

File Sub: CF/EXD/SP/1988-0003a

Article by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)

"Social Mobilization for Child Survival"

Published in Seeds Magazine  
1988  
(Month, Volume and Number unknown)



UNICEF Alternate Inventory Label



Ref0006URU

Item # **CF/RAD/USAA/DB01/2002-00012**

ExR/Code: **CF/EXD/SP/1988-0003A**

Social Mobilization for Child Survival. Article by Mr. Jar  
Date Label Printed 17-Jan-2002

cover + 6 pp + ~~0~~b



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia  
Детскому фонду Объединенных Наций 联合国儿童基金会 منظمة الأمم المتحدة للأطفال

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Published in SEEDS Magazine

## Social Mobilization for Child Survival

by

James P. Grant

Executive Director of the United Nations Children's Fund (UNICEF)

There's a revolution going on - a revolution for children - and it is already affecting millions of lives. This revolution is spreading in country after country in the developing world, and it is even having its effects in the industrialized world. It is a revolution that could very well change the world.

There are two unprecedented developments converging to create this revolution. The first aspect began more than a decade ago under the label of development. At first we who are concerned with the well being of children did not comprehend its relevance to our concerns. People had become organized in small villages and towns. There were groups for farmers and women and factory workers and retailers. There were training programmes and schools to the point that, for the first time in history, most young mothers in their 20s and 30s could read and write. With increased incomes people had bought equipment and supplies. They were linked with other groups in other communities and in networks. There were radios in almost every home, and at least a television or two in every village, and frequently in many homes, with the result that people throughout a country could know what was going on and how to do things.

Only belatedly did we who are concerned with children make the discovery that the peoples of such less developed areas as Africa, South Asia and north-east Brazil - while they may only have the per capita incomes of America in the 1776 Revolutionary era, had a capacity to communicate not achieved in the industrialized world until the mid 20th century.

This belated discovery coincided with the realization that major, grossly underutilized technological advances of recent years could bring about revolutionary improvement in the well being of children at extremely low cost - a cost so low that virtually all countries could afford them with a modicum of international cooperation, if only they could be combined with the new capacity to communicate with the poor who were most in need of these recent technological advances.

Together, these two areas of advancement make a revolution that is now underway - worldwide. It is a revolution to overthrow the status quo of ignorance and neglect which is needlessly killing nearly 40,000 young children each day, and crippling or disabling for life an equal number. It is a revolution in child survival and child development.

You may well ask what are these dramatic new technological advances which, combined with new advances in communications capacity make this revolution possible? What are the techniques that in 5 to 15 years could so improve the health of children that child deaths andcripplings can be cut in half even in these difficult times of economic adversity for so many, and particularly for those in the least developed countries?

These new, improved, rediscovered or newly appreciated technologies are distinguished by their extraordinary simplicity, low-cost and proven potential for high impact. They include: Oral Rehydration Therapy (ORT), a sugar and water solution capable of countering the deadly effects of diarrhoeal dehydration, which currently takes the lives of 10,000 children each day; recent advances in vaccines to immunize against the six main child-killing diseases; a return to breastfeeding and proper weaning practices; growth monitoring through the use of simple scales and weight charts to warn of impending malnutrition; promotion of female literacy, proper family spacing, and food supplementation.

To be effective, all of these measures require that parents be aware of and use them, whether it is to mix oral rehydration formulas at home or to bring a child the three or four times necessary for full immunization. We all know how difficult it is to have people adopt new practices, and this is particularly true of parents from low income and often illiterate families who may be reluctant to bring their children for vaccination, a process which many people do not understand in the first place, and which can become misunderstood still further if the child runs a fever each time it is vaccinated, as is often the case.

This, of course, is where the new capacity to communicate with parents is so important, using all channels intensively to reach the parents and local communities where these simple measures can make the life-and-death difference. Empowering mothers with present knowledge and technologies is the key to unlocking the potential for a revolution in child health. But the responsibility for turning that key rests with the whole of society, for the mother cannot act alone.

An example of using mass communication to promote basic health practices took place only last year, at - of all places - a ballgame. Hundreds of millions of cricket fans across South Asia watched as television cameras 6,000 miles away in Australia focussed on the latest score in the game between two national teams at the Sydney cricket ground.

But a lot more than sporting history was being recorded that day. The huge electronic scoreboards also flashed the message: "Protect Your Child - Immunize". Billboards 30-feet long around the ground carried the same slogan in both Hindi and English. After the game the Prime Ministers of the two competing countries, Rajiv Gandhi of India and Robert Hawke of Australia, signed cricket bats in a televised ceremony to promote immunization.

To understand the fanatic attention which the majority of Indians were paying to that game, an American would have to visualize the World Series and the Super Bowl being played on the same day in the same stadium.

Mustering a nation to combat common childhood diseases (in India 3,000 children die each day from illnesses preventable by immunization alone) must be done at every level - enlisting heads of state and government, ministries, military forces, the media, local officials, private businesses, trades unions, churches, schools, women's and youth movements. This is what is meant by "social mobilization", and in this example you see this powerful force being used to promote the revolution we have come to call a "Child Survival and Development Revolution" (CSDR).

The list of countries that are beginning to take advantage of this new force is becoming impressively long. Colombia, for example, is a nation which has been pioneering since 1983 in pulling these ideas together. Beginning in 1984, Colombia started on the immunization front. The key was leadership from the top in order to persuade all sectors of society to participate.

Then-President Betancur talked to the media, including the leading opposition papers. He persuaded the press and the radio and television stations to co-operate, and then he recruited the Church and the Red Cross, the Pediatric societies, the Rotarians, the Lions, the Scouts, schoolteachers, businessmen, and all of his government ministries. UNICEF, the World Health Organization (WHO) and the United Nations Development Programme (UNDP) joined in.

Together, they set out to do what had never been done before in history: in one 3-month period (through three National Immunization Days) to immunize the great majority of the children of a country against five major diseases then killing and crippling tens of thousands of Colombian children each year. There were more than 10,000 TV spots; virtually every parish priest devoted three sermons to the importance of families immunizing their children; every school teacher was involved. President Betancur and other leaders personally immunized children.

For the children of the world, with more than 10,000 dying each day from these six diseases, this accomplishment in Colombia was far more significant than even man's landing on the moon 15 years before.

Colombia illustrates - with a vengeance - the power of the communications revolution. The results demonstrate how spectacularly we can defend children against these brutal mass killers and cripples - if a country will only mobilize fully. The great majority of Colombian children now have been immunized and a significant start has been made on teaching millions of mothers how to use ORT, thereby saving the lives of more than 10,000 children a year who would have died only three short years ago.

The "campaign" approach has been able to give way to on-going basic health services which have been vastly bolstered by the intensive efforts of the past three years. It is especially important to note that all this has resulted in the saving of many millions of dollars which would have been spent otherwise on curative measures.

While the Colombian experience was a pioneering breakthrough, similar techniques are evolving in country after country, with each nation tailoring the approach to fit the particular structures and cultures of its people. Let me cite just a few examples.

In El Salvador these efforts became especially politically relevant as well as socially. Child immunization has become sufficiently good politics that, in the past three years, beginning in 1985, all the feuding factions in El Salvador have agreed to lay down their arms (for three Sundays each year in February, March, and April) and pick up their children...and immunize them.

When Salvadorians realized that more children died in that war-torn country from not being immunized than all the people who had been killed in all the fighting the year before, they understood the magnitude of the tragedy. And they were willing to cooperate - or, at least, to not shoot at each other - to allow a National Immunization Campaign to go forward.

The government, the guerrillas, and dozens of private groups (including notably the Catholic Church and the Red Cross) all set out to protect children, rather than to watch them be caught in the crossfire. I have personally participated in these immunization days each year, including the start of this year's round of "National Days of Tranquility" on Sunday, February 1st, and I am glad to report that this programme is now supplemented by a major educational effort on oral rehydration therapy, and both have become a part of the on-going health system.

A similar acceleration of primary health care activities has taken place in Burkina Faso, one of the poorest countries in the world, which has an average income of \$200 per person per year, high infant mortality, and a health system which, like other public services, was weak and always underfunded. A major immunization effort was begun in late 1984, with people taking part from nearly all branches of government and the private sector. Immunization coverage levels were raised from under 20 per cent to over 75 per cent for the three diseases included, preventing thousands of cases and deaths and averting the impact of a measles epidemic (in Burkina Faso as in many poor countries, measles is a major child-killing disease). But even more important than the number of children vaccinated was the fact that the immunization programme started the wheels turning to develop what has become a community-based primary health care network, in which local workers and health posts were placed in over 7,000 of the country's 7,500 villages during the year following the initial campaign.

These success stories are now far from alone. They are being joined by major efforts in Turkey, India, Egypt, Brazil, China, the Dominican Republic, Ecuador, Ethiopia, Nigeria, Pakistan, Peru, Sri Lanka, Thailand and many others. By the latest count, some 79 developing countries have serious plans towards universal child immunization by 1990; nearly as many have embarked on rapid expansion of Oral Rehydration Therapy.

The results of these programmes, still in fledgling stages, are already impressive. The number of lives saved in 1986 by these two measures alone - ORT and universal child immunization - approached one and one half million. If fully applied and combined with other basic health techniques singled out in the Child Survival and Development Revolution, this approach offers the

very realistic opportunity to save the lives of five million children annually by the end of the decade.

As you can see by these examples, social mobilizations have begun to show results in a tremendous impact on children's ability to survive. But the effects do not stop there. This people-empowering approach can also extend to another profound level as the beneficiary's very sense of self and role in society is enhanced. The principal reason for this is that the CSDR rests upon one central foundation: that people can and ought to be enabled to take far greater care of themselves.

Indeed, there is very much a common tie between the sets of problems affecting the developing countries and the concerns of many people in North America, Europe and other developed countries in taking more personal responsibility for their own health - through proper diet, reading ingredient labels, exercise, etc. The essence is a new respect for the capacity of the individual and the importance of governments enhancing and encouraging use of that capacity. In keeping with this, these new technologies offer a new relevance to the family - enabling people to take action - compared with days when health care was only available through minimally accessible large institutions with experts in "white coats" intervening.

This strategy to accelerate child survival and overall well-being for the world's poor majority through low cost measures brings far-reaching changes to parents' lives - and especially to mothers - that stretch beyond the area of health of their children. It provides parents with a technical and psychological capacity to begin to control important events in their lives; it contributes to emotional tranquillity, substantial financial savings and a major time release in their lives as the tragedy of child death and recurring illness is greatly eased.

Nurturing such a climate of realistic hope and possibility is essential if we are to contribute effectively to improving the condition of the poor, who too often are afflicted by a sense of powerlessness and fatalistic acceptance of life events.

In all of these campaigns I have mentioned, the backbone of support to parents and to the communities and governments who work with them to make these basic health approaches work, has been the involvement of social alliances which span international borders and link distant nations in the social mobilization process. The League of Red Cross and Red Crescent Societies, for example, has formulated a highly organized response in their "Child Alive" programme, which is focused specifically on prevention of diarrhoea and promotion of ORT and immunization as "entry points" for primary health care. Rotary International has undertaken a commitment to raise \$120 million to support polio immunizations, and Rotarians have been deeply involved in countries with active programmes. The International Pediatrics Association has taken a leadership role in promoting these techniques. Religious institutions such as the Catholic Church and El Azar have not only given broadscale support but have taken the fore in promoting individual campaigns and long-term primary health care practices. The International Council of Nurses has strongly supported the goal of Universal Child Immunization by 1990, and in this past year chose it as their topic for International Nurses Day on 12 May.

Resources for the improvement of health are being multiplied by unleashing the tremendous but greatly underutilized potential of popular and political will at national and international levels. Motivated by the need to provide a better future for our own as well as coming generations, people are joining together in powerful networks and social movements.

A different world - a world responsive and responsible to the expectations of common people - is being built. I invite you to join in the revolution that will help build that world.