 (1953)	19.3 (1951 C)	under 100
65-75	1958	2210	3	11	3	2	21-23 (1955)	22.7 (1955)	97.5 (1955)	97.5 (1948 C)	150-299
-	1957/58	1950	1	1	2	5	22-27 (1954)	6.7 (1954)	13.5 (1954)	13.5 (1951 C)	under 100
45-55	1954/55	1890	0.3	4	4	1	25-27 (1954)	19.1 (1954)	60 (1954)	60 (1948 C)	150-299
45-55	1957	2540	1	1	11	6	24-26 (1954)	9.2 (1954)	49.4 (1954)	49.4 (1950 C)	150-299
-	-	-	-	-	-	-	25-27 (1954)	10 (1954)	50-55 (1954)	50-55 (1950 E)	150-299
55-65	-	-	-	-	-	-	25-26 (1954)	16.5 (1954)	79.4 (1954)	79.4 (1950 C)	150-299
45-55	-	-	-	-	-	-	25-26 (1955)	7.2 (1955)	29.4 (1955)	29.4 (1950 C)	150-299
-	-	-	-	-	-	-	22-27 (1954)	6 (1954)	10.5 (1954)	10.5 (1950 C)	under 100
55-65	1957	2420	1	1	6	8	26-27 (1953)	11.2 (1953)	56.2 (1953)	56.2 (1950 C)	150-299
-	-	-	-	-	-	-	26-27 (1953)	10.8 (1953)	38.4 (1953)	38.4 (1950 C)	150-299
-	1952	2070	2	1	7	3	25-27 (1954)	12.4 (1954)	45-50 (1954)	45-50 (1950 E)	100-149
55-65	-	-	-	-	-	-	24-26 (1955)	11.2 (1955)	39.4 (1955)	39.4 (1950 C)	150-299
-	1959/60	2890	1	3	19	19	14.7 (1954)	13 (1954)	98-99 (1954)	98-99 (1950 E)	600-999
-	1959/60	2940	5	3	28	19	15.3 (1954)	14.7 (1954)	96.4 (1954)	96.4 (1946 C)	600-999
-	1959/60	2710	4	3	10	11	16-18 (1953)	12.5 (1953)	85-90 (1953)	85-90 (1950 E)	300-449
-	1959/60	3290	2	4	21	20	14.7 (1953) f/	14.5 (1953)	98-99 (1953)	98-99 (1950 E)	600-999
65-75	1959/60	2920	1	7	18	24	16.3 (1955)	15.4 (1955)	95-99 (1955)	95-99 (1950 E)	1,000 and over
-	-	-	-	-	-	-	-	14.9	-	almost total	600-999
-	1959	3130	4	3	33	25	18.4 (1955)	22.2 (1955)	97.5 (1955)	97.5 (1952 E)	1,000 and over

Nations, 1952) and on the economic development of the countries

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Country	Vital statistics 1950-1955 (per 1,000 popu- lation) a/		Percentage of population under 15 years of age accord- ing to the latest census a/ Per- cent- age		Yr of census	Mortality of children under 19 years of age during period 1955-1958 (death-rate per 1,000 population or per 1,000 live births) for mortality at under one year of age d/ Infant mortality under 1				
	Birth rate	Death rate				yr of age	1-4 yr	5-9 yr	10-14 yr	15-19 yr
Morocco b/	(about 45)	(about 25)	41.0	(1952)	120-180	13-21	3-5	3-4	3-6	
United Arab Republic (Egypt)	(about 45)	(about 25)	38.1	(1947)	120-180	13-21	3-5	3-4	3-6	
Tunisia c/	(about 45)	(about 25)	41.4	(1946)	50-120	5-13	1-3	1-3	2-3	
Burma	45	30	37.4	(1931)	180-250	21-35	5-8	4-6	6-9	
Ceylon	39	12	37.2	(1946)	50-120	5-13	1-3	1-3	2-3	
India	40	25	37.4	(1951)	180-250	21-35	5-8	4-6	6-9	
Japan	23	9	35.4	(1950)	15-50	1-5	- 1	- 1	- 2	
Pakistan	50	30	-	-	180-250	-	-	-	-	
Philippines	50	30	44.2	(1948)	120-180	13-21	3-5	3-4	3-6	
Brazil	45	20	41.5	(1950)	120-180	13-21	3-5	3-4	3-6	
Colombia	45	20	42.9	(1951)	-	-	-	-	-	
Costa Rica	45	11	42.9	(1950)	50-120	5-13	1-3	1-3	2-3	
Guatemala	51	21	42.3	(1950)	120-180	13-21	3-5	3-4	3-6	
Haiti	-	-	38.0	(1950)	180-250	-	-	-	-	
Hawaii	45	15	41.8	(1950)	50-120	5-13	1-3	1-3	2-3	
Nicaragua	50	20	43.3	(1950)	-	-	-	-	-	
Peru	45	20	42.1	(1940)	-	-	-	-	-	
El Salvador	50	25	41.2	(1950)	50-120	5-13	1-3	1-3	2-3	
East Germany	15.8	10.6	23.6	(1950)	}	15-20	1-5	1	1	2
France	19.4	12.7	23.2	(1954)						
Italy	18.3	9.8	26.3	(1951)						
United Kingdom	15.8	11.7	22.6	(1951)						
Sweden	15.4	9.7	23.4	(1950)						
USSR	26.2	9.2	-	-						
United States	24.5	9.5	26.5	(1950)						

a/ Report on World Social Situation, United Nations, New York, 1957, E/CN.5/324/Rev.1, ST/SGA/33, pp.24 to 25 and 88 to 94

b/ Moslem population

c/ Native population

d/ Reported by Population Branch, Bureau of Social Affairs, United Nations, New York

e/ Reported by FAO, Rome

f/ England and Wales

g/ Estimates based on the known national incomes in 1950 (Preliminary Report on the World Social Situation, E/CN.5/267/Rev.1, United

* Estimate E

** Census C

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ANNEX II

SUMMARY OF VIEWS AND PRIORITIES EXPRESSED BY GOVERNMENTS

Countries or Organizations	Needs of Children	Action Recommended in relation to Existing Needs
ANTIGUA	<u>Health</u>	School dental services, Health education.
	<u>Nutrition</u>	Continuation of current UNICEF milk feeding programme and its extension to provide vitamin tablets and biscuits.
	<u>Education</u>	Establishment of school libraries. Physical education and recreation.
	<u>Priorities</u>	(1) School libraries; (2) school dental services; (3) physical education and recreation (4) health education.
BASUTOLAND	<u>Health</u>	Increase of maternities, creation of school dental services.
	<u>Nutrition</u>	Study on standard of nutrition.
	<u>Education</u>	Equipment for primary schools.
CHAD	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.	<u>Health</u>
	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.	Training of medical and health personnel. Creation of basic mother and children health services. Health education.
	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.	<u>Nutrition</u>
	Nutrition survey of the food consumption of children. Nutrition education. Milk plants and other plants for processing protein-rich foods.	<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.	

Countries or
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

CHAI (continued)

Social welfare

Creation of community centres and establishment of a community development programme.

General observations

Concerted action of UNICEF, FAO, WHO and UNESCO requested.

CHILE

Health

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.

Undernutrition.

Nutrition

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.

Education

UNICEF in collaboration with UNESCO should assist Chile to speed up the training of teachers and construction of new schools. Creation of technical schools.

Illegitimate and abandoned children constitute a serious social problem.

Social welfare

Day-care centres, centres for abandoned and handicapped children, recreational facilities in worker's centres.

Priorities

(1) Health; (2) nutrition; (3) education; (4) social welfare.
Concerted action of UNICEF, UNESCO, WHO requested.

CHINA
(TAIWAN)

Health

Epidemiological studies of child diseases. Parasite control project (hookworms and ascariasis). Equipment for public health education. Continuations of present assistance to mother and child health centres, venereal disease and trachoma control, and BCG campaign.

Nutrition

Bigger quantities are needed of skim milk powder, A and D vitamin capsules for distribution to infants, pre-school and school children.

Education

Audio-visual equipment for teaching. Provision of physicians scales for schools.

Social welfare

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

Needs of Children

Action Recommended in relation
to Existing Needs

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 (60-70 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

Needs of Children

Action Recommended in relation
to Existing Needs

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

Needs of Children

Action Recommended in relation
to Existing Needs

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

Needs of Children

Action Recommended in relation
to Existing Needs

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 18%; lack of schools 15%; excessive distance between home and school 18%. 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	Needs of Children	Action Recommended in relation to Existing Needs
ITALY (continued)		
	<p style="text-align: center;"><u>Social welfare</u></p> <p>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.</p>	<p>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.</p>
	<p style="text-align: center;"><u>Labour</u></p> <p>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.</p>	<p>Expansion of vocational and professional training in schools. Training for young workers.</p>
KENYA		
	<p style="text-align: center;"><u>Health</u></p> <p>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.</p>	<p>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.</p>
	<p style="text-align: center;"><u>Nutrition</u></p> <p>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.</p>	<p>Nutrition education. Provision of protein-rich foods such as fresh or dried milk, eggs, meat.</p>
	<p style="text-align: center;"><u>Education</u></p> <p>Significant hiatus in training between primary school leaving and first employment owing to a serious lack of secondary education facilities.</p>	<p>Expansion of secondary education facilities and creation of pre-vocational, vocational and professional training centres.</p>
	<p style="text-align: center;"><u>Social welfare</u></p> <p>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.</p>	<p>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.</p>
	<p style="text-align: center;"><u>Labour</u></p> <p>Many children in urban areas are illegally employed.</p>	
	<p style="text-align: center;"><u>Priorities</u></p> <p>(1) Malnutrition; (2) hiatus in training.</p>	

Countries or
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

MEXICO

Health

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.

Nutrition

Malnutrition due to poverty and ignorance.

Increase of cheap protein-rich foodstuffs. Adequate distribution of food to children. Nutrition education.

Education

Considerable illiteracy among children and adults. Inadequate prevocational training a big obstacle to industrialization.

Increase in the number of school teachers. Prevocational training.

Social welfare

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.

Priorities

- (1) Health; (2) nutrition; (3) education;
- (4) social welfare.

MCNTSERRAT

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.

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. Marquez, 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)

Social welfare

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.

Creation of a school of social services.

Priorities

Training of medical and para-medical personnel (is considered as the top priority)

NYASALAND

Health

Expansion of health services and health education.

Nutrition

Nutrition education.

Education

Expansion of education facilities for children and adults.

Social welfare

Strengthening of the biological family unit.

PAKISTAN

Health

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.

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.

Nutrition

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.

Production of cheap protein-rich foods. Nutrition education. School lunches.

Education

Need for more primary schools and trained teachers.

Training of teachers. Establishment of special schools for handicapped children. Pre-vocational, vocational and professional training.

Social welfare

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.

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.

Labour

Creation of juvenile delinquents employment service.

Countries and
Organizations

Needs of Children

Action Recommended in relation
to Existing Needs

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, gastrointestinal 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.

POLAND

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.

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

SUDAN

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)		
	<u>Education</u>	
	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.
	<u>Social welfare</u>	
	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.
	<u>Labour</u>	
	Lack of training and vocational guidance of young people. Lack of employment service for young people.	Wider opportunity for employment of young people.
	<u>Priorities</u>	
		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		
	<u>Health</u>	
	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 MCW centres and schools especially for women and school teachers. Immunization against various diseases.
	<u>Nutrition</u>	
	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 MCW centres. Nutrition education especially for medical and health personnel.
	<u>Education</u>	
	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.
	<u>Social welfare</u>	
	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, diarrhoea, 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).

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.

UNICEF MICROFICHE INPUT CONTROL AND INSTRUCTIONS RECORD

No. 310 (1)

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Date 23/June/77. (2)

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		SURVEY ON NEEDS OF CHILDREN											
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UNICEF MICROFICHE INPUT CONTROL AND INSTRUCTIONS RECORD

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ENGLISH

SURVEY ON NEEDS OF CHILDREN

EXECUTIVE DIRECTOR'S REVIEW

UNICEF

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Code "NR", appearing in any location of Row A MUST NOT be reproduced on microfiche

(13)

(19*) ENVELOPE COLOUR: White - Blue - Yellow - Pink - Green - Grey

TRAILERS YES ()
NO (14)

Blank