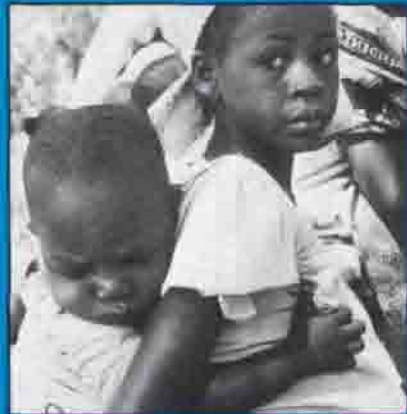
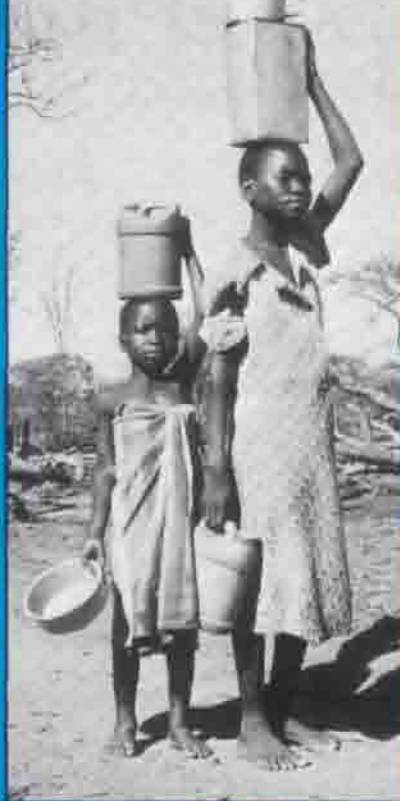


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UNICEF

Annual Report

1988



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1 August 1987 to 31 July 1988

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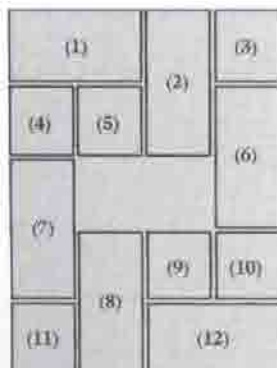
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Introduction

by the Executive
Director,
James P. Grant

UNICEF's 41st year evoked Dickens' characterization: 'It was the best of times; it was the worst of times'. It was a year in which we found reason in scores of countries and dozens of international fora to have ever greater confidence in the capacity of nations and the world community as a whole to improve significantly the chances of survival and basic health for the majority of children. It was a year in which country after country was able to mobilize previously untapped resources to reach their most remote families with the low-cost/high-impact interventions which constitute the Child Survival and Development Revolution. It was a year which witnessed the initial emergence of a 'Grand Alliance for Children' uniting leaders and institutions and organizations and other social structures as vital allies with parents in protecting children against early, needless death and disablement. It was a year in which some two million child deaths were averted as a result of these revolutionary efforts.

But 1987 was the worst of times, too. It was a year in which we became ever more aware that good intentions, creative initiatives and innovative resourcefulness are not, by themselves, enough. It was a year in which 'making do with what we have' became, for far too many countries and far too many families, even more a matter of trying to 'make do with less and less'... and 'less' was simply no longer sufficient. It was a year in which even the most optimistic could not deny that there are limits to what a country can do when its economy has collapsed.

Nineteen eighty-seven was a year in which UNICEF confirmed its conviction that children's lives *can* be saved and strengthened if countries are determined to do so, but in which it became clearer than ever before that a country's will is not determined by that country alone.

The 1980s have been years of turbulence, set-backs and economic crisis for many developing countries—conditions which, in a majority of countries, developing and developed alike—have impacted most adversely on vulnerable children and mothers. Negative or stagnant economic growth per capita and declining living standards have become the pattern in many parts of the Third World, but especially in Africa and Latin America.

UNICEF has attempted to relate to the difficult context of the 1980s in two major ways:

- » by promoting and supporting the potential for a *Child Survival and Development Revolution (CSDR)*, UNICEF has encouraged countries to move to national scale in developing and expanding low-cost approaches for reducing mortality and improving child health and welfare on a broad front, in spite of the economic difficulties and constraints;
- » by promoting '*adjustment with a human face*', UNICEF has tried to show how these low-cost CSDR approaches need to be accompanied by a far-reaching agenda of economic and social actions needed to protect basic human needs and a country's human resource potential in the

James P. Grant, Executive Director, in Sogbo's main immunization post.



UNICEF 21/96/87/Issue

course of coping effectively with the economic crisis.

Both lines of action have emphasized that in the short and medium run, human and social progress is still possible, provided that clear priorities are set, action is taken using low-cost approaches, existing expenditures are restructured towards low-cost interventions with high-effectiveness impact, and other available but often under-utilized resources are mobilized to the task.

In addition to the specific actions of CSDR and the agenda of 'adjustment with a human face', UNICEF has, of course, been supporting other actions along a broad spectrum of activities. These have focused on responses to basic human needs for education and health, water and sanitation, food security and nutrition, the needs of women and the special needs of children in difficult circumstances.

The report which follows details the considerable progress that has been made in 1987 along this broad spectrum of action. This generally positive experience, it should be stressed, goes far beyond UNICEF, both in its origins and in its coverage. In this respect, UNICEF is only part of a much wider gathering alliance of concern and action.

But from this experience, certain points about the longer run increasingly become clear:

- » the negative influence of world economic conditions on the living standards of the majority of people in many developing countries is likely to continue.
- » future levels of poverty and household income for hundreds of millions cannot generally be expected to improve under these conditions. The number of persons below the poverty line has increased over the period 1980-85 from 819 million to 881 million, with substantial increases in Africa and Latin America, although numbers are decreasing in Asia. If these trends continue, per capita income levels in many of the poorest countries in the year 2000 will be well below those of 1970.

These pessimistic future prospects among the poorer countries present a major challenge to the world community as it prepares for the 1990s, and particularly so if we accept as a serious Year 2000 objective the over-

coming of the worst aspects of mass poverty—widespread malnutrition, hunger, ignorance and the deaths of nearly 40,000 small children daily. Without the resources to sustain and advance health, education, shelter and nutrition, many of the population will lack the preparation, energy and skills to play a dynamic part in their country's development.

In these circumstances, the capacity of most countries even to maintain present levels of protection and services for their children is sorely limited. Sustained progress and acceleration will surely be beyond reach, and whole new generations of children will be consigned to early death or permanent disability and ill-health.

The historic and unprecedented opportunity and challenge for the world's children in the next decade will need to be met through the mobilization of both external and domestic resources. The industrialized world needs to provide increased resources to the developing countries aimed explicitly at poor countries and poorer people, and so contribute to the regeneration of growth and recycling of resources. The developing countries, on the other hand, need to explore innovative ways of financing recurrent costs, essentially mobilizing internal resources through community financing, different means of cost recovery, support through private sector, etc. The 'Bamako Initiative' is an example of combining increased international finance and domestic resource mobilization in a mutually reinforcing manner.

UNICEF's commitment to the effort to reverse this trend must principally take the form of sustained enlargement of the Grand Alliance for Children, encompassing support ranging from the CSDR and 'adjustment with a human face' to the Convention on the Rights of the Child, placing children squarely on the political agenda of all countries and appropriate organizations.

UNICEF has historically demonstrated a particular capacity to help the world become aware of unacceptable conditions and to recognize realistic opportunities for changing those conditions. UNICEF's 41-year history parallels, and surely contributed to, the emergence of the world ethic which no longer allows millions of children to die in sudden emergencies of drought or famine, but demands a response by people and governments.

How do we now help thrust the world one more giant step forward in the protection of millions of children now suffering so needlessly from the silent emergency of gross poverty and underdevelopment?

In any civilization, morality marches no faster than capacity. But the world *does possess today* a capacity to prevent, at a low societal and financial cost, the needless deaths and disablement of many millions of children annually in the silent emergency of avoidable malnutrition and infection. How do we now encourage governments and human society to bring our sense of morality on a par with our capacity, and to take the actions which are not only necessary but also realistically possible to put the readily preventable mass deaths of children alongside slavery, racism and apartheid—on the shelf reserved for those things that are simply no longer acceptable to humankind? How do we help the world establish that the rights of children extend beyond birth, that they have the right to survive, to grow in health, and to be protected and nurtured in their growth to full potential?

Perhaps this is the ultimate challenge, not merely of UNICEF's 42nd year, but of UNICEF's—and the world's—next decade. It is a challenge to which the United Nations Children's Fund is dedicated. It is a challenge which we embrace, in grand alliance with all those who recognize that the journey to humanity's future always begins with children.



James P. Grant
Executive Director

1987—A review

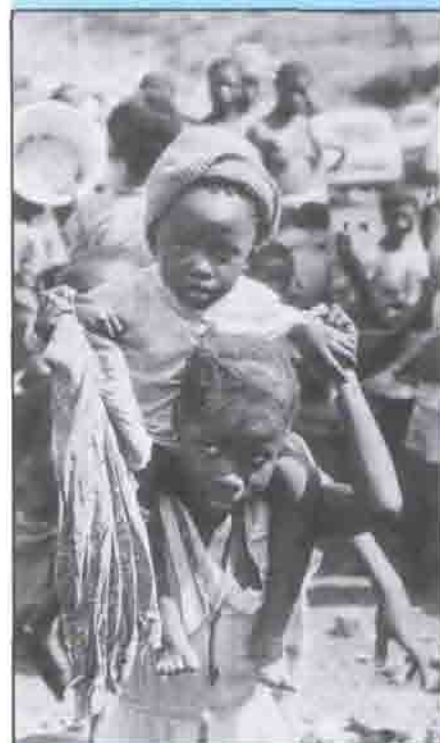
Quality of life, as measured by the health and development prospects of the Third World's children, declined in many parts of the developing world, especially in Africa and Latin America. Only in East Asia and parts of South Asia, including China, was economic development sustained.

UNICEF field reports for 1987 reflect widespread reductions in national health spending and further cuts in education, especially in Africa. Shortages of basic drugs, equipment and transportation have limited the delivery of essential health care in many rural areas, and there has been a marked deterioration in school achievements. A shortage of foreign exchange, combined with cuts in social expenditure, has hampered the maintenance and extension of services in health, nutrition, education, housing, and drinking water and sanitation. Studies for UNICEF's two-volume report for 1987, *Adjustment with a Human Face: Protecting the Vulnerable and Promoting Growth*, produced evidence that malnutrition had increased and educational levels had deteriorated throughout the 1980s in at least 31 countries—16 in sub-Saharan Africa, eight in Latin America and seven in other regions. Asia, including its most populous nations, India and China, was an exception. The overall situation of children in most countries of Asia continued to improve, and even the impact of the 1987 drought in India appears to have been largely contained.

Throughout 1987, the death toll among the world's under-fives was about 38,000 a day from frequent infection and undernutrition. Diarrhoea remained the leading cause of death (four million for the year), followed by measles, tetanus and whooping cough (three million), and ARI (two to three million). Some 200,000 children were



UNICEF 1990/86/Syngje



UNICEF 2120/87/Murray-Lee

The massive problem of malnutrition in Africa (left) and the impact of the 1987 drought in India (right).

permanently disabled by polio, and about 4.6 million died of causes related to undernutrition.

As bleak as the current situation and medium-term prospects are, there were positive forces at work in 1987. Economic difficulties, combined with new opportunities, have given impetus to a variety of national actions to promote growth and protect the poor.

Many countries have made efforts to mobilize domestic resources and make more effective use of them; to find the optimum balance between private and public sector enterprise; to promote national food production; and to strengthen interregional and South-South co-operation. And by mobilizing all their available social forces, more and more countries are implementing low-cost child survival and protection measures.

Together with these efforts towards economic and social restructuring has come an international consensus on the importance of 'adjustment with a human face'. Both the World Bank and the International Monetary Fund have endorsed the concept in principle; and a number of governments, NGOs, and multilateral and bilateral agencies have also spoken in favour of a broader approach to restructuring.

UNICEF advocacy for a 'safety net' for the poor has been widely made during 1987. In the course of the year, the Fund has also helped governments to plan practically for its implementation in Jamaica, Madagascar, Niger, Somalia and Sierra Leone and to formulate proposals on adjustment-related issues. It also helped Ghana and the Philippines to implement socially viable adjustment programmes.

One initiative arising from UNICEF's work on adjustment with a human face has been 'Debt Relief for Child Survival'—a proposal to convert part of the developing countries' foreign debt to commercial banks and governments into national funds which can be used locally by the debtor governments and UNICEF for CSD programmes. UNICEF has been exploring this idea with certain governments and commercial banks, in the hope that this may add substance to more humane and effective approaches to adjustment in 1988. □

Child survival and development

There were fresh indications in 1987 of the powerful multiplying factors inherent in successful immunization and oral rehydration programmes.

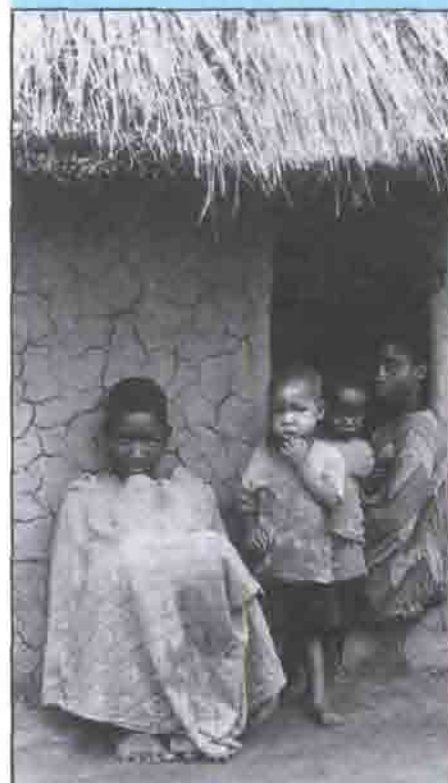
Polio eradication initiatives led by PAHO in the Americas have inspired immunization against other crippling or killer diseases, and spawned stronger health delivery systems and Interagency Co-operation Committees (ICC) in countries throughout the region. Those efforts had the backing of Rotary International, USAID and UNICEF.

In Africa, strengthened immunization programmes have invigorated PHC. Senegal's goal of UCI has brought more and more people to health centres for MCH activities, as well as for their shots. A similar development is evident in Sierra Leone where the EPI programme and improved drug supplies have sparked a revival of the MCH/PHC system.

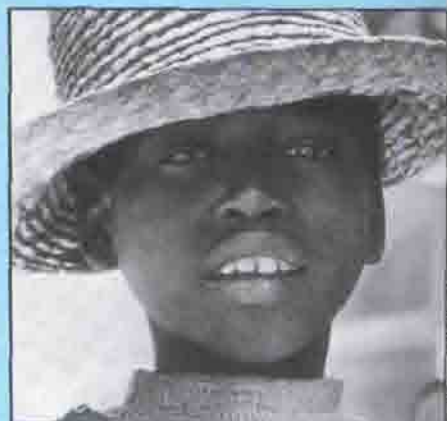
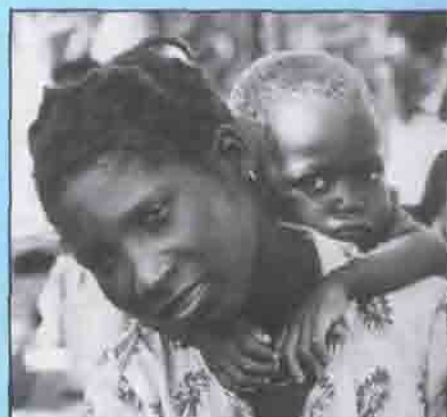
As Indonesia's *Posyandu* system grew from 115,000 to almost 200,000 centres last year, the expanding range of CSD services offered had a positive spillover effect on family planning and acceptance rates. In Bangladesh, family planners report similar gains. Fieldworkers maintain that their participation in CSD programmes has given them a more positive public image.

UNICEF's efforts to bring CSD services to war-torn countries through 'Days of Tranquillity' expanded into Lebanon, where reported child immunization levels were 80 per cent in some communities (see profile page 8).

Global support for CSD, with the formation of a 'Grand Alliance for Children', was also evident in growing financial contributions from the industrialized world. Italy allocated more than US\$130 million to help 35 developing nations (26 of them in Africa) to achieve their target of



Successful immunization and ORT programmes have increased the life expectancy in the developing world.



Schoolyard survival campaign

Sabanagrande, Colombia: Waiting beneath the shade trees in an adobe brick courtyard here one recent afternoon, Claudia Coronado de la Hoz was a little apprehensive. Dressed in a crisp white blouse and pressed cotton pinafore, she had come to visit a stranger, Doña Julia Lopez de Conrado, a young mother of three.

As she sat with her notebook resting across her knees, she thought about her mission to chart the children's names and ages and talk about health care. And she wondered, would the woman take a 16-year-old schoolgirl seriously?

But Doña Julia was receptive, and they talked easily about the children's coughs and colds, their bouts with diarrhoea, and the need to have them immunized against measles, polio and other potential killers in this poorly serviced neighbourhood. Claudia took notes and then showed Doña Julia how to prepare a simple oral rehydration solution measured from a sachet of salts and glucose and a soft drink bottle of boiled water. The visit went well, and after explaining the need to administer the solution to the children during their bouts with diarrhoea, she arranged a follow-up visit and went home to share the new experience with her parents.

In towns and villages across Colombia this year, girls and boys from hundreds of high schools have set out on similar journeys as part of an ambitious programme to promote the healthy development of the nation's four million young children.

The Ministry of Health has introduced child survival and development topics to education curricula from primary to university and adult education levels, so that future generations of parents will understand the principles of primary health care and be able to relate them to others.

In the urban areas, some 700,000 high-school students are being trained as 'health monitors' to spread the word in their neighbourhoods; while in rural areas, schoolteachers are organizing groups of 10 to 15 parents to study ways of promoting their children's health and development.

Training is based on a special manual which concentrates on six

priority areas—diarrhoeal disease and oral rehydration therapy; vaccine-preventable diseases; malnutrition; acute respiratory infections; complications in pregnancy and childbirth; and the child's emotional development. After studying the health manual in the 8th and 9th grades, pupils spend a total of 30 hours a year practising what they have learned in poor communities. Each pupil normally visits three families, and by 1990 the Ministry expects that health monitors will have passed their new knowledge to more than one million Colombian families.

This unique experience in 'pupil power' is aimed at lowering child mortality by one third before 1990. By then it is hoped that:

- at least 80 per cent of the 'under fives' will be fully immunized;
- child deaths from diarrhoeal dehydration will be halved;
- deaths from respiratory infections can be reduced by at least 40 per cent;
- malnutrition will be reduced by more than 20 per cent;
- deaths from complicated pregnancies and childbirth can be cut by more than 25 per cent.



UNICEF/Warr I

UCI/1990. The United States has committed more than US\$150 million to a special Child Survival Fund—including some US\$90 million for the promotion of immunization and ORT. Canada and Sweden allocated US\$100 million and US\$50 million respectively, to help accelerate immunization coverage.

Finland and Norway increased their commitments to UNICEF's child survival efforts, and Rotary International drew close to its target of US\$120 million for polio and polio-plus vaccination programmes world-wide. A good part of this funding was channelled through UNICEF towards EPI and ORT efforts globally.

Towards universal immunization

The momentum towards UCI/1990 accelerated during 1987, with all regions reporting increased levels of activity.

WHO has estimated global coverage for BCG, DPT and polio to be more than 50 per cent, while measles coverage is about 45 per cent. Large countries such as China, Egypt, India, Indonesia and Morocco are improving their coverage levels, and have, therefore, contributed markedly to the overall global performance.

Immunization programmes are also becoming the leading elements for invigorating other health promotion activities. Health ministries are developing lasting alliances with information and media organizations, ministries of education, religious leaders and other key groups in society. Following successful accelerations in immunization activities, CDD and other health interventions are being promoted in a multisectoral way.

As countries have reached higher levels of coverage, they have begun to set targets for disease reduction and/or eradication. This is leading to the development of more effective health information systems, which will be useful for CDD, ARI and other public health problems.

In response to the concern about possible transmission of the AIDS, or HIV virus during routine immunization, WHO and UNICEF issued a joint statement noting that the risk of spreading the virus through routine

Shots of a different kind

As Director of the school, Ihsan was determined his students would be immunized. He made them sing a song about the vaccination campaign every day, until they had memorized the words. He gave them posters to take home to their parents; and as 'V' Day approached, he was seen in the market-place delivering a pep talk to some of the elders: "You see, it is like building a shelter for our children", he said. "If we cannot protect them against war, we can do a lot to protect the health of the ones who survive."

Ihsan, like many thousands of other Lebanese, had taken UNICEF's proposed 'Days of Tranquillity' (21-25 September) to immunize the nation's children against the less obvious killers in the region, as an article of faith in the future. If there was to be peace and prosperity beyond years of sectarian and political warfare, the children had to survive the growing incidence of killer diseases such as polio, tetanus, measles, whooping cough, diphtheria and tuberculosis, as well as the artillery fire.

And so, a national immunization campaign was built, quietly at first, to enlist the support of community leaders in more than 2,000 villages stretching from Tripoli, east and southwards, to Tyre and Souk. During the three-week-long build-up to

the campaign, UNICEF trod softly through political, religious and military animosities. Staff called on anyone and everyone who could help mobilize the delivery of vaccines, and then capped their diplomatic effort by convincing television and radio stations to broadcast, in prime time, appeals for



the common cause of child health.

Through contacts across the spectrum of religious, political, cultural and military factions in Lebanon, UNICEF was able to convince leaders that the Fund was on only one side—the side of their children. And when 'V' Day dawned, not a shot was heard.

Military leaders diverted 'private' fuel stocks to run campaign transport, while militiamen handed out immunization leaflets at checkpoints and gave directions to vaccination posts, as UNICEF's fleet perambulated back and forth with enough supplies to immunize 300,000 children.

For many villages, the vaccination of their young was a first. "We never thought you would come back", exclaimed the leaders of one community when the team arrived for the second round. But by the time of the third and final round, the parents had given their children a bath, and were waiting.

In a country with no central authority, where 12 years of sectarian war and militia feuding have taken 130,000 lives, where cease-fires can be made and broken within the hour, doubts gave way to disbelief as the tattered national framework was stitched together by the threads of a national conscience which many believed to be extinct.

immunization is minimal, providing proper sterilization practices are maintained.

Many countries have switched from disposable syringes and needles to sterilizables, and have acquired newly developed steam sterilizers and low-cost reusable plastic syringes.

International co-operation to support UCI continued during 1987. The Task Force for Child Survival, established by WHO, UNDP, UNICEF, the World Bank and the Rockefeller Foundation in 1986, was active in a number of areas. Among other things, the Task Force:

- » co-ordinated development of a one-dose, self-destructing injection device;

- » carried out operations research into alternative vaccination schedules and delivery strategies;

- » co-ordinated support and identification of resources for applied vaccinology research;

- » disseminated information about world-wide immunization activities through its newsletter, *World Immunization News* (WIN).

Rotary International is co-operating with UNICEF and host governments to provide vaccines and other support to EPI in all regions, including India and China.

Tetanus toxoid coverage of pregnant women and women of reproductive age remains much lower than that for

children, although several countries are promoting tetanus toxoid coverage and have achieved levels of nearly 50 per cent among women. Jordan completed a successful campaign with political support from the Queen and superb co-operation between the Ministry of Health and the professional medical societies. Costa Rica, Dominican Republic, Gambia, Iraq, Oman, Thailand, Togo and Zaire are countries which have also achieved relatively high coverage levels.

Egypt implemented a national campaign for DPT and polio during 1987, and achieved coverage levels estimated at better than 80 per cent. This makes Egypt the first major developing country to successfully achieve national

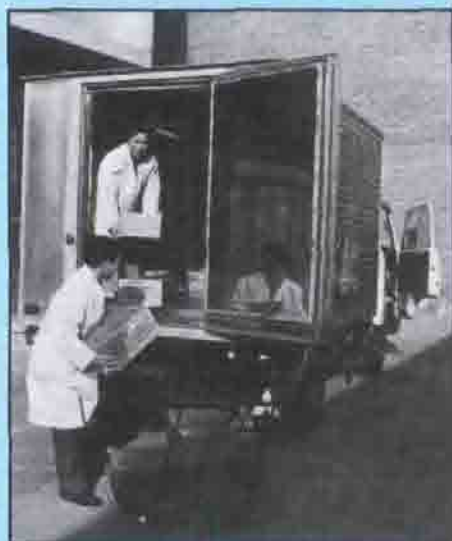


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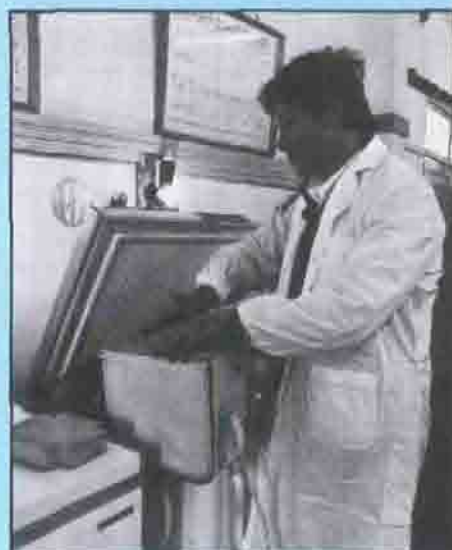


UNICEF 2542/86/Syngene

Epidemiologists are still a major force behind the children of the Third World. Immunization of children in the same region reflects a decline in measles, a fall of 50% thanks to local production of vaccines and an improved cold chain system. From anti-cyotome vaccine, measles is carried by 40-50% of preschool children in some areas.



UNICEF 2544/86/Syngene



UNICEF 2546/86/Syngene

coverage for both immunization and oral rehydration therapy. The challenge now will be to sustain these high levels of activity.

Lebanon was successful in organizing a break in the fighting between factions on three occasions to address the basic health needs of its children. In the course of the year there were three declared 'Days of Tranquillity' during which the country was united behind the need to immunize the children. Coverage levels in Lebanon are reported to be above 80 per cent.

Algeria, Morocco and Tunisia completed national campaigns during 1987, which covered the backlog of older children, thereby allowing attention to be focused on infants in future years. These campaigns have also set precedents for multisectoral co-operation, which have been used to promote other public health issues.

Oral rehydration therapy

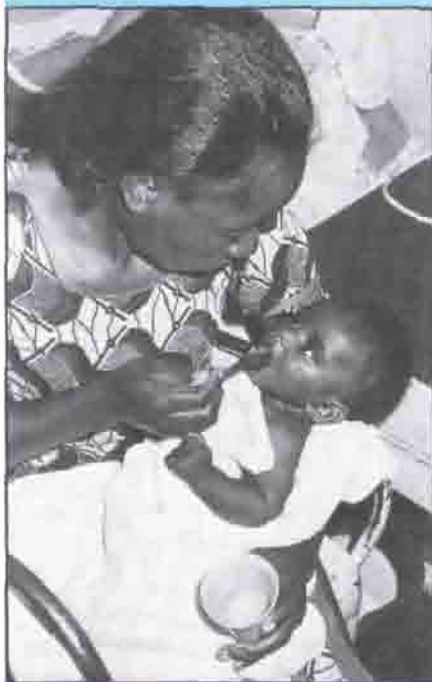
Ninety-seven per cent of the children in the developing world now live in countries with operational programmes to control diarrhoeal diseases (CDD).

Forty-seven of those 93 countries make their own oral rehydration salts (ORS) and account for about half the total global production of packets for more than 300 million litres a year. Among these producers, however, there are major differences in capacity. Although three or four nations produce sufficient ORS for export to their neighbours, just 10 of the 47 are self-sufficient. In fact, half the under-five-year-olds in the developing world now have access to ORS and trained health workers who can show their parents how to use it. These more fortunate ones include more than 75 per cent of the child population in Asia, but only 25 per cent of the total in Africa.

About 20 per cent of the diarrhoea cases in developing countries in 1987 were treated by ORT. And the use of either home-made solutions or ORS averted at least 500,000 child deaths from dehydration.

Even though Africa as a whole has been falling behind in the implementation of ORT, many African nations have joined a recent push to implement

Government support for ORT can bring the cost to almost nothing. Distribution costs supplied with ORT can be as little as 10¢ per 1,000 cases, and mothers can be taught how to use ORT in less than 10 minutes.



UNICEF 2135/87/Murray-Lee



UNICEF 1951/88/W. Anonim

CDD programmes. Thirty African countries are now on the register, including the most populous states.

Globally, there were some promising gains in 1987, with experience in Bangladesh as a prime example of the opportunity to save young lives if governments will put their weight behind CDD programmes.

During the flood emergency in Bangladesh this year, the case fatality rate from diarrhoeal diseases averaged just 1.2 deaths per 1,000 cases. That compares with 10 deaths per 1,000 cases in 1983, and the reduction is directly attributable to the effective use of ORT. Diarrhoeal diseases account for almost one third, or 200,000 of the child deaths in Bangladesh each year.

UNICEF provides Bangladesh with about 12 million half-litre packets of locally produced ORS annually, and is also addressing the problem of diarrhoeal disease through the provision of safe drinking water, environmental sanitation and the promotion of personal hygiene.

One interesting pilot project under way in this area is the distribution of half a million bars of soap, which are packaged with pictorial and written messages promoting hand-washing and hygienic food preparation. If the soap project, with its accompanying posters and leaflets, is successful in combating diarrhoea, efforts will be made to expand the scheme nationally.

Evidence of a new sense of urgency to popularize ORT in Africa comes from Ghana this year where the CDD programme had adequate supplies of ORS, but social mobilization and health education had insufficient priority.

Elements of an ORT revival in Ghana in 1988 will include local ORS production, with inputs from USAID and UNICEF to ensure smooth uninterrupted supply.

Both the public and private sectors will be involved. ORS will be produced by a private firm and distributed through a network of some 3,000 outlets to all urban and peri-urban areas. UNICEF will provide the raw materials to the manufacturer in exchange for free supplies of ORS to the Ministry of Health. And the private sector will handle the product advertising in keeping with global ORT social marketing guidelines. The public sector will therefore be free to focus its attention and resources on rural areas beyond the reach of the private distribution network.

In rural areas, ORS will be distributed free through health posts and health centres, although in the longer term it is expected that the private sector will expand its reach to provide full national coverage, eventually reducing the role of the Ministry to one of supervision and control.

Also in Africa in 1987:

- » Nigeria has expanded its capacity for the home management of diarrhoea. And with the support of the Paediatrics Association of Nigeria and the National Association of Nigerian Nurses and Midwives, it has increased the number of operational ORT units by more than 60 per cent. Over the same period, ORT units, which effectively monitor and submit returns on diarrhoea cases, increased by 300 per cent.
- » The number of diarrhoea cases treated almost doubled to 334,704, and the case fatality rate, which exceeded two per cent in many hospitals before 1985, now stands at 0.41 per cent. This remarkable reduction represented a minimum saving of 5,300 lives last year. These figures do not include the life-saving impact of early sugar and salt solution treatment of dehydration in the home, where 90 to 95 per cent of oral rehydration takes place.
- » Nigeria's ORS distribution system has been strengthened by closer links with the nation-wide EPI vaccine distribution network, and by co-operation with the Nigerian Medical Association and the Pharmaceutical Society—both of which have developed plans to reorient and involve their large memberships in the promotion of ORT. One early indication of this is a plan to try out 'ORT corners' for the supply of ORS from community pharmacies.
- » UNICEF and WHO were part of a team which undertook a 12-state assessment of ORT in early 1987, and the team reported encouraging progress in most areas. However, it is important to keep in mind that while the statistics are much improved upon from the previous year, the gains in relation to the needs are relatively small in a nation of more than 100 million people. There is still poor co-operation from doctors in many parts of the country. The overuse of anti-diarrhoeals and antibiotics continues, and mothers are still spending too much time waiting for their children to be treated in ORT units.

Breast-feeding

While the popularity of breast-feeding continues to rise in the industrialized nations, the opposite is true for developing countries, where both duration and prevalence of breast-feeding are declining.

Characteristic of this downward trend in nations such as Democratic Yemen, Gambia, Malaysia, Syria and Yemen Arab Republic is the early introduction of other foods and drinks—usually of little nutritional value—before the recommended age of four to six months.

The implications of this decline—particularly of exclusive breast-feeding in the first six months of life—include increased fertility and more frequent infections, such as diarrhoea and upper respiratory infections, resulting in greater demands on the resources of GDD, ARI and EPI to cope with the consequent increase in sickness and infection. In the first six months, the risk of morbidity and death from diarrhoea is respectively 15 and 25 times higher for children not receiving breast-milk, compared to those who have the immunological protection of an exclusively breast-milk diet. The crucial role played by breast-feeding in child

spacing is demonstrated by the WHO/NRC meeting which calculated that in Bangladesh if breast-feeding patterns were to change to those typical of industrialized countries, the already high fertility rates would rise by 50 per cent. Contraceptive use would have to rise from nine per cent to approximately 52 per cent.

In industrialized countries, breast-feeding rises with education and economic status. In developing countries the reverse is true, as the decline starts with the urban elite and spreads quite rapidly to the poor. In China, the prevalence of breast-feeding at four months in urban areas is already down to 20 per cent, and little is being done to stop negative trends from spreading to the countryside. In Hyderabad, India, just 43 per cent of mothers in the upper socio-economic group breast-feed their infants at age three months, compared with 60 per cent among the urban poor, and 90 per cent in rural areas. Botswana, Kenya, Lesotho, Malaysia and Pakistan have shown similar patterns.

Allocating more resources to social support, information services and training of health workers in lactation management and counselling skills is reported to have led to positive results. During 1986 and 1987, UNICEF has supported such training efforts in Lesotho, Liberia, Swaziland, Uganda and Zambia. Similar efforts have been undertaken in Honduras and the Philippines with positive results.

In countries where social mobilization campaigns are established, breast-feeding activities could be incorporated without extra logistical problems. By adding technical information on 'how to breast-feed' in growth monitoring cards and leaflets, ORT messages and EPI cards, or by promoting colostrum as the first 'shot' in the context of UCI, breast-feeding can be encouraged within communities, while enhancing the overall effectiveness of CSD programmes.

In one successful UNICEF-supported breast-feeding campaign in Brazil, the key innovation was the systematic use of mass media and advertising techniques in co-ordination with other activities, such as training health workers, starting counselling services for mothers, and including up-to-date knowledge on breast-feeding in school and other training curriculums.

UNICEF continues to advocate regulation of marketing of baby foods

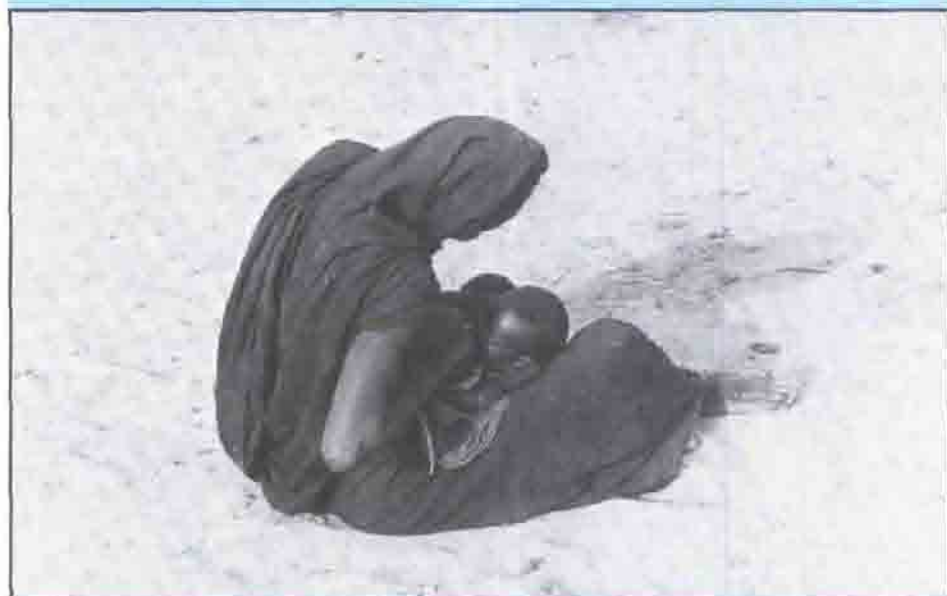


UNICEF 210/67/Murray-Lee

Disseminating health policies and supporting developing countries with proper training and resource facilities.



UNICEF 253/67/Schuyte



UNICEF 723R/67/Schuyte

through enforceable national codes as a means for protecting and promoting the practice of breast-feeding.

UNICEF Brazil has provided technical support to transform the International Code of Marketing of Breastmilk Substitutes into a national, legally enforceable code. Progress in this area has also been made in India and the Philippines. Democratic Yemen, Pakistan and the Yemen Arab Republic are a few of the countries where experience suggests an urgent need to develop codes. Experience in Thailand and Zimbabwe has shown that monitoring systems must be built into code advocacy programmes if compliance is to be enforced.

UNICEF support for progress towards the promotion, protection and support of breast-feeding and good weaning practices can be reported on a number of fronts: Lesotho, Nigeria and Togo are planning activities for 1988; Bolivia, Democratic Yemen, Thailand and the Yemen Arab Republic have taken special note of the relationship between promotion and distribution of milk and baby foods, and undesirable weaning practices; Malaysia is developing educational materials carrying uniform messages on infant feeding and health; and NGOs in Kenya are receiving financial and moral support for breast-feeding.

Nutrition and growth monitoring

Attempts to provide a global overview of the nutritional status of children remain hamstrung by a lack of reliable statistics. Very few countries are able to present meaningful nutrition data, and even when they do, there is no uniform statistical yardstick for comparison. Some countries measure weight-for-age; others measure height-for-age; and still others measure the circumference of the child's upper arm.

The development of a minimum set of indicators which can be recommended for all countries, and the strengthening of nations' capacities to gather and analyse data, will be of strategic importance to the future development of nutrition programmes. They would enable the formulation over time of concrete objectives for nutritional improvement in countries or regions; and they would help to focus effort and political commitment on realistic targets.

At the same time, there is a need to adopt a broader perspective of nutrition within the total development framework. More attention should be given to the nutritional consequences of development projects and policy-making within the framework of structural adjustment.

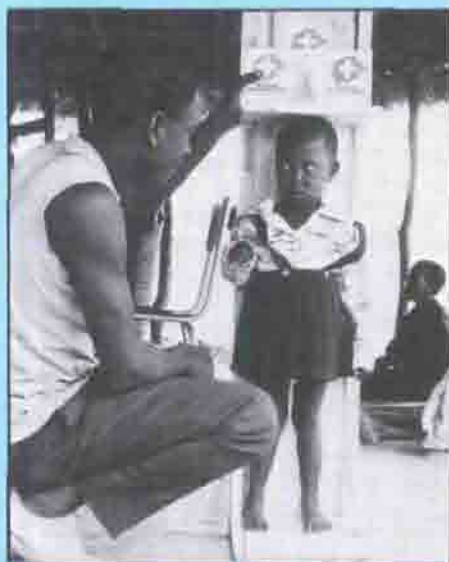
Within this context in 1987, Indonesia showed it was possible, with sound nutrition programming, to provide 'adjustment with a human face'. Despite a 33 per cent cut in the health budget, the Government sustained its commitment to CSD by redirecting resources away from hospitals and towards a community-based system (*Posyandu*). The nutrition effort turned to the Village Nutrition Improvement Programme, Food and Nutrition Surveillance, and Iodine Deficiency Control. EPI coverage in fiscal 1986-87 was 60 per cent and the CSD strategy was sustained.

Sri Lanka offered evidence of another significant phenomenon in 1987. Available statistics showed the disturbing paradox of a nation which has lowered infant mortality dramatically, but has failed, as yet, to follow through on behalf of the survivors. Although the safety net of CSD intervention is working remarkably well, particularly in the region of the Mahaweli project, where infant mor-

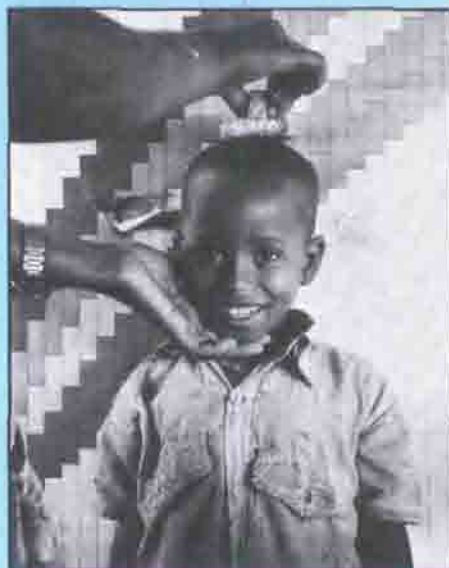


UNICEF 2098/87/Murray-Lee

Weight monitoring is a vital tool in the early detection of malnutrition. Checking the height and weight of pre-school children is a practical way to assess their nutritional status from birth.



UNICEF 2631/87/Watson



UNICEF 2888/87/Hodson

Street foods gain in stature

Street food is a hot new item on nutritionists' calorie cards this year.

Research in Asia and Africa has identified vast food vending networks run mostly by women, and geared uniquely to the needs of infants and young children.

In Benin, street vendors have become the main outlet for locally produced weaning foods. In other parts of West Africa they are key producers of *bouillie*, a rich cereal porridge. And in Indonesia, tens of thousands of micro-enterprises provide millions of schoolchildren with two and sometimes three square meals a day.

The scale and intensity of these informal fast food operations has largely dispelled the notion that products sold off a pushcart, or from the front rooms of family homes, are merely snacks.

In Indonesia, a project funded by the Ford Foundation discovered that students and itinerant labourers buy almost all their food from the streets, and that 25 to 30 million elementary schoolchildren are given money each day to buy their meals from

vendors on or near their schoolyards. Children were found to spend between 150 and 250 rupiahs a day on 'school-sized' portions, which often provided their total food intake during the first half of each day.

They chose *kerupuk*, a cassava fritter, and *bakwan*, a type of bread. The *kerupuk* was fortified with a 20 per cent soy flour substitute, and a bean additive was introduced to the *bakwan*; but not before the 'new, improved' versions had been market-tested with children and adults for smell, flavour and colour. The crunchy texture of the protein-enriched *kerupuk* was an instant hit, and children were unable to taste the difference between the more nutritious new *bakwan* and the old. Street vendors co-operated by incorporating the fortifying ingredients in their recipes; and if the price of these additives can be stabilized, these new recipes might be standardized for schoolyard sale elsewhere in the country.

In Bogor, Indonesia (pop. 250,000), 17,760 street food establishments absorb close to

25 per cent of the labour force and generate an annual sales volume in excess of US\$60 million. The comparable figures for Manikganj (pop. 37,996), a market town in Bangladesh with 550 such micro-enterprises, are 6 per cent and US\$2 million respectively. The average gross earnings for the 5,000 street food vendors working in Iloilo City, Philippines (pop. 245,000) are 60 per cent higher than those paid to employees of medium and large firms in the formal sector.

Statistics suggest that the informal fast food sector has been vastly underrated in much of the developing world, and that bureaucrats who move periodically to chase small vendors off the streets have been making a big mistake.

The project in Indonesia found that close to 25 per cent of the food budgets of urban households, at all income levels, is spent on street foods.

Moreover, street foods offer an entry point for nutritionists to improve dietary intake at all levels of society.



UNICEF/WHO

tality is just 15 per 1,000, the nutrition status of children is grave, with 25 per cent of babies born with low birth-weight and one third of them below the third percentile.

This imbalance between survival and overall child development is not well understood, but it suggests the need for adjustments in the CSD strategy itself, and for a close watch on the nutritional status of children elsewhere, as EPI and ORT take hold.

Overall in 1987, within UNICEF, there was greater interest in growth monitoring and promotion as an implementation strategy of community-level nutrition programmes. In contrast to the previous year's activity, which was limited mostly to the printing and distribution of growth charts, serious operational studies to test the concept and improve the quality of implementation are under way in many countries, including Bangladesh, Brazil, China, Kenya, Liberia, Nigeria, Sri Lanka, Swaziland, Tanzania, Togo and Zimbabwe.

There is also growing awareness of the need to strengthen the link between growth monitoring and programmes to improve weaning practices.

Africa and India have emerged as centres of revival for traditional weaning foods. There is particular interest in home-based fermentation and germination technologies, and an initial review suggests that these foods have superior calorie density and resistance to bacterial contamination. Their low cost and acceptance by children are also positive features. A number of countries are watching these developments, and after laboratory examination to ensure there are no toxicological problems, some nations will introduce traditional weaning foods on a pilot basis. This is an important development, and one which could radically change the programme approach for the future.

WHO/UNICEF Joint Nutrition Support Programme (JNSP)

Overall, JNSP matured in 1987 with the completion of mid-term reviews for half of its 18 country projects.

Most of those projects have adopted a multisectoral approach to nutrition, and the reviews addressed questions of management, sustainability and extension.

Since 1982, when the Government of Italy made its original commitment of US\$85 million to the programme, no two country experiences have been the same, although one common finding of the reviews has been the lack of a clear relationship between project activities and objectives. A frequent complaint is that many projects support objectives that are not clearly defined.

A second, related, review experience is that the vision of project designers is sometimes lost in the implementation. In most cases, the authors of basic planning documents are not involved in the follow-through.

A third pattern emerging from the mid-term reviews relates to difficulties inherent in small-scale, community-level interventions such as income generation for women, or village gardening. It is becoming apparent that the provision of a few material inputs and some management training for community groups is not enough to guarantee the viability of this type of activity.

JNSP has, however, contributed to the development of national capacity in a number of ways. Most obvious are training, the provision of supplies and equipment, and technical consultation when needed. More subtle, in many countries, has been the establishment of new models, which draw together individual sectors in a coherent fashion to reduce malnutrition.

Ethiopia and Tanzania were illustrative of the multiple causes of malnutrition and the present-day arsenal available to address them, while Bolivia, Ecuador, Haiti and Peru focused on glaring priorities—diarrhoeal disease control in Haiti and endemic goitre and cretinism in Bolivia, Ecuador and Peru.

Tanzania's principal success in 1987 was the extension of JNSP in the Iringa

region to encompass an additional 450 villages and the town of Iringa itself. Broad-based JNSP approaches are now being applied to 220,000 children under age five in 620 villages.

During the year, a third video information film went into production as part of a social mobilization effort; a pregnancy monitoring system was designed for the Pawaga division; nutritional status/death monitoring was intensified; eight new dispensaries were completed for MCH care; vitamin A and anaemia control were combined with malaria control research in Pawaga; and knowledge and use of ORT and home-made solutions increased.

The latest figures on UCI showed that 90 per cent of the under-five-year-olds were fully immunized.

Experiences in Iringa have attracted a good deal of interest elsewhere. JNSP people from Ethiopia have visited the region on a number of occasions, and in March, Ethiopia's JNSP project manager was invited to an International Workshop on Social Mobilization. This cross-fertilization has been cited in Ethiopia as a key factor in the rapid acceptance and translation of JNSP activities there.

Ethiopia's JNSP objective over the next five years, is to:

- » reduce infant mortality from 136 deaths per 1,000 live births to 100.
- » reduce undernutrition from 60 per cent to 40 per cent of the under-five population.
- » improve birth weight by 20 per cent.

The focal point of the programme is the Ethiopian Nutrition Institute, and, in the first 18 months of national and regional activity, Sidamo Province in the south has achieved the most balanced health and non-health activities.

Programme co-ordinators have attended workshops and courses in Kenya and Zimbabwe; steps have been taken towards drafting a food and nutrition policy; two mobile audio-visual units managed to reach some 650,000 people during a 60-day campaign to promote interest in child-feeding, ORT and immunization; farmers have been engaged in experiments to grow soybeans, haricot beans and potatoes; and a health study, which recorded schistosomiasis parasites in 69 per cent of school-children near a new dam site at Kedo-Boga, recommended control measures for a future plan of action.



UNICEF 2160/87/Mohr



UNICEF 2176/87/Mohr



UNICEF 2168/87/Mohr

The 1986-1987 period has seen massive job creation in Nicaragua under the joint UNICEF-Cuba plan. Through this project, UNICEF, UNDP, and Government are just the beginning for a strategy which is becoming significant in the high rate of malnutrition among children and women.



UNICEF 2177/87/Mohr

Reports from Haiti were in stark contrast to these African approaches.

Political turmoil has impacted heavily on Haiti's social and economic development efforts and has influenced an unusually tight focus on measures to promote breast-feeding and ORT as a counter to diarrhoeal disease. The resulting National Programme for the Control of Diarrhoeal Diseases and Promotion of Breast-feeding (PRONACODIAM) has been receiving support from USAID and OPEC.

A review of health statistics between 1 October 1986 and 30 March 1987 suggested promising gains by the programme. Some 64.5 per cent of all diarrhoea cases (40,844) reported by health institutions were treated with ORS, and only seven per cent needed mixed rehydration.

At the University Hospital, which has been pioneering ORT, it was reported that mortality from the diarrhoeal cases admitted was less than one per cent. Of the 1,344 patients admitted in 1987, 10 died (0.7 per cent), compared with 40 per cent in 1979.

A follow-up survey of children discharged from the hospital after treatment, however, has given rise to great concern. Preliminary figures show that 16 per cent died from malnutrition or pneumonia within two to four weeks of their release.

In Bolivia, Ecuador and Peru, JNSP has focused on endemic goitre and cretinism.

The long-term strategy has been to control iodine deficiency diseases through salt iodation. In Bolivia this has been achieved through measures to ensure iodation by all salt producers; to provide technical assistance for iodation by small producers; to educate the public and commercialize iodated salt; and to monitor the biological impact of the programme.

The promise of these approaches for Ecuador and Peru, where programmes are not at such an advanced stage, is that during the year, it was possible to convert 14 salt plants from non-iodated to iodated production; and a mass marketing body, EMCOSAL, which handled 80 per cent of the iodated salt produced by the nation's co-operatives, became profitable. The second phase of an iodized oil injection programme reached 216,659 people, and follow-up surveys of those covered by the first phase showed a 25 per cent reduction in visible thyroid disease.

Primary health care

The focus of global and regional conferences in 1987 suggests continuing political awareness and commitment to child survival initiatives and to PHC in general.

In 1987, there was an interregional meeting in Harare on 'Strengthening of District Health Systems', based on PHC and two Nairobi conferences on 'Better Health for Women through Family Planning' and 'Safe Motherhood'. African Ministers of Health passed a resolution at WHO's regional meeting in Bamako to improve the health of women and children through community-level funding and management for essential drugs. And the African Heads of State meeting in July declared 1988 as The Year for the Protection, Survival and Development of the African Child. There were parliamentary conferences on health, population and child survival in Asia as well as Africa; and Central American countries highlighted their regional child survival and development plan with an immunization day on 5 April.

A variety of economic and social crises, however, have placed severe constraints on these good intentions. Economic adjustment policies, drought, civil wars and other calamities have affected recruitment and manpower retention in the health services and severely taxed the logistics of drug supply and delivery in these countries. Resource flows from richer to poorer countries have generally stagnated, and many nations are concerned about the long-term sustainability of CSDR/PHC programmes.

In spite of this, a number of countries have shown resourcefulness and a resolve to develop their PHC systems. In Nigeria, the President has pressed ahead with a US\$25 million budget for PHC in local government areas, despite a 30 per cent cut in the national health budget.

Democratic Yemen has restricted the commission of three new urban hospitals rather than compromise its focus on PHC. Indonesia has boosted resources for PHC, while India and Sri Lanka have reinforced the PHC component in their medium term plans.

In Africa, major improvements in immunization coverage during 1986 and 1987 have changed the atmosphere for PHC development. In



UNICEF 2528/87/Schuyte



UNICEF 2536/87/Schuyte

This community health worker visits the village of M'Pong, providing preventive and therapeutic care to all.



UNICEF 2530/87/Schuyte



UNICEF 2531/87/Schuyte

Senegal, the use of health centres has increased with the integration of immunization with MCH efforts. In Sierra Leone, the EPI programme, together with improved drug supply, has brought a revival of the MCH/PHC system.

In South-East Asia, the trend is from curative to preventive medicine and multisectoral approaches to basic needs. The *Posyandu* system in Indonesia expanded from 115,000 to

almost 200,000 centres, and family planning and acceptance rates have increased as the scope of the centres has broadened under the CSD programme.

A major trend in all regions is towards the local financing of PHC. Benin, Bolivia, Brazil, Cape Verde, China, Ghana, Liberia, Pakistan, the Philippines, Senegal and Zaire are all engaged in a variety of credit systems and user-charge programmes to maintain supplies and augment dwindling

The survivors of Ikongozi

Ikongozi, Tanzania: A windswept village of red brick and thatch huts in the southern highlands. The year: 1987. Population: 2,000. Children under five: 300. Children malnourished: 0. Children with measles, gastro-enteritis, pneumonia: 0. Infant and child mortality: 0.

No wonder parents in Ikongozi count their blessings as they leave for the fields each morning. In 1984 malnutrition among their children was running at 70 per cent. The young were listless, barely active. They spent their days crouching in the heat outside the family homesteads, gazing into space as they waited for their parents to return, and nine of them died from easily preventable illnesses before Christmas.

The village itself was something of an anomaly. It wasn't poor in absolute terms, and technically speaking, everyone should have had plenty to eat. Ikongozi lies within the prime agricultural district of Iringa, which produces enough maize, wheat, potatoes, beans and cowpeas for home consumption and for sale. Its most serious deficiencies were a lack of knowledge as to what makes a balanced diet for a child, and of organization to see that the children were well cared for while parents were in the fields. Work demanded that the able-bodied men and women travel up to five kilometres from the village, and most of the children were left at home in the meantime, unfed and unattended.

That picture changed dramatically in 1984, and Ikongozi very quickly became one of those clear examples of what a motivated community can achieve with a little outside help.

In 1984 the village elders decided to participate in a nation-wide campaign run by the Government and a group of foreign donors to develop community health care facilities, establish food security and give women access to basic economic resources such as livestock, appropriate technologies and credit for cottage industries.

Today, there is a modest village health centre attended by trained health care workers Patrick Mugulunde and Rose Malekela, both 26 years of age, and Elizabeth Madege, 18.

The centre is housed in the local bureau of Tanzania's ruling Chama Cha Mapinduzi (CCM) Party, and a boisterous group, led by five- and six-year-olds, troops over there each day around 10 a.m. to sing, play, dance and eat.

Most of the children have been immunized against measles, tuberculosis, polio and tetanus, and Mugulunde and Malekela regularly call the children into a small room where they are weighed and their temperature is taken. Each child's eyes, ears, mouth and skin condition are checked and recorded. Sores are dressed, running noses are wiped and any child who shows signs of fever is given a teaspoonful of medicine and instructed to rest on a mat in the corner. The Ministry of Health replenishes the centre's stock of 10 basic drugs monthly.

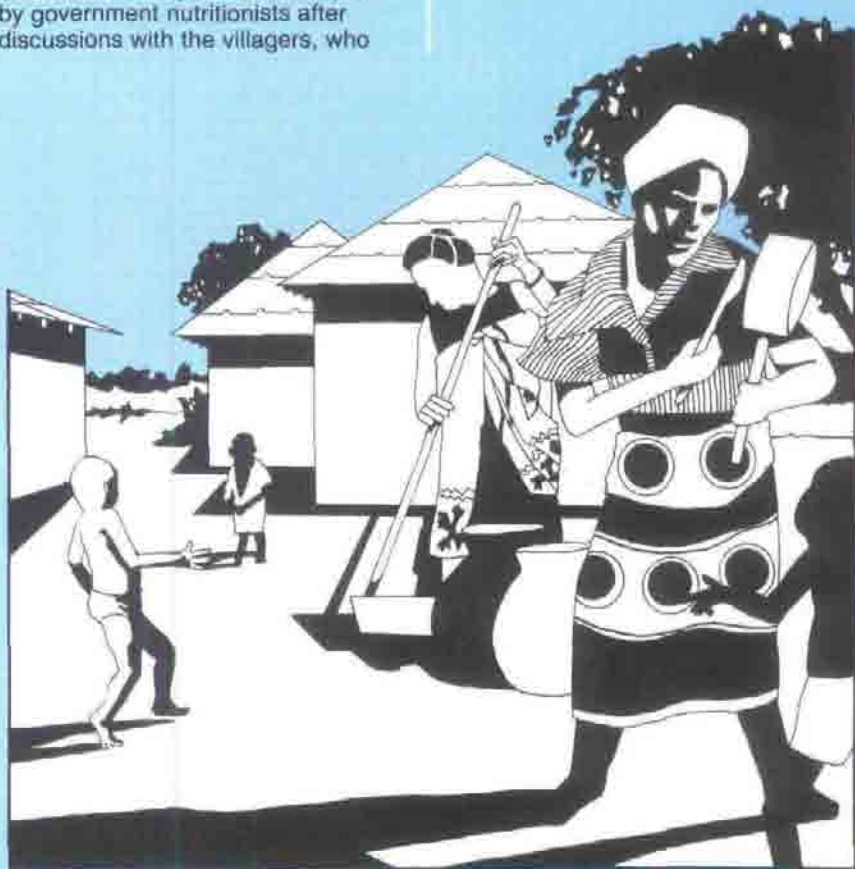
Madege is responsible for the preparation of the children's lunch—a mixture known as *posho* which contains ground maize, germinated and fermented millet, sunflower seeds, beans, ground-nuts, a pinch of salt and assorted relishes in season. The recipe was developed by government nutritionists after discussions with the villagers, who

keep Madege's kitchen stocked from their harvests.

At 11:30 each morning, Madege bangs on her saucepan to alert the children, and a stampede begins for the main hall where they are served. Madege's kitchen guarantees every child in Ikongozi at least one well-fortified meal a day.

In the evenings, Mugulunde and Malekela visit the parents of children who are sick, or who appear to be lagging in their growth, and they offer advice.

Ikongozi has become something of a model in southern Tanzania, but a decline in the number of child deaths has also been recorded elsewhere in the Iringa district where other villages have entered the programme. The Government hopes that by 1988 no village in the Iringa area will be more than 10 kilometres from a well-equipped health or day-care centre with two health workers, traditional birth attendants and traditional healers.



salaries. Community health insurance is being developed in the Republic of Korea and Syria; and in some countries of sub-Saharan Africa community health workers are being compensated by payments in kind.

There is also a trend to integrate programmes for the control of ARI, with immunization and CDD. In the Gambia, Oman, Sudan, Tanzania, Tunisia, Turkey and Zimbabwe, national programmes are being developed to capitalize on experience gained in the Americas. ARI control strategies are also being developed in China, India, Indonesia and Sri Lanka, among other Asian countries.

Interest in maternal and perinatal care has grown as the risks inherent in childbearing in the developing world become better known. Some 500,000 maternal deaths are attributed to avoidable causes in Third World countries each year—a statistic which has helped to reinforce political interest in health and population issues.

There is concern at the resurgence of malaria in Asia, Africa and the Americas, together with outbreaks of yellow fever, cholera and meningitis. But none has had quite the public attention of the AIDS virus infection, which has reached epidemic propor-

tions in some African countries, directly endangering the health of children through their mothers. AIDS is now a pandemic and has been reported in almost every country.

UNICEF is working closely with WHO to control the spread of the AIDS virus. It is pursuing a programme to enhance the sterilization of injection equipment for immunization in particular, and it is helping countries change over to reusable, sterilizable syringes and appropriate sterilizing equipment. Where disposable syringes are in use, there are stringent rules for ensuring their effective destruction.

UNICEF programmes continue to give high priority to training, health information and education; and there is growing emphasis on health service management. One clearly identifiable trend is towards PHC training for middle-level managers in countries such as Benin, Botswana, China, Ethiopia, Peru and Saudi Arabia.

In PHC overall, UNICEF has continued to explore openings for complementary activities at all levels. Its co-ordination with other key United Nations agencies such as WHO, UNEFA and the World Bank has continued to grow, as have its relations with a variety of NGOs.

Essential drugs

Two events in 1987 set the tone for a major push to protect African children against the main killer diseases.

In July, African Heads of State at the OAU summit in Addis Ababa, declared 1988 The Year for the Protection, Survival and Development of the African Child. And in September, in Bamako, (Mali), African Health Ministers launched a major new initiative for achieving universal PHC and maternal and child health care for women and children through essential drugs and community financing.

The centrepiece of the Bamako initiative is a new form of community funding and management for the supply and delivery of essential drugs. African nations will join forces to make low-cost bulk purchases and then distribute them through community outlets. Prices to the consumers will be much lower than present retail costs, but will allow enough 'profit' to pay for their replenishment and to finance the development of community and district health services.

Experience in Africa suggests that people are prepared to pay for drugs, and the Bamako initiative will ensure



Community health workers, UNICEF, are working to protect children against killer diseases.

UNICEF 1824/86/Sprague

UNICEF 1824/86/Sprague

not only that they get them at the best possible prices, but that they get the best-quality products, correctly prescribed. All too often in developing countries, antibiotics are prescribed, incorrectly and at high cost, for viral infections or simple diarrhoea—a practice which not only risks the health of the patient, but wastes precious resources.

Programmes supported by UNICEF and WHO in Kenya, Mozambique and Tanzania, have shown that some 30 to 40 essential drugs can be supplied to rural communities at a cost of about 50 cents (US) per person per year.

In Tanzania, a major essential drugs programme, which entered its second phase in 1988 with support from DANIDA, is providing drugs for just 35 cents (US) a head. And when warehousing, distribution, training and management expenses are factored in, the final cost is just 10 cents more.

In Ethiopia, the programme has concentrated on developing a capacity for the local production of essential drugs. Ethiopia achieved self-sufficiency in 40 essential drugs in 1987, and expects to expand the range to 44 in 1988 when plants for the production of ORS and IV fluids are also likely to be operational. The Ethiopian programme has been supported by the Italian Government.

It is envisaged that donor support would provide the initial hard currency to import bulk drug supplies to sub-Saharan Africa. The cost of the Bamako initiative is estimated to be US\$100 million a year until 1992, after which time the external support is likely to be scaled down. Together with WHO, the World Bank and other agencies, UNICEF would support the Bamako initiative.

UNICEF's Supply Division in Copenhagen continues to provide essential drugs and vaccines to more than 100 developing countries around the world, both as part of UNICEF-assisted programmes, and on a reimbursable basis, on behalf of governments. The volume of supplies handled through the warehouse has increased steadily from US\$18 million worth in 1983 to US\$35 million in 1985, and US\$60 million in 1986. The rate of increase slowed during the first nine months of 1987, but the final result for the year is likely to equal that of 1986. In general, the prices of essential drugs rose in dollar terms through 1987 as exchange rates shifted unfavourably against European currencies.

Acquired immune deficiency syndrome (AIDS)

AIDS has reached epidemic proportions, and the world community is increasingly involved in the global struggle. Reports from areas where AIDS is highly endemic reveal a growing group of children affected directly and indirectly by the AIDS epidemic, a new group of 'children in especially difficult circumstances'. UNICEF believes that potentially high rates of AIDS-related infant and child morbidity and mortality could undermine many of the encouraging strides made by child survival initiatives.

During 1987, with advice from WHO, UNICEF monitored the potential interaction of AIDS with two main areas of UNICEF assistance, immunization and breast-feeding. Regarding the former, after extensive study, UNICEF and WHO issued a joint statement concluding that the potential for HIV infection to be spread by childhood immunization was extremely low, and that given the benefits of EPI programmes, which prevent over a million deaths a year from measles, neonatal tetanus and whooping cough, EPI programmes should continue to be vigorously pursued. Regarding breast-feeding, a similar study group organized by WHO concluded that if breast-feeding has any impact on HIV infection, it is likely to be as an extremely minor route of transmission, compared to that of infection during gestation or delivery. UNICEF and WHO continue to support, promote and protect breast-feeding efforts in developing countries.

At the global level, UNICEF participated in a number of international WHO and other fora on the subject of AIDS in the areas of research, policy, planning and fund-raising. At the headquarters level, UNICEF established an internal task force to explore policy and programme-related issues, and hired a full-time senior project officer to work on AIDS. Information and Public Affairs staff distributed information packages on AIDS to United Nations missions and NGOs, on the occasion of the AIDS discussion at the United Nations General Assembly. The NGO Committee of UNICEF organized a Working Group on AIDS, planning various activities related to children.



Mothers and young children are struck by AIDS

UNICEF 2/84/07/Clemm

Efforts in the immunization field to ensure the sterilization and safety of immunizations continued, as well as development and field testing of improved injection devices.

At the field level, UNICEF staff participated in the process of developing national AIDS plans in Ethiopia, Kenya, Rwanda, Tanzania and Uganda. Recognizing that the most effective channel for preventing AIDS in children is through prevention of transmission of HIV to their mothers, UNICEF supported several initiatives in the health education field, with particular focus on AIDS. Staff in Rwanda, Tanzania and Uganda, with WHO, assisted the National AIDS Committee with the development of extensive AIDS health education projects for UNICEF support.

Under the overall leadership of WHO, and in the context of its mandate and areas of programme competence, UNICEF studied areas in which it could accelerate its contribution to the global struggle against AIDS, particularly as it affects children and women. These areas include: health education; communication and social mobilization; training of MCH/PHC workers; supporting studies of the socio-economic impact of the disease on children; continuing work in the EPI field; and advocating attention to the special problems of children to national and international audiences. □

An early warning system for children

Children are usually the first victims of hard times, but too often their suffering is measured by an irreversible statistic like mortality—numbers which might be gathered months or even years after the fact. Too often, governments press ahead with flawed policies, oblivious of the suffering inflicted on their most vulnerable citizens, until it is too late—a fact tragically illustrated by assorted data gathered in the early 1980s after a number of governments in the developing world had embarked on economic adjustment programmes to combat the global economic recession.

UNICEF sounded an alarm in 1984, when it noted a decline in the quality of life of children in a number of developing nations. And this year, as the effect of cut-backs in public social spending continued, it published evidence of deteriorating child welfare in at least eight countries in Latin America, 16 in sub-Saharan Africa, three in North Africa and the Middle East, and four in South and East Asia. The decline was most pronounced in the areas of nutrition and education—a finding which suggested that the mental and physical capacity of the world's poorest children had in effect been mortgaged against the distant promise of a global economic turnaround.

UNICEF's data showed that the proportion of low-birth-weight babies increased in at least 10 countries between 1979 and 1982, but these were just the countries for which information was available. Elsewhere, nutrition and health statistics were weak or non-existent. In many developing nations, malnutrition and declining health had apparently gone unrecorded, and perhaps unnoticed.

UNICEF urged those donor nations and agencies which had made structural adjustment a precondition for further aid in the developing world to recognize that investments in human resources were as vital for economic growth as were other investments, and in the course of 1987 the need to give structural adjustment policies a 'human face' has been widely acknowledged.

Together with this acceptance has come heightened awareness that effective policy-making requires

timely information, and UNICEF's Executive Board, at its last session, approved a US\$10 million 'noted' project to develop the world's first early warning system designed expressly for children.

The project, to strengthen and extend food and nutrition surveillance systems for some 60 countries over the next five years, is a joint initiative with FAO and WHO.

The nutritional status of young children is probably the most sensitive indicator of sudden changes in food availability and health status, and data collected and analysed on a quarterly basis can give national leaders and the international agencies an early warning of distress, ill health, or famine, in time to adjust policies or take other evasive action. Timely information on clean water, breastfeeding and immunization can save lives.

Support to individual countries will be provided mainly for the collection, analysis and dissemination of food and nutrition information; for training; for limited items of equipment; and for help developing proposals. In the 20 or so developing countries where some form of nutrition surveillance already exists, the immediate objective will be to help governments make better use of what they have, rather than to

initiate new systems.

The three common indicators recommended for collection are:

- birth weight: as a predictor for development, and an indirect measure of the health and nutritional status of mothers and pregnant women.
- weight-for-age of children under five years: for monitoring the growth and development of this vulnerable group.
- height-for-age of primary school entrants: as a measure at the end of early growth and development, which can be taken as an overall indicator of social and economic development.

Individually, or collectively, these measures would be supplemented by other data tracking such things as the availability, accessibility and price of food. Statistics would be collected through a variety of channels, including health clinics, household sample surveys and schools.

Letters requesting funds were sent to six selected donors: Canada, Denmark, the Netherlands, Norway, Sweden and Switzerland in June. A later request for funding was also sent to the Italian Government. Switzerland has already responded with a pledge of US\$2.2 million to ensure the programme's launch in early 1988.



Formal and non-formal education

Illiteracy remains a major stumbling block to development efforts throughout the Third World. According to UNESCO, education had bypassed more than 889 million adults by the mid-1980s, and 98 per cent of those illiterates lived in developing countries.

For UNICEF and its efforts to promote CSD through education and information programmes, one particularly troubling aspect of those statistics is the persistent and disproportionately high number of young girls who never went to school, or who dropped out early. Low enrolment and high female illiteracy is heavily concentrated in south Asia and Africa, but pockets of neglect also persist in parts of Latin America (the Andean countries and Bolivia, Haiti, Honduras), as well as the Middle East and North Africa. National and international surveys have consistently linked improvements in child health and development to the educational level of their mothers, but the awful irony of that connection for developing nations, is that women have remained the great majority of the world's illiterates.

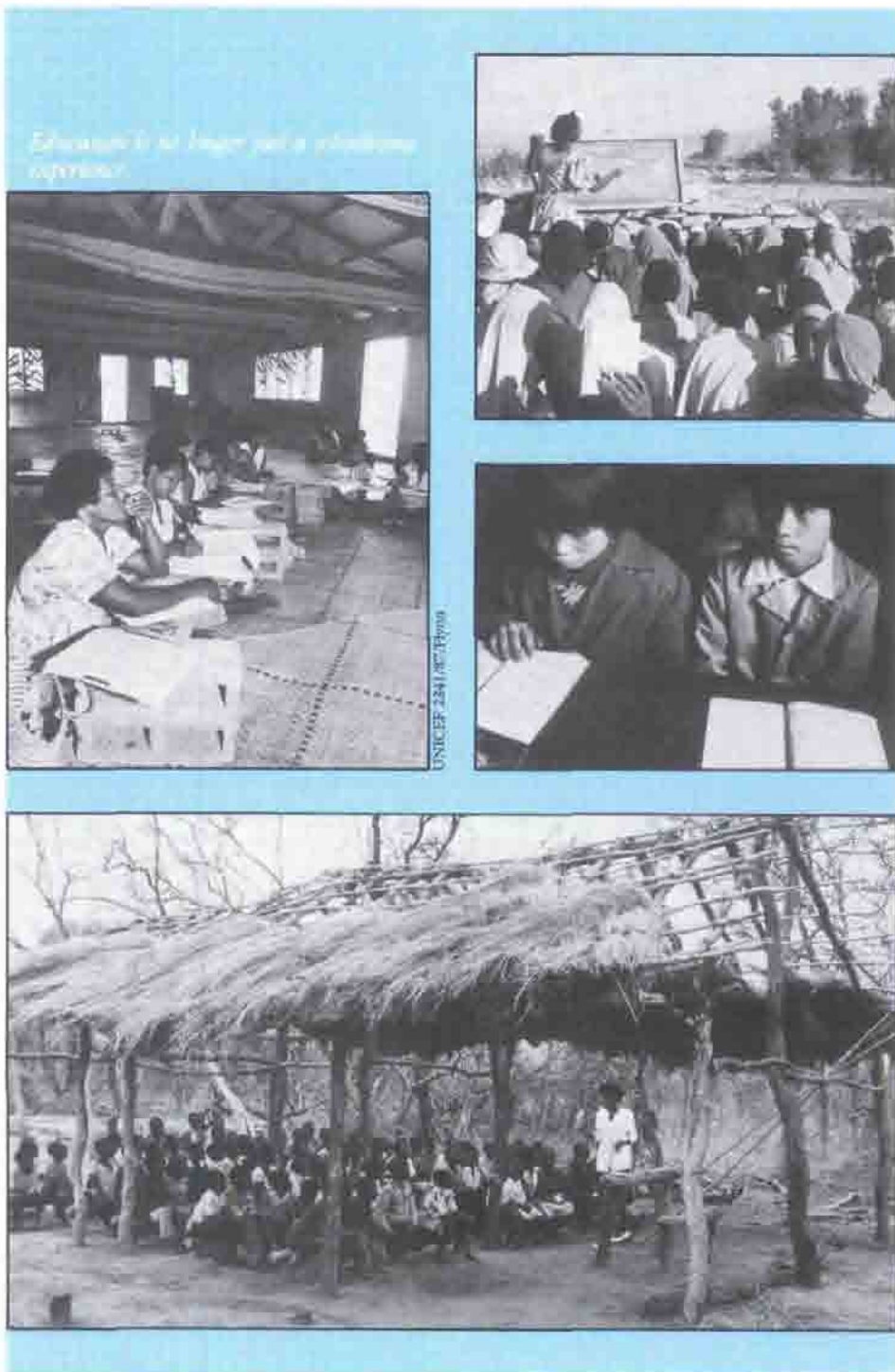
Education budgets have suffered greatly in the current, prolonged recession, and momentum towards UPEL has been slowed in many countries, but potential remains to shift priorities and investment towards primary education and a functional level of literacy for all people. The most obvious opportunity lies in reallocation of resources from expensive tertiary institutions to expanded primary school programmes which serve all children and were shown to be the most cost-effective investment.

UNICEF's challenge in 1987 was to help governments pursue restructuring of their economies without further damaging the fragile existence of their most vulnerable citizens—children and mothers in the poorest sectors of rural and urban life. In its advocacy of 'adjustment with a human face', UNICEF worked with governments to: obtain a political commitment to re-examining educational priorities and cost benefits; improve administrative capacities to sustain and expand UPEL, despite current financial limitations; focus on the socio-economic returns of education for adolescent girls; and accelerate education programmes for women.

Early childhood development

Conventional approaches to early childhood development and pre-school education have failed to keep

pace with the demand for services in much of the developing world, and UNICEF has shifted its attention accordingly towards innovative programmes for a wider audience. Efforts are being made to establish linkages between survival and developmental program-



ming, and to increase programme coverage, which is currently biased towards children in the three- to six-year-old age group, to include the child from birth to age six.

Steps have been taken to upgrade the quality of professional and para-professional staff; and UNICEF is supporting the development of standard curricula, backed by training courses and supplementary teaching aids, for Bangladesh, Bolivia, China, Ethiopia, Haiti, Iraq, Morocco and Zimbabwe. In Zimbabwe, health and nutrition have been incorporated into the curriculum of its 4,000 rural pre-schools; and Brazil has included early-childhood stimulation and disability prevention in its PHC curriculum. China has assigned eight universities to train pre-school teachers and develop training materials; and UNICEF has supplemented that effort with support for mobile training units to reach teachers in rural areas. Similar mobile teams have UNICEF support in Kenya, Thailand and Zimbabwe.

UNICEF is supporting a broad range of complementary options. In the Republic of Korea, teachers are working with disadvantaged children (0-3 years old) and their mothers at home. In Chile, the Ministry of Education has established 330 low-cost Nutrition and Language Centres for some 10,000 children under six years of age in areas of extreme poverty. In Thailand, where programmes in community centres have had no impact on the high-risk zero to two-year-old age group, UNICEF is supporting training programmes for about 18,000 mothers in 30 districts.

Nepal has attracted considerable attention with its CHILD-to-child programme, which focuses on stimulation, sanitation, nutrition and immunization in the primary school curriculum; but child care is also directed to mothers and young women through local women's organizations.

In tandem with all these endeavours, UNICEF has maintained its advocacy for greater political and community awareness of the importance of a child's earliest years. □

Safe water and basic sanitation

Time is running out for the International Drinking Water Supply and Sanitation Decade (1981-1990), and developing countries have begun to adjust their targets downwards.

In the course of the Decade, safe water supply and sanitation facilities have been provided for an additional 350 million and 230 million people respectively, but development agencies and governments alike have been chasing a moving target. In some of the countries of greatest need, population growth continues at rates of three and four per cent a year, leaving another 1.2 billion people without proper water supply, and 1.6 billion without access to appropriate sanitation systems.

These are formidable numbers, and the year 2000—WHO's target for Health for All—appears more realistic. Nepal's new target for water and sanitation coverage by 1990 is 48 per cent and three per cent respectively, but it is aiming for a very respectable 100 per cent and 48 per cent by the year 2000. India also believes it can achieve 100 per cent water supply coverage by the year 2000 and better than 50 per cent by 1990. Burma also expects 100 per cent water coverage within the next 12 years. Current global projections suggest that 60 per cent of rural communities will have access to safe drinking water by 1990.

Sanitation is the weakest part of the global WATSAN equation. The target for 1990 was a modest 31 per cent, but present coverage in the developing countries stands at 18 per cent—an increase of just four per cent in the first five years of the Decade. The possibility of achieving the balance of 13 per cent by 1990 is therefore remote.

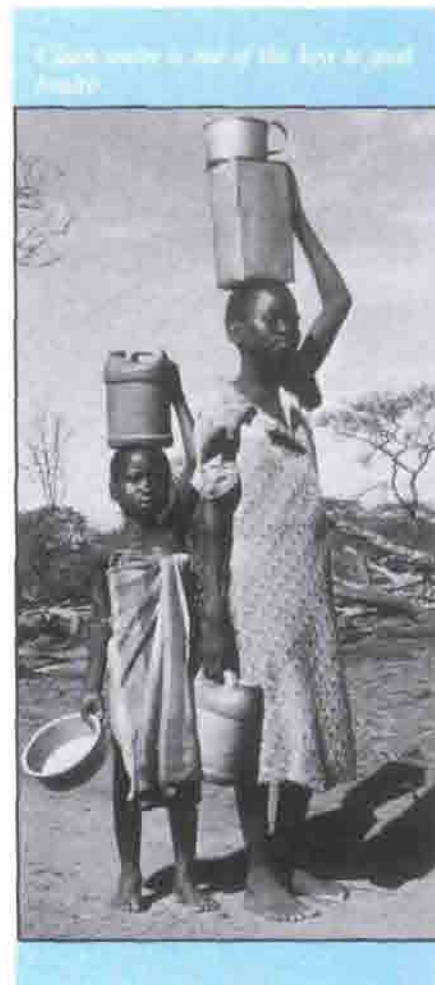
The figures for UNICEF-assisted sanitation projects parallel this global experience. It has been difficult so far to convince poor communities that sanitation is a high priority. Almost everyone accepts the importance of access to safe water supplies, but in many programmes sanitation is synonymous with latrine construction, and for a variety of social and cultural reasons, sanitation remains a 'hard sell'.

There were some positive exceptions to that in Egypt, India and Morocco in 1987, but experiences in Burma, Ethiopia, Ghana, Indonesia, Nigeria

and Sudan are more representative of Third World realities. Investments in UNICEF-assisted WATSAN programmes for these latter six countries show the following proportional expenditure:

	Water %	Sanitation %	Hygiene education/ Training %
Burma	68	24	8
Ethiopia	80	10	10
Ghana	85	12	3
Indonesia	85	10	5
Nigeria	68	17	15
Sudan	75	15	10

The UNICEF-assisted sanitation project in Ghana is focused mainly on communal latrines, which are difficult to maintain, and which are often misused, abused and, eventually, unused.



A handpump revolution from Africa

A Kenyan blacksmith by the name of Hamid Abdalla has emerged this year as the missing link in a project which could change the dynamics of village water supply throughout the developing world.

Working in a rough tin shed on the outskirts of Nairobi, Abdalla has been able to mould space-age plastics into parts for a radical new handpump known as the 'Afridev'. And in doing so, he has proved that high and low technologies can be successfully integrated into modest Third World settings.

The Afridev is a rather ordinary-looking pump with a rugged casing of galvanized steel, which can be cut and welded almost anywhere, but the heart of the machine is a design marvel, which has been constructed on the principle that moving parts should be cheap, durable and easy to replace. The bearings, plunger and foot-valve are made of advanced polymers, and the couplings are simplicity itself—a feature which means that three village women with very little training can strip, service and reassemble the entire apparatus in less than one hour, using a single spanner (wrench).

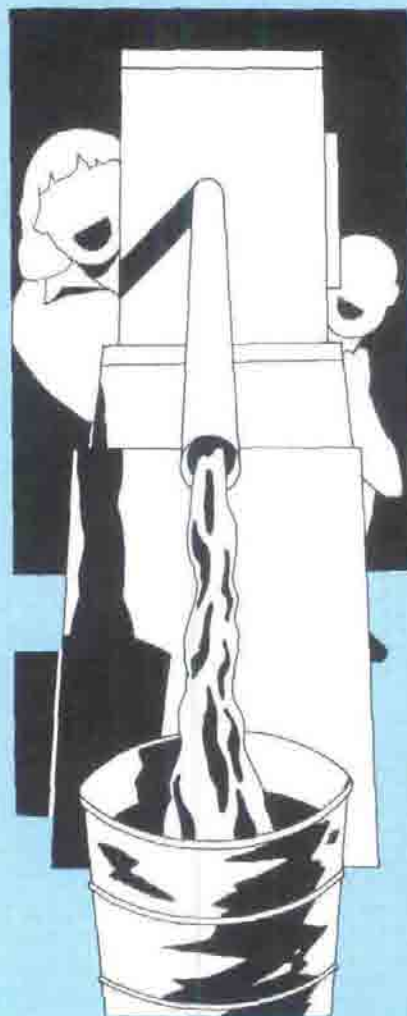
Afridevs that have been field-tested in villages near Mombasa have required little more than preventive maintenance once every 12 months, and at US\$300 per unit, each pump has satisfied the daily needs of about 250 people.

The Afridev had its beginnings in a global UNDP/World Bank programme (1981-86) to evaluate existing handpump technologies which would be suitable for wide-scale duplication in community water systems. Water supply from underground sources in the Third World had become increasingly complicated by the poor maintenance and failure of complex foreign handpumps which tended to leave villagers 'high and dry' when they needed them most. In the absence of spare parts and skilled maintenance crews in Africa in particular, the time-lag between breakdowns and repairs was running from weeks into months and sometimes years, forcing countless villagers to return to unclean traditional water sources.

The Chief of the East Africa

programme, David Grey, was convinced that few, if any, of the available technologies would truly fit the needs of remote African villages. And so, he put together a team of African and European engineers to simplify a pump he had developed some years earlier in Malawi. Grey believed that the future would depend on new materials, and he reasoned that if small shoe manufacturers scattered throughout the larger towns of Africa were able to apply simple injection moulding techniques to produce plastic sandals, they should also be able to extrude more sophisticated items such as parts for pumps.

Accordingly, he persuaded a senior design engineer to spend two weeks in African villages studying applications for plastics in simple handpumps. The result was the development of all-plastic brushes to



replace expensive steel roller bearings in the handle assembly, and the design of a polyacetal foot-valve and plunger. Expensive stainless steel rising mains, which carry the water from below ground, were replaced by local PVC pipe.

The key to the success of the project, however, rested on the ability of Africans to manufacture the parts at low cost.

David Grey's search for someone to do that took him to a galvanized iron shed south of the city where Hamid Abdalla had been producing plastic parts for local soft drink factories.

Although he had no formal training as an engineer, Abdalla had started up his workshop with an old Russian extruding machine which he discovered in a Nairobi rubbish dump and rebuilt. From design drawings from David Grey's team he was able to tool special dies for the Afridev bearings, and with a sack of imported polymer he was able to produce the finished products for about 30 cents (us) a piece. Grey estimates that a full set of replacement bearings, plungers and foot-valves manufactured in Kenya should cost no more than US\$10.

Grey says that a number of small companies in Malawi have bid on a Government contract to manufacture 1,100 Afridevs, and an Afridev clone, to be known as the 'Ibex', is being developed in Ethiopia. A manufacturer of the most successful handpump in Asia—the India Mark-II—has adopted the same plastics for bearing production, and Grey is hopeful that other manufacturers will follow suit. UNICEF recently ordered 20 Afridevs for delivery to Pakistan.

The World Bank conservatively estimates the global handpump market to be 250,000 units a year; and in Africa, which has been totally dependent on imported technologies, there are likely to be a number of important additional benefits. Among them:

- The existence, for the first time, of a reliable pipeline for spare parts and locally trained people to handle maintenance.
- The development of other locally manufactured goods, utilizing the same basic skills and plant used for manufacturing handpumps.

A sanitation study in India showed that people require latrines mainly for reasons of privacy and convenience—needs not easily satisfied by communal latrines. In Bangladesh, India and Nigeria, there is recognition of a need to shift programme emphasis towards sanitation and hygiene education, once the more popular water component is well developed. Both India and Sierra Leone have defined sanitation broadly to include the disposal of waste water and garbage, education messages about hand-washing, food hygiene, safe domestic water storage, protection of drinking water sources and latrine construction. Nigeria and Sudan have integrated messages on EPI, ORT and WATSAN. In Egypt, a family latrine project is expanding rapidly, and in Burma, a December 1986 evaluation of household latrines showed that 71 per cent of the facilities were functional and that their usage stood at 96 per cent.

In the area of water supply, the handpump option is favoured in about 70 per cent of UNICEF-assisted projects. Research and development of handpump technology has been done largely through the UNDP-World Bank global handpump testing programme, although UNICEF has taken special note of several other developments in the course of the past year, which are relevant to its work in the field. Among them:

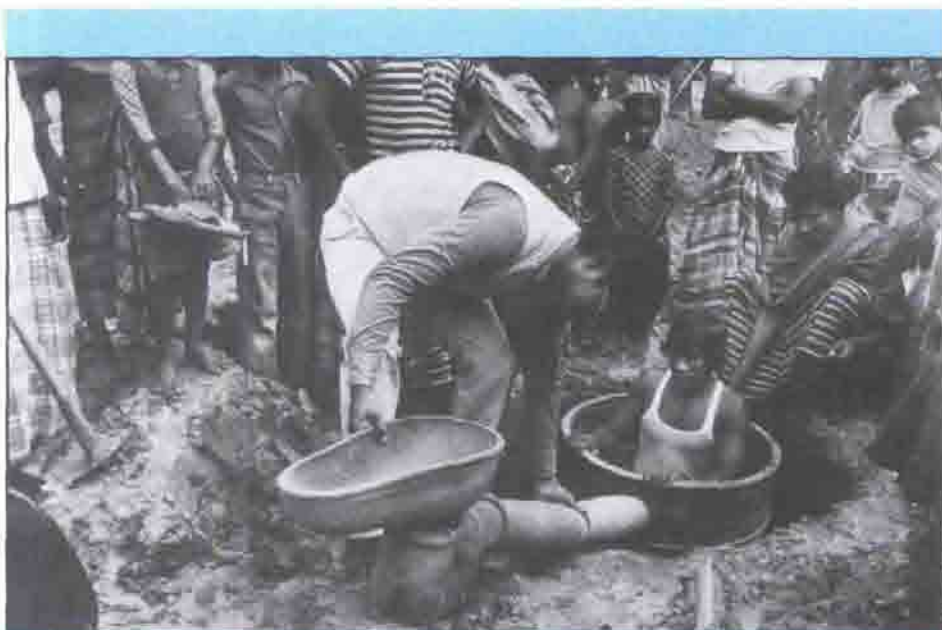
- » a 'hydrofracturing' technique, which forces water under high pressure down dry boreholes to break fresh access to water-bearing zones. The technique has had an 80 per cent success rate in raising the level of 'dry' boreholes to a usable level.
- » a traditional Japanese drilling technique, *kazusabori*, which will reach levels of up to 500 metres under favourable conditions without using electric power, fuel oil, drilling rigs or pumps. The method employs a bamboo drilling piece which is turned manually and which acts as the conduit once water is struck. Japanese engineers have been transferring the technology to villagers in Zambia.
- » an effective construction 'cement' made from sugar-cane *bagasse* ash.
- » a simple filter which removes excessive iron content from groundwater.
- » a US\$50 kit developed by the University of Arizona to detect

viruses in water, including polio and meningitis.

- » a Swedish groundwater detection device called the 'Wadi', which locates groundwater in sub-surface rock by sensing changes in radio fields.
- » a lead-free solder for use in drinking water systems. The new solder contains tin, copper and a little silver.

During 1987, UNICEF co-operated with 93 countries in water and sanitation projects with an actual financial input amounting to US\$64 million, against a projected estimate of US\$59 million. Of the 93 countries with

UNICEF-assisted water and sanitation projects, 36 are in Africa, 21 in the Americas and the Caribbean, 25 in Asia, and 11 in the Middle East and North Africa region. About 69,427 water supply systems were completed, including 59,932 wells with hand-pumps installed, 861 standpipes, 7,165 improved traditional sources and 1,469 yardtaps and household connections. It is estimated that some 12 million persons benefited from these activities. Also completed in 1987 were 201,193 sanitary excreta disposal facilities benefiting about 1.3 million persons. □

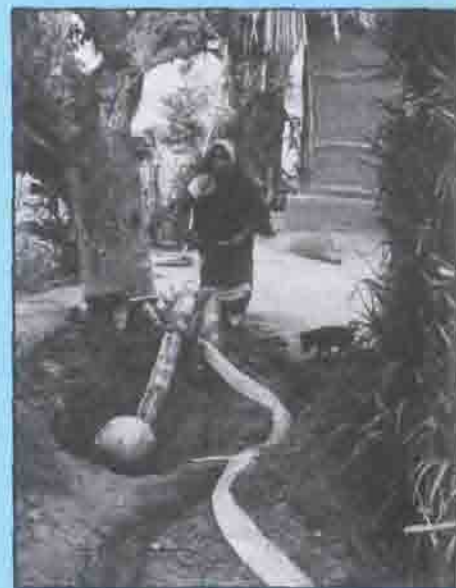


UNICEF 1829/86/Syngate



UNICEF 1831/86/Syngate

Organized in a manner that the signs emphasize the need for rural sanitation.



UNICEF 1834/86/Syngate

Women and development

UNICEF's efforts in Central America, Peru and West Kenya during the past year achieved an important breakthrough by merging programme elements of CSD with steps towards a stronger socio-economic resource base for women.

The Lima office has centred its entire country programme on women. Its strategy is to promote CSD by strengthening the decision-making power of women within their communities through upgrading the capacity of the social sector to provide health training for women; the creation of employment opportunities through NGOs; and by fostering women's organizations, which contribute to building their self-confidence and developing their leadership qualities. In Central America, the subregional Urban Basic Services Programme supports a variety of health projects for women. Community women have been the main actors in these programmes, and have defined their own needs and the health needs of their children.

In one district of West Kenya, which had been targeted for CSD services, UNICEF has initiated a field survey to identify the needs, concerns and priorities of women in small farm households—as perceived and defined by the women themselves. The survey places particular emphasis on the resources available for women to take care of their children, and the themes pursued include: women's health needs; the health of their children; young child care and feeding; household food and economic security; women's work patterns and job availability; division of labour within the household, including women's time allocation to different tasks, along with household decision-making; group membership patterns; and income sources and expenditures. A separate schedule deals with women's perceptions of what is meant by child survival, and their reactions to health services provided within their areas.

The study offers the possibility to work within an integrated programme with households, which will have a direct bearing on the success of future CSD activities. It also provides an opportunity to collaborate closely with the International Centre for Insect Physiology and Ecology (ICIPE) which

is investigating appropriate farming systems and cropping combinations to improve the access of farm households to nutritious foods. Preliminary UNICEF findings have been followed up with interviews of household males, health care personnel, village leaders and schoolmasters, thereby laying groundwork for multi-based CSD interventions.

In the household food security area, African programmes supported training for women's groups and female agronomists in the multiplication, processing and use of drought-resistant crops in Nigeria, Rwanda and Tanzania along with the funding of a Women's Cassava Processing Centre in Nigeria. UNICEF also promoted household technologies for women through a national campaign in Chad; the local production of fuel-efficient stoves in Ethiopia; and the installation of grinding mills for women's community groups in Burkina Faso, Burundi, Ethiopia and Ghana. Training in labour-saving technologies was also provided for women in Ghana and Tanzania.

Encouragement was given to the formation of new co-operatives through credit facilities and technical assistance in Bangladesh; to a Union of Co-operatives in Mozambique, and to a Women's World Banking affiliate in Rwanda. National poverty alleviation programmes promoting credit for women in India continued.

The year was not all success, however. Individual country reports showed:

- » increasing recognition of the weak technical, financial and political resource base of Women's Bureaus, and their ineffectiveness as focal points for UNICEF collaboration on women's issues.
- » a need to respond to the special situation of women in countries experiencing political crises.

The programme portfolio also signals three crucial areas of neglect. They are:

- » the protection of maternal survival.
- » schooling for girls and education for women.
- » systematic monitoring for instances of discrimination against female infants and girls in the areas of health and nutrition practices.



UNICEF 222487/Schymc



UNICEF 1956/86/Waroc



UNICEF 2647/87/Arumant

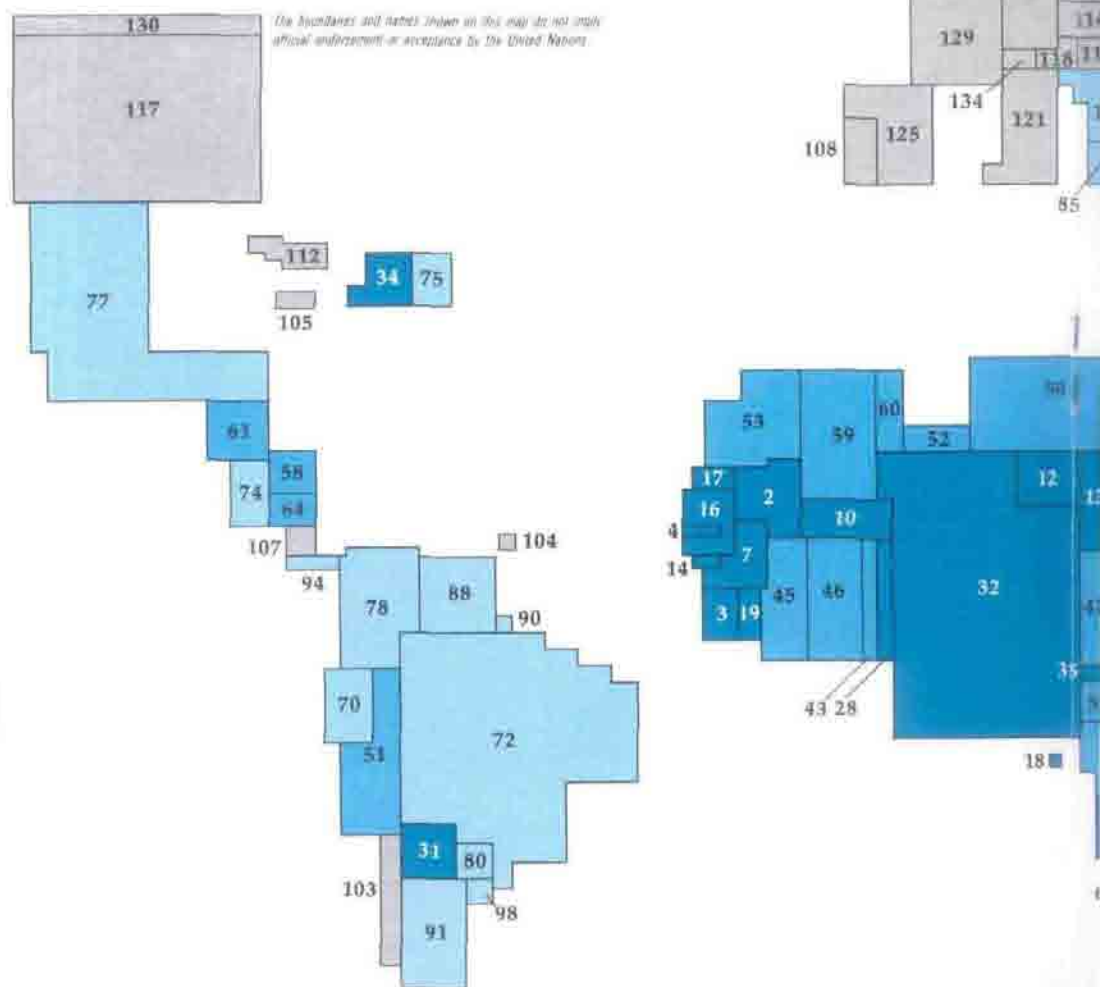
Under-five mortality rate (U5MR) and number of births

The under-five mortality rate (U5MR) is a new index developed by the UN Population Division, with UNICEF support. U5MR is the number of children who die before the age of five for every 1,000 born alive.

On this cartogramme the size of the country is determined by the number of births and the shadings depict the U5MR as follows:

- Very high U5MR countries (over 170)
- High U5MR countries (95-170)
- Middle U5MR countries (26-94)
- Low U5MR countries (25 and under)

The countries on this cartogramme are listed in descending order of their 1986 under-five mortality rate.



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

U5MR # BIRTHS
(thousands)

OVER 170

1. Afghanistan	325	863
2. Mali	297	421
3. Sierra Leone	297	174
4. Gambia	287	32
5. Malawi	270	384
6. Ethiopia	255	2228
7. Guinea	255	292
8. Somalia	255	226
9. Mozambique	—	651
10. Burkina Faso	241	342
11. Angola	—	427
12. Niger	233	324
13. Chad	228	228
14. Guinea-Bissau	228	37
15. Central African Rep.	228	117
16. Senegal	227	309
17. Mauritania	225	98
18. Equatorial Guinea	219	17
19. Liberia	211	110
20. Rwanda	210	323
21. Kampuchea	206	318
22. Yemen	204	339
23. Yemen, Dem.	204	104
24. Bhutan	202	54
25. Nepal	202	677
26. Burundi	196	225
27. Bangladesh	193	4428
28. Benin	189	213
29. Sudan	182	996
30. Tanzania, U. Rep. of	179	1184
31. Bolivia	179	284

95 - 170

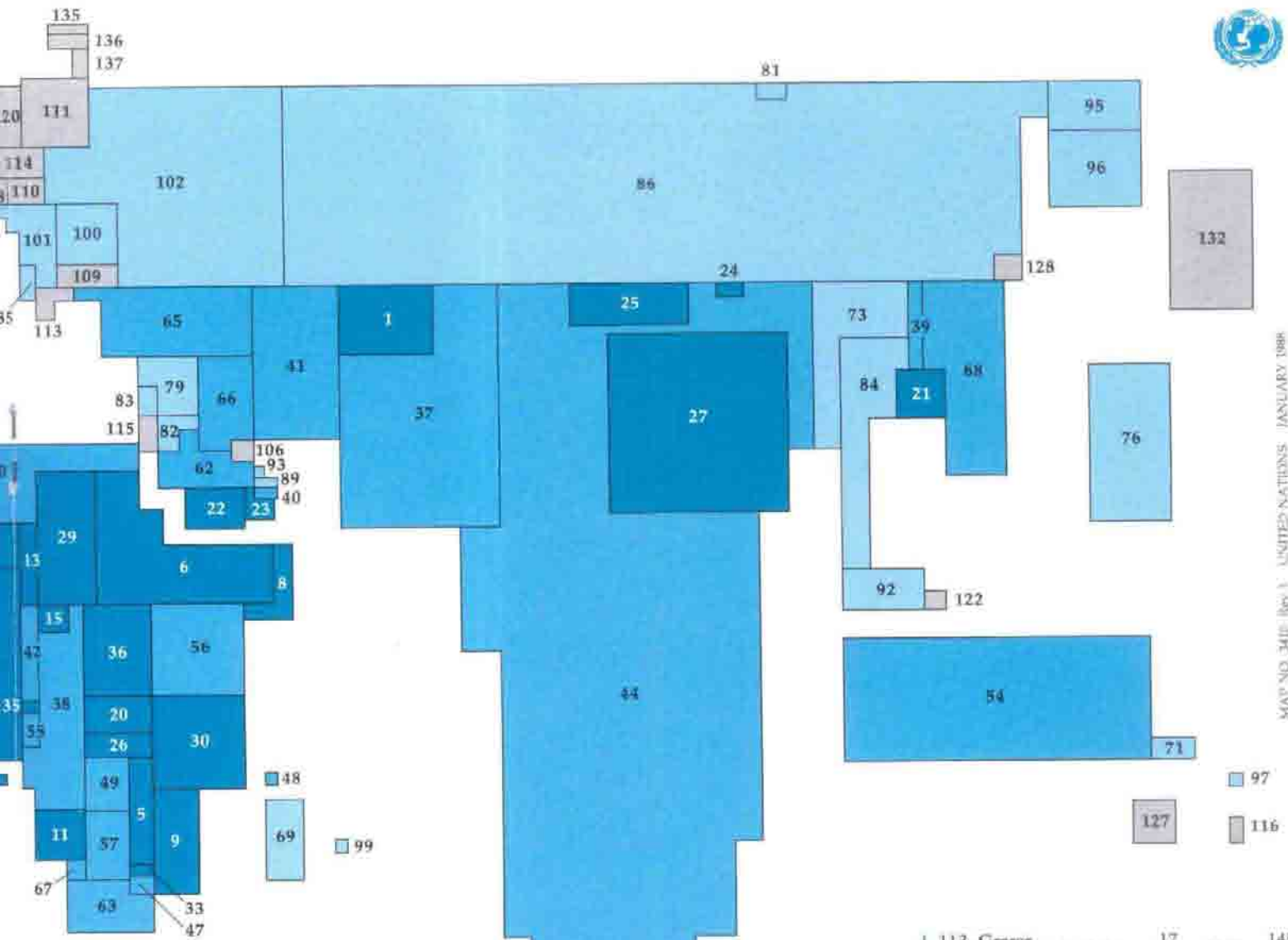
32. Nigeria	178	5015
33. Swaziland	178	32
34. Haiti	176	278
35. Gabon	174	43
36. Uganda	174	810
37. Pakistan	170	4211
38. Zaire	166	1394
39. Lao People's Dem. Rep.	166	165
40. Oman	166	58
41. Iran, Islamic Rep. of	—	1801
42. Cameroon	158	435
43. Togo	157	138
44. India	154	22477
45. Côte d'Ivoire	153	463
46. Ghana	150	663
47. Lesotho	140	65
48. Comoros	132	21
49. Zambia	132	333
50. Egypt	131	1629
51. Peru	128	708

52. Libyan Arab

Jamahiriya	125	167
53. Morocco	125	755
54. Indonesia	122	5020
55. Congo	119	80
56. Kenya	118	1182
57. Zimbabwe	118	431
58. Honduras	112	184
59. Algeria	112	938
60. Tunisia	106	226
61. Guatemala	105	340
62. Saudi Arabia	105	495
63. South Africa	101	1272
64. Nicaragua	100	145
65. Turkey	99	1486
66. Iraq	98	689
67. Botswana	96	57
68. Viet Nam	95	1835

26 - 94

69. Madagascar	94	458
70. Ecuador	90	347
71. Papua New Guinea	90	132
72. Brazil	89	4039
73. Burma	89	1192



MAP NO. 3410 (REV. 1) UNITED NATIONS JANUARY 1988

74. El Salvador	88	222
75. Dominican Rep.	86	201
76. Philippines	75	1757
77. Mexico	71	2587
78. Colombia	70	693
79. Syrian Arab Rep.	68	502
80. Paraguay	63	132
81. Mongolia	62	69
82. Jordan	62	170
83. Lebanon	53	80
84. Thailand	53	1290
85. Albania	50	84
86. China	47	19914
87. Sri Lanka	46	417
88. Venezuela	44	558
89. United Arab Emirates	41	35
90. Guyana	39	26
91. Argentina	39	733
92. Malaysia	37	448
93. Bahrain	34	14
94. Panama	34	60
95. Korea, Dem. Rep. of	33	615
96. Korea, Rep. of	33	975

97. Fiji	33	21
98. Uruguay	31	58
99. Mauritius	30	26
100. Romania	30	396
101. Yugoslavia	30	362
102. USSR	28	5207
25 AND UNDER		
103. Chile	25	272
104. Trinidad and Tobago	25	30
105. Jamaica	24	63
106. Kuwait	24	68
107. Costa Rica	23	78
108. Portugal	21	172
109. Bulgaria	20	138
110. Hungary	20	132
111. Poland	20	637
112. Cuba	19	181

113. Greece	17	145
114. Czechoslovakia	17	232
115. Israel	16	94
116. New Zealand	13	60
117. USA	13	3789
118. Austria	13	93
119. Belgium	13	122
120. German Dem. Rep.	13	240
121. Italy	13	658
122. Singapore	12	43
123. Germany, Fed. Rep. of	12	636
124. Ireland	12	79
125. Spain	11	580
126. United Kingdom	11	743
127. Australia	11	249
128. Hong Kong	11	94
129. France	10	765
130. Canada	10	384
131. Denmark	9	56
132. Japan	9	1522
133. Netherlands	9	173
134. Switzerland	9	70
135. Norway	8	49
136. Finland	7	63
137. Sweden	7	87

UNICEF programmes from general resources

UNICEF programmes are approved for multi-year periods. Those recommendations being proposed to the 1988 Executive Board session are indicated in colour and should be regarded as tentative.

In the case of certain countries, particularly those where a special programme has resulted from drought, famine, war or other emergency, the level of already supplementary funded programmes is high enough to make a significant difference to the size of the overall programme. In addition to these levels, there are supplementary funds for long-term and emergency programmes.

- (1) Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands.
- (2) In addition—1984-1987: \$1,950,000 for Palestinians.
- (3) Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

UNICEF's programme expenditure in different countries is allocated according to three criteria: under 5 mortality rate (U5MR; annual number of deaths of infants under 5 years of age per 1,000 live births); income level (GNI per capita); and the size of the child population.

UNICEF currently co-operates in programmes in 119 countries: 42 in Africa; 34 in Asia; 30 in Latin America; 13 in the Middle East and North Africa.

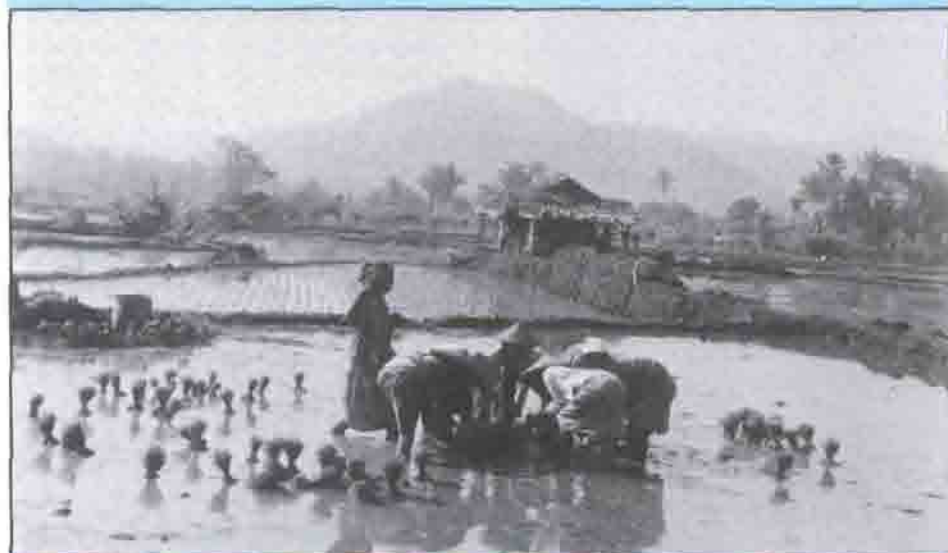
Algeria	1986-90: \$1,370,000	Ethiopia	mid-1988-mid-93: \$45,000,000
Angola	1987-91: \$5,924,000	Gambia	1987-91: \$750,000
Bangladesh	mid-1988-mid-93: \$65,000,000	Ghana	1985-90: \$8,574,000
Belize	1984-87: \$168,000	Guatemala	1988-91: \$1,400,000
Benin	1985-88: \$3,154,000	Guinea	1987-91: \$5,765,000
Bhutan	1986-91: \$2,850,000	Guinea-Bissau	1984-88: \$600,000
Bolivia	1984-89: \$3,000,000	Guyana	1987-90: \$720,000
Botswana	1988-92: \$1,285,000	Haiti	1988-mid-90: \$3,677,000
Brazil	1987-90: \$3,600,000	Honduras	mid-1987-91: \$1,465,000
Rocky Mountain States	1988-91: \$5,800,000	India	1986-89: \$140,437,000
Burma	1987-90: \$20,000,000	Indonesia	1985-89: \$44,408,000
Burundi	1988-92: \$6,000,000	Iran, Islamic Rep. of	1988: \$200,000
Cameroon	1985-90: \$2,747,000	Iraq	1988-90: \$600,000
Cape Verde	1986-90: \$330,000	Jamaica	1988-92: \$500,000
Central African Republic	1989-93: \$3,000,000	Jordan	1986-90: \$920,000
Chad	1985-90: \$6,210,000	Kampuchea	1989: \$2,500,000
Chile	1988-89: \$400,000	Kenya	1987-89: \$6,366,000
China	1985-89: \$50,000,000	Korea, Dem. People's Rep. of	1986-88: \$1,050,000
Colombia	1988-92: \$5,000,000	Korea, Rep. of	1988-mid-90: \$750,000
Comoros	1988-92: \$800,000	Laos People's Dem. Rep.	1987-91: \$4,810,000
Congo	1988-92: \$1,000,000	Lebanon⁽²⁾	1988-90: \$825,000
Costa Rica	1985-89: \$248,000	Lesotho	1987-91: \$1,924,000
Cote d'Ivoire, Rep. of	1986-90: \$1,998,000	Liberia	1986-90: \$2,435,000
Cuba	1987-90: \$280,000	Madagascar	1985-90: \$5,082,000
Dem. Yemen	1985-90: \$3,550,000	Malawi	1988-92: \$9,150,000
Djibouti	1986-90: \$206,000	Malaysia	1983-84: \$1,062,000
Dominican Republic	1988-91: \$1,680,000	Mali	1987-91: \$550,000
Eastern Caribbean Islands⁽³⁾	1988-92: \$2,250,000	Mali	1989-93: \$13,500,000
Ecuador	1986-89: \$1,754,000	Mauritania	1989-93: \$2,405,000
Egypt	1985-89: \$13,371,000	Morocco	1986-90: \$994,000
El Salvador	1988-92: \$1,638,000	Mexico	1985-89: \$2,479,000
Equatorial Guinea	1989-93: \$475,000	Mongolia	1986-90: \$250,000
		Morocco	1987-91: \$6,500,000

Meanwhile, in Rajasthan, India, the innovative Women's Development Project has successfully initiated the empowerment of local women through information, education and

training, to enable them to recognize the roots of their condition and to seek out and benefit from the various social development programmes available in their communities. □

Middle East

Mozambique	1985-90: \$13,370,000
Nepal	1988-92: \$17,500,000
Nicaragua	1986-90: \$1,160,000
Niger	1985-89: \$5,198,000
Nigeria	1986-90: \$30,571,000
Oman	1988-90: \$600,000
Pacific Islands^(a)	1988-92: \$3,250,000
Pakistan	1988-92: \$35,000,000
Panama	1985-87: \$147,000
Papua New Guinea	1988-92: \$1,200,000
Paraguay	1985-89: \$989,000
Peru	mid-1987-92: \$5,950,000
Philippines	1988-92: \$12,500,000
Rwanda	1988-92: \$6,000,000
Sao Tome and Principe	1986-90: \$250,000
Senegal	1987-91: \$5,474,000
Senegal	1984-86: \$124,000
Sierra Leone	1986-90: \$4,456,000
Somalia	1988-92: \$8,060,000
Sri Lanka	1989-93: \$5,300,000
Sudan	1987-91: \$15,500,000
Swaziland	1989-93: \$805,000
Syrian Arab Republic ^(b)	1986-90: \$1,827,000
Tanzania, United Rep. of	1987-91: \$23,825,000
Thailand	1982-86: \$14,740,000
Togo	1985-88: \$3,533,000
Tunisia	1987-91: \$1,550,000
Turkey	1988-92: \$1,800,000
Uganda	1987-90: \$10,305,000
Viet Nam	1988-91: \$24,000,000
Yemen Arab Republic	1987-91: \$6,250,000
Zaire	1987-91: \$15,500,000
Zambia	1987-91: \$2,950,000
Zimbabwe	1987-91: \$6,150,000



Formal employment is a major source of income for women.

UNICEF/1985/86/Sprague

Urban basic services

As early victims of a prolonged global recession, the urban poor have been extraordinarily resourceful. Out of their struggle to cope with inflation, lost jobs, and diminishing subsidies and services, has grown a bigger and bolder informal sector, and more than a passing interest from government itself.

Recent studies have shown that informal, or 'submerged' economies, currently produce about half the GDP of Brazil and India. In the cities of Hyderabad, Jakarta, Khartoum, La Paz, Lima, Nairobi and Recife, evidence suggests that more than half the able-bodied workers are now part of an underground economy described by the Brundtland Commission in its 1987 report.

As the Commission observed: "While many poor may not be officially employed, most are working in unregistered factories and construction

firms, selling goods on street corners, making clothes in their homes, or working as servants or guards in better-off neighbourhoods. Most of these so-called unemployed are, in fact, working 10-15 hours a day, six to seven days a week. Their problem is not so much underemployment as it is underpayment."

Having seen the capacity of the informal sector to find creative solutions in the present economic malaise, many governments have promoted actions which integrate public programmes with local resources. A more tolerant attitude towards these urban pioneers can be found in squatter settlements which, in earlier times, might well have been bulldozed. In countries such as Argentina, Brazil, India, Indonesia and Sri Lanka, UNICEF is working with governments and communities to turn erstwhile slums into healthy living environments with more

secure shelter, safe drinking water, sanitation systems and a host of economic activities to reinforce local ingenuity.

The expansion of UNICEF-supported projects in the urban areas of countries such as Ethiopia, India and Indonesia indicates that well-developed community-based strategies can have both political appeal and popular support. Recent experience in Ecuador and the

north-east region of Brazil has shown that concentration on national CSP campaigns, with emphasis on EPI and ORT, can lay the groundwork for more sustainable public health delivery systems.

UNICEF's Urban Services Programme for Indonesia is currently in eight cities serving some 150,000 children and about 512,000 women in selected *kampungs*, with EPI, MCH, nutrition

and non-formal education. The institutionalization of UBS in India has been under way since 1986, and with the release of funds by state and central governments in 1987, some 36 districts consolidated plans of action. Expanded immunization in the twin city of Hyderabad-Secunderabad and in Vishakapatnam covered 65 per cent of the women and children; and in Bhopal, Lucknow, Madras and Patna, significant progress has been made towards universal immunization.

In the Brazilian north-east, an Integrated Services Project for four million children and women has been initiated in six of the eight states.

In the Philippines, the urban project has been expanded from 6 to 10 cities, and has laid emphasis on primary health care, urban vegetable gardening, and the construction of community centres and water and sanitation works.

In countries in the Middle East and North Africa region, most of UNICEF's current support has been channelled to accelerated EPI and ORT projects, as well as to sectoral studies in Egypt, Morocco and Sudan. Support for direct services such as CDD and family spacing are being carried out in Jordan.

The development of urban projects in African countries has shown only marginal gains in the present economy. The programming process is under way in 50 urban areas of Kenya, but reports from the squatter settlements of Cape Verde, Gambia, Guinea-Bissau, Liberia and Senegal, indicate rising levels of malnutrition among the inhabitants.

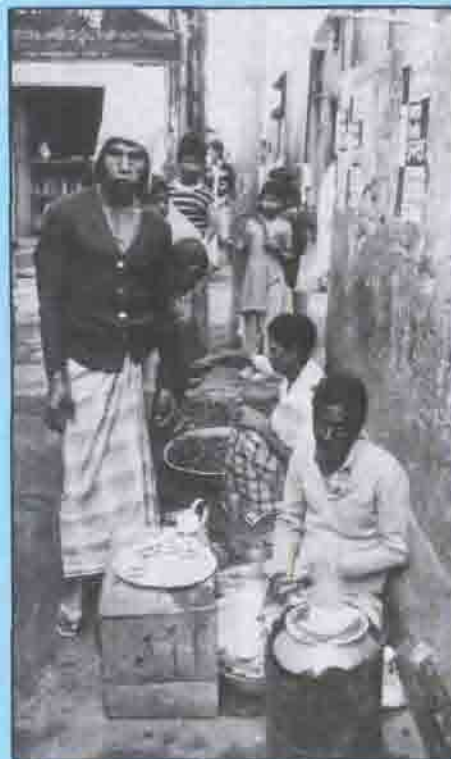
Urban projects in Bangladesh, Honduras and Jamaica have reported good progress. In Tegucigalpa, Honduras, a water project is under way in six *barrios*, and will be expanded in the near future to supply 20 communities with gravity feed systems. In Jamaica, women in 13 shanty towns of Kingston and Montego Bay have established viable enterprises; while in Bangladesh UBS projects are operational in five towns, with another five in prospect.

Common to all of these countries is a need to strengthen government counterpart agencies in the areas of planning and project implementation, but a variety of training sessions and workshops have been provided for each of the projects mentioned, and an evaluation of their effectiveness is currently under way. □

Local health workers and government staff demonstrate to other women how to use contraceptives.



UNICEF 1835/86/Syngne



UNICEF 1838/86/Syngne



UNICEF 1833/86/Syngne

Children in especially difficult circumstances

Since 1981, when UNICEF became actively involved with the needs of street children in Latin America, the Fund has expanded its activities both geographically and conceptually to include the needs of children affected by armed conflicts and national disasters. By 1987, there were 15 countries with specific activities for street children, and about half a dozen others were preparing projects to address the problem.

Of particular interest in 1987, however, was the way in which projects evolved, rather than their increasing number.

In the Philippines, the Pilot Street Children Project is completing its initial two years. It now covers eight cities, including Metro Manila, and expects to reach another seven in 1988. While maintaining support for agency-based programmes, the project has been consciously moving towards activities which would enable the urban poor to take care of their own children. It has geared its efforts towards innovative, community-based alternatives, including such things as: street counselling and organizing; alternative education; subsidized meals; co-operation with police; the formation of community-based networks; income-generating activities; and training for local leaders. In all of these activities, UNICEF has provided financial and technical assistance through city-based working committees for street children.

In Brazil, the street children project also evolved significantly by placing much greater emphasis on the prevention and reduction of violence. This new emphasis reflects the concerns of the children themselves, expressed most eloquently in 1986 during the First National Street Children Seminar. The topic most talked about was violence: violence in the streets, and violence in society at large. UNICEF is therefore supporting efforts which impact directly on the social and juvenile justice system where violence against children has been institutionalized.

During the year, a number of seminars and meetings were held with judges, police officers in training, and the staff of closed institutions. The

main focus was on the situation of children in poverty, and ways of reducing personal and institutional violence. A judges' support commission has been created by the National Child Welfare Foundation (FUNABEM), UNICEF and the Ministry of Justice, and it is helping a number of states to restructure and decentralize their juvenile justice systems. At the same time, the project is promoting community-based educational and income-generating opportunities tailored to the special needs of children at high risk.

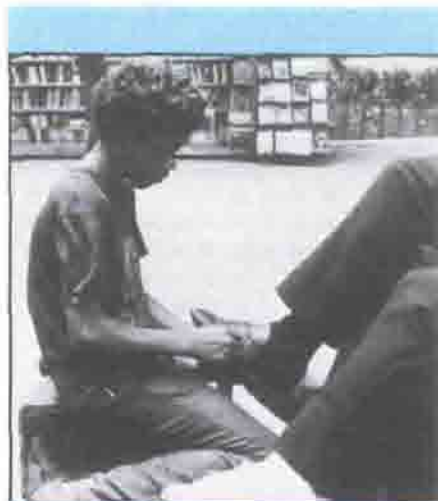
In Africa, much of the UNICEF-supported action is aimed at child victims of armed conflicts in Ethiopia, Mozambique, Somalia and Uganda. The strategy in Mozambique is to treat child centres or orphanages as a last or temporary resort. The prime objective is to reintegrate children into community life through family reunion or care in foster families. Already, 900 adopting families are receiving support, and 'family kits' containing essential household items, tools and instruments are being distributed to 1,900 families.

Following the establishment of an African Network for Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) in 1986, country chapters have been established in Kenya, Lesotho, Nigeria, Tunisia and Zimbabwe. Four programme areas have been developed: situation analysis; advocacy; the compilation of an African directory of professionals working with abused or neglected children; and the publication of a book on child abuse and neglect.

Advocacy in Africa is being orchestrated at the regional level, and, in July, UNICEF co-sponsored a conference with the Network in Nairobi on the subject of 'Children in Situations of Armed Conflict in Africa'.

In India, UNICEF has been involved with the Ministry of Labour and ILO to conduct studies on child labour in the manufacturing and gem-polishing industries. UNICEF supports 18 NGOs in projects for disadvantaged children in many Indian cities.

In Mexico, the street children programme initiated with Integrated Family Development (DIF) in 1984 in



UNICEF 1446/86/Erdinger



UNICEF 1476/86/Erdinger



UNICEF 1469/86/Erdinger

In Brazil, alternative education project exemplify how many children in the periphery and reduction of violence—a major concern of the children themselves.

Finding the child among the children

"And what do you want to be when you grow up, Alberto?"
"Somebody."

Peter Taçon remembers the anger in that reply, and the determination.

This 13-year-old street child from Costa Rica was trembling with rage as he removed his T-shirt to reveal a long ugly scar—the result of careless surgery for a routine appendectomy.

"That's what happens when you belong to no one", said Alberto. "That's what the hospital does when you don't matter."

Two lives changed as a result of that encounter. The tall, bearded Canadian adopted Alberto as his son, and the Taçon family began to grow rapidly. In addition to his three Canadian children, the long-time Senior Adviser to UNICEF in the field of abandoned and street children, also adopted Mario (Costa Rica), Irma and Julio (El Salvador), Carlos (Brazil) and William (Colombia).

Now based in Guatemala, Peter Taçon has a new charge as Executive Director of CHILDHOPE, the first international organization devoted exclusively to the needs of the world's 100 million street children.

CHILDHOPE had its beginnings in UNICEF's 1986 report 'Children in Especially Difficult Circumstances', which gave rise to a concern that there was no specialized global advocate for street children.

Defence for Children International (DCI) and the International Committee of the Red Cross (ICRC) were the defending groups for child rights, especially in situations of armed conflict and natural disasters. The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) was well established in its own field, the International Labour Organisation (ILO) was active in the area of working children; and UNICEF had made a significant beginning with street children in Latin America. But no major non-governmental initiative had yet been taken in the area of street children, even though most of those working successfully with street children were from the non-governmental organization (NGO) sector.

CHILDHOPE therefore, was founded on 7 April 1986 in response to

UNICEF's search for an international NGO partner to address the needs of abandoned and street children; and the NGO community's search for an international co-ordinator of street children's activities.

In the words of Peter Taçon, the time was ripe for a messenger and matchmaker to connect the 'doers' with the donors.

"Interest in the international community has never been higher", says Taçon. "The public is increasingly aroused by the plight of these youngsters as urbanization gallops ahead in the developing world, spawning a growing multitude of candidates for the street. Looking ahead, street children will almost assuredly represent one of the major social battles of the 1990s—a claim

on our conscience which arises, oddly enough, from our success in infant survival today. Indeed, if we were to ask who is the likely survivor of the current child survival revolution, it would likely be a stricken urban child who will be 10 years old and very possibly on the street by the mid-1990s."

CHILDHOPE this year has broadened the focus on street children in Latin America to include Asia and Africa, and in 1988 will give special attention to street girls, as well as to boys like Alberto.

CHILDHOPE has assembled an Executive Board of 27 people—14 of whom are from developing countries. A 15-member Secretariat is in contact with more than 500 groups concerned with street



children in more than 101 countries, including 26 UNICEF offices.

Concern ranges from child 'fall-out' as a result of economic deprivation in burgeoning African cities, to children bearing arms in the front-line States, or children under constant fire in Lebanon and elsewhere in the Middle East. It will take special note this year of child prostitutes—boys as well as girls—who have become pawns in adult worlds in Asia and Latin America. It will draw attention to the exploitation of working children on every continent—an estimated 58 million of them—from rug weavers to metal workers and miners. And in the face of the grinding poverty and overwhelming numbers in need of something to hold on to, it will try to translate the feeling of what it is to be abandoned, alone and lonely, to those who can help those children take the extra step beyond survival.

CHILDHOPE, this year, has been attempting to provide necessary technical assistance to project field workers, often in direct co-operation with UNICEF, through publications, exchange visits, audio-visual presentations and workshops. CHILDHOPE does not carry out its own community projects, but supports the good works of others.

"We try to bring the grass roots into office buildings, and fertilize them with human and financial resources", says Tacon. "And we try to help local non-governmental projects develop strong national coalitions for positive dialogue with their governments."

Above all, CHILDHOPE is trying to make the street children of the world the subject, and not just the object, of the exercise. The focus is on the child's community and ways of holding families together.

"From my own travels this year, particularly in Africa, I believe the street child phenomenon to be greater and more universal than any of us had previously imagined", says Tacon. "But merely counting these children, quantifying them, if we could, does not honestly represent what each one of them is actually living every day. We must qualify the lives of Juan and Maria, not just count their brothers and sisters."

Coatzacoalcos and Minatitlau, State of Vera Cruz, has been expanded to include 13 more cities.

In Ecuador, UNICEF and the National Institute for the Child and Family (INNFA) are working with NGOs and the private sector to help street and working children in Quito and Guayaquil.

In Sudan, UNICEF is supporting an innovative messenger and delivery service for teen-age boys in Khartoum, and a study has been made of 850 displaced families in Khartoum as a base for future action.

In Lebanon, where there are more than one million children under age 15, the past 13 years of war have generated more than 30,000 fatherless families. UNICEF is working through its emergency programme to support children and their mothers through access to clean water, immunization, and essential drugs. The programme is also providing recreational and educational activities for children aged from 2 to 12 years. It hopes to rehabilitate 1,400 kindergarten and primary school classrooms for some 25,000 children throughout the country. □

Children in armed conflict

Armed conflict threatens the survival and development of tens of thousands of children in more than 40 countries. UNICEF offices in all regions last year stepped up their advocacy, and often complex negotiations, for 'Zones of Peace' and 'Days of Tranquillity' to accelerate child survival and development initiatives in war-torn areas.

As the situation of children in southern Africa deteriorated, UNICEF's special report, *Children on the Front Line*, focused international attention on the trauma inflicted on children by South Africa's policy of apartheid, destabilization and warfare.

Children on the Front Line was released in July, and promotional efforts leading up to its release had a major political impact in the United States in particular, where a supplemental Appropriation Bill responded with US\$37.5 million for economic support and US\$12.5 million for humanitarian assistance to southern Africa. A number of regional conferences also focused on the needs of Africa's children in conflict. They drew a strong international following and helped to develop a consensus on the need for better analysis and responses to children's physical and psychosocial needs in conflict situations.

In Lebanon, UNICEF negotiated 'Days of Tranquillity' for a three-round, nation-wide vaccination campaign which brought monumental gains in coverage. UNICEF's successful negotiation between opposing factions was an important precedent for improvements in that embattled coun-

The situation of children in southern Africa prompts development in 1987



UNICEF 2025/87/W/annex

try. The Lebanese population and displaced Palestinians have suffered the effects of vicious and unpredictable civil strife for 11 years, and in 1987 their situation was made more acute by a precipitous devaluation of the Lebanese pound. Unemployment increased by 30 per cent, and average family income now stands at about US\$20 a month.

The Iran-Iraq war entered its eighth year, with military budgets undermining services for children and military bombardments taking a terrible physical and psychological toll on civilians.

In Sudan, the ongoing civil strife is costing the Government about US\$400,000 a day. There are a quarter of a million southerners displaced near the capital, and most of them are unemployed and unable to meet the needs of their children.

In Central America, a one-day mass vaccination campaign expanded on the concept of 'Days of Tranquillity', which UNICEF introduced to El Salvador in 1985/86. Funds were rallied for families caught in the cross-fire of opposing factions in the Philippines. And a Peace Accord in Sri Lanka offered a glimmer of hope for children in areas severely affected by civil strife. □

Responding to emergencies

The situation in Africa

A cruel combination of factors including drought, famine and war, gave high profile to deteriorating circumstances in Angola, Ethiopia, Mozambique and Sudan last year; but reports to UNICEF through the final months of 1987 confirmed worsening conditions throughout most of the continent. Faced with serious but localized drought across the Sahel to the Horn of Africa, the Executive Director launched a special appeal in June for the Ogaden in Ethiopia, while urgent operations were launched in Somalia and Sudan. UNICEF also continued to participate in regular meetings of the United Nations Inter-agency Africa Emergency Task Force.

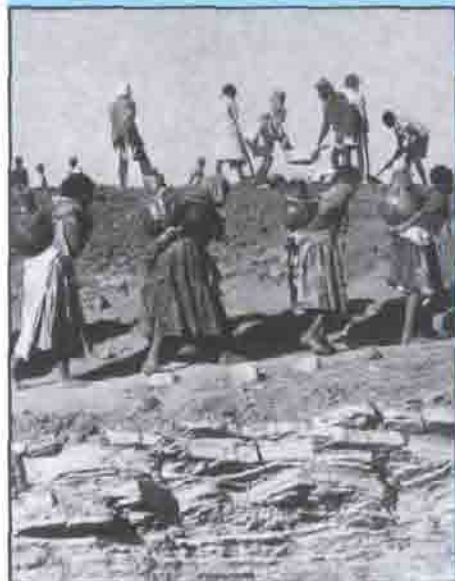
Mozambique: In response to a request to the UN Secretary-General from the Government of Mozambique, a donors' meeting in Geneva (March 30) launched a US\$244 million United Nations Appeal for Mozambi-

que. In this context, UNICEF presented a renewed appeal for US\$17.3 million to provide non-food items and support for rehabilitation projects. By year's end, US\$11 million had been received. UNICEF concentrated much of its effort on improvements to health services and water supply, and to the rehabilitation of primary schools and programmes to heal the social and psychological scars of thousands of children who have fallen victim to warfare and other forms of violence.

As a follow-up to its report, 'Children on the Front Line', UNICEF undertook an in-depth survey of the country's child victims of conflict. A programme to encourage family reunification and/or reintegration was launched in seven of the 10 provinces, and in major cities. The programme included special training activities as well as psycho-social rehabilitation with help from national authorities. More than 1,000 civilians, including women and children, were among the victims of war and regional destabilization between July and December alone.

An NGO Support Fund in Mozambi-

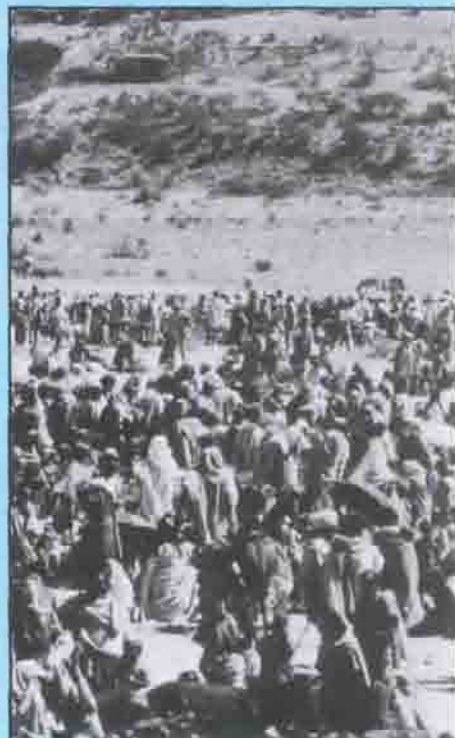
In 1987, drought and starvation remained for 20 million people in Ethiopia, one fifth of whom were children.



UNICEF 2892/87/Sinimov



UNICEF 2688/87/Hollyman



UNICEF 2678/87/Hollyman

que provides support to five emergency projects in the areas of commodity/goods exchange, rural water supply, and health and nutrition. Another innovation was the creation of the Quick Action Response Fund, which provides a bridge between immediate relief actions and longer term rehabilitation.

Ethiopia: UNICEF launched a Special Appeal for Ethiopia on 17 November for US\$22 million to assist some five to seven million people affected by a recurrence of drought. Early warning systems pointed to a major crisis, and the need to pre-position relief supplies, as a hedge against internal transportation difficulties. To speed up response, the Executive Director released US\$1 million from the Emergency Reserve Fund (ERF) and the first UNICEF relief cargo reached Addis Ababa on 17 December. Priority was given to the provision of a safe water supply for people already arriving at food distribution points, together with emergency immunizations, and the delivery of essential drugs and equipment to health posts and centres. A decision was taken to expand UNICEF's innovative 'cash-for-food' projects which supported many Ethio-

pians through the 1983-85 emergency; and donors were asked to include a contingency for transportation with any assistance given.

UNICEF's appeal met with prompt support from donors, with US\$3.2 million received over two months.

Angola and Sudan: A high-level United Nations inter-agency mission visited Angola in November to consult with the Government and document conditions in anticipation of a special emergency appeal for that country. In Sudan, UNICEF sought US\$250,000 to start cash-for-work and livestock exchange projects. A further US\$965,000 was sought for an emergency water programme in Kordofan. Plans were also made for emergency supplementary feeding programmes, and the distribution of medicines in South Kordofan (US\$429,000), together with a joint medical programme with Médecine Sans Frontières-Netherlands in Wau (US\$103,000). A special maternal and child health programme for displaced southerners in nine squatter areas of Khartoum was launched with various partners at a proposed total cost of US\$654,000. The programme included supplementary feeding and PHC.

The Sahel: Poor rainfall and food deficits were confirmed in late 1987, in Chad, Mali, Niger and Burkina Faso. The Niger Government reported that one million people were affected to varying degrees by a 274,000-tonne food deficit, and UNICEF responded with the provision of water pumps, small agricultural implements and support to supplementary feeding.

Mali's major food needs are likely to be covered from current harvests and existing food stocks, but renewed drought in three northern provinces caused UNICEF to resume its nutrition rehabilitation activities, including supplementary feeding and nutritional surveillance activities which are now fully integrated into Mali's MCH network.

Southern Africa: Localized drought also hit southern Africa last year. In Zambia, the southwest of the country suffered most, with some 500,000 people affected. About three million people were reported to be suffering from food shortages in Malawi, where the overall situation is complicated by the needs of Mozambican refugees. UNICEF helped set up local food and nutrition information systems, and to stockpile basic supplies for a rapid



UNICEF 257/87/Summit



UNICEF 267/87/Hollyman

response, as the situation developed.

Botswana was in its sixth consecutive year of drought while Lesotho was hit by unseasonable snow storms and heavy rains which wiped out almost 50 per cent of the crops and livestock, seriously affecting some 100,000 people in isolated mountain areas.

The closing months of 1987 witnessed major disease outbreaks in West Africa. Guinea, Mali, Mauritania and Senegal faced a serious epidemic of yellow fever, while Guinea-Bissau, Mali, Mauritania and Senegal fought outbreaks of cholera. Through October/November, US\$637,400 was released from the ERF to combat the epidemics, and in October alone, UNIPAC delivered immunization supplies and medicines costing more than US\$200,000.

Other emergencies

Beyond Africa, UNICEF provided support in 1987 for victims of the continuing civil strife in Lebanon, a typhoon in the Philippines and an earthquake in Ecuador.

There is growing awareness of the need for early warning mechanisms ranging from climate and crop forecasting, to close ground level monitoring of such things as child nutrition, grain and livestock prices, and the sale of personal household effects. It is accepted that Third World administrations need help preparing for and responding to emergencies. And perhaps most importantly, there is an understanding of the need to address the root causes of poverty and famine, as well as the effects.

The National Committees play a special role in meeting emergencies, and during 1987, their support, along with that of NGOs, contributed in a major way to the response to humanitarian needs in African as well as other countries.

In total, UNICEF committed US\$2.6 million from the annual ERF of US\$3 million for emergency operations in 12 countries of Africa, Asia, Latin America and the Middle East. And with the agreement of the countries concerned, long-term UNICEF programme funds totalling US\$1.7 million were diverted for immediate relief in 17 countries. □

Preventing childhood disability

It is generally accepted that one in every 10 children is born with, or acquires, physical, mental or sensory disabilities which will impair normal development. Global surveys indicate that more than 500 million people are disabled, and that 140 million of them are children.

In 1980, UNICEF adopted an expanded policy towards childhood disability, and by 1987 it was supporting programmes in more than 30 countries. There are three elements to these programmes which recognize:

- » the need for effective means to combat impairments arising from preventable causes such as poor nutrition, infectious diseases (e.g. polio and measles), and accidents and problems associated with pregnancy and birth.
- » the need to reduce the effects of disability through early detection and appropriate interventions.
- » the viability of using the family and the community as a primary vehicle for the delivery of services to disabled children.

In 1987, the Executive Board 'noted' 20 projects worthy of support above and beyond regular programme funding to meet those objectives.

They include:

- » funding for the prevention of vitamin A and iodine deficiencies for 1987-1991 in Bhutan, Burkina Faso, Burma, Ethiopia, India, Indonesia, Sudan and Viet Nam.
- » additional support for community-based rehabilitation projects in Brazil, Kampuchea, Morocco, Nepal, and for Palestinian children.
- » supplementary funds for the early identification of children at high risk in Belize, Costa Rica, Guatemala, Honduras, Nicaragua, Panama and the Central American sub-region.

UNICEF also produced, in 1987, the 'UNICEF Programme Guidelines—Childhood Disability Prevention and Rehabilitation' as its contribution to the mid-point of the UN Decade of Disabled Persons (1983-1992). These guidelines will assist UNICEF field officers not only in a stronger advocacy drive for prevention, but will, as well, place stronger emphasis on early detection and rehabilitation at the family or

community level.

In the course of the year, UNICEF supported a wide range of childhood disability projects.

In Bangladesh, where vitamin A deficiency blinds some 30,000 children each year, radio programmes have been used to reach parents with advice on ways to improve the nutritional balance of traditional diets. And treatment for xerophthalmia in children up to 15 years of age, along with semi-annual vitamin A distribution to children six months to six years of age, have both continued at the rate of 45 per cent.

In Bhutan, special education for disabled children has been limited to one small school for the blind; but the nation's new development plan will improve that facility and extend support services so that physically disabled children can attend regular schools.

A two-year pilot project to control vitamin A deficiency was launched in four northern provinces of Burkina Faso in 1987. Seminars for 38 health workers emphasized the prevention, early detection and treatment of xerophthalmia, and vitamin A capsules were distributed to lactating mothers and children under 10 years of age.

Seven Central American countries pressed ahead with projects for children with disabilities, despite limited funding. UNICEF is providing technical and financial support for subregional and national projects. Support includes training, supplies and equipment for teams in Belize, Guatemala and Honduras. Experience in the region has shown that programmes must go beyond simple services for disabled children to encompass prevention and the monitoring of children's growth and development. In Costa Rica, Guatemala and Honduras, the programme provides a link between child survival and the larger quality-of-life issues.

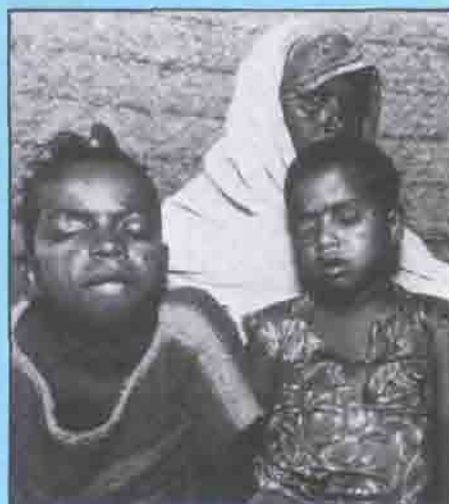
With substantial assistance from UNICEF, the State Statistical Bureau of China has started a survey of eight provinces to record the cause and prevalence of specific disabilities. Special education services for the disabled are a recent development in China, with only 35,000 disabled children receiving an education. Eight universities have been selected for a



UNICEF 2386/87/Heiden



UNICEF 2375/87/Heiden



UNICEF 2392/87/Heiden



UNICEF 2579/87/Heiden

Most children in children can be prevented by immunization and distribution of vitamins. A capsule. UNICEF works with governments to expand these programmes.



UNICEF 2387/87/Heiden

study of the prevention, screening and treatment of childhood disability.

In Iran, children's lives have been greatly affected by psychological and emotional disturbances related to the eight-year-long war with Iraq. Other causes of disability in the child population are leprosy and trachoma.

Mauritius offers the example of a country where health services development has not kept pace with basic child survival. Infant mortality has fallen rapidly from 162 to 24 deaths per thousand live births since the early 1940s, but while children are surviving, a considerable number are surviving with disabilities. An estimated 12.2 per cent of all three- to five-year-olds are at risk of physical, sensory or mental impairments.

In April 1986, a consultant from Action-Aid Kenya found that pre-school trainers and educators had insufficient training to integrate children with mild to moderate disabilities into mainstream schools, and that there were no services for the severely disabled.

A project is under way to address the various needs. A number of initiatives have been taken to train community health workers and pre-school personnel in screening and early disability detection. And in August 1987, a workshop on 'Children with Special Needs' was organized by the Mauritius Institute of Education for pre-school educators. The project has attracted the attention of the United Kingdom Committee for UNICEF, which has agreed to contribute 5,000 pounds sterling.

Child Development Centres have been established in a number of cities in the West Bank and Gaza to provide a comprehensive assessment of child needs and rehabilitation. An outreach programme twice a week offers education on early detection for mothers, education for teachers on child development and immunization, and house visits to children in need.

A 1986 survey in Zimbabwe showed that between 48.8 per cent and 72.8 per cent of the children in some districts had visible goitre, and UNICEF has indicated its willingness to help provide iodinated capsules. UNICEF is also working with WHO to prevent vitamin A deficiency among pre-school children and to develop a National Surveillance System against xerophthalmia with nutritionists, ophthalmologists and agriculturalists. □

Inter-agency co-operation

JCGP continued its collaboration through 1987 in the broad areas of training, women in development, programme co-ordination and Africa's special needs.

JCGP—comprised of UNDP, UNEPA, WFP and UNICEF—admitted IFAD as an associate member and supported UNICEF in its concern over the impact of structural adjustment programmes on children in developing countries. UNICEF continued to press the structural adjustment issue in a variety of fora, including the Consultative Groups of the World Bank and UNDP's Round Table process. It also raised the issue in a fruitful dialogue with IMF.

Through UNICEF collaboration with the World Bank in May, a Consultative Group meeting in Ghana led to development of a programme of action to moderate the social costs of adjustment (PAMSCAD), while the Fund also continued to work with the Bank in the fields of health, nutrition, education, water supply and sanitation, and urban development.

There were regular exchanges with UNDP, both through headquarters and in the field, and UNICEF remained an active participant in the Steering Committee and Task Forces of the International Drinking Water Supply and Sanitation Decade (IDWSSD). UNICEF's long-standing and close relationship with WHO was evident in a variety of fora. The executive heads of both organizations consulted throughout the year to ensure the complementarity of their work, and two especially noteworthy by-products of this dialogue were the launching of the 'Bamako Initiative' by African Ministers of Health, and the networking of the WHO/UNICEF technical consultative group, which will facilitate joint assessments of potential emergencies. A range of contacts continued in the programme areas of EPI, CDD, MCH, PHC, nutrition, breast-feeding and appropriate weaning practices, environmental sanitation, essential drugs, tropical diseases, AIDS and IEC.

UNICEF co-sponsored, with WHO and UNDP, USAID, the Christian Medical Commission and DANIDA, the Inter-regional Meeting on Strengthening District Health Systems based on primary health care. The meeting was held in Harare, Zimbabwe.

During the year, UNICEF and WHO issued joint statements on 'Vitamin A for Measles', and 'Joint Guidelines for Health Care Practices in the Promotion of Breast-feeding' is in the pipeline. Both agencies have been working with USAID and SIDA to hold an International Conference on Breast-feeding in 1989. The two organizations are also working closely on staff training to ensure that the mandate

and strengths of each are well understood. Joint training modules have been developed as part of that process.

UNICEF also continued its co-operation with UNESCO in many areas, including formal and non-formal education, nutrition and education for child survival. Both agencies have placed special emphasis on female literacy and the need to sustain the enrolment of girls in school. In this same context, UNICEF remained active in the International Working Group on Education. □

The impact of inter-agency co-operation in the field of water—a crucial factor in the health of the Third World.



UNICEF 2216/86/Steve



UNICEF 2245/86/S/Steve

Monitoring and evaluation

Monitoring and evaluation of UNICEF's programme activities strengthened in 1987. More than 600 evaluations and studies were under way or completed between October 1986 and September 1987, compared with 379 studies and evaluations taken up during the previous year.

Performance from one region to another was mixed. An average nine per cent increase in the number of completed evaluations between 1986 and 1987 includes a spectacular 180 per cent increase in ROSCA, and a substantial 60 per cent drop in performance for TACRO.

In the course of the year, information from monitoring and evaluation provided opportunities to adjust or fine-tune a variety of activities, thereby reinforcing the prospects of success, or of correcting the possibility of failure.

In Madagascar, day-care activities were found to have limited impact, and a decision was taken to discontinue them. A similar evaluation of day care in El Salvador prompted a decision to redirect assistance to out-of-school children and adult literacy.

An evaluation of the Mahaweli project in Sri Lanka, is helping to explain why infant and child mortality had continued to fall in spite of the continuing low nutritional status of women and children.

In Ethiopia, a rapid assessment of community nutrition has helped to sharpen the focus of future activities on community participation.

A number of steps were taken in the course of the year to strengthen the

evaluation capacity at Headquarters and in the field. The Evaluation Section was shifted from the Programme Division in September, and now reports to the Deputy Executive Director, Programmes—a decision which has given more independence and objectivity to the process. Forty-one offices so far have designated a focal person for monitoring, and several workshops were held to strengthen field capacity in this respect.

A workshop on monitoring and evaluation was held in Pakistan in April; a workshop on planning and situation analysis was held in Costa Rica in May; and following a review of projects to train TBAs, a workshop on the evaluation of TBA projects was held in November in Sudan, for project officers and government administrators from nine countries of Africa, Asia and the Middle East.

Several countries improved their project monitoring systems. UNICEF's office in Sudan developed a computer programme to monitor progress in immunization, and it has passed on this technology to the Health Ministry.

A monitoring system for water supply was developed in India for drought-stricken areas, and this is now being extended to all States following a request from the Prime Minister.

In 1988, the Evaluation Office will increase its focus on the evaluation of social mobilization and knowledge-attitude practices; and the number of thematic, as well as donor-initiated evaluations, will double and treble, respectively. □



UNICEF 1987/86/Watson



UNICEF 1987/86/Watson

Programme communication and social mobilization

Reports from field offices last year showed increasing support for research linked to communication and social mobilization. At least half the reports expressed interest in analyses of social organizations and their mobilization; knowledge attitude and practices (KAP) studies; research on the use of radio and other media; and evaluations of other communications possibilities.

KAP studies have been the most widely used research tool since 1985, and a review of their use, together with possible improvements for the design and evaluation of communications strategies, is under way.

A movement towards sustained collaboration with new advocacy partners was also evident during the year, and a number of benefits accrued from

Improving and extending networks of social mobilization are vital in reaching remote areas of geographic and cultural isolation. People are still reluctant to leave their children unattended. To help, researchers must work cooperatively with the local health and social mobilization organizations in the field.

greater attention to mobilization at the grass-roots level.

Particular note was made in Africa of the vast, under-utilized potential of radio, and UNICEF has been working accordingly to develop a Health Radio Network (HRN). One plan involves broadcasting of the main health messages contained in a manual entitled 'Facts for Life', which is currently in production.

A large potential also exists for improving the production capacity and quality of television, and UNICEF involved itself last year in efforts to exploit opportunities offered by television in the Middle East and North Africa regions.

UNICEF is currently evaluating a five-minute animated film that explains to mothers and other family members the need to have their children receive the full round of necessary immunizations. The pilot is the first in a proposed series of 20 programmes with the overall goal of achieving accelerated CSD by influencing environmental and human situations that can bring about specific behavioural changes in health-related practices.

An established theme of UNICEF communications has been women and youth in the context of CSD and PHC delivery. One highly promising activity in 1987 was the collaboration between UNICEF, WHO, the World Assembly of Youth (WAY) and youth organizations in Africa.

The Norwegian Government funded a project for the training of journalists and communicators in Africa, Asia and Latin America; and a final evaluation, based on country programmes in Bangladesh, Ethiopia and Nepal, was scheduled for early 1988.

UNICEF/WHO collaboration was particularly evident in a policy and strategy paper on information, education and communication for health (IEC/Health) endorsed by the WHO and UNICEF Inter-Secretariat meeting in January. The paper was based on 17 IEC country case studies and 14 resolutions of the World Health Assembly. It singled out human resources, and research for strategic planning and evaluation, as areas needing special attention. This document, entitled 'Mobilizing All for Health for All', was subsequently approved by the World Health Assembly and UNICEF's Executive Board; and a working group with information, communications, education and training specialists from

both agencies, was appointed to follow up on recommendations made. Other co-operative activities during the year included UNICEF's development of a social mobilization training package for staff, which will be shared with WHO and other agencies. WHO in turn, developed a communication guide focused on the CDD Programme. UNICEF was involved in the preparation of the guide, and will share in its use with national CDD programmes. The document is entitled, 'A Guide for Managers of National Diarrhoeal Disease Control Programmes—Planning, Management and Appraisal of Communication Activities'. □

Social mobilization for health care at the grass-roots level.



UNICEF 4579/87/Simmom



UNICEF 3171/87/Mohr

External relations

The search for a 'Grand Alliance'

UNICEF continued its drive last year to broaden the alliances and partnerships it shares for the protection and well-being of children.

UNICEF's advocacy centred on decision makers and celebrities from all walks of life who could carry supportive messages for children to ever-larger audiences that respect their opinions.

This search for a 'Grand Alliance' for children travelled to Africa (Dakar, Senegal) in 1987 where the objectives were presented to artists and intellectuals, parliamentarians, key NGOs and the media by Goodwill Ambassador Harry Belafonte. Elsewhere, special

efforts were made to help UNICEF's country offices develop this outreach and mobilize support for programme objectives.

One rallying point for this more sharply focused advocacy has been the formulation of the world's first Convention on the Rights of the Child. The Convention, which is already well into the drafting stage for adoption in 1989, will set universally agreed standards for the protection of children and will provide an invaluable framework for elaborating programmes to improve the child's overall situation. □

Information and public affairs

The report on *The State of the World's Children 1988*, launched by the Executive Director in Tokyo at one of the best-attended news conferences since the report was introduced eight years ago, resulted in world-wide print, television and radio coverage of noteworthy length and quality. National networks around the world carried special news reports incorporating UNICEF's pre-distributed radio-video news items. Of particular significance, the report was featured in a co-production on Africa No. 1, a major radio outlet heard throughout the continent.

The simultaneous release of the report in Sydney garnered impressive coverage in newspapers and air time on television and radio across Australia and in New Zealand. Similar briefings in London, Toronto and Helsinki were equally successful, with reports carried on national and local media.

UNICEF offices and National Committees displayed flair and originality in

releasing the report with local angles. Events ranged from press conferences to seminars, and in one country, an official presentation before the national Parliament. Impact was heightened by the report's translation, in whole or in part, into over 40 languages. Its book edition in three languages is being marketed commercially through co-publication arrangements.

Another high-profile publication, *Children on the Front Line*, was issued during 1987. Successfully launched in London by the Executive Director, the report drew enormous attention to the plight of children in southern Africa, particularly in Angola and Mozambique. The report later gained heightened visibility at media briefings in Nairobi and Maputo before both local and international correspondents. The report was issued in English, French and Portuguese, with over 15,000 copies now in print.

As a contribution to the search for

alternative adjustment approaches which protect the poor and promote growth, in 1987 UNICEF launched the book *Adjustment with a Human Face: Protecting the Vulnerable and Promoting Growth*.

The year also saw a new and growing dimension of media interest in development stories, with newspapers displaying a readiness to plan, fund and dispatch reporting teams on in-depth assignments. Several outstanding endeavours by United States organizations (Cox Newspapers, *The Milwaukee Journal*, *The Christian Science Monitor* and *The Philadelphia Inquirer*) resulted in high-quality coverage on the problems of children in several parts of the world. *The Times* of London maintained its excellent coverage of the previous year with extensive reporting of trouble-spots in Ethiopia, Mozambique and other African countries, while *Le Monde Diplomatique* as well as *Jeune Afrique Economique* devoted extensive coverage to the issue of 'adjustment with a human face'.

There were also positive developments in relations with the commercial media, and following successful testing in 1986, the 'Review of the Year' campaign, marketed by National Committees with the support of GCO, was launched in 12 countries reaching 1.5 million households. This campaign exploited free media opportunities and provided a common theme in the fall of 1987 for UNICEF advocacy, fund-raising and greeting card sales.

The positive gains of GCO were largely due to the introduction of detailed operational plans for area and field offices, the continuing implementation of the Interregional Sales Development Programme (ISDP), and the monitoring of country-by-country performance with eight results-oriented indicators.

In the United States, GCO assisted the National Committee in beginning to decentralize greeting card sales through five regions and provided training of key volunteers in those regions. Regional workshops were held in Asia, Europe, Latin America, the Middle East and North America, and GCO sales co-ordinators attended a training seminar in New York.

The Electronic Information Network, which includes a service of news and feature articles on its fully computerized system, grew to over 170 users, nearly doubling outreach in one

year. Some 2,000 messages per month, with emphasis on development activities affecting mothers and children world-wide, are now disseminated to the ever-increasing network of National Committees, UNICEF field offices, United Nations agencies and NGOs. The network features a twice-weekly 'Newswire' service concentrating on development stories, a 'Bulletin Board' carrying information on UNICEF meetings and special events, as well as two full-text search facilities of some 300 feature stories, press releases and selected programme materials. This is complemented by the quarterly newsletter, *Intercom*, relaunched in October in a new format to better serve the exchange of news and views among UNICEF and UNICEF-related people everywhere.

The NGO Committee-sponsored publication, *Action for Children*, now reaches more than 60,000 readers in three languages—English, French and Spanish—spreading the word on the critical situations that children face and on NGO and UNICEF initiatives to ameliorate them.

During 1987, radio and television co-productions continued to expand and improve, while UNICEF audio-visual child-related materials gained ground with major broadcast news outlets. Radio co-productions were developed with US National Public Radio, the BBC, Radio France and Norwegian Radio, following reporting trips to Africa, Asia and Latin America. Television productions and co-productions were organized with the networks of Australia, Belgium, Canada, Denmark, Finland, France, the Federal Republic of Germany, the Netherlands, and the United Kingdom as well as with other systems for both industrialized and developing countries. Many of these were organized with the close involvement of National Committees. UNICEF co-produced with World-wide Television News a programme which highlighted the grave situation of children and mothers in Mozambique.

UNICEF now plays an active role in programmes to promote social mobilization of organizations and people. Two pilot projects, the 'animated film health messages' and the Health Radio Network, designed to project specific messages, hold promise of helping families improve the health status of their children. In line with social mobilization goals, two successful

videos were produced to help galvanize support for the artists' and intellectuals' child survival initiative in Africa.

Co-operation continued with sympathetic media associations. The International Club of Journalists for Children's Rights, meeting in Cividale, Italy, assembled some 150 journalists for a global meeting to discuss priority issues. National African media associations for children's issues now number over 30. One example, the recently formed Nigerian Club for Information on Children, includes the Nigerian Television Authority, the Federal Radio Corporation, the Nigerian Union of Journalists and eight major newspapers. It plans to present annual awards for outstanding productions on children's issues.

Photographic coverage in 12 countries in Africa, Asia and Latin America generated a large quantity of new materials. More than 21,000 photographs and slides were distributed to National Committees, NGOs and the media. A major exhibit on Women and Development was displayed during the Executive Board Meeting and in the United Nations visitors' lobby.

During 1987, UNICEF's partnerships with NGOs grew in size, scope and number, with collaboration increasing at local, national, regional and international levels. The NGO Committee on UNICEF, which now represents more than 160 international organizations in consultative status, has continued to increase in strength. Committee representatives have met regularly in New York, Paris and Geneva, providing consultation on issues of critical importance to children.

Areas of joint UNICEF-NGO activity have ranged from the promotion of the delivery of child survival and development services to special activities relating to children in especially difficult circumstances. There is great interest in the rights of children and the Convention on the Rights of the Child. UNICEF has continued to strengthen its working relationships with both grass-roots groups and international NGOs concerned with African recovery and issues of economic adjustment. The interest of NGOs in the adjustment issue was reflected in conferences, campaigns and symposia, such as those organized in the United Kingdom in March 1987 by World Development, USA; the Overseas Institute, UK; the

International Coalition for Development Action and the Joint UN Information Committee. The interest is shared by institutes of development studies which have organized similar meetings.

A major development likely to benefit the world's children is acceptance by the international community of the principles contained in the proposed United Nations Convention on the Rights of the Child. UNICEF is working closely with Defence for Children International to produce information material to help promote the Convention among governments and a range of interested groups and organizations. Working

with the United Nations Centre for Human Rights, UNICEF is preparing a comprehensive strategy of support for the Convention which will ensure that the drafting process is completed at the earliest practical date. The aim is for the Convention to be adopted by the United Nations General Assembly in 1989. With the assistance of the Italian National Committee, a conference was held at Lignano to inform the NGO community—of which some 100 representatives were present, as well as representatives from governments and national committees—on the progress made.

UNICEF has collaborated on CSD projects with such organizations as Rotary International, Jaycees International, the International Council of Nurses, the International Confederation of Midwives, the International Planned Parenthood Federation, the Save the Children Alliance, the League of Red Cross and Red Crescent Societies, the World Organization of Scouts, the World Association of Girl Scouts and Girl Guides, Soroptimist International, the World Assembly of Youth, the World Council of Churches, parliamentary associations and others. These projects have provided child immunization and other PHC services throughout Africa, Asia and Latin America, including Bangladesh, Brazil, Burkina Faso, Egypt, Japan, Nepal, Nigeria, Peru, Senegal, Swaziland, Uganda and Zaire.

In addition, the secretariat is working closely with a consortium of local, national and international NGOs to promote publicity and education programmes to help combat the spread of AIDS.

The involvement of parliamentary organizations and groups of artists and intellectuals to act on behalf of the world's children is a new area of activity. By working with groups such as the global Committee of Parliamentarians on Population and Development, the Andean Parliamentarians and the International Parliamentary Union, UNICEF has sought to ensure that children's issues receive appropriate attention at national and regional levels. Co-operation with artists and intellectuals started with a meeting in Dakar, Senegal, of over 50 African film-makers, writers, performers and educators, under the leadership of Goodwill Ambassador Harry Belafonte. The meeting considered ways of using the talents of

these polished communicators to save lives and protect the health of African children. Through a 'Dakar Plan of Action' the participants undertook to use modern and traditional techniques of communication to disseminate child survival and development themes to homes across Africa. The initiative is gaining momentum, with national support groups of artists and intellectuals now being set up in at least 30 African countries. The next major event, to be held in Harare, Zimbabwe, will focus on artists and intellectuals for children in southern Africa.

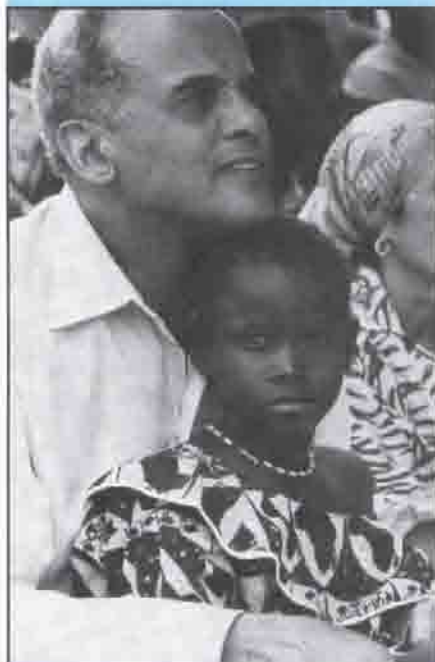
This undertaking was strengthened by the adoption last July of a strong resolution by the Organization of African Unity (OAU) Summit declaring 1988 as 'The Year of the Protection, Survival and Development of the African Child'. The resolution urged Member States to play active roles in social mobilization towards the child survival and development revolution and universal child immunization goals; and requested UNICEF's Executive Director to help mobilize resources and communities to complement national efforts. The 'Bamako Initiative', referred to earlier, is one way to give practical meaning to this declaration.

To ensure that the needs of children retain a high profile in the industrialized world, UNICEF has continued to use international celebrities and advocates for the world's children. The death of Danny Kaye, UNICEF's first Goodwill Ambassador, brought sadness around the world. A special ceremony at the United Nations honoured this extraordinary man, who had served the best interests of the world's children for 34 years. His work will be continued through other celebrities such as Harry Belafonte, Sir Richard Attenborough (both appointed during 1987), Liv Ullmann, Tetsuko Kuroyanagi and Peter Ustinov. These and other artists such as Audrey Hepburn and James Galway have spoken courageously in favour of a better world for children in Africa, the Americas, Asia and Europe.

Among the year's special events, two major successes were a 24-hour live radio broadcast from the United Nations, which was carried by more than 60 radio stations across the United States, and two concerts by the World Philharmonic Orchestra in Tokyo. Both were fund raisers. UNICEF National Committees have continued to



UNICEF 2399/87/5/11/1000



UNICEF 2205/87/1000

The two Goodwill Ambassadors, Sir Richard Attenborough and Harry Belafonte, care for the world's children.

develop and implement special events to present UNICEF's message to the public and to raise funds. Meanwhile, the secretariat worked to develop a long-term strategy for using multinational, international and global special events to support UNICEF's advocacy and fund-raising activities.

At the same time, the secretariat has sought to evaluate global and special events from the perspective of personnel and organization at national level. A policy on UNICEF's involvement in future global events has been developed and planning is under way for another global event in mid-1989. □

National Committees for UNICEF

During 1987, National Committees continued to play a vital role as partners in fund-raising, special events, information and development education. Many of their key activities are reflected elsewhere in this report.

In view of the increasing number of Committees which have particular regional interests, guidelines for study tours were drawn up at the Annual Reunion in Geneva on the choice of countries, the type of tours to be organized and cost-sharing in order to ensure high returns on investment. The Reunion also adopted a resolution stressing the need for UNICEF to prepare modalities for assisting countries in the application of the Convention on the Rights of the Child. It called on the National Committees to join NGO efforts, and take steps through their own governments, to encourage the adoption of the Convention by 1989. The Revised Terms of Reference of the Reunion, the Standing Group and the Technical Workshops (with the exception of the GCO Workshop) and the Rules of Procedure of the Reunion were formally adopted by the Reunion.

The Fund-raising Workshop met in February in Bari, Italy, where agreement was reached to continue reversing the trend towards supplementary funds, in favour of increased contributions to general resources. It is to be noted that, during 1987, funds raised by Committees represented approximately 18 per cent of total UNICEF income, including revenues from greeting cards. Within the framework of the 1986-1990 Medium Term Plan, income projections show an upward trend. Thanks to efforts of National Committees for UNICEF and other sales partners, the Greeting Card Operation completed its 1986/87 campaign with a record US\$30.4 million net profit contribution to UNICEF general resources. A total of 122 million cards

were sold, an increase of almost five million cards over 1985/86.

GCO's pricing policy was closely monitored by country and region, and price increases above the inflation rates were achieved in the majority of markets. The forecasting system was completely computerized to reduce the production/sales ratio and a programme for the utilization of previous years' inventory was developed and implemented.

In order to provide top-quality products at the lowest price, total production and procurement for Asia, and partial for India and Pakistan, were implemented through the Singapore procurement/production centre and local production for the Pacific area was implemented in Australia.

A new product policy was drawn up and the traditional product line was extended to include high-priced items such as ceramic plates to complement card sales and increase overall revenues. In addition, the actual card collection was enlarged to permit regional and local selections within a global framework.

A total of 24 Committees participated in the Information Workshop, held in September in Norway, to discuss co-ordinated approaches to reach various target audiences from the viewpoint of development education, information and fund-raising. One important fund-raising endeavour was undertaken by the United Kingdom Committee, which organized with the Trade Union Congress and the United Kingdom Government a joint 5.3 million pound sterling project to assist the UCI programme in China.

In February, representatives of nine National Committees, as well as the Infanta Margarita de Borbón—one of the Spanish Committee's Honorary Chairpersons—participated in a study tour to Brazil and Colombia and visited UNICEF-supported projects in

both urban and rural areas. The tour proved invaluable to future fund-raising campaigns and had high visibility in Spain due to the presence of the Infanta.

A major advocacy and fund-raising campaign organized by the United States Committee to mark its 40th anniversary was launched by former United States President Jimmy Carter in early September. The nation-wide drive was entitled 'America Celebrates Children', and UNICEF supporters who hosted dinners, brunches and parties reached approximately 15,000 people through some 700 events.

In December, the UNICEF Committee of Australia reported on the formation of the Australian Parliamentary Association for UNICEF. The Association is comprised of 30 members of Parliament, who will support and promote the Declaration of the Rights of the Child and the adoption of a Convention on the Rights of the Child.

The Japan Committee was involved in the global launching of *The State of the World's Children 1988* and played an important role in organizing two concerts of the World Philharmonic Orchestra in Tokyo. The concerts raised funds and promoted goodwill for UNICEF. □

AGFUND

In 1987 UNICEF continued its co-operation with AGFUND, and joined AGFUND, the League of Arab States, UNEFA and WHO in a project to survey the health and social status of children in six Arab countries.

Following the establishment of the Arab Council for Children and Development on the initiative of HREI Prince Talal Bin Abdul Aziz, president of AGFUND and of the Council, UNICEF was invited to attend the second meeting of its Board, which was held in Cairo at the end of November, and will be co-operating with it as appropriate.

AGFUND, which was established by Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates on the initiative of Prince Talal, continued its assistance for the sixth year through UN agencies, as well as Arab NGOs. □

UNICEF's finances, income and expenditures 1986-1988

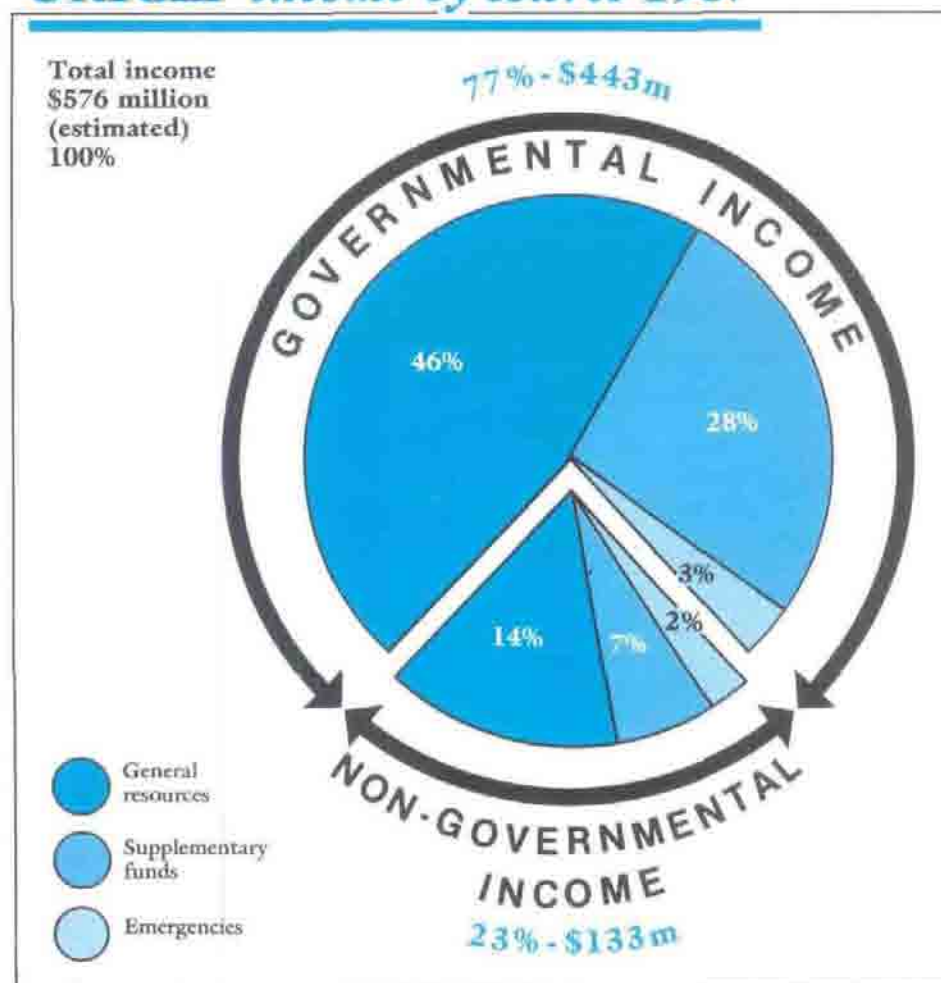
Income

UNICEF's income consists of voluntary contributions from both governmental and non-governmental sources.

Total income for 1986 was US\$463 million, and is estimated at US\$576 million for 1987. This includes US\$32

million in contributions for emergencies in 1986, estimated at US\$29 million in 1987; US\$26 million was in response to the Africa Emergency Appeal in 1986, estimated at US\$21 million in 1987, and US\$4 million for the Ethiopia Appeal, which was launched in 1987. Income growth from 1986 is attributable to increased

UNICEF income by source 1987



contributions from donors, as well as the effect of favourable exchange rates.

In 1986, income from governments and inter-governmental organizations accounted for 75 per cent of total income, and is estimated at 77 percent in 1987, the balance being non-governmental income. The pie chart on page 45 shows this division. Pages 48 to 49 show estimated individual governmental contributions by country for 1987, and a list of estimated non-governmental contributions by country appears on this page. Approximately 35 per cent of UNICEF's total income in 1987 was contributed as supplementary funds for long-term projects and five per cent for emergencies (see chart below).

The income is divided between contributions for general resources and for supplementary funds and emergencies. General resources are available for co-operation in country programmes approved by the Executive Board, as well as programme support and administrative expenditures.

General resources income includes contributions from more than 120 governments; net income from the sale of greeting cards; funds contributed by the public (mainly through National Committees); and other income.

Contributions are also sought by UNICEF from governments and inter-governmental organizations as supplementary funds to support projects for which general resources are insufficient, or for relief and rehabilitation programmes in emergency situations which, by their nature, are difficult to predict.

Typically, projects are in countries classified by the United Nations as 'least developed' or 'most seriously affected'. Projects funded by supplementary funds and general resources are prepared in a similar fashion and subject to Board approval.

As a result of pledges at the United Nations Pledging Conference for Development Activities in November 1987 and pledges made subsequently, UNICEF's income for general resources in 1988 is expected to total US\$358 million. General resources income in 1987 included a gain of over US\$10 million for foreign exchange effect, which is not projected to be repeated in 1988. Total government income is projected to increase by 8 per cent. Several countries increased their pledges of contributions to UNICEF for 1988 by

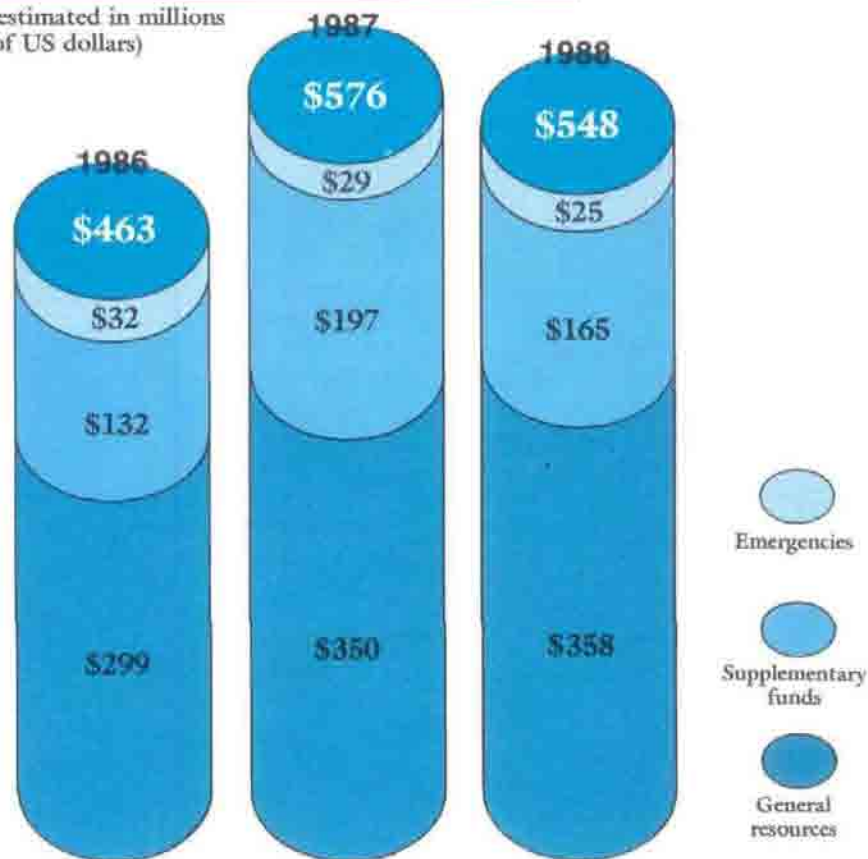
1987 non-governmental contributions (estimated)

Countries where non-governmental contributions exceeded \$10,000

Algeria	1,453.8	Ecuador	49.7
Argentina	341.1	Egypt	73.6
Australia	1,730.5	Ethiopia	31.0
Austria	1,265.8	Finland	3,026.0
Bahrain	78.5	France	15,130.4
Bangladesh	19.3	German Democratic Republic	235.1
Belgium	3,798.9	Germany, Federal Republic of	15,978.7
Bolivia	35.9	Ghana	12.0
Brazil	2,809.8	Gibraltar	11.4
Burkina Faso	29.2	Greece	718.5
Burma	13.6	Guatemala	18.2
Cameroon	14.7	Guyana	10.5
Canada	11,259.9	Honduras	13.0
Chile	29.0	Hong Kong	23.4
Colombia	308.7	Hungary	310.3
Congo	10.3	Iceland	16.8
Costa Rica	11.4	India	1,255.8
Côte d'Ivoire	39.7	Indonesia	160.3
Cuba	63.4	Iran	164.6
Cyprus	116.5	Iraq	256.5
Czechoslovakia	487.9	Ireland	549.7
Denmark	1,125.4	Italy	3,821.1
Djibouti	13.1		
Dominican Republic	35.2		

UNICEF income 1986-88

(estimated in millions of US dollars)



in thousands of US dollars)

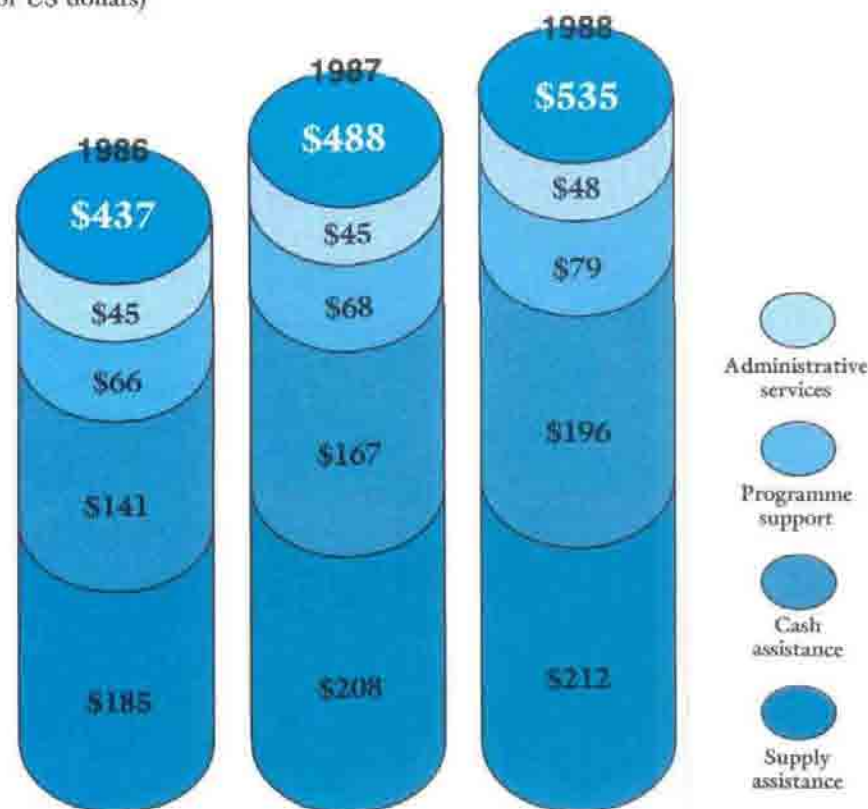
(figures include proceeds from greeting card sales)

Jamaica	11.7	Qatar	22.5	United States of America	13,042.1
Japan	10,463.1	Republic of Korea	83.9	Uruguay	74.0
Jordan	51.5	Romania	29.4	Venezuela	31.7
Kenya	19.0	Saudi Arabia	347.9	Yemen Arab Republic	14.4
Lebanon	21.9	Senegal	47.3	Yugoslavia	1,218.7
Luxembourg	288.1	Singapore	32.7	Zaire	28.2
Madagascar	42.8	Spain	4,727.8	Zimbabwe	10.2
Malaysia	12.5	Sri Lanka	21.9	Contributions from Sport Aid	8,032.8
Mexico	150.1	Sudan	55.6	Contributions from UN Staff	235.8
Monaco	23.8	Sweden	1,547.9	Contributions under \$10,000	182.8
Morocco	98.0	Switzerland	7,243.4	TOTAL	133,021.7
Mozambique	93.1	Syrian Arab Republic	152.7	Less costs of Greeting Card Operations*	(26,643.4)
Netherlands	8,219.6	Thailand	94.1	Net available for UNICEF assistance	106,378.3
New Zealand	298.2	Trinidad & Tobago	19.5		
Nigeria	225.7	Tunisia	94.8		
Norway	1,320.6	Turkey	205.8		
Oman	41.4	Union of Soviet Socialist Republics	1,480.8		
Pakistan	79.0	United Arab Emirates	166.6		
Panama	15.9	United Kingdom of Great Britain and Northern Ireland	4,265.2		
Paraguay	37.9	United Republic of Tanzania	151.3		
Peru	107.0				
Philippines	130.2				
Poland	419.5				
Portugal	231.1				

*Costs of producing cards and brochures, freight, overhead, adjustments.

UNICEF expenditures 1986-88

(estimated in millions of US dollars)



more than 10 per cent, notably Australia, Denmark, Hungary, Iceland, Italy, Luxembourg, Monaco, Netherlands, Spain and Tanzania. Certain governments have yet to pledge.

Expenditures

The Executive Director authorizes expenditures to meet recommendations approved by the Board for programme assistance and for the budget. The pace of expenditure depends on the speed of implementation in any country.

In 1986, UNICEF's total expenditures amounted to US\$437 million. US\$488 million is estimated for 1987, summarized as:

Programme

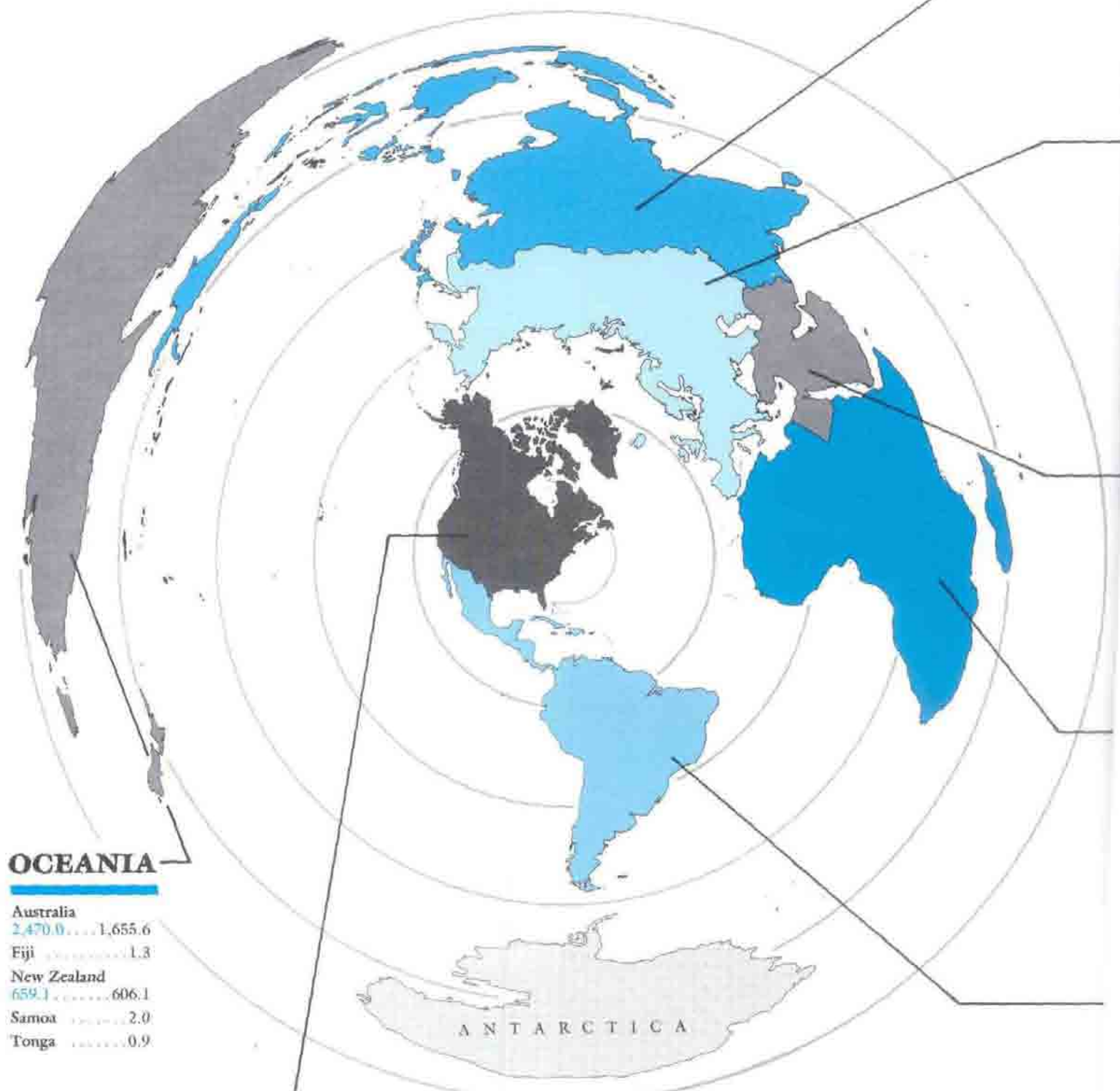
Est.	1986	US\$326 million
Est.	1987	US\$375 million

Cash assistance for project personnel

Est.	1986	US\$ 57 million
Est.	1987	US\$ 55 million

1987 governmental contributions (estimated in thousands of US dollars)

Contributions to UNICEF's general resources are shown at right; additional contributions for supplementary funds and emergencies are shown in colour, at left.



OCEANIA

Australia	2,470.0	1,655.6
Fiji	1.3	
New Zealand	659.1	606.1
Samoa	2.0	
Tonga	0.9	

NORTH AMERICA

Canada	24,151.7	11,753.7
United States of America	9,995.6	51,080.0

The World on the Azimuthal Equidistant Projection centered at New York City

ASIA

Afghanistan	China	Japan	Lao People's Democratic Republic	Mongolia	Sri Lanka
35.0	500.0	1,620.9	5.0	4.8	15.0
Bangladesh	Hong Kong	Korea, Democratic People's Republic of	Malaysia	Nepal	Thailand
10.3	4.8	23.3	50.0	5.7	274.9
Bhutan	India	Korea, Republic of	Maldives	Pakistan	Viet Nam
5.5	2,335.4	160.0	3.5	195.5	2.0
Burma	Indonesia			Philippines	
229.3	604.3			267.8	

EUROPE

Austria	European Economic Community	Germany, Federal Republic of	Ireland	Norway	Switzerland
359.4	8,773.2	3,880.4	473.4	7,805.9	7,988.0
B.S.S.R.	Finland	Greece	Italy	Poland	Ukrainian S.S.R.
114.3	3,513.0	150.0	51,344.2	44.4	228.6
Belgium	France	Holy See	Luxembourg	Portugal	U.S.S.R.
1,671.2	424.8	1.0	52.8	30.0	1,220.9
Bulgaria	German Democratic Republic	Hungary	Malta	San Marino	United Kingdom
45.8	421.3	33.3	5.9	6.9	5,204.2
Czechoslovakia		Iceland	Monaco	Spain	Yugoslavia
104.5		21.5	7.7	942.2	250.0
Denmark			Netherlands	Sweden	
1,586.8			5,946.7	41,358.6	

MIDDLE EAST

Arab Gulf Fund	Democratic Yemen	Iraq	Lebanon	Saudi Arabia	United Arab Emirates
1,400.0	7.7	96.8	0.6	26.1	665.1
Algeria	Egypt	Israel	Morocco	Tunisia	Yemen
88.0	30.6	50.0	65.9	60.4	32.2
Bahrain	Iran, Islamic Republic of	Jordan	Oman	Turkey	
7.5	50.0	29.4	49.8	68.8	
Cyprus		Kuwait	OPEC Fund, The		
1.0		200.0	100.0		

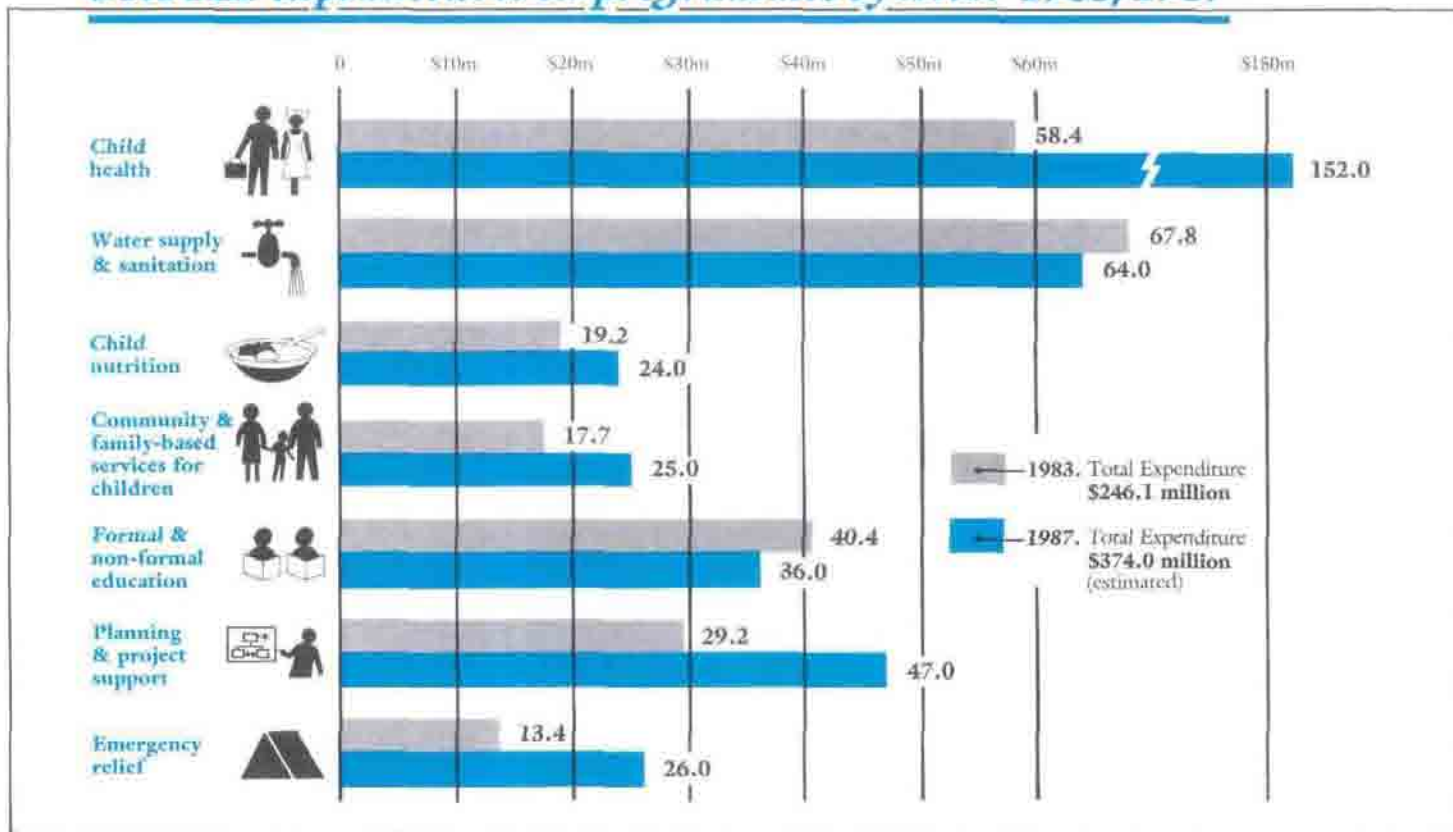
AFRICA

Botswana	Central African Republic	Kenya	Mauritius	Senegal	Togo
7.9	7.1	11.5	3.9	6.0	6.0
Burkina Faso	Côte d'Ivoire, The Republic of	Lesotho	Mozambique	Sierra Leone	Tanzania, United Republic of
2.8	49.3	3.4	2.5	9.0	6.9
Burundi	Ethiopia	Madagascar	Nigeria	Somalia	Zaire
2.5	49.3	2.7	984.5	1.5	2.0
Cameroon, Republic of		Malawi	Rwanda	Swaziland	Zambia
106.0		2.3	4.0	3.4	13.2

LATIN AMERICA

Antigua	British Virgin Islands	Cuba	Guatemala	Nicaragua	Saint Lucia
0.3	0.2	26.4	33.3	4.4	2.6
Barbados	Chile	Dominica	Guyana	Panama	Uruguay
2.0	80.0	1.1	1.4	25.0	5.0
Bolivia	Colombia	Ecuador	Jamaica	Saint Kitts and Nevis	Venezuela
2.0	453.4	25.4	3.1	0.9	114.7
Brazil	Costa Rica	El Salvador	Mexico		
37.3	15.1	25.0	6.3		

UNICEF expenditures on programmes by sector 1983/1987



Training costs and local expenses

Est.	1986	US\$ 84 million
Est.	1987	US\$112 million

Supply assistance

Est.	1986	US\$185 million
Est.	1987	US\$208 million

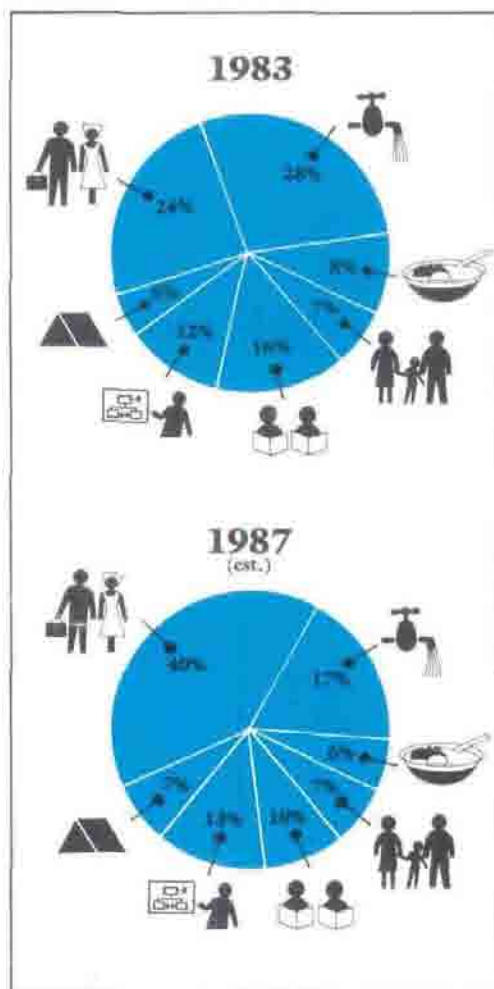
Programme support

Est.	1986	US\$ 66 million
Est.	1987	US\$ 68 million

Administrative services

Est.	1986	US\$ 45 million
Est.	1987	US\$ 45 million

The chart on page 47 shows estimated expenditures on programme assistance for 1986-1988. The bar and pie charts on this page show programme expenditures by sector in 1983 and estimated for 1987, by amount and proportion respectively.



Financial plan and prospects

At a time when support to multilateral agencies is falling below previous modest expectations, UNICEF is striving to maintain the level of its resources in real terms and is endeavouring to persuade donor governments to maintain their social development assistance. The success of this is demonstrated by the increase in real terms of pledges made at both the 1986 and 1987 Pledging Conferences. UNICEF is also encouraging the non-governmental sector, through the National Committees and NGOs, to expand further their important contributions. The benefits of other forms of fund-raising are also being examined.

At the April 1988 session of the Executive Board, proposals for new or extended multi-year programme co-operation in 53 countries will be submitted. UNICEF currently co-operates in programmes in 119 countries. The proposed new recommendations total US\$286 million from UNICEF's general resources and US\$604 million for pro-

jects deemed worthy of support if supplementary funds are forthcoming. Programme recommendations, from general resources for all countries, including those for which recommendations from general resources are being proposed at the 1988 Executive Board session, are shown on pages 28 and 29. A Medium Term Plan covering the years 1988-1992 will be submitted to the Executive Board at its April 1988 session.

Biennial budget 1988-1989

UNICEF is completing the difficult task of implementing budget cuts of some 180 core posts that were approved by the 1987 Executive Board. Of the total 180, 150 were abolished/converted in the 1987 revised budget and the remaining 30 are being abolished/converted in 1988. Every effort possible has been made to place as many of the affected staff in other posts within UNICEF or in other United Nations agencies.

The goal of the most recent budget exercise was to consolidate and streamline as many functions as possible to achieve the greatest savings and yet maintain effective delivery of programmes. The 1988-1989 biennial budget represents a decrease of three per cent in real terms from the 1986-1987 revised budget. Budgeted net expenditures against the 1988-1989 biennium amount to US\$261 million: US\$127 million for 1988 and US\$134 million for 1989. Every effort is now being made to see that the budgeted savings are realized.

In addition to the streamlining efforts, the 1988-1989 budget addresses issues of budget controls as highlighted by previous audit reports. The Executive Board has increased the number of budget categories from three to seven and, thus, has tightened overall budget control. All budget and accounting systems have been redesigned to accommodate these controls. A number of other remedial actions have been or are being implemented in 1988 to improve budget control throughout UNICEF. These actions are explained in further detail in the Report of the Executive Director.

Liquidity provision

UNICEF works with countries to prepare programmes so that recommendations can be approved by the Executive Board in advance of major expenditures on these programmes. UNICEF does not hold resources to cover fully the cost of these recommendations in advance, but depends on future income from general resources to cover expenditures. The organization does, however, maintain a liquidity provi-

sion to cover temporary imbalances between cash received and disbursed, as well as to absorb differences between income and expenditure estimates.

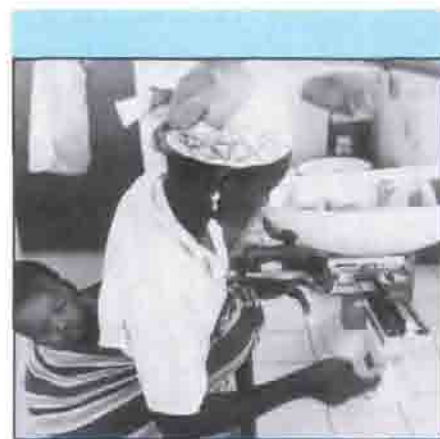
UNICEF's attempts to maintain the level of general resources programme assistance in real terms has, in the past, led to relatively constant cash balances. Although the liquidity provision has been adequate up to now, the latest 1988 Medium Term Plan allows for an increase so that programme assistance can be protected against future income uncertainties. □

Programme funding

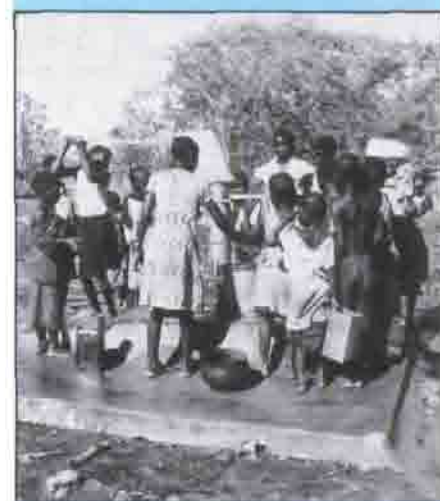
Support for children's programmes remained strong in 1987, with some governments dramatically increasing their contributions to UNICEF. This was true both for funds that can be used for general resources and for supplementary funded projects. National Committees continued to provide major support.

While there is a perception that the emergency in Africa is over, the continuing crises in Angola and Mozambique, as well as recent developments in Ethiopia, have again clearly illustrated the extreme fragility of the situation. The report *Children on the Front Line* highlighted the problems of southern Africa, and donors responded with increased support for emergency assistance programmes there. During 1987 governments contributed some US\$19 million for emergencies, but even where the emergency has eased, the need for special assistance to African countries will remain with us for some time. The crisis is multi-dimensional and the 'silent' emergency prevails. UNICEF must continue to seek funds for Africa.

Finland, Italy, Norway, Sweden and the United States were UNICEF's five major donors to general resources in 1987, providing over 60 per cent of the total core resources of UNICEF. Botswana, Finland, Democratic Republic of Germany, Iceland, the Soviet Union, Spain, Turkey and the United Republic of Cameroon increased their contributions to general resources by more than 20 per cent in 1987.



UNICEF 2230/87/Shyne



UNICEF 2624/87/W/Amoo

Supplementary funds play a major role in strengthening UNICEF efforts.

In pledges for 1988, the largest percentage increase came from the United Republic of Tanzania, with an increased contribution of 87 per cent. The largest increase in currency terms came from the Government of Italy, which pledged an additional 11.7 billion lire over the 1987 contribution of 35 billion lire. Other countries that have pledged increases for 1988 in excess of US\$1 million are Denmark, Finland, Netherlands, Sweden, Switzerland and the United Kingdom. A large number of developing countries continued stable support in spite of difficult economic conditions, and some pledged increases of 50 per cent or more, as was the case with Costa Rica, Malaysia and Pakistan.

Preliminary figures indicate that supplementary funds amounted to US\$226 million and continue to play a major role in strengthening UNICEF's efforts towards child survival and development and the goal of UCI/1990. The global funds created by certain donor governments, e.g. for Africa, child survival and immunization, have been extremely useful in promoting these objectives, either through UNICEF or bilaterally. While 71 per cent of supplementary funds was contributed for CSD/UCI efforts, fully 29 per cent was contributed for the full range of UNICEF-assisted activities, including water and sanitation, nutrition, education, and children in especially difficult circumstances. □

extended to even more offices.

Some 20 UNICEF offices, 13 National Committees and over 170 individual staff members are using the UNICEF electronic communication system (UNET). This system allows messages to be sent cheaply and rapidly between users, and its bulletin board contains articles and other information on UNICEF activities.

Work on a comprehensive computerized headquarters personnel system continued in 1987 with major portions implemented and the remainder to be completed in 1988. □

Human resources management

During 1987, UNICEF maintained 88 field offices, serving more than 110 countries, with 509 professional posts (international and national) and 1,143 clerical and other general service posts. During the year, 203 professional and 344 general service posts were maintained in the headquarters locations of New York, Geneva, Copenhagen, Tokyo and Sydney.

Limitations on financial resources have made efficient use of human resources a higher priority than ever before. While it was possible to establish some of the major components of a human resource plan, concerted efforts were required to link human resource planning with UNICEF's strategic planning and budgeting process as well as with the routine office workload.

Training activities provide an important source of support to overall corporate objectives and human resource planning processes. A number of training packages were developed in 1987

with the aim of accelerating the development of skills in management, programming, social mobilization and emergency, among others, which will be needed in UNICEF's work even more during the coming years.

The first global rotation exercise took place in 1985, and was followed by a second exercise in 1987, which proved to be very successful.

The trend towards increasing the percentage of women in professional posts has been positive since the recommendations made by the Women's Task Force in 1985. The proportion of women in international core posts increased from 24.8 per cent in 1985 to 29.8 per cent in 1987. The proportion of women in the senior professional category has increased through the appointment of one woman to the ASG level as well as the promotion of one woman to the level of director; and currently there are eight women as representatives. □

Supply management

UNICEF-supported programmes in developing countries are provided with supplies and equipment purchased by the Supply Division, which is located in Copenhagen and New York. Standard items, such as essential drugs, cold-chain equipment and syringes for vaccinations are stocked and set-packed at the UNICEF procurement and assembly centre (UNIPAC) in Copenhagen. Other items, for example vaccines, rigs for drilling water wells and vehicles, are purchased from suppliers for direct shipment to the countries in which they will be used.

The total value of purchases made during 1987 was approximately US\$ 211 million, an increase of 3 per cent over the previous year. Of this amount, approximately US\$43 million was procured in developing countries for use in country programmes. The purchase of vaccines in support of UCI increased from US\$24.5 million in 1986 to US\$34 million. Increased demands continue to be placed on the Supply Division for services as a procurement agent to governments and NGOs, with reimbursable procurement amounting to US\$48.5 million.

The volume of purchases made by UNICEF has ensured that price rises during the year have been minimal. Some pharmaceutical products have actually decreased in cost over this period. The Supply Division will continue to ensure that the best value is obtained for each dollar spent on supplies and equipment. □

Information resources management

In 1987, a computerized standard field office information system that supports programme, supply and financial management was extended to over

30 offices, and development has begun on a mini-computer version for large field offices; these systems will be improved upon in 1988 and coverage

Further information about UNICEF and its work may be obtained from

UNICEF Headquarters
UNICEF House
EUN Plaza
New York, N.Y. 10017, U.S.A.

UNICEF Geneva Office
Palais des Nations, CH 1211
Geneva 10, Switzerland

UNICEF Regional Office for Eastern and
Southern Africa
P.O. Box 44145, Nairobi, Kenya

UNICEF Regional Office for Central
and West Africa
B.P. 443, Abdoulaye, Côte d'Ivoire

UNICEF Regional Office for the Americas
and the Caribbean
Apartado Aéreo 75-55, Bogotá, Colombia

UNICEF Regional Office for East Asia
and Pakistan
P.O. Box 2-154, Bangkok 10200, Thailand

UNICEF Regional Office for the Middle East
and North Africa
P.O. Box 81172, Amman, Jordan

UNICEF Regional Office for South Central
Asia, UNICEF House
78 Lodh Estate, New Delhi 110003, India

UNICEF Office for Australia and
New Zealand
G.P.O. Box 4040
Sydney, N.S.W. 2001, Australia

UNICEF Office for Japan
c/o United Nations Information Centre
22nd floor
Sun Aoyama Building Nishi-ku 1-1,
Minami-Aoyama 1-chome Minato-ku,
Tokyo 107, Japan

Information may also be obtained from the following Committees for UNICEF

Australia: UNICEF Committee of Australia
80 Mount Street, 14th floor
AUS - North Sydney 2060

Austria: Austrian Committee for UNICEF
Vienna International Centre
(UNO-City)
22 Wagramer Strasse 9
A - 1400 Vienna

Belgium: Belgian Committee for UNICEF
Avenue des Arts 20
B - 1040 Brussels

Bulgaria: Bulgarian National Committee
for UNICEF
c/o Ministry of Public Health
5 Lenin Place
BG - Sofia

Canada: Canadian UNICEF Committee
445, Mount Pleasant Road
CAN - Toronto, Ontario M4S 2T8

Czechoslovakia: Czechoslovak Committee
for Co-operation with UNICEF
c/o Ministry of Foreign Affairs
Lomnický nám. 5, CS - 125 10 Praha 1

Denmark: Danish Committee for UNICEF
Bilbladet 8, Freløvsvej
DK - 2100 Copenhagen Ø

Finland: Suomen UNICEF-yhdistys e.y.
Finnish Committee for Unicef
Penttiläntie 6, SF - 00210 Helsinki

France: French Committee for UNICEF
55, rue Pichon-Drevil
F - 75781 Paris Cedex 16

German Democratic Republic:
National Committee for UNICEF
of the German Democratic Republic
Warschauer Strasse 8
DDR - 1034 Berlin

Germany, Federal Republic of:
German Committee for UNICEF
Steinfelder Gasse 9
D - 5000 Cologne 1

Greece: Hellenic National Committee
for UNICEF
Keriras Street 1, GR - 115 27 Athens

Hong Kong: Hong Kong Committee
for UNICEF
60, Blue Peak Road
3/F, Happy Valley, Hong Kong

Hungary: Az ENSZ Gyermekalap Magyar
Nemzeti Bizottsága
Sztocsmay utca, 6
H - 1054 Budapest 6

Ireland: Irish National Committee for UNICEF
4, St. Andrew Street, DUBLIN 2

Israel: Israeli National Committee for UNICEF
c/o International Cultural Centre for Youth
12 Hineh Replaim Road
IL - 93105 Jerusalem

Italy: Italian Committee for UNICEF
Via Trapani Nuovo, 61
I - 00154 Roma

Japan: Japan Committee for UNICEF
1-2, Azabudai 3-chome, Minato-ku,
T - Tokyo 106

Luxembourg: Luxembourg Committee
for UNICEF
99, Route d'Arden, L - 1140 Luxembourg

Netherlands: Netherlands Committee
for UNICEF
Bakermat, 128, Postbox 66857
NL - 2300 CN - Grootmarge

New Zealand: New Zealand National
Committee for UNICEF, Inc.
P.O. Box 347, 29 Beaulieu Street
NZ - Wellington

Norway: Norwegian Committee for UNICEF
Old Bye's Place 8
N - 0502 Oslo 5

Poland: Polish Committee of Co-operation
with UNICEF
ul. Mokotowska, 29
PL - 01551 Warsaw

Portugal: Portuguese Committee
for UNICEF
Praça Dr. Fernando Ayres,
Lote 508, 1 andar
Zona I - de Orlas
P - 1000 Lisbon

Romania: Romanian National Committee
for UNICEF
6-B, Strada Orosu
R - 7000 Bucharest 1

San Marino: National Committee for
UNICEF of San Marino
c/o Segreteria di Stato per gli Affari Esteri
Palazzo Bepi
I - 47031 San Marino

Spain: Spanish Committee for UNICEF
Masana Legido, 36
E - 28046 Madrid

Sweden: Swedish Committee for UNICEF
Aslagan 149,
Box 131 14
S - 100 61 Stockholm

Switzerland: Swiss Committee
for UNICEF
Friedrich
CH - 8021 Zurich

Turkey: Turkish National Committee
for UNICEF
Abdullah Cevdet Sok. 22/10
TR - Ankara

United Kingdom: United Kingdom
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58 Lincoln's Inn Fields
GB - London WC2A 3NB

United States of America: United States
Committee for UNICEF
431 East 43rd Street
USA - New York, N.Y. 10016

Yugoslavia: Yugoslav Commission
for Co-operation with UNICEF
Bulevar Arsenka A. 104
YU - 11070 Novi Beograd

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Argentina: Argentine Association
for UNICEF
Av. Belgrano 254
AR - 1092 Buenos Aires

Cyprus: United Nations Development
Programme
UNICEF
Government House 22
P.O. Box 3521
CY - Nicosia

Iceland: UNICEF in Iceland
Stoggeri, 30
IS - 108 Reykjavik

U.S.S.R.: Alliance of Red Cross and
Red Crescent Societies/Soyuz Obshchestv
Eratsogo Kresta i Krasnogo Polumennika
1, Cherenushkinskiy Boulevard, 3
SU - Moscow 117036