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Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Donors' Meeting on the Plight of
Refugees, Returnees and Displaced Persons in Southern Africa

Oslo, Norway
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UNICEF expresses its deep appreciation to the Government of Norway for organizing the Donors' Consultation to enable the international community to share information on the critical needs that face Namibia during the current transition to Independence and the period immediately following. As the Executive Director of the United Nations Children's Fund (UNICEF), I regret that I cannot be with you myself today here in Oslo, but I have asked Mr. Oldaeus, the Director of UNICEF's Programme Funding Office, to relay this message and the views of the Organisation.

UNICEF is privileged to participate in the historical process of implementation of UN resolution 435 under the umbrella of UN Transition Assistance Group led by the Special Representative of the Secretary-General.

For Namibia's children, the delay of independence has meant tragic delays in human progress. Rates of infant and child mortality have clearly been much higher than they would have been under a sovereign, independent Government committed to the betterment of the majority of its people, and of the vulnerable members of society in particular.

Namibia, in relative terms in Africa, is a well-endowed and fairly prosperous country. Yet the productive resources of society, and the bulk of the rewards from their use, have continued to accrue to a very small proportion of the population. The majority of Namibians, both within the country and in exile, have been denied the opportunity to share, on an equitable basis, in the country's economic growth. Furthermore, access of Namibians to basic social services has also, until now, remained highly unequal. Overall levels of expenditure per capita on health and education, for example, give little sense of the over-provision for a small minority. The reality is one of limited access, poor facilities and inefficiency in services for the poor majority. Stratified inequality of this kind, which offers the least services to the most vulnerable, has been particularly deleterious to the well-being of children.

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Information on child welfare in Namibia, including data with which to measure rates of infant and child mortality and nutritional status, is extremely inadequate and fragmentary. This is in itself an indicator of official neglect. Even more serious is the fact that available information is poorest in the northern regions which have been most affected by military occupation and conflict, and which hold the majority of the country's population. Limited nutritional and demographic surveys have been carried out, in all cases omitting large parts, if not the entirety, of these northern areas. They suggest, however, that which observation and verbal reports have asserted for years now: that black Namibian children generally suffer rates of undernutrition at least comparable to those in other parts of southern Africa, and far higher than those among white Namibian children. The data available also suggest that the same is true regarding infant and child mortality, again confirming unofficial reports. Furthermore, black Namibian children tend to suffer the types of diseases - such as malaria, measles and intestinal infections - which are not only preventable through broad-based primary health care (PCH) programmes involving communities, but are again similar in their incidence to those affecting children in other parts of southern Africa. Viewed in relation to the number of lives affected, the PHC programmes which could address these problems are extremely low in cost and high in impact.

Two contrasts need to be emphasized: firstly, the wide differences in infant and child health status between Namibians; and secondly, the similarities between disease patterns and levels of well-being between black Namibian children compared with children in other countries, such as Malawi, Mozambique and Angola, whose per capita income levels are far below those of Namibia. It is clear too, although again, sadly undocumented, that infant mortality rates among black Namibians are well above those prevailing in neighboring Botswana, a country whose average incomes are similar to Namibia.

The high level of illiteracy amongst women as well as the quality and relevance of education particularly for children of primary school age are also of great concern to UNICEF.

All these comparisons point to, and in fact confirm, what is already known: that the lack of priority given to health, welfare, education and water and sanitation services for the majority of the Namibian people, and the limited economic opportunities so far available to them, have tended to seriously hamper child growth and well-being, and to jeopardize child survival. In blunt terms, it could be said that the last decade, even since the passing of UN Security Council Resolution 435, has witnessed tens of thousands of lost young lives. These are lives that could have been saved by such measures as effective preventive health care reaching the mass of the population, by emphasis on maternal education, by development of community water systems, and by the empowerment of communities in general. Instead, and although moves have belatedly been made in these directions by some Administrations covering limited parts of the country, the available resources have been devoted to other priorities.

It is this choice of priorities that UNICEF hopes to see change with the achievement of Independence by Namibia.

UNICEF also believes that the potential is very great, given a new emphasis in policy, for a rapid advance by Namibia towards levels of child survival and well-being that can compare with the best on the African continent. Financial resources saved through the unification of currently fragmented sectoral policies and programmes could be applied to low-cost, community-based national programmes to benefit and empower most - if not all - Namibian mothers and children. When the training and skills acquired by Namibians during exile are added to those available in the country, and to an administrative context that will permit effective use of these skills, the human resources for initiation of a Namibian Child Survival and Development Revolution will be largely in place. The global initiatives underway for basic Education for All, supported by UNESCO, UNDP, The World Bank and UNICEF, come at a most opportune and critical time and provide further opportunities for promoting the well-being of women and children in Namibia.

UNICEF also believes that an effective combination of programmes and interventions: coordinating activities for primary health care, basic education, and adult literacy; and promoting family-level food security can be achieved relatively easily in Namibia, given its communications and transport infrastructure and its human settlement characteristics. UNICEF, therefore, looks to the incoming Government of Independent Namibia to provide a lead in the integration of sectoral programmes to focus on the needs of vulnerable groups in society, and will stand ready to play its part in providing support to such initiatives.

Meanwhile, during the remaining and, it is hoped, short period before the achievement of Independence, urgent needs are apparent both to assist the integration with society of returnees, and to support the well-being of other groups facing difficult conditions in the aftermath of conflict and occupation. In the northern areas, especially the Ovambo region, available health services were already under stress before considering the additional needs arising from the arrival of some 33,000 returnees, the majority of them women and children. The education needs of many of the children among the returnees simply cannot be met by existing resources and systems within the country. Thirdly, many families receiving returnees face a serious burden on their economic capacity, a problem that is significantly worsened by employment losses in some areas due to the otherwise welcome scaling down of military presence. Family level food security, and the nutritional status of children, are therefore threatened, at least in short term.

Interventions are already being made by UNICEF, in collaboration with church organisations and through local health units, to address some of these urgent needs facing children and other vulnerable groups during the Transition period. Through its participation in the recent Inter-Agency Mission to identify and design Emergency Rehabilitation Measures for Returnees, UNICEF has identified and detailed resources requirements in the areas of immediate support to primary health care services, primary education and pre-school programmes, and safeguarding of family food security and child nutrition. I

trust that the International Community will be disposed to provide support for these proposals, which have been carefully designed on the basis of field level investigation, as well as for those identified in other sections of the Mission Report, for implementation by our sister United Nations agencies.

In conclusion, may I again express the hope which I know is shared by all of us here, that a sovereign Government, chosen by the Namibian people in free and fair elections, will soon be installed in Windhoek. UNICEF looks forward with great anticipation to working with the new Namibian leadership, to identify and support priority programmes for the advancement of the well-being of children and women.