

Twenty-Five Years of UNICEF in India, by John Grun, *Assignment Children, Paris, January-March 1975.*

UNICEF's particular contribution to India can be considered as a good illustration of the work that this Organization tries to achieve throughout the world. Progressing from what it was twenty-five years ago—an emergency organisation for immediate short term relief—it is now a development agency primarily interested in longer term planning for the benefit of children.

This year it is 25 years ago that the first UNICEF assistance arrived in India in the form of 150 tons of skim milk powder. And UNICEF is still here today, rather obviously so. This year the Executive Board approved a five-year programme of assistance of nearly \$57 million for the five years of India's Fifth Development Plan. It is as natural as it is, to my mind, invidious at this particular point to want to assess what UNICEF has achieved in India.

It is natural to want to know what one has to "show" for 25 years expenditure of money and energy. It is invidious because all UNICEF assistance becomes part of and is merged with a much larger government effort and, while our assistance may remain identifiable as a programme input, I know of no way to quantify its contribution to the programme's outcome, except in some simply structured direct action programmes.

Our input is far from being limited to supplies, equipment and cash grants. UNICEF is not a technical agency like WHO, UNESCO or FAO. But complementary to the specialised technical advice provided by Specialised Agencies such as these there is the major UNICEF role of stimulating, advocating, suggesting, guiding, prompting, critiqueing, in matters affecting children and youth. Apart from the consultants and fellowships we provide for these purposes, UNICEF staff devote a major part of their time to this.

So much so, in fact, that it is frequently felt that the success of a UNICEF assisted project is directly related to the amount of UNICEF staff time devoted to it. And this, not just in terms of management of supplies and equipment but in terms of our involvement in the project as a whole—from planning and programming its content to its "consumption" at grass root level.

This contribution which many consider UNICEF's most important one is even harder to evaluate in terms of outcome than supplies and cash grants. If a government official comes up with a good idea, who is to say whether it is his own or whether UNICEF put it there? And even if it could be proved that UNICEF put it there, modesty and diplomacy alike would bar us from saying so.

I have always believed that the proof of UNICEF's usefulness can best be found in the evolution of UNICEF as an organisation, its concepts, policies and priorities. This is not the place perhaps to analyse this issue.

Suffice it to remind the reader of UNICEF's progression from an emergency organisation for immediate short-term relief to a development agency primarily interested in longer term planning for the benefit of children; its progression

from a limited though understandable pre-occupation with health and nutrition to a concern for virtually all services affecting the lives of children; its progression from a sectoral approach to seeing the child as a whole and advocating that services for its benefit must be designed accordingly; in brief, its gradual progression to what might seem a sort of final stage of thinking: that countries need to take their concern for children to the national level and express it in a national policy in which all of the manifold sectoral concerns find their proper places.

World Health, Geneva, May 1975

In the past, several programmes of health education in STD control have met with variable success because they were often based on a short-term publicity approach, and lacked the necessary continuity and diversity in approaches and methods that one fortunately observes more and more among some current education programmes.

Changing attitudes and misconceptions about sexually transmitted diseases, motivating people to do things which may be inconvenient or awake shame and fear, and creating the necessary conditions in society so that people can and will protect their health, is a long and difficult process, whose results may only be discernible over a long period. Nevertheless, in STD control as in other health matters, health education cannot be reduced merely to communicating facts since this would negate the reality of human behaviour which lies at the core of the problem.

Training health auxiliaries, *Courrier, International Children's Centre Paris, N° 2, 1975*

The concept of using health auxiliaries in health services has been accepted in many parts of the world in both developed and developing countries. Examples of their use in the United States of America, in Canada, and in Europe—special reference to Dutch “Maternity Aids” have been reported (Heath, 1967).

Wise and colleagues (1968) describe a neighbourhood health centre programme by the Montefiore Hospital Neighbourhood Medical Care Demonstration in July 1966. The programme demonstrates how a neighbourhood resident trained for six months and supervised by public health nurses can perform many of the functions traditionally assigned to public health nurses and social workers.

Fendall (1967) states that “the proper training and utilisation of the auxiliary permits the fullest advantage to be taken of the knowledge and skills