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

An Overview of the Situation of Children

SOUTH ASIA

Published by the United Nations Children's Fund
for the SAARC Conference on South Asian Children
in cooperation with UNICEF
New Delhi, October 1986

AN OVERVIEW
OF THE SITUATION OF CHILDREN

SOUTH ASIA

Prepared and published
by the United Nations Children's Fund
for the SAARC Conference on South Asian Children
in cooperation with UNICEF
New Delhi, October 1986

Printed at Rekha Printers Pvt. Ltd., New Delhi-110020.

CONTENTS

I. INTRODUCTION

1. The situation of children in South Asia varies across a wide range from adverse circumstances to hopeful conditions. These variations are a matter not entirely of socio-economic status of the people, but also of priorities in public policy, and therefore of the level of consciousness and organization of communities in their particular social and physical environment. As a result, there are sharp contrasts, as well as congruencies, in the social factors of development in relation to children, between the countries and within each of them.

2. There is, in South Asia, a growing commitment to basic human development as the fundamental first step to development of any kind. There are two ways in which this priority is translated to progress on the ground: first, the governments of South Asia have adopted positive policies increasingly reflected in programmatic aims, public investments and national targets. And second, there are numerous initiatives taken by groups of people in various parts of South Asia: by concentrating on developing, right from childhood, the human capacity to cope with situations, they have succeeded in loosening the hold of poverty.

3. In the continental context and stage of development of South Asia, estimates of social indicators are abundant. It is reasonable to infer that only around half the number of South Asian children have access to an essential minimum of environmental protection, nutrition, health care and learning opportunity. An objective analysis of this situation shows that this tide of adversity has begun to be contained but can now be turned towards a trend where no child need die or be denied development. The turning point is now, the transition need not take long and is within the material, moral and intellectual means of the countries of South Asia.

4. It is this abiding conviction that moved the United Nations Children's Fund to cooperate with the South Asian Association for Regional Cooperation in organizing the 'SAARC Conference on South Asian Children' in New Delhi in October 1986.

5. This Overview has been prepared by UNICEF for the Conference. It draws upon two streams of experience: First, the responses, past and present, of each of the seven countries -- Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka -- to the situation of their children; and second the global policies and perspectives of UNICEF translated to, and in good measure derived from, the context of South Asia. The document seeks to summarize the qualitative aspects of the

overall situation as well as to suggest strategic responses to it which are urgent and feasible. It is not intended to be a substitute for the seven Country Reviews independently prepared by national teams and brought out by UNICEF for the Conference; rather, it should be read with them.

6. Development of, and for, children has suffered from ad hoc programmes and unconnected initiatives, from piecemeal attention to the social factors of development -- like the highly interactive cluster of education, nutrition, health, sanitation and communication. Nothing short of a political decision to accord the highest consideration and a unified direction to the development of the child in all dimensions of its need can make a difference to the subdued or negative trends of the past and the present.

7. Of the many pressing needs of the children of South Asia, some can be met in a few years -- like universal immunization, protection of breastfeeding and timely and proper weaning; prevention of diarrhoeal deaths by oral rehydration therapy; control of endemic iodine deficiency disorders; control of iron deficiency anemia; and supply of safe drinking water. There are other priorities related to children's development like preschool and primary learning and support systems of basic nutrition, health and sanitation, which have a longer gestation. Neither category of programmes brooks delay. Accelerated progress in both is feasible -- provided policies and strategies, service structures and the basis of resources are adapted or reshaped to serve the purpose. This again is a matter for political decision at the highest level.

8. The analysis starts from a premise that children should be the first priority of national development planning. And in the light of a review of different social factors of development, it concludes on an affirmation of the same principle in relation to basic human development. The 1000 million people of South Asia could become the prime movers of accelerated development for all -- rather than let their numerical size be a drag on progress -- provided the development process begins with the 400 million children, and accords the highest political priority for their survival, development and protection. While this is a matter for national determination, there is need and scope for mutually supportive ideas and action among and between the seven countries, towards this common aim. This Overview therefore seeks also to explore possibilities of inter-country cooperation based on the genius and development experience of South Asia.

II. CHILDREN FIRST: A Development Priority

1. This paper outlines the case for elevating the political priority of planning for the needs of children within the national development process. It suggests strategic changes to provide an assured space for children through the stages from policy formulation to planning, programming, implementation and performance appraisal.

2. It is timely that this socially critical change happen in the countries of South Asia, for several reasons:

2.1 The situation of children in South Asia suggests the need for a reappraisal of responses to it. Of some 34 million children born each year in the region, around four million do not survive their first birthday. Another two million die before they reach five years. And not all those who survive grow up into healthy, productive adults. Beneath this trend is a complex of allied factors including malnutrition, ill-health and illiteracy particularly of mothers, common childhood diseases and various forms of child exploitation. While problems facing children differ among countries and communities in the region, they often stem from causes of common origin and lend themselves to comparable approaches to solutions.

2.2 Studies within and outside the government systems indicate that the unmet basic needs of the 400 million children of South Asia can be fulfilled by an appropriate use of the material, intellectual and political resources in each of the countries, complemented by mutual cooperation among them in identified fields.

2.3 There is broad agreement in South Asia that the contemporary transition from the traditional economy to accelerated modernization hinges primarily upon the human factor, namely the quality of the rising generation, which means the wellbeing and preparation for life of children today. The time lost in preparing children for individual and social life cannot be retrieved.

2.4 Programmes for development of children are as much for enhancing production and investment as for human wellbeing. Actions in support of children should be a contributing factor to, rather than an eventual consequence of economic growth. Indeed, the connection between the mental and physical development of children and the social and economic development of nations is clear. National development strategies should understand the social costs of children not realizing their potential and the benefits from a child population facing the future with knowledge and confidence.

2.5 The lingering incompatibility between the economic approach to development (which rightly views children as the human resource of the coming decade and as consumers of goods and services today and tomorrow) and the social approach to development (founded on concepts of human rights and social values) can be resolved only at the political level, on the basis of a holistic approach to child development.

2.6 Experience shows that most problems related to children have multiple causes. And, a reasonable return on the investments currently made in services for children can be derived through an integrated redefinition of human resource development (as distinct from progress by sector or problem). A unified national plan is required to meet children's needs across the functional sectors. Better results are possible within available resource levels through concurrent and coordinated inputs as well as active involvement by an informed community.

2.7 Meeting the inter-linked basic needs of the child implies an exercise of the political will to take human development issues beyond technical and institutional confines -- with each discipline making its unique and inter-related contribution to the shared aim.

2.8 A regular exchange of experience on this endeavour would, in itself, be a fruitful, unique and potentially significant field of cooperation among the countries of South Asia. For the first time, the universal application of integrated and affordable approaches over the range of basic needs beginning with children, has become a practical political option.

3. Accordingly, the following proposals are submitted for consideration:

3.1 Enhanced political priority for children in national development planning for meeting, across functional or technical sectors, the basic needs of the whole child and of all children.

3.2 Discussion and agreement among the countries of South Asia, on a set of objectives and goals for improving the condition of children in the region.

3.3 Stimulating a process of annual review of the situation of children in the region, monitoring progress of programmes for them and exchange of experiences on their development, by making the subject a regular item on the agenda of the annual meeting of the heads of State/Government of the member countries of the South Asian Association for Regional Cooperation.

III. SOCIAL FACTORS OF DEVELOPMENT

1. Among the insights garnered from the experience of recent decades of development is the need to raise the priority for human and social development on par with the priority for economic development; and indeed to link them up for promotion as aspects of a single organic process. A fundamental plank of this approach is child survival and development.

2. In South Asia, by and large, the tendency still remains to approach social factors (like education, nutrition, health, sanitation and communication) in technical compartments isolated from one another. In making or marring the lives of children, these factors, among others, mutually permeate. They are best discussed together, despite their being distinct as disciplines. This chapter attempts to do that.

(a) EDUCATION

1. Situation

1.1 The educational situation in the region as a whole, particularly in relation to women and children, is mixed. Islands of excellence coexist with areas of neglect. In parts of South Asia, the literacy rates surpass those of industrialized countries, even in respect of access of females to learning opportunities. But for these exceptions, the adult literacy rate (for persons 15 years and above) ranges between 10 and 40 percent. The majority of people in the region cannot read or write and they constitute nearly half the world's burden of illiteracy. The rate of literacy for adult females, with the exceptions mentioned, ranges between 9 percent (or probably less) and 26 percent, representing again a large chunk of the global load of female illiteracy. In some parts of the region, literacy and education have been a priority for public policy and backed by adequate budgetary support over several decades. In these areas the scope for adult literacy programmes has been small and the environment favourable for maintaining their success. In the bulk of the region, adult literacy has repeatedly received government support, but results have been modest.

1.2 School enrolment figures have been rising at a fair rate throughout South Asia, but even in countries and areas with high rates of literacy, the dropout rates for children from the poorer half of the community,

remain high due to a number of factors like low priority given to literacy by parents, the children having to work for a living and various pressures of material poverty. The educational and learning needs of children who do not go to school are, by and large, unmet, throughout the region.

1.3 It is probably true that at any time, at least half the number of children of primary school age in South Asia, are out of school. Either they have dropped out, or they have never been to school. The poor quality of education and perhaps its irrelevance to the context of their life and future, seem to be a major cause of keeping away from school - apart from the high opportunity costs and the limited access to educational facility. In some places, the scarcity of trained female teachers is a factor inhibiting school attendance by girls. The qualitative and quantitative aspects of school education remain weak. The share of expenditure on education in the gross national product remains low compared to most other developing countries in Asia. The training of teachers and the relevance of curricula have been areas of neglect. By and large higher education has received higher priority at the expense of primary and secondary education, notwithstanding the established fact that education has a higher and more durable return than other investments, and that within education, primary education has a greater return to society than secondary or college education.

1.4 Preparation for school, or pre-primary learning opportunity, has not received much attention at the hands of goverments in the region. It has been left largely to private initiatives, some of which have taken to blind imitation of external models or become largely commercial enterprises. Even in a country where literacy is quite high, pre-school facilities cover hardly a fifth of the children between 3 - 5 years. The proportion in the other countries is much lower. The lack of these facilities appear to be a contributing factor to the phenomenon of dropping out, insofar as large numbers of children from an impoverished environment are unable to adjust themselves to the transition from home to school.

1.5 Another area of concern is the substantial neglect, in policy and practice, of non-formal channels of learning, particularly for adults. Constraints on government resources need not stand in the way, because there are examples in the region of non-formal means being developed to good purpose on the strength of modest local resources.

2. Response

2.1 Mutual consultations on achieving universal primary education by an agreed year and work in concert towards this aim by sharing successful experiences, including the use of a wide variety of communication channels, are a priority. There is the opportunity and advantage of learning from one another's negative and positive experiences. Appropriate changes in

the learning content, process and system would be needed particularly to relate learning to the improvement of factors like health, nutrition and sanitation which are support systems for primary education, as well as to enhance the capacity for productive work. This is not a new direction and some work has been done in each country. What is needed is an acceleration of pace.

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

2.3 Community centres providing concurrent services like day care for the infant, learning opportunities for the older child and income generating activities for the mother at the same premises is an innovative approach initiated in the region. This could be considered for more extensive application.

2.4 The preparation for school during the pre-primary age deserves to be accepted as a policy for universal application. This calls for an imaginative response to the need for an affordable pre-primary movement which is relevant to all children including those from low income groups, and which does not imitate external models nor make universal the limitations of the existing primary schools.

2.5 The lessons from the rich experience in several countries of the region in adult education, using non-formal methods, could be applied on priority to restore to mothers their capacity to acquire and apply knowledge and skills for child health and their own development.

2.6 Institutional capacity in the region for teacher training and production of learning materials could be refined and used in a flexible way in mutual support towards agreed aims. The vast communication networks have not yet been fully put to use for these purposes.

(b) NUTRITION

1. Situation

1.1 Some of the countries are dependent on import for staple foods. However, the others have shown that food self-sufficiency can be achieved fairly quickly given appropriate inputs and strategies. Each country in the region is endowed with the resources, material and human, to produce enough and more food for all its people, through agriculture, livestock, fishery and forestry. The pace of progress needs to be hastened.

1.2 Food availability does not however imply access for all to food. This is the meaning of widespread malnutrition in each of the seven countries, of both children, and adults. In each country, the lower income groups fall substantially below the minimum essential calorie intake level. The proportion of the disadvantaged within these groups varies between and within the countries, but it is sizeable in all the seven countries. The protein deficiency levels would not be less -- not to mention critical deficiencies of iron, iodine, vitamin A and other micro-nutrients.

1.3 To go by trends during recent years in nutritional status, there are reports from several countries that nutritional deficiencies among young children from the poorer families is probably increasing. That this is happening in some cases, in spite of overall improvements in food production, investment, economic growth and employment, raises a set of issues related to economic and social policies and programme strategies applicable to several fields including population planning, migration into urban areas and exploitation of children.

1.4 In some countries, the per capita availability of foodgrain is declining. In more countries, the availability of legumes, the major source of protein for the lowest income groups, is not keeping up with the population growth; and the prices are increasing. Also, the production of coarse grains like millets, consumed mostly by the poor, tends to dip. Further, even in countries where agricultural growth is impressive, the imbalance between zones within the country is striking. Not only production, but participation in the production process, is important for large, under-employed rural populations.

1.5 At least in one country, which is partly dependent on food imports despite its vast agricultural potential, there are indications that the number of the severely malnourished has increased while the number of the mildly malnourished has decreased. One estimate, in this context, suggests that only five percent or so of the national population actually consume an adequate quantity and quality of food. This percentage will vary among the countries but the proportion is likely to be a minority in all of them. The majority broadly share several common features: low purchasing power, lack of nutrition information and education, inefficiency of food pricing and distribution policies and, above all, the absence of an integrated national human nutrition policy.

1.6 With the possible exception of one country, energy deficient diet is more common among women than among men. And this has a serious bearing on the well-being of children. The prevalence of iron-deficiency anaemia among pregnant women is around 40-50 percent for the region. It has been established that nearly every country in the region has large population groups subject to serious deficiency in iodine, threatening newborns with growth retardation and cretinism. The deficiency of vitamin A is common, as seen from the heavy incidence of loss of vision among young children.

1.7 A vast number of children under three are clearly deprived of levels of nutrition needed for their growth and development. The extent of deprivation is known only in vague, aggregate terms and support services for response to individual needs are far from established. Generalizations are difficult, but it is reasonable to infer on the basis of different estimates, that severe and moderate degrees of childhood malnutrition in the region would be in the disturbing range of 40 to 80 percent. This is, of course, linked to anaemia in pregnancy, estimated to be between 30 and 60 percent.

1.8 There are indications that protein-energy malnutrition affects a large proportion of children and women, even in areas where indicators like infant and maternal mortality have improved.

2. Response

2.1 National policies need to be formulated and implemented as a matter of priority for nutritional protection of the vulnerable segments of the people, particularly children and women. This involves identification, monitoring and control, all of which become tractable at the community level and with full community involvement.

2.2 Experience in each country related to the interface between agricultural production and nutritional needs may be exchanged with a view to generating practical ideas for improving the nutritional status of children and adults.

2.3 A similar exercise appears necessary in respect of the public distribution system in all its aspects. The aim would be to establish countrywide networks with appropriate pricing systems, equal attention to urban and rural areas, mechanisms for community feedback on efficiency and arrangements not only for food for general consumption but also for food specifically suitable for children.

2.4 Access to food is as much a matter of employment and income as of food availability. Schemes may be promoted, linking food and work, suitably adapted to particular situations. Such schemes exist in more than one country operating at different levels of coverage and efficiency.

2.5 Dietary habits and food selection, preparation and preservation methods could be reviewed in a regional perspective and optimal methods propagated with a view to conserving nutrients and promoting better balance in the diet.

2.6 The trend of switchover from farming for self-consumption to cash crops works to the detriment of basic nutritional support. Household gardens are feasible and deserve to be encouraged by assisting with techniques and inputs as a matter of state policy. Both have a bearing on land reform.

2.7 The response to extensive iron-deficiency anaemia could be three-fold. Iron fortification of edible salt and food items like flour; consumption of iron-rich natural foods; and iron tablets for vulnerable groups like pregnant women and growing children. Methods of moving ahead in all the three directions could be considered for mutual cooperation among the countries.

2.8 The impact of endemic iodine deficiency on child growth and learning capacity is well established. On the strength of experience in the region, it should be possible to iodinate all edible salt within the next five years. The modalities could be worked out in mutual consultation and support among member countries.

2.9 A two-fold response to vitamin A deficiency is indicated; the consumption of natural foods containing vitamin A and vitamin A capsules for young children. The production of apprioriate natural foods and bulk supply of vitamin A capsules could be stepped up in mutual consultation among the countries.

2.10 The member countries could discuss and agree to implement the International Code of Marketing of Breastmilk Substitutes and follow up with appropriate regulatory and educational methods to protect and promote breastfeeding.

2.11 Malnutrition of young children in the region is directly related to late introduction of inappropriate weaning foods. The main response will have to be an educational and demonstration effort using mass communication and pilot projects to encourage home preparations using locally available foods.

2.12 A major factor aggravating malnutrition in children is infection, particularly from diarrhoea and vaccine-preventable diseases. Diarrhoea management and immunization are essential to protect child nutrition and growth.

2.13 Economic adjustment policies by governments faced with external or domestic financial problems, or in pursuit of free-market-oriented growth models, have resulted in reducing food subsidies and other forms of transfer of purchasing power. As these tend to harm the poor and their children, such policies have necessarily to be invested with a human concern.

(c) HEALTH

1. Situation

1.1 Most of the problems of children and mothers surface in the field of health, yet their roots run deep in the fields of nutrition, sanitation and education.

1.2 In the context of South Asia, health and sanitation are inseparable. Water-borne diseases are the most common of all childhood diseases, particularly diarrhoea which takes the lives of upto two million young children each year in the region. And oral rehydration therapy has but made a beginning. Indeed, its discovery and extensive application has been pioneered in the region. Respiratory infections are less discussed but only slightly less fatal to young lives. The response so far has been small and experimental. All the six vaccine-preventable childhood diseases -- diphtheria, pertussis, tetanus, poliomyelitis, tuberculosis and measles are rampant in the region which may account for a third to half of child deaths and disability in all of the developing countries on account of these diseases. It is interesting that the vaccination procedure is at least a 100 years old in this region, yet it is nowhere near 100 percent coverage in immunization for any of the diseases currently prevalent. There is support for achieving greater coverage and the technical knowhow is available. But this has to be matched by political, logistic, communication and management inputs, for coverage is not only to be raised but sustained on a regular basis and for an indefinite period.

1.3 In all the countries the infrastructure of the health system is fairly developed. A good number of health workers at different levels are in position with a measure of training. However serious gaps exist in the management of the system. The professional culture is itself curative, rather than preventive. There are, as a general rule, more doctors than paraprofessionals. The concept of primary health care is accepted in principle but its promotion in practice comes up against pre-existing institutional barriers.

1.4 A reorientation of the present health care system towards preventive and promotional work is the biggest challenge facing the health administrations in all the countries. Current health care coverage, in the sense of access to health facilities, may not exceed one-third of the population in most of the countries. In some, it ould be far less.

1.5 There is little that the conventional health care system does to tackle the multiple causes of ill-health, which is the synergistic outcome of factors like malnutrition, infection, unsafe water, poor sanitation, low education, depressed status of women, early marriage, frequent child births and lack of health-related education. In fact, the functional division of family planning from mother-and-child health is counter-productive. The insular approaches to programmes related to the control of malaria, tuberculosis, leprosy and other major diseases of the region would benefit from an infusion of improved social communication and blending into the primary health care approach.

1.6 The medical curricula continue to be heavily biased in favour of curative medicine. Medical personnel are not always willing to provide professional leadership and guidance to health workers in the rural interior. Health planning needs to be strengthened. So too, training with a community orientation. Health management is yet to outgrow its conventional preoccupation with expansion of institutional facilities for the ill, with the result that it is unequal to stem the increasing disease load or respond to zonal variations in the morbidity pattern.

1.7 Even where health services exist, their optimal use remains a major problem both in towns and rural areas, the main reasons being: insufficient or absentee medical staff; absence of female personnel to treat female patients; inadequate medical equipment and supplies and an apathetic or passive attitude of the community which sees itself as a recipients of curative services rather than participants in a promotional effort. More or less each of these problems seems chronic in all the countries of the region.

2. **Response**

2.1 The countries of South Asia could work in mutual support to accomplish universal immunization of children and pregnant mothers by 1990. The foundations have been laid. Plans are under implementation. Lessons are being gathered from a variety of environments. Experiences could be shared, constraints identified and resolved. Ways of accelerating the process could be agreed upon in terms of training, supplies, technical support and awareness building.

2.2 The countries could affirm their commitment to reduce at least by half childhood deaths due to diarrhoeal dehydration by 1990 by acting in concert to propagate oral rehydration therapy at household level, by transferring relevant knowledge related to home-made fluids, and by stepping up indigenous production and distribution of packets of oral rehydration salts. All these are clearly feasible. As part of the communication process, knowledge relevant to the prevention of diarrhoea (through safe water and personal hygiene) as well as knowledge related to the management of diarrhoea has to be disseminated through complementary channels in a sustained manner.

2.3 Successful examples show that acute respiratory infections, which are a major threat to child life in the region, can be controlled substantially by the primary health care approach through trained community workers who can identify the illness, prescribe and oversee treatment and assure the other elements of primary health care, like immunization, diarrhoea management, breastfeeding and supplementary feeding. This approach complemented by smoke-free cooking and behaviour change in parents who smoke, has reduced by half child deaths because of acute respiratory infections among project populations in more than one country in the region. The combination of health care and health education can and needs to be widely promoted in all parts of South Asia where acute respiratory infection is prevalent.

2.4 Intestinal infestation is extensive in the region. While treatment is indicated on a far greater scale than at present, preventive measures like protected feet and safe water have to be promoted, mainly through the communication process.

2.5 Cooperation among countries of South Asia would be timely to accelerate control of other widely prevalent illnesses like tuberculosis, malaria and leprosy.

2.6 A rational policy to assure the supply of essential drugs is overdue in South Asia. Only in one country has a bold beginning been made. The effectiveness of a new drug policy in each country will depend on its comprehensiveness, among other factors like the enforcement machinery and level of public awareness. A change in culture on the part of producers and distributors is very much at issue, a change in favour of the consumers, particularly the poor among them. Without this happening, primary health care is unlikely to make much headway. The two main concerns are reducing the number of drugs to the essential minimum and bringing down their prices drastically by rationalizing production and distribution without relaxing control of quality. This is a field for consultation and concurrent action by the countries of South Asia.

2.7 A joint reaffirmation by the seven countries of South Asia of the elements of primary health care would be useful for a full acceptance of the practical implications of the concept and for hastening consequential changes in the existing health care system including the teaching and training of medical professionals.

(d) SANITATION

1. Situation

1.1 A critical aspect of sanitation is the safety of drinking water. Each of the countries has a programme under the International Drinking Water Supply and Sanitation Decade, 1981-90. Progress towards the decadal targets is necessarily uneven, the time target itself being different for different countries. Substantial progress has been achieved in providing at least one perennial source of drinking water for a community of stipulated size. An indication of such progress is however not a measure of the proportion of people consuming safe water. This aspect is increasingly reflected in policies better tuned to achieve the intended purpose. It would be reasonable to infer that more than half the population of the region does not presently have access to safe drinking water.

1.2 As experience is gained in water supply programmes, it has become clear that sound planning and management, are as much required as appropriate technology, hardware and engineering skills. For instance safe water consumed from a container that is not clean defeats the purpose of providing safe water. Water supply has to be supported by sanitation measures as well as health related education. 'Software' is as important as hardware and training of personnel at each level has to reflect this balance of priority.

1.3 Sanitation awareness in the region is abysmally low. The 'think-link' between sanitation and health education is tenuous even where it exists. The desire for change must originate from and be sustained by the community, rather than by the government. This is particularly true of human waste disposal at the household level. No country can afford to have latrines constructed for all the people, much less ensure their proper use and maintenance. The responsibility rests with the family, irrespective of the income level. To help poor families, the governments are providing, on a modest scale at present, incentives like cost subsidy, models for replication, demonstration projects, and information and educational materials.

1.4 Sanitation is a matter of imbibing and insisting on a sense of personal and environmental cleanliness. It is a function of education and therefore must be made a primary concern of the educational process through formal and non-formal channels.

2. **Response**

2.1 A consensus could be reached through consultations among the countries of South Asia to assure safe drinking water by an agreed year. In particular the factors that have hampered progress during the current decade could be examined with a view to resolve them through mutual cooperation. A sharing of information on the distinctive experiences and strengths related to particular techniques, modes of construction, maintenance and community involvement, would stimulate the climate of cooperation.

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

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

2.4 Another area for exchange and cooperation would be a community-based, government-supported approach to the problems of shelter, sanitation, water and energy in urban slums which today pose a serious threat to children's development.

(d) COMMUNICATION

1. Communication is the trigger of the process of development. It extends the horizon of education. It makes the difference all the more in areas seperated by mountain ranges, deep forests or stretches of sand or water. The cost of establishing communication in such situations increases but it is an essential investment for basic human development.

2. The communication infrastructure is rapidly developing, because of the steady expansion of literacy as well as of the radio and television. It is now possible to get across to people messages in health, environment, nutrition and education. The challenge is to put them to use in a manner that two way communication is achieved and the interface between various modes of communication - the mass media, folk forms and inter-personal communication - is strengthened. For example, the mass media can help in spreading awareness and creating a climate necessary for change. Folk forms can reflect specific needs of the area and of the people and provide local colour and flavour. Inter-personal communication, as for example, between community workers and the people, can underline priorities, clarify doubts, provide details and enhance acceptability of changes in attitude and practice.

3. The child's right to life is dependent on the parent's right to know. Recent research has established that no problem threatens the survival of the child as acutely and consistently as illness and malnutrition. On no other front is there a comparable possibility for making a dramatic impact in an immediate context. The potential for large-scale prevention of malnutrition and death among children under five years is based on widest application of a limited number of practical, low-cost measures, and on placing knowledge of preventive and remedial measures at the disposal of parents.

4. The low-cost methods refer, among others, to oral rehydration therapy, immunization, breastfeeding, birth-spacing, growth monitoring and improved weaning. Intensive deployment of these methods can make a big difference to child survival in South Asia, just as it has already made an impact in many other countries.

5. Mass promotion of these methods for protecting children requires a two-fold approach:

- empowering people with appropriate information to tackle some of their own priority problems;

- deploying professional services in support of people's own efforts.

6. In respect of the former, communication has a crucial role to play. Over the past decade, some vital pieces of health information have emerged from professional circles. If these are made known in simple non-technical terms to parents and to the community, they would be enabled to protect their children adequately and at minimum cost against the threat of malnutrition, disease and death.

7. The success of communication depends on disseminating information meaningfully, widely and quickly. At present a majority of parents in South Asia are estimated to be unaware of simple preventive and corrective means against diseases that kill children in large numbers. They have a right to access to that knowledge.

8. Fortunately, the dissemination capacity exists and is available in South Asia. In all the seven countries, it is possible to inform a majority of the population and stimulate them into putting their knowledge into action. This amounts to linking what science knows and has discovered and tested, to what people need and what they can readily apply to their own lives and to the lives of their children.

9. What is required is to make a conscious, deliberate move towards mobilizing all available resources for communicating vital messages. Mass media are only one of the resources to be used. There are countless

others such as schools, educational institutions, religious bodies, voluntary agencies, social service institutions, professional bodies, trade unions, industrial houses, publishing houses, advertising agencies, and of course, the health and other service infrastructure.

10. Through all these multiple channels, the same consistent message must go out that disease is preventable and that a young life can be saved through simple, inexpensive, effective and timely action. The premise to which this process of mobilization is riveted is that professional services must ally with a wide range of other institutions whose capacity to regularly reach the needy population is much greater than that of the professional services acting alone.

11. Among the countries of South Asia, there is unexplored scope for interchange of communication techniques; mutually supportive training facilities; sharing of learning materials; and generation and exchange of experiential information and developmental insights on a regular basis.

IV. MOTHER AND CHILD

1. Situation

1.1 As a result mainly of historical circumstances, all the countries of South Asia are victim to the burden and the effects of extensive material poverty. By the usual measure of minimum calorie consumption, about a third to a half of the populations appear to be in poverty. This condition is a consequence as well as a cause of a variety of factors that limit life. It leads to poor food intake, under-nutrition, ill-health, growth retardation, small body size, slow learning, low productivity, reduced earning capacity and under-employment. The obstinacy of this self-perpetuating circle has to be broken at a strategic point - before child survival and development can be assured. A focus for possible change in the mother-child life cycle would be the mother-to-be, the adolescent girl.

1.2 The maternal mortality rate rules high in most countries at average levels like four to eight per 1000 live births, and in several areas much more. Even where the rates are relatively low, the improvement seems not so much the result of better maternal nutrition but improved health facilities around the time of birth. Maternal nutrition is the key to the health and development of the infant.

1.3 Infant mortality rates in most parts of the region are well above 100 per 1000 live births. Even in a country where the rate is only 30, there are pockets with almost double the national level. Around four million children born in the region do not survive their first birthday. Reductions have come about mainly through control of epidemics and better care at birth and during the perinatal phase.

1.4 Access to competent health care during, at, and after birth is the exception rather than the rule in the region. The number of women delivering in an equipped institution would not be more than 10 percent on an average. And, delivery at home is handled mostly by untrained attendants in unhygienic conditions.

1.5 Morbidity patterns of the mother and child during pregnancy and the first year of birth are known only in broad outline but neonatal tetanus, diarrhoea, measles and respiratory infections seem to be common.

1.6 Fertility rates are high in the region, except among three to five percent of the total population of South Asia. The annual rate of population growth is between 2 and 3 percent for the region as a whole. The number of births each year is around 34 million. And most of these births are among the poorer half of the population. This is a measure of the maternal depletion that takes place regularly.

1.7 The male to female ratio in the population is adverse to women in many parts of South Asia. In some parts, this bias is reflected in female infant mortality.

1.8 There are indications that the traditional store of knowledge and wisdom related to care during pregnancy and birth and to infant feeding practices has been considerably weakened. In this sense the 'old information order' has nearly broken down, and a new one is not yet established.

1.9 This in turn is related to the high levels of female illiteracy in the region which, on an average, could be around 80 percent. In the modern context, education is difficult without literacy. And the prevailing extent of ignorance explains why mothers in urban low income groups easily give up breastfeeding and why proper and timely weaning is a frequent casualty. Coupled with the common inability of the mother to produce enough breastmilk or to procure the right type of supplementary food, the situation leads to a degree of denial of nutrition to the newborn and the very young.

1.10 It is only logical to translate the concern for the child into preparation in advance for its arrival well before birth and even before conception. Upto a third or so of all children born in South Asia have a birth-weight below 2500 grams. This is a commentary mainly on the nutrition and body size, health and education of the mother and social practices like early marriage and frequent child births. The number of low birth weight children born each year would be around 10 million, distributed among all the countries in substantial numbers.

2. Response

2.1 Special attention to the nutrition and development of the adolescent girl is imperative for her to become a healthy mother capable of delivering a healthy baby. This is a matter as much of material support as of public awareness at the family level.

2.2 While the nutritional status and growth of the adolescent girl is linked to social support services in nutrition, education and vocational training, the problem of unequal access to food within the family appears to be real, though it may not be universal in the region. This problem has to be met by a concerted application of social communication methods in support of women and children, particularly pregnant and nursing mothers and female infants and girls.

2.3 Monitoring child growth from pregnancy through infancy and early childhood needs to be promoted as a universal practice in the region, not in isolation but as part of a composite scheme of literacy and education

of mothers, nutritional support and health care for the mother and child, environmental sanitation and personal hygiene. This cluster of priorities is to be reflected in the service delivery system. There are several examples of such services in the region. These could be expanded, learning from one another.

2.4 The relevance of child survival to limiting family size needs to be widely propagated, within a design that brings together birth spacing and maternal and child health into a single programme. It is significant that the region has examples of success in bringing down birth rates through a combination of educational and health facilities, notwithstanding low per capita incomes. The challenge is in spreading this process in a similar thrust but accelerating the pace through child survival on the one hand and contraception on the other, the two being complementary in an organic sense.

2.5 In raising awareness and knowledge on issues of nutrition for maternal health and child growth, the extensive sustained use of complementary communication channels is required, care being taken not to supplant sound, sometimes underused, traditional practices with which the region abounds.

2.6 Innovative and positive experiences from countries of South Asia could be pooled to draw strategic lessons in trageting nutritional support together with health care and functional literacy to vulnerable groups including women and children. The activities of non-government organizations in the field would need to be coordinated with that of governments, through organized channels of exchange of information and experience.

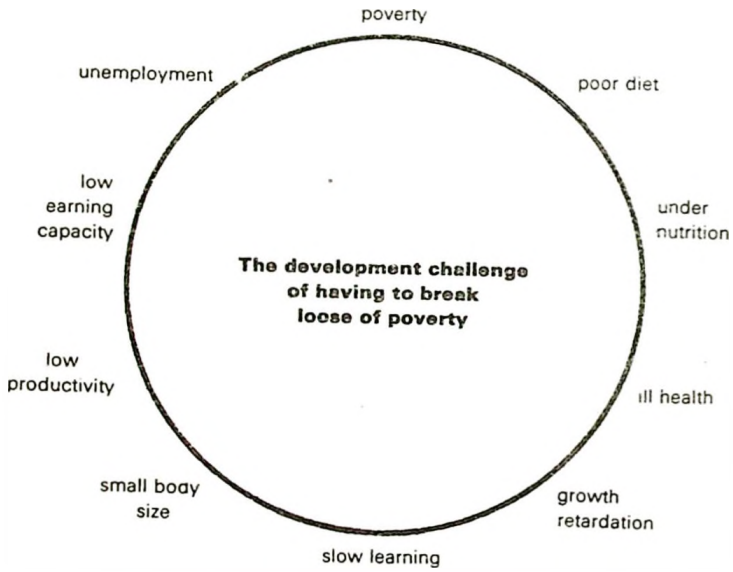
2.7 The mother and child must be seen as one, biologically till birth and thereafter in a familial and social sense. The policies, resources, strategies and structures required to improve the status of the mother-and-child, and to achieve faster progress in supportive fields, are briefly discussed later in this overview.

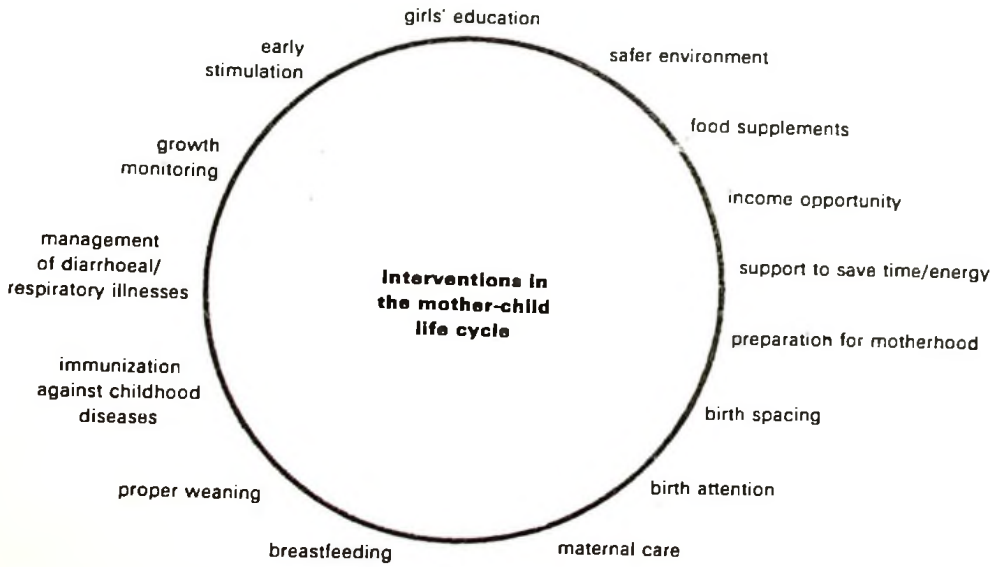
2.8 In most of the directions discussed above, exchange of experience and practical collaboration among the countries are likely to be more relevant and productive than similar efforts in relation to countries outside the region, because of the inherent similarity of the nature and causes of the problems.

V. POLICIES AND STRATEGIES

1. All the countries of the region recognize the priority for children in the development process. Some of them have national policies on children to guide policies and programmes relevant to them. However, the concept of priority for children has not been fully translated to, or firmly implanted in, national development planning.

2. The discussion in the chapter 'Mother and Child' started with a recounting of the variety of factors that perpetuate the circle of poverty from one generation to the next. A strategic response intended to decisively influence the mother-child life cycle must necessarily include a corresponding cluster of inter-related support services:





3. Programmes for children are not yet a part of a unified national plan which is essential to meet children's needs across the functional sectors. Even at presently available levels of resources, better results are possible by converging the different inputs to provide concurrent services using appropriate strategies. It is at the planning stage that different disciplines can make their inter-related contribution to children's development.

4. If experience in South Asia, and elsewhere, is any guide, the suggested strategic design can work, only if the development process has a firm basis in, and a pivotal role for, the community. It implies decentralized planning of social support services to make them respond to area-specific and people-specific needs, with optimal use of local resources. It envisages not only close coordination but continuous interaction between different disciplines, departments and services through the stages of planning, implementation and evaluation. Among the other implications of this strategy are concerted action by government and non-government agencies functioning in the same area; efficient use of para-professionals and community level workers with strong professional and government backing; extensive use of social communication to inform and sensitize communities into action.

5. A new ethic for children could be promoted in the region in an ethos of caring. This is necessary to achieve universal coverage of basic services for children through acceleration of their simultaneous provision; and through transfer of knowledge relevant to survival, development and protection of children to the community, using strong and sustained social communication for different audiences and through complementary media, methods and messages.

6. The countries of South Asia could agree on a set of objectives and goals in operational terms, for meeting the survival, development and protection of children in the region in a mutually supportive manner and encouraging practical exchanges.

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

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

9. There are reports from several countries in the region of a deterioration in the social environment, arising not only from poverty but also from parental neglect due to long absences such as of migrant workers. There are indications that millions of children in South Asia are exploited in many ways, child labour being the most pervasive. Most of these children are not protected by labour legislation, they being illegally employed or working in the informal sector. There is a close link between this phenomenon and dropping out from school. While it is important and necessary to stop child labour as soon as possible, attention has to focus on the basic needs of children currently working. The relevance of non-formal systems of learning is heightened in this context.

10. The problems of the working child and the wayward child as well as those related to dangerous drugs and child abuse are increasing in the countries of the region. At least in one of them, these are recognized as requiring new regulatory and educational measures. At the present stage, the countries of South Asia could together seek to identify ways of promoting the sharing of experiences on problems and solutions.

11. The UN Declaration of the Rights of the Child (1959) needs to be translated into an effective convention. The seven governments could consider, preferably on an agreed basis, to participate actively in the current exercise for drafting the convention under the aegis of the UN Human Rights Commission, to hasten the process for quick and effective enforcement of the articles of the convention.

VI. STRUCTURES AND RESOURCES

1. Public administration systems in South Asia have assumed directional or direct responsibility for the development of the social as well as economic sectors. Considerable effort has gone into reshaping the administrative structures to respond to the relatively new functions. This has to be carried forward to its logical conclusion. The present administrative systems in the seven countries share the legacy of an acquired culture and can benefit from an exchange of experience in reforming it as a tool of development.

2. Considering the weaknesses in the management of national systems particularly of health and education, special efforts appear to be necessary particularly to strengthen social development management capability including planning, formulation, coordination, implementation and evaluation of projects and programmes, from the national level to the local community.

3. The countries of South Asia could consider for extensive promotion, alternative community-based service delivery mechanisms for clusters of villages or slums involving: a strong element of representation of the local community, participation by voluntary organizations including women's groups, a supportive role by professional bodies from different disciplines and decentralized mechanisms of public administration to hold these elements together in an inter-disciplinary sociological approach to services for children and women.

4. The resource allocations for the social service sector, particularly health and education, appear to be unequal to the needs of accepted objectives. The examples of the more successful developing countries in Asia suggest the need to enhance outlays in these sectors in absolute terms and as a proportion of the gross national product.

5. It is suggested that the countries examine and revise their budgetary commitments in different sectors with a view to enhancing resources corresponding to enhanced political priority for children in national development planning for meeting, across functional or technical sectors, the basic needs of the whole child and of all children.

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

7. All the countries in the region accord a substantial role to voluntary organizations in the context of development of children. The latter are engaged in this field either exclusively or as part of development work with wider scope. It would help the development process if criteria are established for a viable partnership between government and non-government agencies, particularly at the community level.

8. To reflect political priority for children in actual practice, an administrative mechanism may be considered -- to coordinate, monitor and accelerate services for children through different stages upto the service delivery point. Such a mechanism would encompass different departments of government as well as non-government agencies working with them, and report periodically to the highest political level.

VII. PERSPECTIVE

1. What emerges from the analysis in the preceding chapters is a definite trend of change for the better in the circumstance and condition of child life in South Asia.

2. The favourable factors are clear: National policies increasingly reflect a major lesson of experience that economic and social progress must move in even step in support of human development. The interests of children are finding a specific place of priority in the national planning process. Broad spectrum programmes in support of children are beginning to make a difference to children across the different social service sectors. Within this scheme, child survival and development priorities are receiving increasing attention. Voluntary groups of professional people are active in the same field, strengthening people's hope and confidence in their own ability to overcome the effects of poverty on their children.

3. Some of the most resilient ideas on self-reliant development have come from South Asia. And beyond these insights lie a wealth of development experience, institutional infrastructure and communication capacity. This is why the responses to the situation of children advocated in this Overview are eminently feasible. Indeed, they represent a renewed effort at accelerating ongoing activity, with an elevation of priority, a sharpening of strategy, a readjustment of service structures and an effective mobilization of material and non-material resources of the community.

4. Some of the aims which the countries of South Asia have set for themselves can be achieved quickly, some in the medium term, but it is possible, given the political will and wisdom, to reach basic services to all children in the region before the close of this century. As argued in the preceding pages, national determination, mutual cooperation and collective self-reliance can make this vision come true.