



E/CN.14/R.8 (V. 1 no.3)

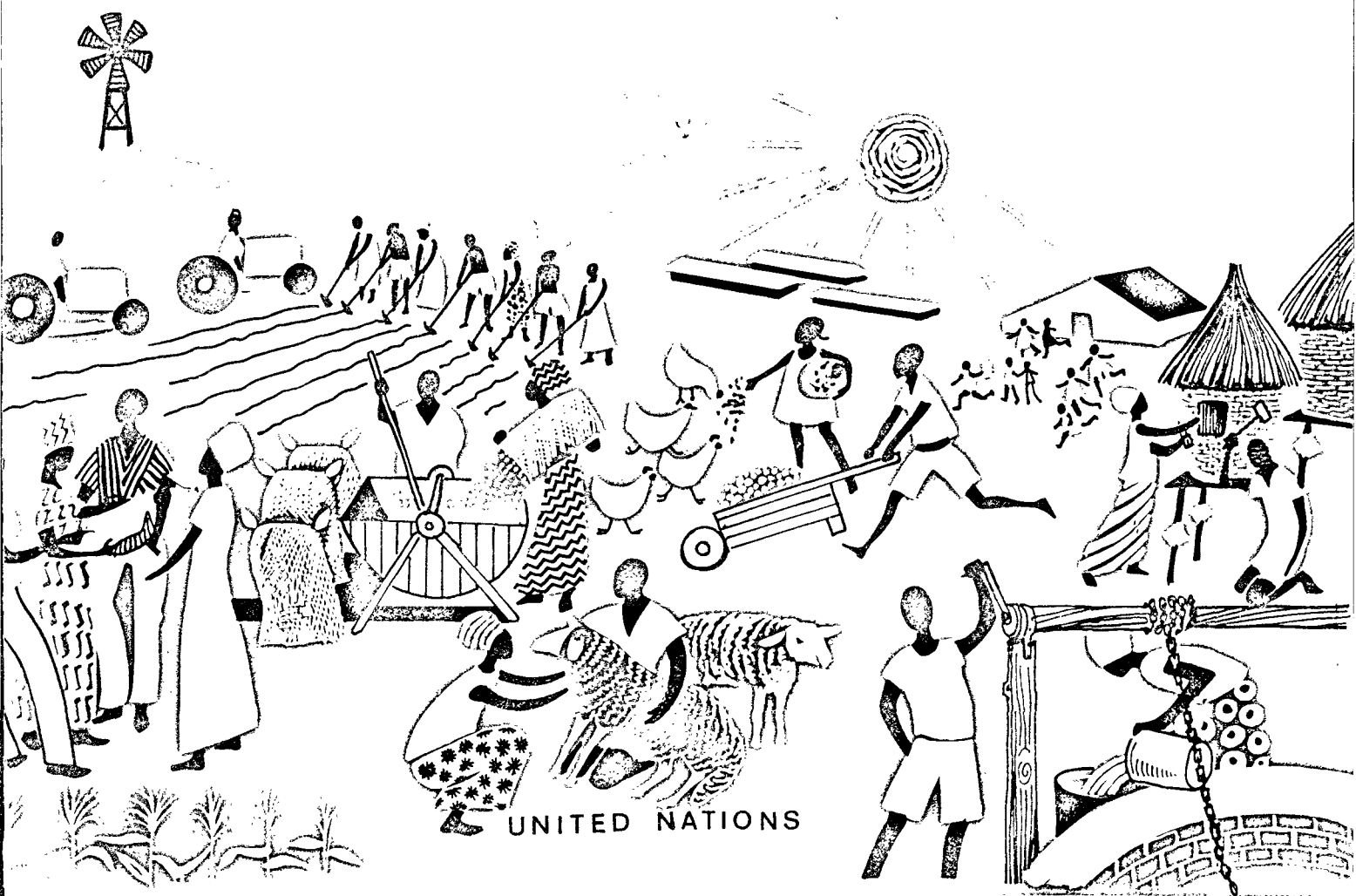
ENGLISH

Volume 1 No. III

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RURAL PROGRESS

QUARTERLY BULLETIN OF THE ECONOMIC COMMISSION FOR AFRICA



RURAL PROGRESS - Published by the Social Development Division - UNECA

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"RURAL PROGRESS" is a quarterly bulletin intended for all those who are concerned with rural development and transformation in Africa. It has replaced "Rural Development Newsletter" and "African Women".

Additional copies of this periodical are available through the UNI Centre(s) in your country or area.

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EDITORIAL



The year 1979 is the International Year of the Child, and so for the benefit of our readers, we have produced this issue of "Rural Progress" as a special issue of the Year. We have endeavoured to tell our readers as much as possible about the background to the IYC, about what member States are doing to commemorate the Year and about what ECA itself has done and is doing as its contribution to the Year.

Also for the benefit of our readers who may not know which are the Rights of the Child, we have published the whole Declaration of the Rights of the Child or the Children's Rights Charter as it is sometimes referred to, so that they may know these rights and judge for themselves how far the rights are observed and implemented by parents and society as a whole.

As it has been pointed out elsewhere in this issue, although 1979 is designated the Year of the Child, the necessity to observe and implement the rights of the child, does not lapse when 1979 ends. The significance of 1979 is that it is the year in which the world community is both celebrating the Declaration of the Rights of the Child and also in which it has launched a concerted action to begin doing something practical to eliminate or at least reduce the plight of over 350 million children throughout the world, especially in developing countries. This concerted action has begun in 1979 but it is intended to continue indefinitely in order to improve the lives and welfare of the children and their mothers.

However, it is the noble duty of all African governments, organizations, parents (and all other adults who have any respect for themselves and for humanity) to see to it that they do not treat children just anyhow but as the most precious gifts we have on this earth. Because of their worth, these most precious gifts deserve to be treated most carefully and most dearly so that they may grow up into worthy citizens, proud of their upbringing.

INTERNATIONAL YEAR OF THE CHILD - 1979

Origin and purpose of the IYC

The year 1979 was in 1976 declared by the General Assembly the International Year of the Child (IYC). The idea of an international year of the child was proposed by a representative of the community of Non-Governmental Organizations (NGOs) at the UNICEF Executive Board meeting in 1974.

The matter was referred to the Economic and Social Council, which requested the Secretary-General of the United Nations to submit to the 1976 General Assembly "a report on measures and modalities for ensuring the adequate preparation, support and financing of an international year of the child, to be preferably the year 1979". On the basis of this report, the Economic and Social Council recommended the proclamation of the Year, and on 21 December 1976, the General Assembly passed a resolution authorizing it.

This resolution reflected the deep concern for the continuing plight of many of the world's children. Despite present national and international efforts, over 350 million children - especially in the developing countries - are deprived of the basic amenities of life, are under-nourished or are without access to adequate health and educational services.

The objectives of the IYC are :

- (1) To promote awareness of the needs and rights of children;
- (2) To recognize the link between children's needs and rights; and
- (3) To give impetus to specific actions attainable on behalf of children.

Activities during the IYC, have aimed specifically at encouraging each country to :

- (1) Review the situation of children, ascertain the basic facts about their needs such as health, nutrition and education, or other social problems such as child abuse - especially in respect of the handicapped and the socially deprived;
- (2) Review statutes, legislation, policies and programmes for the welfare of children; and

- (3) Following such review, to determine priorities for action and set targets as the basis for medium and long-term planning and programming which will result in a more permanent change in the well-being of children.

The IYC coincides with the twentieth anniversary of the Declaration of the Rights of the Child adopted in 1959, which drew attention to the fact that the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection before and after birth. It is intended that governments should review legislation aimed at broadening the safeguards for the rights of children and that special attention would be given to the protection of deprived and handicapped children and to the problem of meeting their needs. The Year thus offers an opportunity for an assessment of progress made in assuring the rights of the child.

The Year also offers an opportunity to African countries to undertake an in-depth evaluation of their policies for children and on-going services and programmes as well as action-oriented studies, to prepare plans and programmes for future years and to mobilize popular support for and participation in the promotion of the well-being of children.

Traditionally, the African child was brought up and cared for in a way prescribed by common custom and tradition. No child suffered deprivation even if a parent or parents were lost because the family, as a social unit, was always there to provide another "mother" to take over the responsibility of caring for the child. As such, children's needs were met and their rights respected.

Basically the needs of the child have not changed except that they are becoming more and more sophisticated and more demanding on the meagre resources of the family which can no longer meet the demands of the modernization process - a process which separates children from their parents. As a result, national governments, international organizations and some voluntary agencies are engaged in programmes intended to meet the growing needs of children. Governments have also sponsored legislation intended to protect the rights of the child.

African governments are spending a comparatively large proportion of their national income on education and health - including Mother-and-Child Health (MCH), immunization, nutrition, etc. - much of which is intended to promote the well-being of the mother and her child. A number of programmes promoting vocational training, out-of-school education, recreation facilities and homes for deprived and handicapped children are all features of the national development plans. But much remains to be done in regard to implementation and review of approved programmes.

Since IYC was declared, many countries are already in the process of evaluating, extending or strengthening children's services to improve the situation of children, although priorities and emphasis vary from country to country depending on national policies. In each country, a national commission has been established by the government to be responsible for and supervise IYC programmes. The commissions act as a central point of planning, co-ordinating and implementing IYC activities. The patron for IYC is either the Head of State, the Prime Minister or the First Lady.

Up to the date of publication, most member States had established national commissions or preparatory committees for IYC. The activities planned or under way in commemoration of IYC, range from simple audio-visual exhibitions to elaborate programmes involving research into the situation of children and training projects for personnel engaged in children's programmes. Special programmes are planned for the deprived and handicapped children intended to promote their integration with their social milieu.

The important role of non-governmental organizations (NGOs) is evident in many countries. A number of international and national NGOs are participating directly in national IYC activities, while in other countries NGOs have initiated and are implementing their own programmes in such fields as education, health and residential care for deprived children.



African governments spend a comparatively large proportion of their national income on educating their children because they realize that education is one of the needs and rights of children. Here children are doing elementary arithmetic in Sierra Leone. (UN Photo)

DECLARATION OF THE RIGHTS OF THE CHILD

P R E A M B L E

The following is the Declaration of the Rights of the Child mentioned in preceding pages :

Whereas the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights, and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Whereas the United Nations has, in the Universal Declaration of Human Rights, proclaimed that anyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth,

Whereas the need for such special safeguards has been stated in the Geneva Declaration of the Rights of the Child and in the statutes of specialized agencies and international organizations concerned with the welfare of children,

Whereas mankind owes to the child the best it has to give,

Now therefore,

The General Assembly

Proclaims this Declaration of the Rights of the Child to the end that he may have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth, and calls upon parents, upon men and women as individuals and upon voluntary organizations, local authorities and national governments to recognize these rights and strive for their observance by legislative and other measures progressively taken in accordance with the following principles :

PRINCIPLE 1

The child shall enjoy all the rights set forth in this Declaration. All children, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour,

sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

PRINCIPLE 2

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose the best interests of the child shall be the paramount consideration.

PRINCIPLE 3

The child shall be entitled from his birth to a name and a nationality.

PRINCIPLE 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

PRINCIPLE 5

The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

PRINCIPLE 6

The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of state and other assistance toward the maintenance of children of large families is desirable.

PRINCIPLE 7

The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture, and enable him on a basis of equal opportunity to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society.

The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavour to promote the enjoyment of this right.

PRINCIPLE 8

The child shall in all circumstances be among the first to receive protection and relief.

PRINCIPLE 9

The child shall be protected against all forms of neglect; cruelty and exploitation! He shall not be the subject of traffic, in any form. The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education; or interfere with his physical, mental or moral development.

PRINCIPLE 10

The child shall be protected, from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples; peace and universal brotherhood and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

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THE SITUATION OF THE AFRICAN CHILD

According to the 1975 population figures (the latest available on this topic), Africa has a population of 401,314,000, of whom 71,821,000 (or 18 percent) are children under five years of age, and yet infant mortality estimates in the region indicate that out of every 1,000 children born, between 130 - 200 die within the first year of life.

An analysis of child (under-fives) mortality in the region in 1975 shows that deaths arising from infectious and parasitic diseases (diarrhoea, intestinal diseases, measles, pneumonia and malaria) are very common and account for a high proportion of all deaths in early childhood. Gastro-intestinal, measles and respiratory diseases contribute predominantly to causes of death among the under-fives. Probably between a quarter and a third of the children born in the region die before they reach the age of five.



All children need education so that they may develop their abilities and become useful members of society. (UNICEF Photo)

Malnutrition is still a serious problem among the children and appears to be on the increase. Malnutrition results in low resistance to disease and therefore contributes significantly to the cause of death among young children. About half of the children who survive their early years go to school, but only a very small proportion receive the training or guidance they need for life in the rapidly changing world in which they are growing up.



African governments also spend much of their meagre resources on health including Mother-and-Child Health (MCH), immunization and nutrition mainly to promote the well-being of the mother and her child. The picture shows two nurses attending to mothers who have come to a clinic with their children for advice and treatment.

The high rate of population growth, averaging between two and three percent per year, has led to a marked increase in the number of dependent children for whom family resources and social services have to be provided, thereby putting severe strain on the resources available and contributing as a major constraint on the creation of employment opportunities.

Notwithstanding the situation resulting from the high rate of population growth, African governments are doing all they can to provide the necessary services, particularly those intended for children. Given the prevailing circumstances in the countries, development plans recognize that the health conditions, as illustrated by the low levels of life expectancy, are relatively poor and require improvements from all angles.



African children, just like any other children, need to be healthy so that they may learn well not only school subjects but also their national cultures. Games and dances help make human bodies strong and healthy. A scene at a folk dance outside a community hall in Cameroon. (UN Photo)

Citing a few countries' development plans, it is noted that the fourth five-year plan of the United Republic of Cameroon (1976 - 1981) aims at providing, progressively, for the whole population, services in preventive and curative medicine and in health education. It proposes to reduce mortality and raise the level of life expectancy to between 50 and 55 years by 1981. Health infrastructures will be strengthened and health centres will be set up in rural areas that are currently poorly equipped. Attention will be given primarily to mothers and children. As well as disease control, action will be taken to improve health, nutrition and the general standard of living. The plan also envisages setting up about 160 mother-and-child welfare centres provided with the necessary material.

Ghana's plan (1975/76 - 1979/80) underlines that among children under five years of age, 70 percent of deaths are due to infectious and parasitic diseases and that, although children constitute only 20 percent of the population, they contribute 50 percent of all deaths. The critical period of malnutrition is during the pre-school age (i.e. 1 - 4 years) when Kwashiorkor and other diseases like whooping cough and measles occur. The early age at first pregnancy, the short intervals between pregnancies and a desire for many children place an unnecessary burden on adult women, increase maternal mortality, premature births and poor child survival and decrease the economic productivity of women.

The plan proposes to spend 38 percent of the resources for capital development of health on providing curative services and only 12 percent on the preventive side. Health education programmes will be greatly intensified and information will be provided both at the individual and at the community levels. Existing health centres and health posts will be improved and new ones developed so that at the end of the plan period, it will be expected that 80 percent of all local authority areas will be provided with health facilities.

Nutrition and MCH will receive attention too during the plan period. Day-care centres will be established according to standards prescribed by the government. The aim in developing child health is to reduce infant and pre-school age mortality by 25 percent. By the end of the plan period, at least 75 percent of pre-school children should be under regular health supervision and care.

In order to reduce maternal and child morbidity, maximum emphasis will be placed on the development of maternal and child health services, family planning and nutrition. By the end of the plan period, 60 percent of the women during pregnancy will be attended by trained midwives or trained traditional birth attendants. Family planning clinics and services will be integrated into all Ministry of Health services.

In Kenya, Government's efforts will be directed to the prevention of disease although curative medicine will not be neglected. Health priorities include the provision of MCH care to all who need it, and of family planning and health education services; the control of environmental health hazards, including the elimination of malnutrition and undernutrition in infancy and childhood, and the eradication of communicable diseases.

There will be one health centre for every 50,000 people in all districts supplemented by health sub-centres and dispensaries. There will also be one hospital bed for every 1,250 people in all districts. The health strategy will be directed towards the protection of children, especially those of pre-school age. National family planning services will be provided to enhance the health and welfare of mothers and children.

A National Family Welfare Centre will be established for training, research, health education and the administration of the family planning programme. Priorities in the social welfare field also include establishment of day-care centres and programmes on adoptions, foster care, pre-school feeding and family services including assistance to the needy. A National Food and Nutrition Council will be established. Improved nutrition in the rural areas is also one of the major agricultural goals of Kenya.



Hospitals can do a lot to help handicapped children. So all handicapped children should be taken to hospital as soon as possible. Doctors may be able to reduce the suffering of such children.
(UNICEF Photo)

Lesotho's second plan (1975/76 - 1979/80) outlines a number of health objectives for the period. The country will work towards the improvement of rural health services through the expansion of 25 clinics and the completion of two clinics started during the first plan period. The MCH programme will be expanded; all children will immunized against poliomyelitis, whooping cough, diphtheria, small-pox and tuberculosis. Basic sanitary facilities will be provided at all schools. Furthermore, as well as expanding existing hospitals, attention will be given to the promotion of community health and nutrition and the training of medical and paramedical personnel.

During the plan period, information, materials and clinical services on child spacing and family planning will be made available in rural clinics. The MCH pilot programme at Tsakhole will be expanded, and health education activities will be strengthened. In order to improve nutritional conditions and to encourage infants and pregnant mothers to be brought to the health centres, a programme of food distribution will be launched. It is expected that this programme will spread to cover at least 90 percent of children under one year of age.



The Kenya Government has started to give free milk to all primary school children as part of its IYC activities - a scheme which is to be permanent. This enables the children to be attentive to their lessons because they are not hungry, and they are happy and strong.

In Madagascar, efforts will be directed towards promoting both preventive and curative medicine as well as health education. To this end, the training of doctors and the provision of medical supplies have to be improved. Public health education and the control of contagious diseases will be strengthened. The 1974 - 1977 plan recognizes that the poor state of public health has been related to the prevalence of diseases, poor hygiene, insufficient food, rapid population growth of 2.6 percent per year, high infant mortality and a general lack of knowledge of hygiene. A major objective of the agricultural development programme focuses on providing more and better food and improving the level of nutrition of the people.

In Senegal, the development of health and medical infrastructure has not kept pace with the rapid rate of population growth especially in the rural areas. So, the number of persons requiring medical care will rise from 5 million in 1977 to 5.9 million in 1981, adding about 155,000 persons each year of the fifth plan period (1977 - 1981). The Centre for the Protection of Mother and Child which handled 890,000 children under five years of age in 1977, will expect to deal with 55,000 additional children every year.

The general orientation of the health plan is towards the improvement of the conditions of the most affected, especially those in the rural areas; development of preventive medicine and public health education; and intensification of research in health, hygiene and nutrition. The strategy for the national population policy in Senegal will involve the integration of family planning with MCH services.

The fifth plan will seek to improve the nutritional standards, especially those of the vulnerable groups of children under five years of age and of pregnant and lactating mothers. A programme of education on nutritional standards will be implemented and constantly reviewed, with special emphasis on rural areas. All efforts in this regard are directed towards combating the high level of infant and childhood mortality, the prevalence of anaemia and other food deficiency diseases.

Sudan's six-year plan (1977/78 - 1982/83) gives priority to preventive and social medicine and will focus attention on combating epidemic and endemic diseases. It will promote social medicine services, particularly those relating to vaccination, nutrition, health education, school health and maternity and child care. Quantitative objectives in the plan show remarkable projected increases in services, facilities and personnel. Part of the social welfare objectives include the provision of the necessary protection, care and guidance for child growth and youth development with more emphasis on the family as the basic unit of society.

In Tunisia, three essential objectives are identified in the country's fifth plan (1977 - 1981). These include the development of preventive medicine, increase in national health expenditure and equitable regional

distribution of services and personnel. Special care will be given to children and students in educational institutions, workers and mothers and infants.

A study of the fifth plan reveals that many births in Tunisia occur without adequate medical supervision and that anti-natal care has been insufficient. About 9.5 percent of the births were premature while maternal deaths have been very frequent. To assuage this, the training of midwives will be intensified. The plan will reinforce family planning activities in a way to decrease the total number of births by 46,000 annually during 1977/1986. The activities of the family planning office and of the population office will be expanded towards achieving the above objective. Additional staff will be trained, population will be developed and integrated into various medical and health training programmes. The number of mobile family planning clinics will be increased during the plan period.

In Tunisia, about 70 percent of hospitalized children under five years of age had certain manifestations of malnutrition. It is expected that the analysis of the 1976 survey on nutrition will provide background data for identifying and studying the most vulnerable groups in the country. This will be followed by intensive effort to give nutrition education for the benefit of school age children and pregnant and nursing mothers. The Nutrition Institute will provide guidance in setting standards for an adequate level of nutrition and food hygiene.

In Tanzania, the Government has told the people to remember that they have in their past, values from which they can learn. For since time immemorial, ancestors knew very well that the welfare of the child found its root in proper handling of the mother, and in nicely looking after her even before conceiving. Also the ancestors knew the importance of nutritive food to expectant and breast-feeding mothers although they did ignorantly regard some foods as taboos.

They knew even the importance of child spacing in order to preserve the health of the mothers and their children. Nowadays mothers are taught all these things in many of the country's clinics, dispensaries, health centres, and even in hospitals. And as its contribution to IYC, the Tanzania Government will build more than 200 clinics during the Year.

About 15 percent of every 100 children born alive die before attaining school age. The Government therefore feels children must be given a better opportunity of surviving and growing up than is presently the case. This will be done by not only attending clinic at some stage or having the necessary vaccinations administered but also by parents knowing that nutritive foods and cleanliness are second to none in the prevention of disease.

The Tanzania Food and Nutrition Centre prepares booklets which make useful extra reading on these issues for functional classes and village leaders. It also provides films and training materials related to nutrition and the importance of cleanliness.

In the past four years, Tanzania has made progress in providing universal primary education to school-age children. However, in some of the country's villages, one of the main problems is that many children do not take breakfast. They leave their homes on empty stomachs, and there are no food arrangements at school. It is hoped, therefore, that during the IYC, the parents and the Government will try to provide children with something to eat either before going to school or at school.



Tunisia is also actively engaged in the fight against disease in order to improve the health of her people. This is a reception desk at the El Oumran Antituberculosis Centre in the country's capital city, Tunis. (WHO Photo)

In Ethiopia, the Government has designated 29 October, 1979 as "Day of the Child" to be observed and commemorated annually throughout the country. Similarly, October/November have been designated as "Ethiopian Children's Month" in an effort to promote the well-being of children. Other special features of Ethiopia's IYC programme include the establishment of a special department in the Ministry of Education to deal with children's welfare; the opening of special children's villages as well as kindergartens and day-care centres. Model kindergartens are in the process of construction close to factories where mothers work.

Children who do not have a family to take care of them, those who come from parents who have medically-proven incurable diseases, and those who are abandoned by their parents are admitted to orphanages run by the Ministry of Labour and Social Affairs which also has a correctional home for young offenders.

Family life education is given in all Social Welfare branch offices throughout the country. At present some Government and non-governmental organizations and agencies provide a certain amount of child-care services in one way or another. It is the intention of the Government to have these services co-ordinated under one policy and one set of guiding principles.

Ethiopia's health plans also include :

- (1) Expansion of the already started vaccination programme against six childhood diseases, viz., measles, polio, pertussis, tetanus, tuberculosis and diptheria to accessible and densely populated areas;
- (2) Registration and training of traditional birth attendants by health institutions in collaboration with mass organizations;
- (3) Speedy implementation of the training of Kebele (urban wards) health workers already started in some regions;
- (4) Increase in the health manpower output in the form of a campaign based on the already designed purpose-oriented curriculum;
- (5) Development of a National Maternal and Child Care Centre; and

- (6) Integration of all activities and programmes related to maternal and child-care like nutrition and family guidance into the basic health services.



An Ethiopian nurse attached to a rural dispensary examines patients' blood samples. More such nurses will have to be trained in order to expand the necessary health services. (UNHCR Photo)

Some of the activities that were going on during October and November 1979 (the Ethiopian Children's Month) included the implementation of the following special programme of activities for children :

- (1) In Addis Ababa, 500 uniformed children were busy practising a programme of activities which they were to demonstrate at a rally at the Addis Ababa Stadium on the closing day (10 November) in the presence of the Head of State of Socialist Ethiopia, Col. Mengistu Haile-Mariam,

- (2) The Head of State, who is also the Patron of the Ethiopian National Commission of IYC, was to address the nation on IYC on the closing day of these activities.
- (3) There was also to be a youth sports demonstration in Addis Ababa on the closing day. Similar activities were to be performed in other towns throughout the country.
- (4) A pictorial exhibition of children's activities and what is being done for them was displayed at the Addis Ababa Municipal Hall during the Ethiopian Children's Month.
- (5) A film was produced by the Ethiopian Government on the profile of the Ethiopian Child in commemoration of IYC.



Rural women should also be taught not only hygiene, child-care and nutrition but also some practical modern income-generating skills. Here rural women are seen learning to sew in a home economics class conducted by the adult literacy programme in Ethiopia. (UN Photo)



THE POSITION OF WOMEN IN AFRICA

It is almost impossible to embark on improving the situation of children without taking into account the status and role of their mothers. A scarcity of women at the decision-making level and the generally low knowledge among the vast majority of them of what constitutes adequate nutrition, proper hygiene and adequate child-care, is a factor that requires priority treatment and adequate resources in the over-all national development programmes. Efforts are being made in many countries to improve the situation and the lot of women, but much still remains to be done. With the recent declaration of the Women's Decade, an opportunity is offered to reflect on past efforts and plot out better and more effective approaches to women's development.

Although the integration of women into the main stream of development has been a matter of great interest, few of the plans of this integration exclusively devoted enough space to the subject. A number of them discussed the issue as part of the general problems of education, training and employment. The topics which received the widest general and direct coverage in the plans of most countries include educational, health and employment. Direct and even indirect formulation of goals on marital status, urban-rural fertility differentials, age at first marriage, contraceptive knowledge and use and desired family size are conspicuously absent in the plans.

Information on population size and growth was most adequately provided in terms of future goals for Kenya, Senegal, Tunisia and Lesotho. However, irrespective of prevailing or projected absolute population size, the corresponding rate of growth per year in the countries during the plan period are, in the short run, expected to be relatively high. In the long run, both fertility and mortality are expected to decrease considerably in Lesotho, Tunisia, Senegal and Kenya if assumptions underlying the projections materialize. African countries which have official policies and programmes directed at reducing the rate of population growth include Botswana, Egypt, Ghana, Kenya, Mauritius, Morocco and Tunisia whereas Gabon and the United Republic of Cameroon pursue pronatalist policies which have evolved from the rather low fertility rates in those countries.

As regards employment targets, few of the plans indicated their interest in the greater involvement of females in salaried employment, especially in the modern sector. There was, however, the generally expressed need to improve rural working and living conditions especially as they affect females who contribute significantly to the development of agriculture.

Despite efforts at providing more jobs in the modern sector, occupational placement in agriculture, forestry and fishing will continue to be significant. Most plans recognize that the modern sector cannot absorb all the job seekers in the rapidly expanding labour market. Consequently, all the countries have programmes for boosting agricultural production.

The problems and needs of children have been a subject for discussion at many national and international forums. Various attempts have been made to design an optimum package for children. One of these was by joint ECA/Dag Hammarskjöld Foundation/Ethio-Swedish Paediatric Clinic Seminar organized on the theme "The dilemma of quality, quantity and cost in African child-care." The participants who included senior government officials in the ministries of education, public health, social welfare, agriculture, rural development, finance and planning as well as researchers in these fields, together with paediatricians, nutritionists, nurses, economists, sociologists, psychologists, etc., made an effort to obtain the cross-disciplinary collaboration, perhaps for the first time in this field, to try to elaborate a concept of ^{1/} optimum package programme for child-care with limited resources.

The seminar concluded that the aim of the package programme should be to try to make available an integrated programme of child health care that would be suitable in situations where service at present does not exist, because of limited resources, or in which the result of present expenditure is not satisfactory because of lack of co-ordination of effort, unbalanced distribution of health investments and other factors that represent, taken as a whole, a failure to recognize the importance of the integrated approach. The concept of the optimum package programme may not necessarily be suitable for every situation but it merits serious consideration in the planning and implementation of childcare programmes.

The seminar proposed a number of elements which should constitute optimum package of integrated child-care. These include: Social inputs covering preparation of parents for parenthood, family welfare and child-spacing, pre-natal care, nutrition, immunization and related measures, hygiene and environmental sanitation.

Another approach was made by UNICEF in what is termed the "basic services approach". This has been described as "services that satisfy basic needs, such as health, nutrition, water, education, housing, etc." addressed to children in a given community.

^{1/} See Olle Nordberg, Peter Philips and Goran Sterky - Action for Child - Towards an Optimum Child Care Package in Africa, Uppsala, 1975.

Generally speaking, basic services comprise a group of inter-related, mutually supportive activities in the development of the social infrastructure and services in the fields of maternal and child health, including family planning, safe water supply and waste disposal; production and consumption of more and better quality foods and nutrition education, together with measures to meet the basic education needs of the community and the introduction of simple technologies to lighten the daily tasks of women and girls.

However, there are special needs of children that merit special attention rather than being treated as part of the whole community problem. Equally the problems affecting children cannot be adequately handled by functional ministries working separately since a somewhat isolated effort on the part of one ministry can have only a minimal effect on the ability to cope with any particular problem.

The problem areas, services and studies that national IYC commissions and sectoral organizations are mainly dealing with are :

- (a) The problems inherent in child rearing;
- (b) Development and improvement of children's services:



Schools, games and sports are an excellent ground for bringing up children in a spirit of friendship among peoples. (UNICEF Photo)

- (c) Research on children's situations;
- (d) Child protection;
- (e) Child development;
- (f) The child and the family interaction;
- (g) Social inequalities;
- (h) The rights of the child;
- (i) The disadvantaged, handicapped and underprivileged;
- (j) Investment in children as an integral part of social and economic development; and
- (k) Special education for handicapped children.

An analysis of country IYC programmes shows the fields of concern as being a need to improve and expand MCH services, surveys of diseases affecting young children, nutrition and food production, education with particular emphasis on pre-school education, recreational facilities, the rights of the child, delivery of basic services to the disadvantaged and handicapped children, vocational and agricultural training and information services.



Families should be encouraged to grow indigenous vegetables and then taught how to prepare nutritious foods for their children as Benin has been doing under an FAO/Freedom from Hunger Campaign project. Picture shows mothers feeding their infants under the guidance of the project. (FAO Photo)

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ECA'S ACTIVITIES FOR IYC

Activities involving children continue to be a major consideration in the Commission's regional social development programme. A number of projects involving children are being undertaken sometimes in co-operation with other UN agencies, particularly UNICEF, WHO and FAO.

In meeting the general objectives of the Year, ECA is putting special emphasis on activities relating to mother and child in implementing its social development programme. These activities include :

- (i) The second phase of itinerant training workshops for trainers and planners in the Comoros, Ivory Coast, Madagascar, Mozambique and Seychelles, to improve the quality of rural life, with special emphasis being put on maternal and child health; and
- (ii) Pilot projects in village technology to introduce simple labour-saving devices for rural women. This has the object not only of simplifying and lessening the workload of rural women but is also intended to afford them more time to be devoted to the needs of their children and families.



Following the Nouakchott Regional Conference on the Implementation of National, Regional and World Plans of Action for the Integration of Women in Development held from 27 September to 2 October 1977, and resolution VI (E/CN.14/ECO/128, Part 3) which urged Governments of member States to participate fully in IYC, many countries have in response to the call :

- (a) Initiated and are implementing programmes for health services, nutrition and education for children as part of their over-all development plans;
- (b) Special arrangements and schemes have been made to provide adequate facilities for the most vulnerable children, particular attention being given to the handicapped and destitute children.
- (c) A number of countries are undertaking studies of traditional practices detrimental to children's mental and physical development with a view to eradicating such practices. A number of governments are also introducing legislation for the protection of the rights of the child.
- (d) Day-care facilities for children are being established with priority given to the most needy.
- (e) The inaugural session of the Africa Regional Co-ordinating Committee for the Integration of Women in Development (ARCC) held in Rabat, 14 - 17 March 1979, discussed progress made in member States in connection with the IYC. ECA introduced document E/CN.14/722 entitled "The International Year of the Child". The need for greater efforts was acknowledged by participants. The recommendations of the ARCC were endorsed by the Conference of Ministers of ECA which met from 20 to 28 March 1979 also in Rabat.

The ARCC proposed that an agenda item entitled "Review of Policies and Programmes concerning Children in Africa within the Framework of the IYC" should feature in the proposed Second Regional Conference for the Integration of Women in Development to be held in Lusaka late in 1979.

Subsequent to the Nouakchott Conference, ECA has been urging member Governments, particularly through the National Machinery for the Integration of Women in Development, which now exists in most countries, to implement fully the recommendations contained in the Conference resolution VI mentioned above. Many of the members of national machineries are also key participants in the national commissions for IYC.

Studies are being undertaken on the indicators on the integration of women in development and on the impact of modernization on rural women. Many of these have implications for the welfare of the child.

ECA has had close collaboration with the Organization of African Unity and has assisted in the elaboration of a programme for the IYC by OAU. ECA is encouraging member States to keep accurate statistics on child birth, child mortality and child population as a basis for establishing sound national population policies and child programmes. Responses from member States in this respect are very encouraging.



Preparing themselves for future integration in national development. The Institute of Health Technology in Constantine in Algeria, trains medical assistants, midwives and nurses. Here student nurses show mothers how to prepare a weaning food which was developed in Algeria with the help of WHO. (WHO Photo)

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FOLLOW-UP ACTIVITIES

As a follow-up to the IYC, ECA, in co-operation with other UN agencies in the region, proposes providing support to national child programmes and rendering advisory services on matters relating to family welfare and services for the child.

It is proposed to undertake a number of studies and researches on problems relating to children and measures to deal with such problems. The results of these studies are intended to assist member States in formulating viable policies and programmes, for the development and welfare of children. It is also proposed to hold consultations with national commissions on IYC with a view to assessing the problems and urgent needs of children with a view to determining the outside assistance and how best this can be used.

Resources Permitting, it is proposed to convene a regional conference to evaluate the IYC activities and programmes and to make proposals for long-term future action for the well-being of children. This conference may be followed by a series of sub-regional meetings for considering the special problems of children in their region and to work out a system of co-operation between countries in dealing with these problems.

ECA will continue to encourage member States to maintain the concern and enthusiasm engendered by the IYC, and to work out long-term plans for improving the situation of children in the region.

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THE ROLE OF WOMEN AND YOUTH IN DEVELOPMENT

- By Margaret Max-Forsen of Ghana -

Both women and youth have similar problems. Although they form the greatest proportion of the world's population, they have more often than not been ignored. It is only about 50 years ago when women began to be loud in protest against injustices and humiliations meted out to them, but the youth have been vocal in society for much longer. Perhaps the youth are not asking for equality with adults like women are fighting for equality with men but the youth and women share a common front - both want to be recognized and to be involved in the development of their countries as much as possible.

The youth have expressed their thoughts and feelings in diverse ways which have been viewed by the adult society as riotous. Through these expressions, the youth have tried to remind their elders what is expected of them. Today's youth are greatly concerned with world affairs, with politics, and with the difference between right and wrong. The sound health of a nation consists in providing a forum for its youth to express themselves, and through these forums, get to know what is actually happening around them.

But the adult society has often failed to listen to the youth for fear that they (youth) would get out of control and throw out of balance situations in which it (the adult society) is involved. The youth are the leaders of tomorrow and therefore, they should not be confused, but rather helped and guided correctly so that when they grow up to be adults, they will not go astray in this fast changing world. The sort of experiences the youth pass through in their communities should be as appropriate and meaningful as possible.

It is the responsibility of every nation to provide such experiences to enable its youth to develop their potential so that they may become worthy citizens who can participate in the development of their countries. To achieve this goal, it is necessary that the education of the youth should assume different perspectives and dimensions from what it is now.

The curriculum must meet the needs of both the students and the society. Students must be encouraged to be creative; to have a choice of what they have to learn; and to participate in all progressive activities. Also the youth should be encouraged to find solutions to common problems of the day at the earliest possible time so that they may get used to that vital exercise which they will be called upon to do more and more as they grow older.

It was with these objectives in mind that Ghana set up its National Youth Council in 1972. The Council's aim was to develop a strong, healthy youth imbued with a strong sense of public service and morality. It was to sow the seed of equality and unity among the youth through youth activities on both the national and international levels. The first National Youth Festival of Arts was held in 1974 with the theme "Unity and Growth for Nation Building".

Another objective of the National Youth Council was to link up all the youth organizations in the country. In the same year of 1974, some African universities got together and held the first African Universities Athletic Championships. Such activities are a good means of fostering understanding among the African youth. Through the National Youth Council, student organizations can channel their grievances and suggestions on development and other issues to the authorities for consideration for their own good and for the good of the country as a whole.

When Ghana launched its "Operation Feed Yourself" programme in 1973 based on its policy of self-reliance, it was the youth who first hailed it. Now many schools in the country have their own farms which provide them with essential food crops. Since the programme was launched, students have participated voluntarily in a number of national development projects, the most important being the Dawhenya Irrigation Project which was launched with the aim of promoting an all-the-year-round farming in the Dawhenya area of Ghana.

It is a good thing that students should perform such self-help activities because, after all, the Ghana Government spends about one-third of its annual budget on education alone. In Ghana there are about 11,000 public primary and middle schools, 169 secondary schools, 38 Teacher Training Colleges, five Specialist Training Colleges, nine Commercial Schools, 19 Technical Schools, 18 schools for the handicapped and three universities. The private sector abounds in schools of every kind, which shows the keenness there is in education for the youth in the country. As for pre-school education, there are more than 1,400 nursery schools.

The total school enrolment from the age of six up to the university level is about two million. For Ghana, with a population of about 10 million only, that is a big credit. It shows the Government's interest in manpower development. Many children who drop out from school, learn many trades on the job, e.g. farming, fishing, motor mechanics, carpentry, dress-making, shop-keeping, food processing, and so on. However, there is a great need for the Government and voluntary organizations to provide various training programmes for young out-of-school boys and girls.

During the last two decades, great changes have taken place in the attitude of African women towards themselves and towards the society to which they belong. Before that time (and even now) many African women had

been satisfied with their traditional role of bearing children, of caring for their husbands and of keeping their households in order. Many an educated woman has often slighted her career in favour of this traditional role. But that is not to say that African women have not contributed in any way to the development of their countries. They have contributed a lot.

For example, African women contribute greatly in the field of agriculture although they are often ignored when it comes to training in new skills. To enable them to contribute more in agriculture, technologists should have women in mind when they make new farming tools. Ways of extending training facilities to rural women should be found, and extension officers should always work very closely with them in the villages. A lot can also be achieved through adult education and literacy classes.

Women in Ghana form the backbone of the two major occupations of the country - agriculture and trading. These two occupations make up 80.2 percent of women's total occupations across the country, while for men they make up only 62.7 percent of their total occupations.

From time immemorial, women have relied on their own methods of preserving food. For example, in the coastal areas of Ghana, after fishermen have brought fresh fish to the shore, it is the women who dry, smoke and fry it before they sell it. These market women belong to the uneducated or semi-educated class. They have no "book" skills and yet they are able to use their hands and brains for their own development and for the development of their country. They have, in fact, contributed more to development than the so-called educated "ladies" who seem to have inhibitions and who tend to work along stereotyped principles.

Women are the key to every country's development. As such, they should not be ignored and their good work taken for granted. But it is common knowledge that women have often not been given a chance to participate in making decisions that affect even their own well-being. Now time has come when they should be listened to carefully and allowed to participate effectively in all development activities, discussion forums as well as in all decision-making bodies.

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