

A REVOLUTION FOR CHILDREN



**A MANIFESTO FOR
UNICEF COOPERATION WITH FICCI**

"The 'Child Survival and Development Revolution' is not a UNICEF programme. We can articulate its potential to those who will listen, and we can help translate ideas into action with the very limited resources which governments and concerned individuals entrust to our administration. But in the last analysis, we can only claim to be one of the many forces which must join together to make this 'revolution' real, and give children the chance which they would otherwise not have. Our greatest hope is that these forces will together constitute such a vast multitude that the UNICEF contingent in their midst will be indistinguishable."

JAMES P. GRANT
Executive Director
United Nations
Children's Fund (UNICEF)

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It is elementary that children are future citizens and represent human potential which needs to be carefully nursed and developed in order to ensure a better tomorrow. Whether or not mankind can live in peace and harmony depends largely on the conditions in which children are brought up today. Gandhiji, therefore, wanted children to be allowed to "grow up in their natural innocence". International agencies like UNICEF, government, voluntary agencies, etc. are already engaged in activities designed to promote child development. But this is not enough. Industry, both large and small as well as public and private sectors can play an effective role in promoting these efforts. In most of the large industries, health-care for workers and their families is now available. These facilities can be extended by industries to the people in their surrounding regions. If we can involve all voluntary and professional agencies as well as industry in these efforts, we can certainly prevent the present child-deaths and suffering due to malnutrition and hunger by the end of the century.

• RAM KRISHNA BAJAJ

President

Federation of Indian Chambers of
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Advocacy and Action for Children

A Manifesto for UNICEF Cooperation with FICCI

United Nations Children's Fund and Federation of Indian Chambers of Commerce and Industry are no strangers to each other; they share a long history of common interests and aspirations, exchanges of information and ideas, and the potential for cooperation in joint activities for the well-being of children.

It is in this context that UNICEF can appeal to FICCI for renewed cooperation in the cause of the child. Despite the dark economic prospects for so much of the world, the message is one of hope and optimism—the *possibility* of a virtual revolution in child health and development which could save the lives of half of the 40,000 small children who now die *each* day. The appeal is two-fold. It urges each of you to become *leaders* in transforming this potential for revolutionary improvement in the well-being of children into reality, and thereby provide those who are most precious to the world's future—our children—the chance which many otherwise would not have. It also encourages FICCI to consider supporting, with an unprecedented intensity of effort, this potential that is as momentous for children in the decade ahead as the Green Revolution was for increasing grain production in many Asian countries in the decade from the late 1960s.

What is this potential for a child survival revolution?

Is there hope of reducing the unconscionable daily toll of 40,000 small children dying and another 40,000 crippled? Are many of the world's poor children doomed in the 1980s to ever-decreasing chances for a life worth living? Are we helpless to reverse these trends?

No, *not at all*. As has happened so often in human history, the deepening of the present crisis is now being matched by the arising of new opportunities on an equal if not greater scale.

It is clear that for a majority of countries particularly in the developing world, the next five to ten years are not going to bring back the rapid economic growth rates of the 1960s or 1970s. It is also clear that we can no longer count on the levels of official governmental assistance from donor countries which strengthened poorer country resources for development in the past decades. It is therefore clear that if human progress is to continue, we are going to have to find ways in both the industrial and the developing countries to accomplish much more out of the limited resources now available, or, at best, with just a little bit more.

But are there possibilities? Yes! And they need not cost millions.

For example, consider a point made in 1983 by the Director of the Centres for Disease Control in Atlanta that the average American male, aged 50, can expect to live six years longer than his predecessor of the year 1900 as a result of the medical advances that have occurred in these past eight decades. The cost of achieving that extended lifespan exceeds \$100 billion annually. But there are four simple measures that an average American male can follow at *no* additional cost that would add *eleven* years to his life.

First: Eliminate smoking. (Smoking takes 1,000 lives prematurely each day in the United States.). Second: moderate alcohol consumption . Third: exercise. And fourth: follow a moderate diet. Four simple, largely cost-less steps.

This same kind of thinking on *how we can progress through far more effective use of what we already know and have* can be applied elsewhere as well. Indeed, it is now apparent that parallel social and scientific breakthroughs of recent years have come together to put into our hands the sudden means of bringing such major breakthroughs in child health at low financial and political cost that they could result in revolutionary improvement in child survival in virtually any country. Put together, these social and scientific advances now offer vital new opportunities for improving the nutrition and

health of the world's children. *Within a decade, low-cost advances could be saving the lives of 20,000 children each day* and preventing the crippling of another 20,000 each day. It is not the possibility of this kind of progress that is now in question. It is its *priority*: among Governments, among international assistance sources and networks, and, particularly in developing countries, within social organizations and movements, and, of course, in local communities themselves.

New Hope in Dark Times

An invisible malnutrition today touches the lives of approximately one-quarter of the developing world's young children. It quietly steals away their energy, it gently restrains their growth, it gradually lowers their resistance. And in both cause and consequence it is inextricably interlocked with the illnesses and infections which both sharpen, and are sharpened by, malnutrition itself. Perhaps as many as half of all cases of severe child malnutrition, for example, are precipitated not primarily by the lack of food but by intestinal parasites, fever and infection—especially diarrhoeal infection—which depress the appetite, burn the energy, and drain away the body weight of the child.

Because of this relationship between malnutrition and infection, illness is frequent, recovery times are inadequate, and assaults on a child's growth therefore become cumulative. By the same token, a relatively small number of interventions can break this cycle, allow fuller recovery, reduce frequency of infections and therefore have a disproportionately beneficial effect on child health.

For the last two years, through its annual report on the State of the World's Children, UNICEF has, with the help of the mass media, drawn world-wide attention to the fact that just four relatively simple and inexpensive methods could now enable parents themselves to halve the rate of child deaths and thus save the lives of upto 20,000 children each day.

A serious commitment to achieving that revolutionary improvement by national and community leaders—including the business community—and by Government could yet re-accelerate progress to historically unprecedented levels for the world's children—slow the rate of population growth, reduce

child malnutrition sharply and cut child deaths and disabilities by at least half before the end of the 1990s. In short, there is new hope in dark times.

Oral Rehydration : The most important and dramatic of the low-cost scientific breakthroughs described in UNICEF's annual message on the *State of the World's Children* is a simple oral rehydration home treatment for the world's largest killer of children—the loss of body fluids from the diarrhoea associated with cholera and other diseases—which takes a toll each day of 2500 Indian children from largely poor families and contributes to the malnutrition of millions of others. Described in 1978 as “potentially the most important medical advance of this century” by Britain's world-renowned *Lancet*, oral rehydration—a remedy costing only pennies—remains virtually unknown in hundreds of millions of households which need it most. It is not yet used or promoted in the majority of the world's hospitals and clinics, including those in the industrial countries, which still rely on relatively expensive intravenous treatment requiring the use of health facilities not readily accessible to the majority of families in need. Oral Rehydration Salts (ORS) consisting essentially of glucose (sugar) and salt, when mixed with water, replenish fluids that a child needs to stay alive long enough for his body to fight the diarrhoea-causing organism. The lives of thousands of children could be saved each year, and the health of many millions more improved significantly, if nations were to effectively promote oral rehydration therapy through health systems, mass media, educational channels, industry, labour, religious and other community groups, and with active support by national leaders.

Immunization : The second element of the children's health revolution is the increasing feasibility of immunizing all children against measles, diphtheria, tetanus, whooping cough, poliomyelitis, and tuberculosis, which take the lives of thousands of Indian children annually. The need to administer repeated booster immunizations requires a well-organized delivery system. Social breakthroughs in the organization of communities and national systems, as well as technological improvements which have reduced the heat sensitivity of vaccines, making them more portable, with a longer life and cheaper, make tremendous advances in universal child

immunization possible. The eradication of smallpox—that historic scourge—in the late 1970s, after only a decade-long campaign and at the cost of less than one B-1 bomber, is a dramatic indication of what is now becoming possible if the world makes the effort. Business houses can be pioneers in extending immunization to India's children, by making this a major thrust of their programmes of community service.

Breast-feeding : The third low-cost opportunity to significantly accelerate progress in the nutrition and survival of infants is the campaign—led principally by UNICEF, WHO, and many private organizations—to promote breast-feeding, which is *the best* nutrition for any baby in any society. Breast feeding is the one technique available to almost all mothers to *avoid* infant health problems. Its advantages include nutrition, hygiene, immunological qualities, and non-cost. The premature shift away from breast to bottle feeding in the urban slums of the Third World—just as the reverse trend back toward breast-feeding is seizing the industrial countries—results in the deaths of scores of thousands of children in families which have neither income for, nor the knowledge of, nor access to, the sanitation required to safely use breast-milk substitutes.

Growth monitoring : The fourth technique is the use of simple growth charts by parents for nutritional surveillance to increase their awareness, on a regular basis, of the child's growth progress, and to offer warning of the child's all-too-often invisible malnutrition. Growth charts kept by mothers in their own homes and used to register monthly village weighings are a stimulus and guide to the proper feeding of the pre-school child. Consistent under nutrition, successive infections, and bouts of diarrhoeal disease can all hold back a child's growth over weeks and months in a subtle way that usually passes unnoticed by the parent until the malnutrition is acute. But it will not pass unnoticed by the chart. Once a mother is aware that her child is malnourished, experience shows that in one-third to one-half the cases the mother can correct the malnutrition herself, by fighting for more food for the child from the family table or changing the weaning food mix. But her success depends on being alerted early to the malnutrition through such means as growth charts.

None of these measures—growth surveillance, oral rehydration therapy, breast-feeding and timely supplementation and universal immunization—is completely new. They have for years been integral parts of many health programmes. In many ways, however, either the technology by which they are applied is recently enhanced, as with oral rehydration and more heat-stable vaccines for immunizations, or our appreciation of their value is newly strengthened, as with breast-feeding and growth surveillance.

Micro-nutrient Deficiencies

Micro-nutrients are essential for the development and well-being of the body. They are needed in minute quantities and are found in foods. Many young lives are stunted or wasted due to micro-nutrient deficiencies. These deficiencies tend to aggravate susceptibility to various afflictions. Certain simple strategic interventions can prevent these problems.

Iron helps produce haemoglobin, a component of red blood cells. Iron, insufficiently ingested or improperly absorbed, results in iron-deficiency anaemia, which contributes significantly to premature births, low birth-weight babies and to perinatal mortality (during first week). Sixty-three per cent of Indian children below three years and 45 per cent of Indian children between three to five years suffer from iron-deficiency anaemia. Sixty per cent of Indian women are estimated to suffer from it.

Anaemia can be prevented:

- by consuming iron-rich foods, like green leafy vegetables, cereals, legumes, eggs, meat and fish, and iron-fortified salt,
- by treating hookworm when present.

Vitamin A is needed for the normal functioning of the eye, including the ability to see in the dark. In India, nearly 30,000 children are becoming blind each year due to Vitamin A deficiency.

Vitamin A deficiency can be prevented:

- by consuming Vitamin A rich foods like green leafy vegetables and bright yellow or orange vegetables; oral administration of Vitamin A.

Iodine is necessary for the production of thyroxine, a hormone produced by the thyroid gland and essential for the physical and mental development of children. Disorders caused by iodine deficiency include stillbirths, congenital abnormalities, neo-natal deaths, neo-natal hypothyroidism (thyroid deficiency), cretinism and endemic goitre. Forty million people in India are affected by iodine-deficiency disorders. Between four and 15 per cent of the children, born to iodine-deficient mothers, have various degrees of mental impairment ranging from a mild form to blatant cretinism.

Iodine deficiency can be prevented:

- by consuming iodised salt, iodised oil capsules: through iodised oil injections.

Water Supply and Sanitation

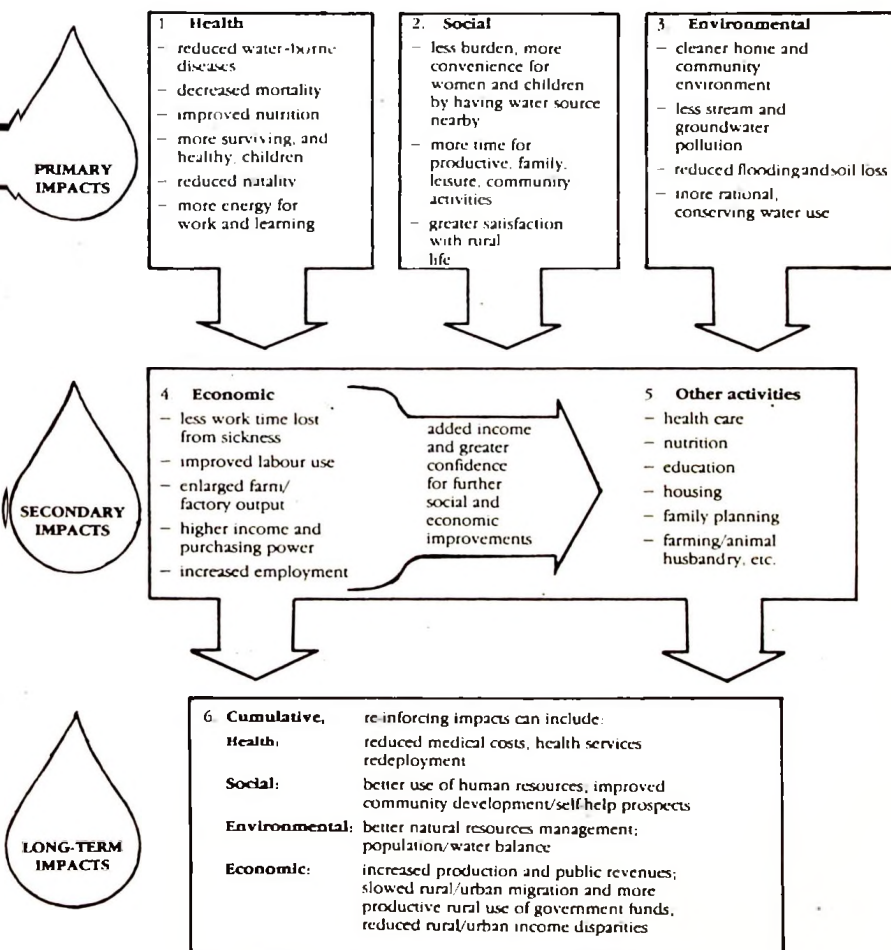
Improved water supply and sanitation can have wide-ranging health, economic, social and environmental impact on the lives of people in developing countries.

It is estimated that about 15 million children below the age of five years die in the developing countries every year. The absence of safe water and sanitation plays a major part in this tragedy. If everyone had access to safe drinking water and sanitation, infant mortality could be cut by as much as 50 per cent world wide.

According to the World Health Organization (WHO), approximately 80 per cent of all sickness and disease can be attributed to inadequate water or sanitation.

The drinking water supply programme has been accorded top priority by the Government of India. Nearly 80,000 villages in India do not have a single source of safe drinking water. Closely linked up with this is the sanitation problem. The present status of rural environmental sanitation is deplorably poor. Activities like construction of sanitary latrines and disposal of waste water, garbage, cattle dung etc. have to be stepped up in rural areas. Moreover, programmes to provide drinking water, immunization and better nutrition can be effective only if basic sanitation is ensured.

Table: Impact of Health, Water and Sanitation Strategies



Note: This chart inevitably simplifies the wide range of inter connexions that can and do occur in varying sequence and importance.

Improved Organization

Quite often breakthroughs in knowledge and technique are inaccessible to the vast majority of people who need them most either because they are too expensive or because they can only be administered through the system of hospitals, doctors and clinics. But the four basic strategies of the child survival revolution combined with action to prevent micro-nutrient deficiencies have a unique potential because they are

- *simple*, so that parents can understand them and act on them;
- *inexpensive*, so that any family or any nation can afford them;
- *universal in their relevance, and so fundamental*, that they strike at the root of the child health problem;
- *entirely compatible* with parents' own values and priorities.

There is thus a potential for drastic improvement in child health and survival if the focus is shifted from health institutions to the family itself. But to move towards realization of this potential another difficult breakthrough must be made—how to put these strategies at the disposal of many millions of families.

To make this breakthrough, a massive, concerted, organization and planning effort is required.

A large number of organizations are already engaged in this task. The government is primarily responsible for delivery of health services. UN organizations including UNICEF, WHO, UNDP are involved. A number of international development agencies of various countries are working in the field. Then there are the non-government organizations, the voluntary bodies.

While government and various specialized agencies are engaged in developing and refining the machinery—the hardware as well as the software for health services delivery—the child health revolution will really succeed only when people are empowered to avail of new techniques. They must become aware “consumers” in the health system, solving their health problems and assessing their health needs.

And this is where business units can bring to bear a lot of expertise. FICCI has a membership of around 100,000 business units, employing millions of people. The potential for achievement is truly vast.

The distinctive capabilities of the business sector are several:

- Management experience and acumen.
- Intimate knowledge of, and out-reach in their markets.
- Understanding of the concept of marketing, thus being in a position to develop a know-how for marketing these simple strategies.
- Experience in use of media and other channels of promotion.
- Funds
- Experience in financial management.

FICCI in the Vanguard

Business houses can make a major contribution to the child health and survival revolution by application and promotion of these simple, low-cost (in some cases no cost) strategies in three ways:

- Application of these strategies to their own *employees and their families*.
- Application of these strategies to the underprivileged and deprived sector of population through *community and rural development programmes*.
- Using the *business and industry as a resource*.

Such action would yield rich dividends to the individual enterprise and at the same time have positive ramifications for quality of life in general.

Benefits for the enterprise

- Higher production through increased work time.
- Higher productivity through increased general well-being of employees.
- Better employer-employee relations.
- Boost to corporate image, as a consequence of taking up development projects. Increased acceptance of the enterprise by the surrounding population if such projects are in the vicinity of the company's plant or establishment.

Benefits at the national level

- The synergistic effects of concerted action by industry combining with the efforts of government and various non-government organizations and agencies would set off a

growth spiral by improving health, social status, the environment and the economy.

- The possibility of arresting loss of GNP through water and sanitation schemes would improve. In India water-borne diseases alone claim 1.800 million person hours every year. The cost in terms of medical treatment and loss of production is enormous.
- Interestingly enough, increasing child survival has positive spin-offs for the family planning effort. When parents become increasingly confident of their power to ensure the survival of their children and protect their health, they also acquire the confidence and will to have smaller families. In most countries it has been observed that falling birth rates are generally traceable to an even large fall in the death rate. China, Sri Lanka, the Republic of Korea, Cuba, Costa Rica, Singapore, and the Indian state of Kerala, which have already achieved a revolution in child survival, now have birth rates among the lowest in the developing world.

Action

Here are some suggestions for specific action for implementation of health strategies in the three ways mentioned earlier:

Employees and Their Families

- For effective implementation of any health strategy it is essential to create an atmosphere of acceptance through health education of the target group. Employees must therefore be educated in the basics of oral rehydration, immunization, breast-feeding, growth monitoring, and essential micro-nutrients.

Health education messages can be conveyed by using channels which would help establish awareness. These include: messages on monthly pay packets and in the house magazine, leaflets and posters, regular talks and demonstrations by the company doctor, and policy statements by the management.

UNICEF can assist in preparing the health education materials.

- Immunization of all the children of employees against six diseases-tuberculosis, polio, whooping cough, tetanus, diphtheria and measles and immunization of all expectant mothers against tetanus.
- Promotion of the use of iodised salt
 - through the canteen service, if any;
 - by procuring and supplying iodised salt to employees "at cost price".
- distribution of low-cost iron tablets.

Community and Rural Development Programmes

Incorporating health, water and sanitation strategies in existing and future projects will greatly amplify the growth effects of rural development work.

Members of FICCI could take the lead in initiating and sustaining community based action, thereby enabling people to make better use of available services and their own ability to prevent sickness. All efforts could be made to join hands with social workers and local voluntary agencies to tackle local problems with practical action.

Six hundred members of FICCI are already engaged in rural development work. These and other members could incorporate the following approaches in existing and future programmes:

- The Welfare/Medical Officer of the company could have meetings with the District Health Officer to work out areas and methods of co-operation.
- Medical officers of companies can train local health workers, thus enriching their knowledge.
- The first step towards inculcating community awareness could be taken by promoting a 'core group' of community/opinion leaders in each village, who would function as a via media for information and services between the community and various organisations. Village schools are generally a

good venue for holding meetings with volunteer workers in the village.

- Women in general are perhaps more motivated and also have more time for child welfare activities. Wives of employees could be encouraged to form groups/mandals and given training to enable them to create awareness and attitude changes in various communities. The FICCI Ladies Organization (FLO) is in an excellent position to initiate this move.

UNICEF can help in organizing workshops for orientation of members of FLO.

- Where necessary, companies could engage experts in nutrition to recommend low-cost, locally available, nutritious diets.
- Business concerns can make interventions for provision of drinking water in the following ways:
 - Direct intervention, i.e. providing drinking water facilities to villages adopted by them. Villages near their factories can be considered for undertaking such activities.
 - Indirect intervention through chambers of commerce, voluntary and industrial associations. These associations can set up special cells to undertake activities, initiated by their member companies.
- Sanitation projects can be taken up where inputs include sanitary latrines for individual households, drainage of waste water, disposal of garbage, smokeless chulhas, etc. and also the education of the target group to improve their hygiene practices.

UNICEF can assist in the training of village level hand pump caretakers.

Business and Industry—A Resource

Many of the member companies of FICCI can, through their business operations, provide considerable support to various aspects of child survival and development. While for some companies this might involve some financial commitment, in other cases this may not be necessary. In this FICCI can play a

major role by identifying suitable sub-groups of its members and providing them with opportunities to develop ways and means.

Both advocacy and action are needed – and possible.

- Organizations can undertake public service programmes to call attention to easily preventable health problems. They can sponsor and promote media and publicity activities such as films, radio and TV broadcasts.
- FICCI in collaboration with various non-government organizations in the field can increase operational and informational activities related to water, sanitation and health.
- Manufacture of supply of iodised salt in proper packages should be promoted. In this regard, salt manufacturers can take a lead.
- Companies in the food products business could consider projects for manufacture of fortified foodstuff, and oral rehydration salts.
- Quality and low-cost water and sanitary equipment can be manufactured by the business houses and marketed widely in the country.