1946-1986 40 Years for Children

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United Nations Children's Fund

UNICEF Annual Report 1986

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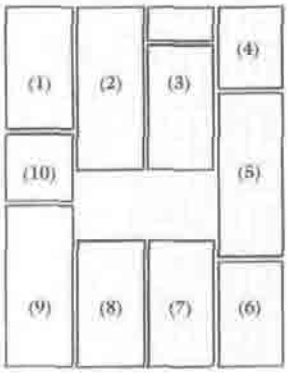

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Introduction

by the Executive Director, James P. Grant

The year 1985 saw the world move to the threshold of what later may be called the greatest mass breakthrough for the health and survival of children in recorded history. And the world began to step across that threshold.

Massive efforts in many countries last year–and an extraordinary global collaboration among international institutions, governments, organizations, the media and leading individuals resulted in bringing the protection of immunization against disease to more children (and a higher proportion of children) than at any time before. And the simple materials and procedures which can protect babies against the dehydration that results from diarrhoea was brought to the awareness and within the reach of more mothers than ever before. Over a two-year period, world-wide delivery of immunization vaccines tripled, and delivery of oral rehydration sachets more than doubled.

The progress made on these two fronts in 1985 alone resulted in a simple fact: more than one million children survived to see 1986 who would not otherwise have survived.

This progress was made despite widespread and frequent 'loud' emergencies–particularly the drought and famine which affected so many African countries, as well as earthquakes, volcanic eruptions, and war and other civil disruptions.

While a year is only a short time in which to assess a social process, I believe that in 1985 we witnessed the first forward thrust on a truly world-wide basis of a broad new development initiative launched two years before to improve the nutrition, health and education of all the world's children, particularly those who face the greatest risk.

Support of that initiative to capture the potential for a child survival and development revolution is part of the mandate assigned UNICEF by the United Nations General Assembly to be the world's agency–its advocate and a principal actor–for children. The report which follows outlines our stewardship of that trust during the year.

We see these recent achievements as the beginning of a grand strategy of community mobilization, through which the world's vulnerable and heretofore powerless will be enabled to better undertake their own improvement. Once motivated with the help of their societies, they will need the support of governments and the inputs of professional workers.

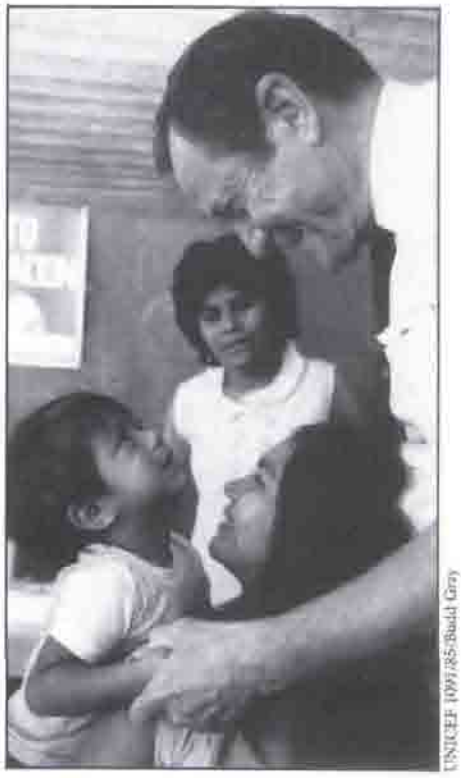
Most developing countries have endorsed UNICEF's community-based approach for building and maintaining basic services for the rural and urban poor. The application of this strategy to the fields of health and nutrition involves the implementation of the many-sided concept of primary health care. The strategy has been enunciated jointly by the World Health Organization and UNICEF and has been widely endorsed by the countries concerned.

These countries face extensive poverty, increasing population, economic recession, limited government resources for social services and, in many, a deterioration in the environment and in the quality of life. In such a context, greater reliance on 'self-health' is not only a logical choice, it is often the only choice if there is to be significant improvement in health and nutrition in the years immediately ahead. The imperative is to empower families and communities to take greater responsibility for their own well-being, to order their own priorities, and to organize community workers, while building links with the wider service networks and professional systems.

UNICEF is convinced that this process must begin with child survival and development. Children cannot wait for conventional development processes to take hold. Countries which delay actions on behalf of their children will do so at the cost of their own future. And very often, 'for the sake of the children' is the primary incentive which does motivate people to action . . . and can open the door for addressing a broad array of additional problems.

In country after country, that door is beginning to open. And the possibility exists in many more. Moving forward could well bring us toward reducing the infant mortality rate to a level of 50 per 1,000 or less for all countries before the end of the century. The experience of the past year demonstrates that this is an achievable target. It has become feasible because the political leadership in so many of the countries concerned has declared war

James P. Grant, Executive Director, on the first national immunization day in El Salvador.



UNICEF 1991/85/Judd Gray

on one or more of the principal causes of childhood death and disease.

As this report shows, some 40 countries are moving towards the United Nations goal of universal child immunization by the year 1990 (UCI-1990). Many countries are also making major progress on increasing the use of oral rehydration therapy (ORT), and one major country (Egypt) has achieved already the 1990 goal of virtual universal awareness of ORT and its use by at least 50 per cent of families. UNICEF, for our part, has sought to foster the political and social environment in which these national initiatives can be undertaken. This we have done through advocacy and through our support for the achievement of well-defined goals. We have encouraged the exchange of relevant information and better communication; we have supported learning and training for parents and voluntary workers, for paraprofessionals and professionals, for managers and administrators.

In the process, UNICEF has assisted in bringing practical knowledge to the people, introducing them to scientific, up-to-date, yet simple, affordable and safe techniques for a healthier life for themselves and, above all, for their children.

The gathering momentum of the past year represents an unprecedented advance. Its impact stems from the systematic attempt to relate the fruits of science to the needs of society . . . from the mobilizing of whole communities to enable them to take the process of change into their own hands, starting with the most desperate needs—namely the survival and development of children. It is significant that this design for development appears equally valid to people across the spectrum of socio/political systems.

The year's trends demonstrate advances on several fronts of the struggle, powered principally by the 'twin engines' of UCI-1990 and ORT. Before the goal of Universal Child Immunization by 1990 is reached and sustained, further great strides will be necessary. Both targets and achievements vary greatly from country to country. Nearly one million child deaths are now being avoided as a result of immunization against six diseases, but three and one-half million children are still dying from those causes each year. Dehydration induced by diarrhoea is still the biggest single killer of children—more than four million each year. The estimated saving of half a million children by means of oral rehydration therapy in the past twelve months must now spur the world to full utilization. For the fact is that four-fifths of the world's mothers do not yet know enough about oral rehydration therapy to start practising it.

Diarrhoea and allied diseases will recur unless safe water and hygienic practices support the life of the poor. This represents another longstanding priority for UNICEF.

The worldwide campaign which began earlier in this decade to promote and prolong breast-feeding is in danger of flagging. We have received many negative reports, particularly regarding reduced breast-feeding among poor urban families. The knowledge and practice of proper weaning practices must be extended, to prevent the widespread malnutrition occuring in this most crucial phase of the child's development.

Recent studies indicate that damage from a lack of vitamin A may go beyond the child's eyesight, to affect the alimentary and respiratory systems. The good news is that the deficiency can be cheaply and easily made good with either Vitamin A capsules or, as with ORT, through low-cost home remedies. Other nutritional shortages, like iron and iodine which affect hundreds of millions, can also be overcome at a price which is negligible in relation to the enormous social costs of doing nothing.

Low birth weight is even more extensive, a sad commentary on malnutrition during pregnancy. The point is that better knowledge of the higher dietary needs of pregnancy can lead to an improvement, even for poor mothers. Similarly, being made aware at an early stage—through growth charts—of a child's failure to gain weight can enable parents to prevent irreversible consequences, frequently through measures within their own control.

These and similar concerns are central themes of UNICEF's collaboration. Some of them are of global application; others are relevant to particular regions or countries.

While the breakthrough of the past year makes us optimistic, the challenges which remain are formidable. Yet the lessons learnt, particularly in social mobilization, involving effective communication and pilot activity, should make them less intractable in the coming years.

There have been exceptions to the general trend of gradually declining infant mortality rates, particularly in Africa. The historical development gap between Africa and the rest of the world has widened, due to the recent famine and other crises. Consequently, the relevance of community-based services and of child survival and development interventions in particular has visibly increased on the continent. UNICEF gives the highest priority to helping stem the tide of adversity which is threatening Africa's children.

Among the most hopeful signs of the recent past has been the response of the international community, especially the publics of the industrialized countries, to the articulated needs of the world's children. Sustained as we are by voluntary contributions from governments and peoples, UNICEF drew immensely upon this source of moral and financial strength. In this we have been particularly aided by the unique institution of our National Committees for UNICEF, drawing on their strengths for fund-raising, for information-sharing, for sensitizing public opinion and for influencing policy.

By assisting in extending the reach of basic services to all children, rather than to just some, UNICEF is a factor not only of development but also of justice and hence of peace as well. Perhaps it is no accident that the year in which UNICEF will celebrate its 40th Anniversary is a year which the United Nations has particularly dedicated to the struggle for 'Peace'.

Our objective today is to continue to support families, communities and governments in helping children to live and to develop. As we enter this Year of Peace—and, for UNICEF, of quiet celebration in our work of 40 years—we rededicate ourselves to that paramount commitment.

James P. Grant
Executive Director

Programmes

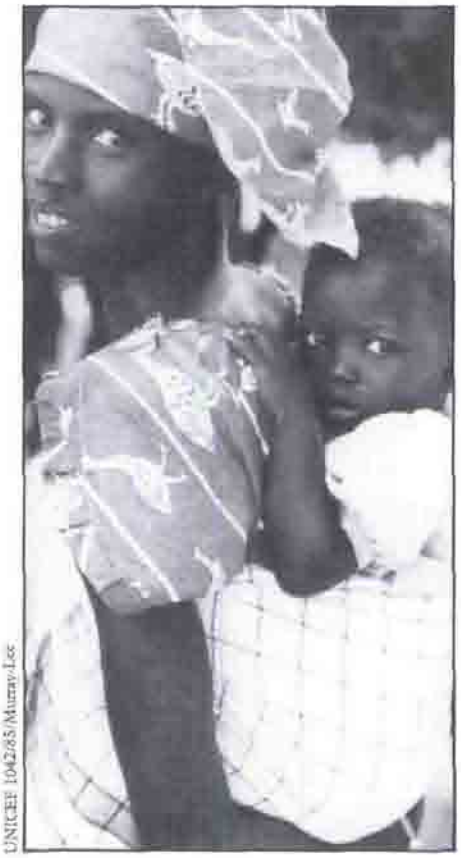
1985—A review

Programming for children is necessarily a part of the development process in each country. The situation of children and the resources required to improve it are influenced by the state of the economy as well as by political decision and public support.

For the developing world, 1985 has been the sixth consecutive year of negative or negligible increases in income per capita. The rate of growth of the gross domestic product in the industrialized market economies declined from 4.5 per cent in 1984 to around three per cent in 1985, with its consequential impact on the economy of the developing world.

The situation varied widely between developing countries. South and East Asia, including China, India and Pakistan, generally maintained the growth momentum, while a few countries (Republic of Korea, Nepal, Philippines and Singapore for example) recorded a decline. Modest or no improvement have been the rule in Latin America, already racked by heavy external debts. Even more disturbing has been the precarious situation in Africa, where for most countries, the growth of real per capita income was nil in 1985, while the number of people affected by hunger and starvation remains large, despite massive relief efforts.

The acute physical, economic and political problems of Africa are shared by most developing countries.



UNICEF 1042/85/Murray-Lee

The situation in sub-Saharan Africa is particularly grave. Infant and child mortality rates have increased by around 25 per cent during the year, beyond the pre-existing high levels. Malnutrition among children under five has sharply increased. Though the rains have returned after a long absence, more than in any other part of the world, economic recovery and the very survival of millions of Africans depends heavily on aid flows, levels of lending and volumes and prices of exported primary commodities. Presently, aid flows, except of food, are stagnating, with a number of countries no longer qualifying for assistance because of payment arrears and non-compliance with conditions for aid disbursement. And, international prices of primary commodities are expected to remain low.

While in most parts of Asia some improvements are seen in the situation of children due to a favourable economic climate, political stability and the gradual introduction of low-cost, high

efficiency health and nutrition measures, in Africa and Latin America the situation has stagnated or further deteriorated.

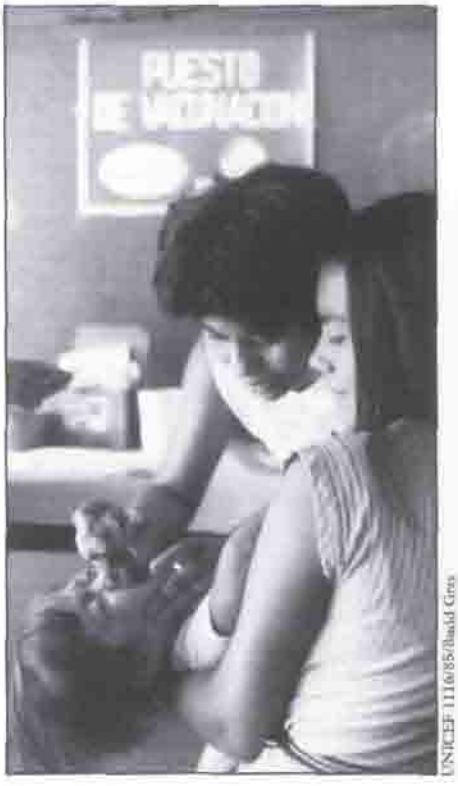
With few exceptions, resources for children have continued to decline in these regions. While reductions in family incomes and rising food prices have eroded the nutritional status of children in poor households, the combined effect of declining government expenditures in the social sector and scarcity of foreign exchange have hampered maintenance and extension of services in health, education, water, sanitation and housing. And, the shortage of foreign exchange has reduced the availability, by import, of food, basic drugs, vaccines, handpumps, learning and teaching materials, liquid fuel and machine spares. Even external assistance suffered as the lack of counterpart funds substantially slowed the pace of aid programmes.

In the 22 drought affected countries, 1985 death rates, in particular infant mortality and child death rates, have remained abnormally high–although fewer deaths were reported in the second half of the year. The area where the negative effect of economic recession is most evident is nutrition. There is evidence that child malnutrition is rising not only in countries affected by drought, war and civil strife, but also wherever economic recession and indiscriminate economic adjustment policies are part of daily life. Ironically, this rise in malnutrition is taking place at a time when world food stocks are highest in history.

The need for a broader and longer-term approach to development priorities, beyond short-term policies for stabilizing the economy, is obvious. The neglect of the 'human dimensions' of development–of the contribution that individual men and women could make–has to be corrected. Basic services, particularly primary health care, water supply and basic education, have to be expanded and improved upon. The concept of food emergency has to make way for food security. The key role of women in social-economic development has to be recognized. Steps have to be taken to protect the physical environment to make it safe for children. All this will be possible only by promoting the responsibility and capability of local communities for their own development. And, not the least, there is need for economic 'adjustment with a human face' policies, at the national and international levels, which support these priorities.

The acute problems of Africa are shared by most developing countries. The answers too have therefore a wider relevance. It is to be hoped that political leadership as well as public opinion in the developing and industrialized countries will be increasingly active in applying them. □

UNICEF 1166/84/Murray-Lee



UNICEF 1116/85/Isaid Gres

UNICEF continued to promote, with renewed commitment and encouraging results, specific interventions which are essential and feasible in the short-term for child survival and development.

Child survival and development

Health and nutrition of infants and young children has been a field of the highest programme priority for UNICEF through 1985. The effort was firmly guided by the primary health care (PHC) strategy.

Reduction of the infant and child mortality rates is an imperative against the fact that some 15 million children under five die each year, a large majority of them avoidably. This is the perspective in which UNICEF continued to promote, with renewed commitment and encouraging results, specific interventions which are essential and feasible in the short-term for child survival and development (CSD). These efforts are discussed in the paragraphs that follow.

As implementation progresses in different countries at different speeds and in a variety of approaches, the impact has begun to be reflected in lowering morbidity and mortality of infants and children in at least some of the countries. A revitalizing of the health infrastructure leading to a better outreach of primary health care is an allied outcome. Interestingly, the uptrend in the immunization programme, as outlined below, provides valuable practical lessons, as well as a powerful stimulus to other CSD/PHC activities.

The peasants called her the 'Matron of Manisa', a small but energetic 84 year old widow who cared. During the rounds of a nationwide immunization campaign aimed at protecting five million young Turkish children against five diseases which could kill or cripple them, Selma Karaosmanoglu travelled the cotton fields and mountain villages of Izmir Province urging parents to have their infants vaccinated.

The tiny white-haired lady in a black silk dress was one of many well-known and ordinary people who joined in an unprecedented exercise of national purpose and power – beginning with informing a largely rural people about the advantage and availability of immunization. Why does this French-educated lady from a landowning family care enough to be a self-appointed campaigner for immunization? Some 80 children die each day in Turkey from easily and inexpensively preventable diseases. Of every 1,000 children born in the country, 110 do not complete their first year of life.

In Moslem Turkey, imams played a crucial promotional role in getting a majority of the country's under-fives immunized against measles, diphtheria, whooping cough, tetanus and polio, through the three-part national campaign's ten-day spells in September, October and November 1985. Sermons on the theme of the Moslem's obligation to protect the lives of children were given in every one of Turkey's 54,000 mosques. At several campaign centres, imams helped to rally parents to bring their children to be immunized and, on occasion, held babies in their arms while they were vaccinated.

Several remarkable contributions lent colour and strength to the mundane process of mobilizing people. A young fine-arts graduate, Fethiye Avsar Deliormanli, created a delightful mascot for the campaign with which people could identify: a young girl in a spotted dress, ankle socks, a ribbon in her hair, her arms around a baby brother. Two popular comedians, Zeki Alasya and Metin Akpinar, used their fame to put the immunization message across to the public, by including brief skits on vaccination in their routines. A march by Turkey's leading classical composer, Yusuf Nalkesen, became the campaign theme tune.

A travelling children's theatre group toured the country promoting the cause. With a lively script written and staged by the one-year old Anatolian Art Children's Theatre and titled 'The Deeds of the Microbe', the players succeeded in amusing and informing their audiences.

Turkey started the campaign with only 22 per cent of its children immunized. Initial reports show that the campaign aim of immunizing 80 per cent of them has been achieved not fully but in substantial measure. The fact that every household knew about the national aim and effort to immunize all children holds the promise of even greater participation and better coverage and maintenance in the coming year.

As the impressive returns of the campaign are gathered and analysed, the talk turns frequently, even in Ankara, the capital, to the Matron of Manisa, the familiar sprightly figure, laughing with the older folk, gently teasing and cajoling the young, never wasting an opportunity to drive home the message that a dose of vaccine could mean a young life saved. This remarkable example of the self-appointed campaigner in the cause of immunization says: "I had to help in some way. I felt it was my duty".

UNICEF 1344/85/UNICEF Ankara

Towards universal immunization

1985 marked a watershed for UNICEF, as country after country showed that the goal of the Expanded Programme on Immunization – universal child immunization by 1990 – may not be an impossible dream.

UNICEF has been an active partner in the Expanded Programme on Immunization (EPI) since it was launched in 1974 by the World Health Organization (WHO). The goal of the EPI, adopted by the World Health Assembly in 1977, is to immunize every child by 1990 against six killer diseases of childhood: measles, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus and tuberculosis.

When the EPI began, fewer than 4 per cent of people in developing countries were protected against these diseases, which killed an estimated 5 million children a year and disabled 5 million more. Today the proportion of one-year-olds vaccinated against measles has risen to 20 per cent, and the numbers vaccinated against the other diseases to nearly 40 per cent. The annual death toll is now less than 4 million.

But the diseases still have a devastating impact, especially on children weakened by malnutrition. In much of Asia and Africa they account for a quarter and more of all infant and child deaths. Overburdened health services cannot reach all families to inform them of the benefits of immunization, and particularly of the need for a full course of vaccinations: although 60 per cent of children now receive at least one vaccination, only half of these complete the three doses needed for full protection against polio and diphtheria, pertussis and tetanus (DPT).

Clearly, if immunization is to be available to all children by 1990, EPI activities need to be accelerated considerably. It is a formidable challenge. But the achievements of 1985 suggest that the challenge can be met – provided that new techniques of communication and social mobilization are brought into alliance with the health services, in an all-out effort to spur government and community interest. The year's EPI activities involved ministries of education, information, agriculture and defence as well as health. The call to vaccination went out from heads of state, national celebrities, religious authorities, community leaders and the mass media. Volunteer support came from schoolteachers, priests, the armed forces, women's groups, political workers, private companies and voluntary organizations.

By year's end some 60 countries were planning accelerated EPI programmes (*see box*), and many have already put promise into practice. Some examples:

- In El Salvador, government and anti-government forces stopped fighting each other on three national immunization days in 1985 so that over a quarter of a million children under five could be immunized.
- In the Dominican Republic, the 20,000 volunteers who have given oral polio vaccine to 95 per cent of the nation's children took on the more demanding task of measles and DPT injections.
- In Brazil, 80 per cent of children are now protected against measles and 67 per cent against DPT, with the help of the volunteers who since 1980 have virtually eliminated polio (from 2,000 cases a year to about 40).
- In Turkey, schoolteachers, religious leaders, private companies and the mass media joined in the effort to immunize 5 million children under five over three 10-day periods (see profile page 7).
- Nigeria's local governments are rapidly taking up an approach first developed in Owo, using cold boxes to carry vaccines to temporary vaccination sites in shops, market-places, schools and mosques. In some areas immunization rates have risen to ten times the 1984 figure.
- The Prime Minister of India has established the goal of universal immunization by 1990 as a 'living memorial' to his mother, the late Indira Gandhi; strategies tested in pilot projects are gradually being extended to the whole country.
- China, home to a quarter of the world's children, is committed to bringing vaccination to 85 per cent of its counties by 1990. A 'rush and relay' system has been developed to speed vaccines from the manufacturing institutes to the villages.
- In the cities of Hargeisa and Mogadishu, Somalia, volunteers and mass media helped to protect two-fifths of the country's children against five diseases. And in Addis Ababa, Ethiopia, nearly 70 per cent of children are now protected.

A number of countries are demonstrating that immunization can not only be sustained over the years, it can also provide the impetus for more comprehensive child survival measures. The 1985 launching of Brazil's national Child First programme, Colombia's National Plan for Child Survival, the Dominican Republic's National Programme for Mothers and Children, the accelerated plans for nation-wide primary health care in Burkina Faso, Ethiopia and the Sudan – all were sparked by successes with immunization.

UNICEF's expenditure on immunization in 1985 – some US$20 million – reflected the increased pace of the programme. UNICEF supplied about US$13 million worth of vaccines, compared with US$9 million in 1984. Monitoring the experience gained, and

Countries accelerating their EPI programmes

Africa: Angola, Benin, Botswana, Burkina Faso, Burundi, Central African Republic, Congo, Djibouti, Equatorial Guinea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Madagascar, Malawi, Mauritania, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, Togo, Uganda, United Republic of Tanzania, Zaire

The Americas: Brazil, Bolivia, Colombia, Dominican Republic, El Salvador, Ecuador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru

Asia: Bangladesh, Bhutan, Burma, China, India, Indonesia, Maldives, Nepal, Pakistan, Sri Lanka, Thailand

The Middle East: Algeria, Democratic Yemen, Egypt, Iraq, Jordan, Oman, Sudan, Syrian Arab Republic, Turkey, Yemen

sharing it with other countries, have been particular concerns: in 1985 UNICEF conducted special appraisals of four immunization campaigns (Burkina Faso, Colombia, El Salvador and Nigeria) and funded visits to Colombia and Turkey by observers from other countries. UNICEF and WHO also issued a joint statement on planning principles to guide accelerated immunization activities.

The support for immunization has proved to be world-wide. The countries of Africa, through their regional WHO organization, named 1986 their 'Year of Immunization', and the Pan American Health Organization announced plans to eradicate polio in the Americas by 1990. In an unprecedented step, the Secretary-General of the United Nations wrote to the presidents or prime ministers of all the United Nations' 159 Member States, inviting them to reaffirm their commitment to achieving universal child immunization by 1990. The governments' enthusiastic response at the 1985 General Assembly was matched by that of 400 non-governmental organizations, which had gathered at the same time to declare their support for the goal.

Governments and non-governmental bodies have also stepped up their practical support. Rotary International, to cite one example, launched a US$120 million 'Polio-plus' campaign. The Government of Italy pledged US$100 million towards immunization and child survival in 28 developing countries, and the Government of Canada allocated US$25 million for Commonwealth countries.

The drive for universal child immunization has taken on the characteristics of a world trend. If the momentum can be kept up, accelerated EPI programmes show promise of attaining a goal which has always lain at the heart of the primary health care idea, but which has all too seldom been achieved – the transforming of isolated health programmes into sustained social movements.

UNICEF 1305/85/Isaac

UNICEF 1302/85/Isaac

UNICEF 1306/85/Isaac

Oral rehydration therapy

The year saw a substantial increase of the momentum gathered in 1984 for oral rehydration therapy (ORT), the most cost-effective means of treating and preventing diarrhoeal dehydration in infants and young children.

In association with numerous governments, UNICEF developed social mobilization programmes to ensure widespread knowledge of the benefits of home prepared solutions, using available starchy foods or sugar and salt in the correct proportions to prevent the onset of dehydration in children suffering from acute diarrhoea.

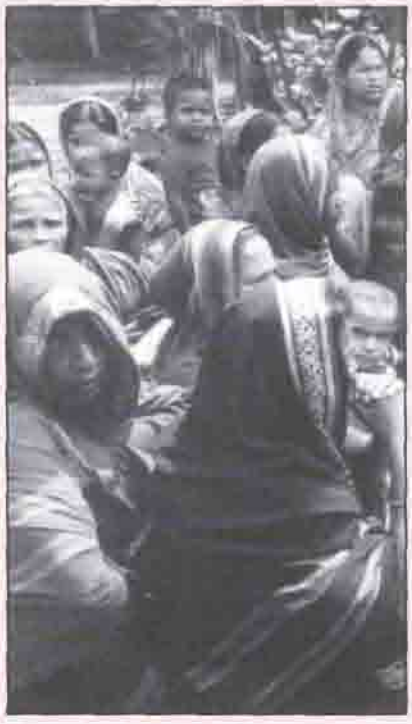
During 1985, the global supply and use of packaged oral rehydration salts (ORS) rose dramatically. Total production worldwide increased from 173 million packets to 250 million, two-thirds of which were made in some 40 developing countries spread out in Africa (9), the Middle East (4), Asia (15) and Latin America (12). In collaboration with WHO, UNICEF assisted many of these countries with technical assistance, plant and machinery, raw materials and packaging.

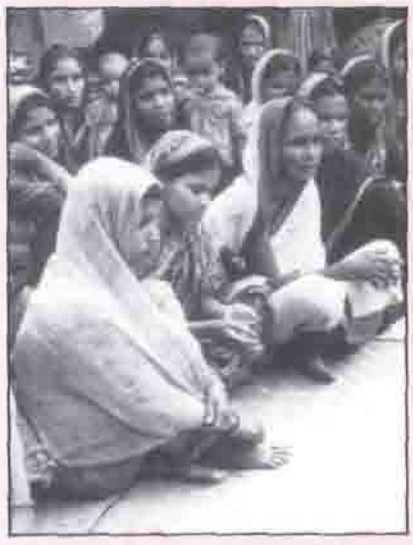
UNICEF also procured and supplied over 75 million packets directly to ORT programmes around the world. Early in 1985, a change was made in the ORS formula provided by UNICEF, substituting tri-sodium citrate for sodium bicarbonate, making for a more stable mixture, longer shelf-life and higher therapeutic value. Sponsored by WHO, research continues at several centres.

Towards the end of 1985, UNICEF initiated a field trial of a one litre plastic bag with every five packets of ORS. The bag holds one litre of water, carries pictograms and diluting instructions in several languages, and thus overcomes two constraints in the home-use of ORS: measure and dilution.

At another level, UNICEF and WHO support and assist comprehensive pro-

The support for immunization has proved to be world-wide. In Turkey, for example, five million children under five were immunized over three 10-day periods.





UNICEF 1341/85/Roy

Oral rehydration worker Krishna Mondul was on her way to the culminating point of another successful household visit when Afia Begum, the woman she thought she had convinced, ran out of the house and away into the village of Shialora.

Mondul, 23, herself village born and bred and a veteran of 10,000 such visits, knew what the problem was. Alone and without the reassurance of her menfolk, the woman had lost her tenuous confidence in the purpose of Krishna's visit. In that moment of crisis, the simple mixing of a pinch of salt with a hand scoop of molasses and a half litre of water somehow was transmuted into something sinister, and she fled.

Not an everyday happening but one exemplifying the problems faced by one of the world's largest and most sustained efforts to put a medical advance into the hands of mothers. It is now five years since the Bangladesh Rural Advancement Committee (BRAC) began to work house to house in Bangladesh, to transfer to village mothers the knowledge, skill and confidence to prevent diarrhoeal dehydration which could be, and often is, fatal to young children. By the end of 1985, their village teams had visited 5 million of the roughly 16 million households in the country and by the end of the decade, three-quarters of them.

The thousand and more BRAC men and women – who over this time have endured accusations that they actually carried diarrhoea with them (as an evil spirit concealed in their standard-issue umbrellas) and that the very paddy fields suddenly wilted and spoiled at their passing – have doggedly pursued the goal of household visits, patiently ignoring superstition and misunderstanding.

Meanwhile the shock troops continue to be the hard-working young women whose job it is to teach a mother in 30 minutes enough to know why and how to prevent dehydration with salt, molasses and water. Tight monitoring later tests mothers (and remunerates the oral rehydration workers accordingly) on what has been learned and how accurately they can mix the solution.

BRAC itself has learned as the village teams (some 800 men and women by late 1985) fed back the lessons from the accumulation of individual encounters, some 150,000 a month.

Most important among these lessons was the realization that getting most people to actually use the rehydration solution would take more than mothers and more than one visit.

To really work, the campaign had to involve the whole community, men as well as women, those with power as well as those without, not just in demonstration but in treatment, not just visits to individual households concentrating on oral rehydration, but six-month stays in a district by 'concentrated reinforcement' teams dealing with public health, teaching the importance of breast-milk (colostrum) in the first days of life, proper weaning after the first four months and continued feeding during diarrhoea alongside oral rehydration as a nutritional first aid; plus working with the health care 'establishment' from doctors to traditional healers and midwives, and the permanent establishment of women from the community as health educators, promoters and frontline workers.

Beyond the several days of meetings undertaken with village men by an advance guard of male programme organizers, special reinforcement efforts follow up on the household visits – conducting seminars, working with school children and teachers, and holding meetings in mosques and market-places.

grammes for control of diarrhoeal diseases (CDD) in more than 75 countries, which aim not only at universal availability of ORT to treat or prevent dehydration, but also on basic preventive measures like breast-feeding, immunization, particularly against measles as part of EPI, safe drinking water, hygiene and sanitation, clean preparation and storage of food and health and nutrition education for parents.

Today about 95 per cent of all the children in the developing world live in countries that have national CDD programmes.

Among numerous countries implementing national programmes of diarrhoea control is Nigeria, where the government, through international agencies, seven universities, two professional organizations and medical and paramedical staff from all twenty states is mobilizing an increasingly successful effort, in a context where some 500 children die daily due to diarrhoea. Egypt is another example where diarrhoeal diseases account for 60 per cent of the deaths in the 0-1 year age group. A February 1985 survey showed that 95 per cent of the people who responded knew about ORS and 82 per cent had used it – thanks to the extensive use of television and other media, support of religious leaders and the medical profession and wide availability of ORS packets. Bangladesh, a pioneer in ORT, also introduced it through schools, and in evaluating such an information campaign found that some 2.6 million leaflets were distributed through the primary school system, with co-ordinated assistance from the departments of education and public health; some 87 per cent of the school children were involved in follow-up, 78 per cent had explained the leaflet to adult family members and 73 per cent of the homes used home-prepared solutions during diarrhoea episodes. During the year, the national programme distributed 17 million ORS packets. Meanwhile, the Bangladesh Rural Advancement Committee, a non-governmental organization, has trained and fielded nearly 1,000 ORT workers who have so far visited over 5 million mothers and 15,800 schools to give practical demonstrations (see profile, page 10). Similar programmes are successfully progressing in smaller countries, such as Haiti and Honduras.

Breast-feeding, weaning and other nutritional priorities

The promotion of breast-feeding received sustained attention in Angola, Argentina, Bangladesh, Benin, Bolivia, Botswana, Chile, Haiti, India, Indonesia, The Republic of Côte d'Ivoire, Republic of Korea, Mexico, Nepal, Pakistan, Papua New Guinea, Paraguay, the Philippines, Senegal, Sri Lanka, Syria, Thailand and Zimbabwe. Support was extended primarily through parents' education, training of health workers, women's groups, social marketing and public information, co-ordination between institutions and agencies, preparation and distribution of manuals, information materials and television messages, postage stamp campaigns, extension of maternity leave, rooming-in and training in clinical management of breast-feeding.

As of 1985, The International Code of Marketing of Breastmilk Substitutes is the law or has the effect of law in 26 countries. Distribution of breast-milk substitutes is controlled by the government of 14 countries, and the code is in effect as a voluntary measure in six countries and has been recommended by government committee and is awaiting legislation in 26 countries. Advocacy with the public and the health profession for promoting breast-feeding, and with governments for adopting and monitoring the code, has continued through the year.

The promotion of sound weaning practices, including the preparation of appropriate foods, continued to be a priority. Among the innovative initiatives has been the production of weaning foods by women with low incomes from villages in India. Purchasing and distribution by the government serves as a means to increase women's income while ensuring product quality. Preparation of weaning foods and sale through village co-operatives continues in Thailand, and in Nepal the propagation of locally relevant weaning food recipes by non-governmental organizations remains an attractive means of nutrition education. Clearly, strong support is needed for promoting appropriate and timely feeding during weaning.

Progress towards control and prevention of iodine deficiency disorders

UNICEF 811/Marés

A primary health care worker helps a young mother learn breast-feeding in the Gambia.

CHILD NUTRITION: In 1985 UNICEF

- co-operated in nutrition programmes in 100 countries: 37 in Africa, 24 in the Americas, 29 in Asia and 10 in the Middle East and North Africa region
- helped to expand applied nutrition programmes in 35,700 villages, equipping nutrition centres and demonstration areas, community and school orchards and gardens, fish and poultry hatcheries
- provided stipends to train 164,600 village-level nutrition workers
- delivered some 13,470 metric tons of donated foods (including wheat flour, non-fat dry milk, special weaning foods and nutrition supplements) for distribution through nutrition and emergency feeding programmes

was significant during the year. The Inter-Regional Project on Control of Iodine Deficiency Disease, established over the last three years, has triggered steadily expanding activity in Bhutan, Bolivia, China, India, Indonesia, Nepal, Pakistan and Peru. The year also saw the establishment, with the assistance of the government of Australia and UNICEF, of an International Consultative Council on Iodine Deficiency Disorders.

Recent investigations confirm the possibility of deficiency in vitamin A in children leading to increased morbidity and mortality as well as to blindness. Nutritional anaemia in mothers and children continues to be a major UNICEF concern, and prevention and control of these deficiencies was supported in several countries.

Supplementary feeding programmes for young women and children in emergency situations and drought-stricken areas was a feature of the year. Nutrition education and training received support in 25 countries and studies and surveys were supported as a means to defining problems, shaping strategies and designing programmes in some 20 countries.

WHO/UNICEF Joint Nutrition Support Programme (JNSP)

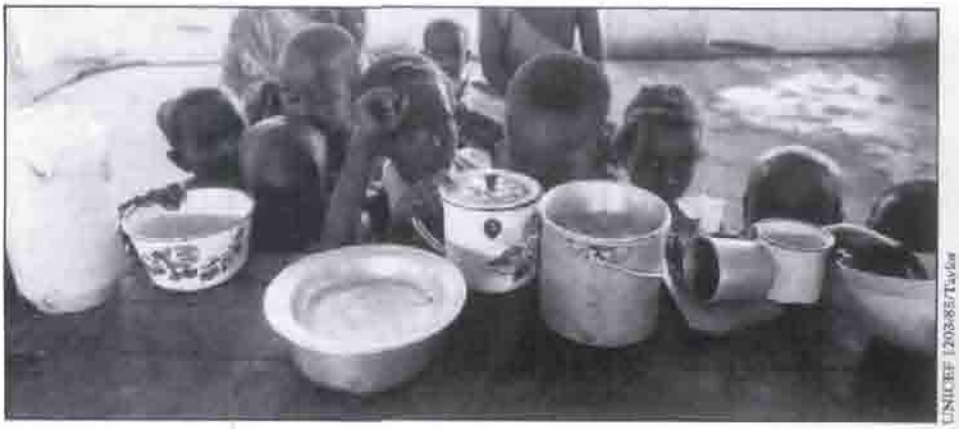
Nutrition projects in 18 countries were in different stages of progress during the year. They differ in speed and strength, in the mix of programme elements and levels and scope of participation, and in the modalities and environments of operation. Yet what they share is an approach towards malnutrition that sees the problem as an end result of inter-related factors and processes and therefore a strategy that is multi-sectoral, preventive and developmental.

The 'noted' project was approved by the Executive Board in 1982 and financed by the Italian Government. The projects in Tanzania, Mali and Niger have distinct elements of community involvement. Voluntary organizations are closely associated with the project in the Sudan; farmers, women's and youth groups in Ethiopia; and women's co-operatives in Mozambique. In the Caribbean – Dominica, St. Vincent, and the Grenadines – the projects have benefited from support from the health infrastructure and the administrative system (see profile, page 13). In Burma, JNSP is outgrowing the health sector and moving into women's activities, in Haiti it is going beyond oral rehydration therapy into promoting breast-feeding and better weaning practices. In several countries like Angola, Mozambique, and the Sudan, civil strife has been hampering progress. The project is in full swing in Nicaragua, ready to move ahead in Nepal and preparing to start in Angola, Ecuador, Pakistan, Peru and Somalia.

Judged by the first key indicator of growth performance, the Tanzanian project has been notably successful, with health committees in 167 villages, community-based monitoring, local preparation of weaning foods, child feeding and nutrition rehabilitation and indigenous development of a variety of teaching materials. The Caribbean experience centres in growth monitoring, home gardening and income generation, and extends to primary health care including control of diarrhoea and anaemia, immunization, breast-feeding and weaning. The

A multi-sectoral, preventive and developmental strategy is beginning to take shape in Somalia.

UNICEF 1204/85/Taylor



UNICEF 1203/85/Taylor

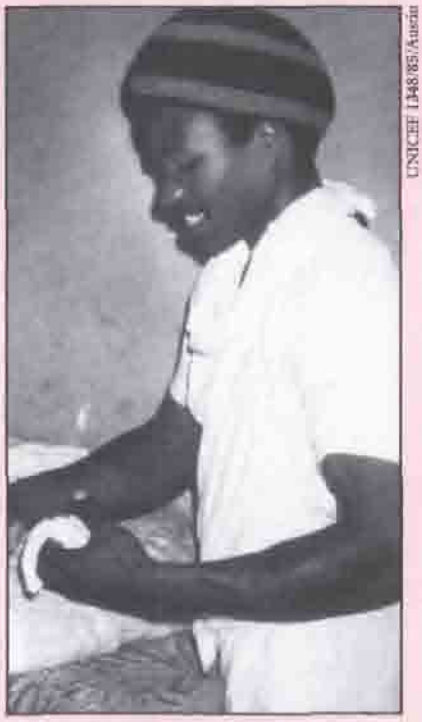
UNICEF 1205/85/Taylor

Standing in his spotless bakery, rolling the dough, Scott Beaupierre proudly enumerates the qualities that won him the Bakery Cleanliness Award and the Best Vendors Award: 'Hygienic premises, quality of bread, the way you treat people, self conduct, handling the bread with tongs'. From behind the counter of his neat grocery store, Hulet Lloyd relates what earned him the Best Kept Shop Award: 'How things are laid out, maintaining clean premises, how food is handled, keeping vegetables on a rack rather than the floor'.

Neither of these entrepreneurs in the small town of Castle Bruce, situated on the east coast of the green mountainous Caribbean island of Dominica, knew they were participating in a competition until their awards were presented at a village function during National Food and Nutrition Month, held in September 1985. But they both had put into practice what they had learned during the previous year in lectures and discussions for food handlers which form part of a Joint Nutrition Support Project being undertaken in Dominica with UNICEF and WHO assistance.

Other sessions too have been held in the community on nutrition and health related topics, and the same advice and information has been heard in Castle Bruce over the radio, in a series of 15 minute radio programmes on subjects ranging from local recipes using the foods produced in backyard gardens, to nutrition dealing with the six food groups, and from breast-feeding and weaning foods to gastro-enteritis. The broadcasts and community educational sessions reinforce the messages being passed to the community.

The 1,884 member community of Castle Bruce is one where a 1978 study showed anaemia to be a problem among pregnant women and children, and where malnutrition also posed a hazard to children's adequate development. Other nutrition-related problems also exist, such as obesity and



UNICEF 1348/85/Austin

diabetes, and increased nutritional awareness and improved nutritional practices are the key to prevention and cure.

One facet of the programme was specifically targeted towards an at-risk group of children. About fifty such children living in families of low socio-economic status and suffering from malnutrition were identified. Their mothers have been encouraged to attend the mother-craft sessions held at the local health centre every Thursday, and to bring their children regularly for growth monitoring. At these sessions not only are the elements of good nutrition discussed, but demonstrations on how to prepare appropriate and nutritious food are held with the active participation of the mothers. These families also have raised backyard gardens with seeds and 'knowhow' provided by the project through the Farmers Centre and, to help them apply the sanitation and hygiene messages, they have received assistance to construct latrines. The local health team undertakes home visits to each family every two weeks, and in addition they might drop in at lunchtime to reassure themselves that the lessons on how to prepare meals are being applied at home.

One member of the health team, family nurse practitioner Hyacinth Thomas, animatedly describes how the programme has benefited the community. Born in Castle Bruce and trained in the capital Roseau and overseas, she has returned to her community where she is obviously well liked and respected. She describes how, in the short period the programme has been underway, backyard gardens have become commonplace in Castle Bruce, how hygiene has become standard among food handlers, how in screening children she is hardput to find one case of anaemia, and how pregnant women now dutifully take the iron supplement. She attributes these changes to education and better diet, and her impression is that the programme has already had a positive impact on the community. And for someone with as strong a sense of community as hers it is not sufficient that the programme reach and influence only the fifty target families. That is why the nutritional committee which arranged activities during National Food and Nutrition Month embodies all community groups including the medical officer, teachers, the Social League and all five religious denominations represented in Castle Bruce. And that is why the nutritional committee chose the best backyard garden, best bakery, and best kept shop out of the whole community.

Although Florina Bannis did not win the Best Backyard Garden Award she nevertheless is rightfully proud of the plot where she cultivates pepper, aubergine, carrot, cabbage, chives, tania, okra and yam. These she has grown from seeds provided through the Farmers Centre, which co-ordinates the backyard gardening aspect of the project. For Mrs. Bannis the garden provides the ingredients for the 'gravy' to accompany the staple of either dasheen or tania and assures her husband and six year old daughter of nutritious meals.

Andean countries have focused on control of iodine deficiency, Bolivia concluding the second year of its national programme. A number of sectors are involved in the Sudan project: health, agriculture, water, education and social welfare. Multi-sectoral activities are a feature of the community projects in Mali, ranging from food production to soap manufacturing by women's groups.

The INSP experience emphasizes the need for strengthening communication skills, training on a continuing basis and inter-sectoral co-ordination. As it moves ahead, it could have positive effect not only on nutritional status but also on national development policies.

Monitoring children's growth

Growth is a key indicator of child health. It is also a good index of how balanced the social and economic dimensions of development are.

Almost one out of every two-to-three children suffers from some degree of growth failure. Growth impairment during the first few years of life is closely associated with disease and deaths in early childhood. It also largely explains stunting in childhood, small adult stature, high risk to mothers at childbirth and subdued productivity of men and women – all of which are common in developing countries. Monitoring the growth of infants and young children followed by education for health and nutrition will be effective in improving growth and development even in situations of poverty.

During 1985, growth monitoring continued to be used in conjunction with education and selective feeding, primary health care, community organization and women's self-help programmes. A review of recent experiences in different parts of the world has shown that the state-of-the-art in this field is less advanced than other child survival and development interventions, and, therefore, growth monitoring calls for greater strategic support. A consultation in April 1985 suggested a step-up in global and national advocacy, sharing of information, strengthening and expanding the activity in selected countries, study-and-action projects to enhance programme efficiency and impact, and institutional support at regional and country levels. These recommendations are being followed up.

There has been an increase in many countries in growth monitoring activity. Although few countries have reached national scale, progress during the year has been impressive: Indonesia and Thailand continued to expand and strengthen their programmes and more than half the children are covered; Brazil has made a bold beginning within the national scheme for primary health care, with substantial participation by non-governmental organizations, and expects to reach universal coverage by 1990; Colombia provided a growth chart to every child being immunized; and China is preparing for a national growth monitoring scheme. In India, some 30 million growth charts have been distributed, and over six million children are under regular monitoring. Ninety or more per cent of children in Botswana, Maldives, Seychelles and Gambia have their growth periodically checked.

Training support was extended to 10 countries, while the effort to improve design and distribution was successfully assisted in 23 countries. Evaluation and feasibility studies were conducted in Argentina, Bolivia, Chile and Mexico. In Mexico and Sri Lanka, psycho-social development aspects were included in the programme.

A review of the year's activity reveals areas needing attention. Advocacy campaigns and use of mass media focusing on child growth made progress only in a few countries: Argentina, Indonesia and Sri Lanka. Lack of priority at policy level, a technical-bureaucratic approach to an activity needing individual and personal attention, lack of awareness of the public, inadequate motivation, knowledge and skill among health workers, mothers' illiteracy and constraints on her time, irregular supply of growth charts and weighing scales, insufficient flow of information, and delay in follow-up action when growth faltered, were among the more common problems. These call for corrective measures, along with the significant expansion in training and supply now taking place.

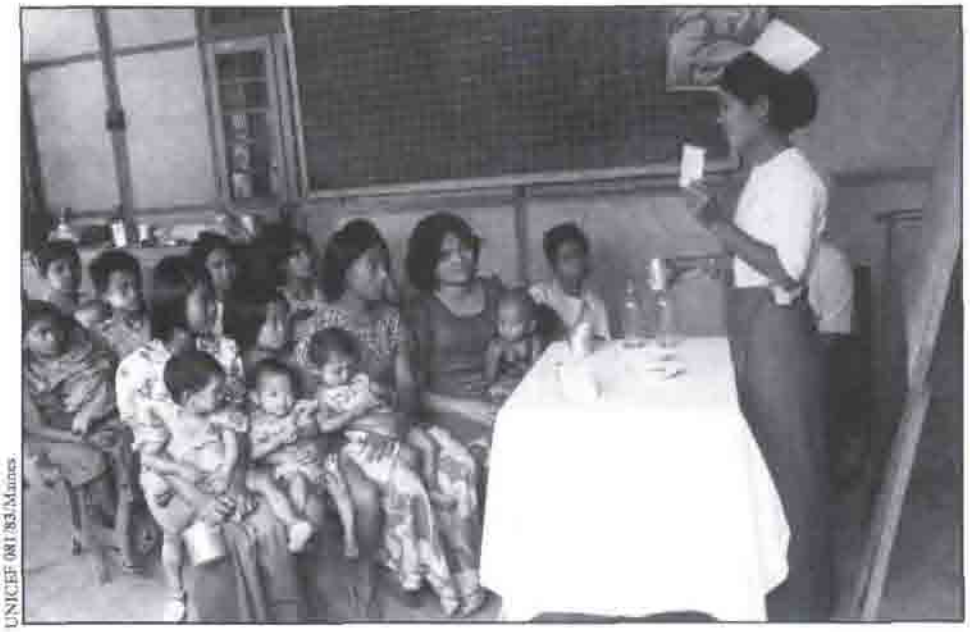
Primary health care

Two major trends were seen during the year. The proportion of the national budget devoted to health care has been diminishing in many countries, particularly in Africa. This is reflected in shortages of essential drugs, logistical problems, fewer supervisory visits, and a slowing down of the rate of service development and managerial process. However, national health systems are increasingly putting the PHC concept into practice, relying on community-based health workers, services, and drawing on successful experiences in immunization and ORT.

Somalia and Morocco provide examples of the current shift from conventional medical care to PHC. Pakistan, Papua New Guinea, the Philippines and, to a lesser extent, Nepal, are decentralizing their health programmes to make them community-based. Inter-sectoral approaches to PHC are making progress in Kenya, Malawi, Sierra Leone, Uganda and Zambia. The successful organization

CHILD HEALTH: In 1985 UNICEF

- co-operated in child health programmes in 110 countries: 42 in Africa, 23 in the Americas, 32 in Asia and 13 in the Middle East and North Africa region
- provided grants for training, orientation and refresher courses for 154,000 health workers: doctors, nurses, public health workers, medical assistants, midwives and traditional birth attendants
- provided technical supplies and equipment for 201,100 health centres of various kinds – especially rural health centres and subcentres
- supplied medicines and vaccines against tuberculosis, diphtheria, tetanus, typhoid, measles, polio and other diseases



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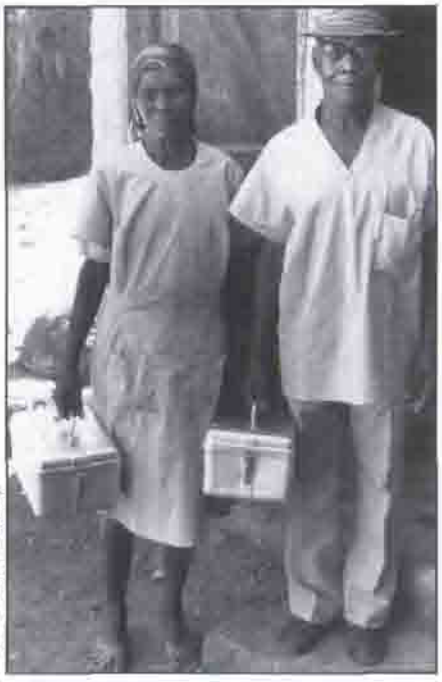


UNICEF 711/84/Toutounji

National health systems are increasingly putting the PHC concept into practice.

of national immunization campaigns in Burkina Faso, Colombia, and Turkey (see profile page 7) has led to greater emphasis on allied PHC elements in support of child survival and development and has revitalized the existing primary health care structures or establishment of them. As part of this trend, government ministries other than health, non-governmental organizations, and professional and religious groups in a number of countries have become increasingly involved in PHC development (see profile, page 16).

Community participation, a central aspect of PHC, is expanding, through committees in Cameroon, Gambia and Zambia. Community volunteer movements are a significant element of the health sector in India, Indonesia, the Philippines and Sri Lanka.

During the year UNICEF supported the training of traditional birth attendants and promoted the training of community-based health workers for PHC with paramedical and professional personnel as trainers and supervisors; UNICEF assisted in policy formulation, curriculum development, preparation of learning materials, evaluation and general support.

The reach of maternal and child health (MCH) services remains limited in most developing countries. Even where services are free, as in Bahrain, neonatal mortality is high due to poor knowledge and utilization of services. UNICEF has continued to assist MCH programmes, improve services, and develop and equip maternity units in many countries, and in India the Integrated Child Development Services (ICDS) is a major channel of UNICEF support for MCH/CSD concerns. A comprehensive MCH strategy was initiated in Bangladesh in 1985. The Latin American and Caribbean countries have quickened the pace of their MCH programmes beyond immunization, following joint advocacy by UNICEF and the Pan American Health Organization (PAHO).

UNICEF has been active in programmes of community health education, orientation of school teachers, and supply of educational materials to schools. In Benin and Sierra Leone, the school system is now involved in PHC/CSD activities, and in Egypt, Iraq and Morocco, national health education programmes are in progress. Innovative projects have been developed in the Sudan (nomadic drama group promoting immunization) and in The Republic of Côte d'Ivoire (PHC/CSD learning materials for youth camps). In school health education, Colombia insists that all 400,000 9th grade students spend 100 hours in CSD training; 20,000 children have been trained so far.

There are several major health problems of relevance to CSD. Acute Respiratory Infection (ARI) is next only to diarrhoeal disease as a cause of child death in developing countries. Argentina, Brazil, Colombia, Gambia, Nepal, Paraguay and Viet Nam have ARI control programmes supported by UNICEF. Malaria has continued to be a major public health problem in Africa and is showing resurgence in south and southeast Asia, with resistance to chloroquine spreading rapidly. Treatment of cases, prophylaxis during pregnancy, and control of mosquito breeding grounds are among the strategies applied.

Cholera epidemics have flared up in Africa south of the Sahara, and in many cases UNICEF anticipated the out-

The sound of bamboo clappers punctuated the instrumental music from loudspeakers, tied to the top of a second World War vintage bus – one of the many sedately chugging along the dusty track leading to an improvised hall of cane matting the size of an aircraft hangar. In front of it stood lines of people, the young women dressed in their best *longyis* – the graceful wrap-around national dress – delicately bringing embroidered handkerchiefs to their noses to keep out the film of dust that particled the morning light.

The nearly 2,300 volunteers of Hlegu township – some 35 miles from Burma's capital, Rangoon – were gathering to mark the successful completion of their training as 'Ten-household workers'.

Burma is developing a primary health care system built around indigenous mechanisms of community co-operation. Selected by their local units of the Burma Socialist Programme Party, the volunteers are responsible for health promotion activities for a group of ten households. They are officially slated to become the eyes and ears of the health service.

The primary health care wing of the Ministry of Health recognizes that, for empowering low-income families with health-giving knowledge on preventing illness, there is no substitute for person-to-person communication. In this perception, it began the 'Ten-household worker' pilot project in Hlegu and Ayadaw, two of the country's 314 townships.

The Hlegu township has already benefited from the active presence of these trained volunteers – in a recent rodent-control exercise run by them. Under the township medical officer's supervision, they were trained in the principles and practice of primary health care by the Basic Health Services staff, over a six-day course. The duties of the volunteer include first aid, control of communicable diseases, locating pregnant women and nursing mothers, nutrition promotion, environmental sanitation and health education.

The volunteers are taught to recognize the symptoms of the common diseases and report cases to the health staff. In Hlegu, they are especially alert to detection of leprosy and malaria, which are endemic to the country, alongside trachoma, iodine deficiency disorders and protein-energy malnutrition.

The prevention and management of diarrhoea is an important part of the training. This involves environmental sanitation and personal hygiene on the one hand and oral rehydration and continued feeding during diarrhoea, on the other. A small random group of volunteers – consisting of a construction worker, a house-wife, students and a shopkeeper – seemed to know the proportions of the home-made salt-and-sugar rehydration mixture.

While their palpable enthusiasm was encouraging, the town health officer was quick to state that the real work was only beginning, and stressed the importance of re-training and supervision.

The volunteers are not expected by the government or the community to offer curative services. Indeed, they have been warned against playing the 'mini' physician. Their function is to deliver health knowledge to the people, which is often more precious than treatment. In this they are helped by two factors: first, their selection has ensured that they already have the respect and confidence of their communities and the innovations they suggest are likely to be seen as community initiatives, rather than as administrative instructions. Second, to take the case of Hlegu, the 20,000 'Ten-household workers' have the backing of some 175 trained community health workers, 160 trained traditional midwives, 50 auxiliary midwives and 170 basic health workers linked to 12 rural health centres, sub-centres and station hospitals that serve as referral points.

Burma's health services are expanding despite resource constraints and underdevelopment. More importantly, and perhaps because of the negative factors, the orientation of these services is shifting from conventional medical care accessible to the few to primary health care reaching out to all.

UNICEF 1347/85/UNICEF Rangoon

breaks with advance provision of ORS and other supplies. Cholera was easier to contain where there was a community-based health system as in Somalia and Gambia.

Other areas of UNICEF health assistance included control of intestinal parasites in collaboration with JOICFP of Japan (Nepal, Sri Lanka, Viet Nam), guinea worm control (India) and immunization against Japanese encephalitis in many Asian countries.

Essential Drugs

In 1985, UNICEF supplied essential drugs and vaccines to developing countries, as part of UNICEF-assisted programmes and on behalf of governments on a reimbursable procurement basis, to a value of about US$35 million, almost double that supplied in 1983.

UNICEF assisted in the containment of procurement costs by lowering its prices through international competitive bidding with bulk purchase combining the orders of both the governments' procurement needs and UNICEF supply needs. Another measure of potential benefit to underserved populations was the approval to seek financing for a fund which would enable developing country governments to pay for reimbursable purchases on delivery rather than with an order.

During the year, Angola was assisted in procuring kits of essential drugs; Bangladesh was helped in producing ORS packets and obtaining vitamin A capsules, in providing other essential drugs and in training; Burkina Faso, Ethiopia, Guinea-Bissau, Mozambique and Somalia were supported through programmes tailored to their specific needs, including long-term development of training, production, storage and distribution.

The problems lie not only in shortages, but also in the way drugs are used by health workers and patients. UNICEF supported training courses to change attitudes and understanding from the high technology curative approach to primary health care. Together with WHO, UNICEF assisted a number of countries to develop essential drug policies, and to date at least 80 countries have initiated or adopted national essential drugs programmes. □

Formal and non-formal education

The past year, in Africa and elsewhere, again exposed the link between ill-health and lack of basic education, poor nutrition, low incomes and preventable deaths. While there has been considerable educational expansion and literacy growth in the past two to three decades, important needs remain to be met.

As of the mid-1980's, illiteracy remains heavy in south Asia, and sub-Saharan Africa. In west Asia and north Africa, primary education is expanding, but adults, particularly women, remain mostly illiterate. In east Asia, where primary enrolment is close to universal, not all children complete the cycle. Large pockets in Latin America are denied educational opportunities.

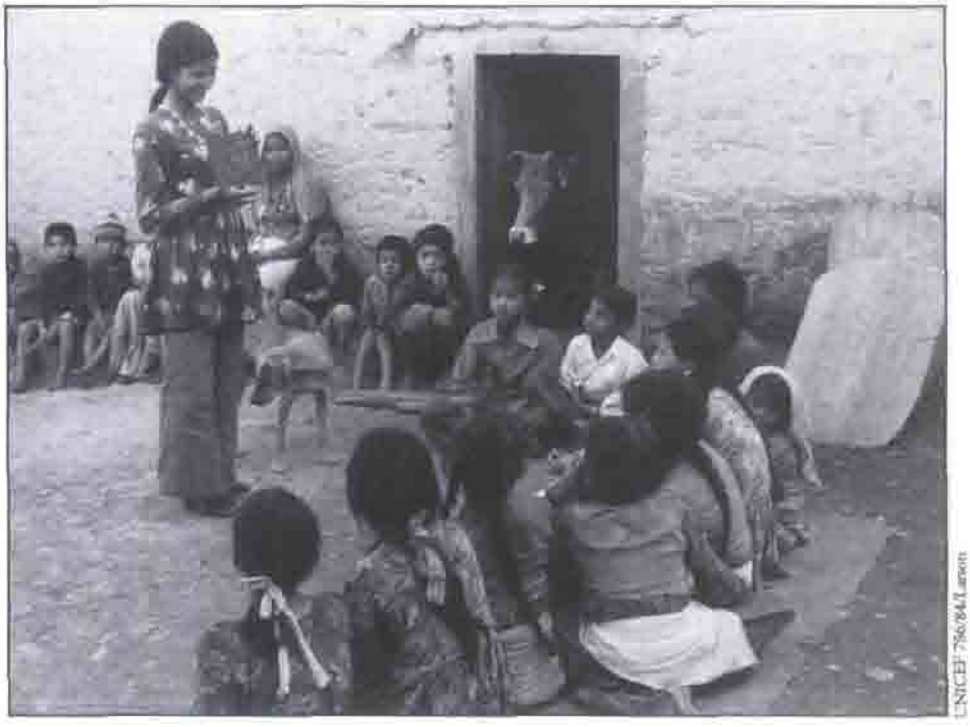
In another perspective, disparities could be seen between: enrolment and retention; boys' and girls' enrolment; child and adult learning; resources available and needed; educational content and its relevance to life; institutional structures and social reality; and levels of literacy among and within countries.

Several concurrent lines of action have been supported, often in co-

UNICEF 093/83/Gotch

UNICEF 94/99/83/Synique

While primary education is expanding, adults—particularly women—often remain illiterate.



UNICEF 786/84/Larsen

operation with UNESCO, the World Bank, bilateral aid agencies and non-governmental organizations, with the national government playing the key role in planning and implementation.

These included strengthening the links between educational programmes and health, nutrition and sanitation, in order to help future parents ensure the survival and development of children. The year saw health education programmes for primary schools, teachers' guidebooks and training materials on child health in Africa and Asia. In Guinea and Niger, schools serve as community health posts where students learn about health in a practical setting; in Bangladesh and Nicaragua, primary school children teach rural women diarrhoea management by ORT; students and teachers in Burkina Faso, Colombia, Nigeria and Turkey inform people on immunization and encourage parents to bring children back for the second dose; CHILD-to-child health education, by which children in primary schools become active in protecting the health of the younger ones at home, has made a beginning in some 35 other countries.

Non-formal learning for children, youth and adults, especially girls and women, continues as a strong component of basic education. Possibilities exist for breaking away from the rigidity and social cost of the conventional system not only to make learning more relevant for life, but also to reach out to unserved poor. National-level action is beginning to recognize these options. For the nationwide network of adult education programmes in India, learning materials for mother and child health have been adapted for use in local languages. A satellite television series is aimed at rural women in community centres. In Sri Lanka, non-formal programmes for school drop-outs have been strengthened with new learning materials, teacher training, research and evaluation. Similar support was extended to Indonesia's community-education programme with some 200,000 learning groups nationwide. In several countries, national literacy programmes are focusing on family well-being and maternal and child health.

The year saw efforts to devise programmes for the young child, with priority attention in the first two years of child development, including the psycho-social. Given the risk of the pre-school movement becoming an appendage to the formal school system catering to the few, UNICEF's concern has been to foster community-based early childhood development.

EDUCATION: In 1985 UNICEF

- **co-operated in primary and non-formal education in 112 countries: 42 in Africa, 28 in the Americas, 29 in Asia and 13 in the Middle East and North Africa region**
- **provided stipends for refresher training of some 97,400 teachers including 68,100 primary-school teachers**
- **helped to equip more than 55,800 primary schools and teacher-training institutions and 155,100 vocational training centres with teaching aids, including maps, globes, science kits, blackboards, desks, reference books and audio-visual materials**
- **assisted many countries to prepare textbooks locally by funding printing units, bookbinding and paper**

The accent on comprehensive early childhood development can be sustained in poor communities only as the educational core of a strategically designed cluster of community-based services. Early childhood services as part of area-specific programmes for the rural and urban poor are expanding in coverage and improving in effectiveness in several countries. India's Integrated Child Development Services reach several million young children and women with health care, nutritional supplements and learning opportunities. Adult education and child care are woven into Nepal's small farmers' programme which served some 40,000 families in some 162 locations. The Mahaweli project in Sri Lanka, urban services in Brazil, India, Mozambique and Peru, the village credit project in Bangladesh, integrated basic services in Ethiopia, community education programmes of Indonesia, Thailand and Zimbabwe all illustrate the potential of this strategy.

The child development/ health/ nutrition synergism in adult learning is increasingly evident in broad spectrum programmes into which child care and pre-school development have been incorporated. Examples include the health care and nutrition programme of northeast Brazil; national literacy programmes; and health, nutrition, and income-generating programmes. In all of these, child development training and activity are an integral part.

Programmes to educate parents using home-based learning methods and materials are being tried out among some disadvantaged groups, and in the Philippines, an innovative non-formal project for pre-schools among the Badjao community has been started in the isolated southwesterly islands. Appropriate curricula and content for rural community-based programmes in Kenya, Tanzania and Mexico are under preparation. Projects serving the special needs of refugee children are expanding in Lebanon, Mexico, Mozambique, Pakistan, the Sudan and Thailand.

Pre-school centres are beginning to serve as a location for contact, interchange and delivery of services like immunization, growth monitoring, early detection of disability, women's literacy, economic activity, small scale food production, sanitation activity and community education.

Meanwhile, innovations in child development and basic education offer possibilities: for example, a common centre for work, learning and child care where a woman can be engaged in economic activity, her school-age daughter can attend classes and her young child can be cared for. Another idea is to demonstrate the feasibility of universal basic education by pressing into service all channels of learning and literacy, government and private, formal and non-formal, fixed time or flexible hours, direct teaching or distance learning.

The Universal Primary Education and Literacy project (UPEL), funded by specific donations and initiated in 1983 jointly by UNESCO and UNICEF operates in six countries—Bangladesh, Bolivia, Ethiopia, Nepal, Nicaragua and Peru. Such ventures need to be encouraged as even proven ideas do not always receive the support they need. □

Safe water and basic sanitation

UNICEF in 1985 co-operated with some 95 countries in water and sanitation projects with inputs significantly higher than in the previous two years. Halfway through the International Drinking Water Supply and Sanitation Decade, there is enhanced awareness of needs, constraints and possibilities. This has helped to stimulate public, private and government initiatives in both industrialized and developing countries. On balance, the progress towards the goals set for the decade remains hopeful.

UNICEF became the first recipient of the International Water Resources Association's award for "excellence in bringing water resources to good use by human populations". In most UNICEF-assisted countries the link between water supply and sanitation and health education is well established, first in south and southeast Asia, and later in Africa, notably Nigeria, Mozambique and Angola.

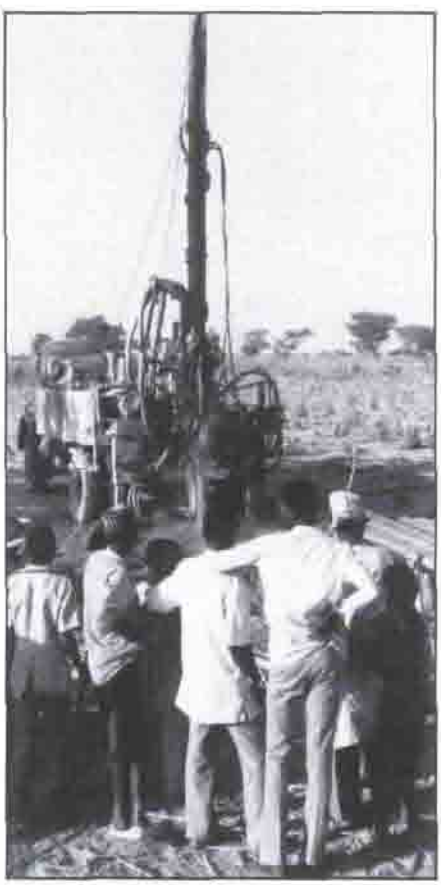
Water and sanitation are part of health programming in several countries; in Botswana, Burundi and the Philippines, it is coupled with child survival and development activities; in Bangladesh, Gambia, India, The Republic of Côte d'Ivoire, Thailand, Tunisia and Zimbabwe it is closely linked to diarrhoea management; in India it joins forces with the guinea worm eradication; in Bangladesh, Indonesia and Zimbabwe it is linked to nutrition through small-scale horticulture; in Nigeria it helped open the door to immunization and diarrhoea management; in the Yemen Arab Republic it is part of primary health care; and in Mexico it belongs to community-based services.

A few water and sanitation programmes are now specifying behavioural objectives related to the extent and nature of better use. In several countries, socio-cultural studies were made preparatory to programming. Training of community-based workers is growing. Even whole movements and associations are sometimes brought into the training-for-delivery programme. India, Indonesia, and Sri Lanka use youth movements, especially the Boy Scouts and Girl Guides, to further programme aims.

Community participation is now an established aspect of water and sanitation projects in several countries. The involvement of women is becoming the centre-piece of this approach, and in many villages water and sanitation committees of women and men form the administrative unit. Women project staff working as health educators are now a regular feature in countries such as Belize, Central African Republic, Indonesia, Nepal, Pakistan and Uganda. The involvement of women at all project levels results in more appropriate plans and designs, hygienic use of water and sanitation schemes, reduced burdens, improved health and increased production.

In Pakistan, 70 per cent of the households in the Baldia slum area have built latrines, due mainly to the work of women sanitation promoters who mobilized women and other community self-help groups. Angola, Bolivia, India, Lesotho, Malawi, and Sri Lanka have reported a considerable decline in vandalism and breakdown of

The magic of water appearing in a village in Niger.



UNICEF 1319/85/Watson

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Good things come free — INDONESIA

Pak Torijo never let go a windfall when he sensed one. He said 'yes' when the village head asked him if he would like to try out a rain collection tank. He did so even before he took a close look at the cylindrical object being constructed by several men from the health service, just outside the community hall. It was one of the five sample tanks being introduced in the village.

A dryland farmer in Koting C village, some eight kilometres south of Maumere, capital of the Indonesian district of Sikka, 57 year old Pak Torijo explained: "At that time, near the end of the dry season, water was very difficult to find – unless we went downhill about 4 km to Batikwaer, a small stream to the south". The hardest part of it was the four-hour climb back to the house, through hilly rock-strewn terrain, carrying about 10 litres of water on a long bamboo pole.

Over four days, seven men built a nine cubic metre ferro-cement tank next to Pak Torijo's brick and bamboo house. The iron rods, cement, sand and assorted pipes were provided by the health service. Pak Torijo supplied the labour. For him, it was a net gain at no risk and no cost. He not only got the tank free, he also acquired the expertise to build one. In fact, he was designated a *kader* (advisor) to help build more tanks, and that meant extra earnings.

In Sikka, in the whale-shaped island of Flores, rainfall is 168 cm a year, but much of this is high intensity rain that comes in December and January. Thus the dry season lengthens to eight to nine months at a stretch. Water is thus a major, if not the major problem in many rural communities.

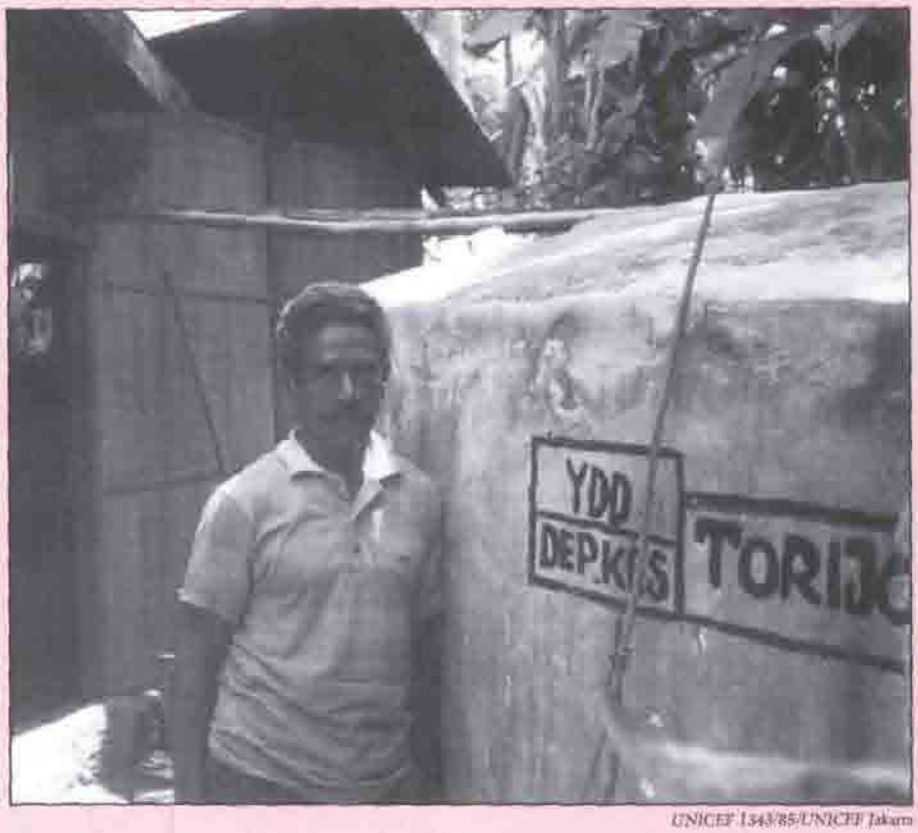
Surface and underground water sources are either inadequate or impossible. Water wells need boring 20 to 70 metres deep. The rivers are flooded in the wet season and then run dry for months. So people have no option but to walk to wherever is the nearest brook. The life-time mileage logged by some would be a record by any standard.

Rain collection tanks are thus a natural option. And as bamboo is available locally and cheaper, ferro-cement construction has been replaced by bamboo-cement. Commensurate with its lower strength, the size of bamboo-cement tanks is moderated to about six cubic metres. Among sources of funding to promote them are Oxfam, the UK-based private aid agency and UNICEF. On an average, a 6 1/2 cubic metre tank can collect enough rainwater for one family to last 160 days, if the water is used frugally for drinking and cooking only, say, at the rate of 40 litres a day.

If the water level in the tank runs low for any reason – and there must be a minimum amount inside the tank to keep it from cracking – the Torijos have three alternatives: the creek, a public tap 1 1/2 km to the north with its usually long queue, or buying a supply from a mobile water tank, a thousand litres for 4,000 rupiahs.

Life has changed for Pak Torijo, since the coming of the rain collection tank. For the first time, water is not too difficult to get. Time is saved in the morning preparing for work and in the evening for continuing the work, as he does not have to come home early to fetch water. His health has improved; before the tank arrived, he constantly had fever, diarrhoea or coughing spells; now he has only an occasional temperature. His income has improved partly because he has more time to spend on his farm, and partly from extra money helping others to build tanks, up to Rp 12,000 a tank, and as a stonemason in Maumere, the district capital.

There is no end to improvement. The village has gone in for group construction: twelve families will build twelve tanks together with their own resources, the other six with funding from UNICEF and Dian Desa, a Yogyakarta-based appropriate technology group that had designed the tank.



UNICEF 1343/85/UNICEF Jakarta

water systems following training of women caretakers. In Ngusuria (Kenya) and Surigao city (Philippines), women have been relieved of the arduous daily climb to water sources in the mountain after helping to plan and construct gravity-fed water schemes.

In partnership with other international organizations, including the World Bank and WHO, technologists and manufacturers, UNICEF has helped evolve and apply simple, low-cost and socially acceptable technologies to develop and sustain village-level operation, maintenance and management of water supply and sanitation. Wells or boreholes with handpumps and simple on-site excreta disposal facilities are the basic hardware. The World Bank hand-pump testing programme, working with UNICEF-assisted water projects in several countries, is now moving towards promoting, and possibly aiding, local manufacture of certain types. Meanwhile, some types of hand-pumps are already being locally manufactured – the India Mark II in Mali, a shallow well hand pump in Mozambique and the tubewell developed and produced in Bangladesh. Local production can help reduce unit costs (1985 Mark IIs cost US$123 each, compared with US$180 in 1984 and US$230 in 1983) and make available badly needed spare parts. In sanitation, the Ventilated Improved Pit Latrine with its vent pipe and fly screen, together with the Water Seal Pour Flush Latrine, have revolutionized on-site excreta disposal. Their structured simplicity and effectiveness in controlling flies and preventing smell have begun to popularize their use in rural and urban areas. At the same time, UNICEF continues its co-operation with the World Bank (TAG Group) on low-cost sanitation.

Low-cost, light-weight and simple drilling rigs costing from US$5,000 to US$100,000 now are taking over from the US$300,000 heavy duty rigs much of the shallow (50-60 metre) borehole drilling in Costa Rica, Indonesia, Laos, Pakistan, Thailand and Viet Nam. In several countries, such as India and Indonesia, local manufacture of such rigs is slowly becoming a reality.

Other appropriate technologies make use of surface water, either with simple, low-cost rain-water catchment systems or by piped, gravity-fed systems.

At the beginning of the water decade, the capital cost of water projects was considered to be about US$50 per beneficiary. Appropriate technology and community participation have significantly reduced that figure.

Use of power derived from wind and sun is gaining acceptability. Though wind and sun pumps have a higher capital cost, they are cost-effective compared with fuel-powered pumping. Cape Verde, Somalia, Sudan, and Tanzania presently use wind energy for pumping. Several West African countries and some Asian countries have solar pumps on trial.

The emphasis on low-cost solutions through appropriate technology and involving the community is contributing to confidence in an increasing number of countries that water and sanitation can be made available nationwide. Peri-urban water and sanitation programmes have proved feasible, but the growing size of the problem raises the question of resources. While the growing link with health education and community involvement is a hopeful sign, continued effort is required to achieve sanitation and health education and to build a versatile cadre of community workers. □

WATER AND SANITATION: In 1985 UNICEF

- co-operated in programmes to supply safe water and improved sanitation in 93 countries: 36 in Africa, 21 in the Americas, 25 in Asia and 11 in the Middle East and North Africa region
- completed approximately 92,562 water supply systems, including 79,548 open/dug wells with handpumps, 779 piped systems, with 594 motor-driven pumps and 11,641 other systems such as spring protection, rain water collection and water treatment plants
- benefited some 18.8 million persons from its rural water supply systems
- completed 307,199 excreta disposal installations benefiting some 6,023,300 people

Women at work

The UN Decade for Women ended during 1985 and was reviewed at the major international conference in Nairobi. Meanwhile, UNICEF continued, and in some respects enhanced, its support for women in their role in the social and economic life of low-income communities, within new guidelines approved by the UNICEF Executive Board in April 1985. Within the strategy of community-based services, the aim has been to increase their access to: *nutrition* adequate to the needs of work load, childbearing and child-rearing; *education* and *training* related to self-help group activity and the needs of daily life beyond conventional domestic roles; *health* care responding to the special needs of women, infants and children; *income* through economic activity helped by training, financing and marketing arrangements; *technology* which can increase productivity, reduce drudgery and save time, money, energy and anxiety; and, *organization* for productive effort as well as to strengthen their capacity to influence decision-making in the community. Constraints notwithstanding, these multi-sectoral components are increasingly coming together within the overall programme framework.

In most countries training of health workers and traditional birth attendants at the community level, and health education, form a major part of UNICEF assistance. Primary health care, incorporating functional literacy for women, nutrition, water supply and environmental sanitation, has become an umbrella for an integrated approach in Bangladesh, Ethiopia, Indonesia and Nigeria. A women's health programme in Rocinha (Brazil) is moving, through group organization, to reach every pregnant woman in the community (see profile page 22). The participation of village women in a health movement in Anambra (Nigeria) has

Beyond slogans and resolutions, women are fighting for their own space in societies around the world. And the effort starts with an understanding of the facts of a given situation they find themselves in. Strengthening their interpersonal relationships to develop an effective social and political network is the next stage of the struggle. The slums of Rio de Janeiro present a typical battle front. "We are no longer seeking favours", says Maria-Helena da Silva, who heads a neighbourhood organization in Rocinha, "we are asking for our rights".

Some 63 per cent of Brazil's 133 million people live in urban areas, most of them huddled in low-income *favelas*. About 70 per cent of the total are materially poor. And more than half the adult population are women. Their wages are 40 to 60 per cent those of men. Following the dictates of tradition, women occupy many of the socially most important but financially least remunerative positions, such as teachers, nurses, social workers and mothers. They also occupy some of the drearlest – such as secretaries and domestic workers. They form the majority of minimum wage earners in a society where large numbers of them do not have a paying job at all.

The promise held out by the high aggregrate growth rate of the Brazilian economy in the early 1970s has soured. The country has the largest external debt, at around US$120 billion, for any developing nation. The inflation rate of well over 200 per cent has eroded real wages, the worst consequences, including extensive unemployment, being reserved for the poorest.

Families are breaking up under economic pressure and more and more women are left alone with children to raise. They have the greatest responsibilities, but limited education, often no literacy, relative inexperience in the job market and skills usually confined to the routines of the home.

A survey of a group of households in Rocinha, conducted with UNICEF support, revealed a situation even worse than commonly expected. More than half of the women surveyed do not work outside their homes for money. Close to three quarters of those who do, list their occupation as domestic worker. Among the reasons for not working outside their homes, 65 per cent stated the need to stay at home to watch over the children. Of the women surveyed who do have jobs, a fifth reported leaving children under 12 years of age at home with no adult to take care of them. In the case of the first child, over half were born to mothers under 20; and nearly half the women in the 17-50 years old range had not completed primary school.

As a result of the survey's house-to-house visits, many of the women are obliged to think about problems they had not considered previously, problems of sexual relations, child care, education and their own health. "They have come to know about their bodies, their children, in fact about the whole woman", says Maria-Helena da Silva.

Another community leader in Rocinha, Eliza Pirozzi, analyses the reality behind the statistics of the survey. A variety of family situations occur in slum life and often the best intentioned efforts to improve them appear to be swimming against the tide.

Development programmes have usually bypassed women. Women, such as those in Rocinha, have begun to recognize, discuss and deal with their problems – learning the hard way by force of circumstance. Brazil is still a very machismo society, says one of them. "The 'old boys club' that has run the development business has shown a general lack of familiarity in dealing with women", observes a former project evaluator. "Often it has taken a woman on the evaluation committee to raise the proper questions at all."

Some of the women involved in the Rocinha survey have started to assert more control over their lives. They work as health workers, teaching other women how to administer oral rehydration to prevent diarrhoeal dehydration common among young children and spend a day working at the local clinic. Others are involved in starting a com-

UNICEF 5320/Reuters

BRAZIL

munity school. But these efforts need to be helped along and built upon by other women if the social situation is to change.

Policies are still run by men. And the challenge for women is to overcome their isolation—as housewives isolated from community affairs, as workers without economic power, as constituents without effective representation. There is healthy self-criticism among leaders of the women's movements in Brazil. According to one, the earlier efforts to promote women's issues often resulted in more talk than action. Today, a number of them work with established agencies like government welfare departments, the church and national and international development organizations. With women in the forefront there is organized effort among the poor to raise consciousness and deliver tangible necessities like jobs, education and health care.

With the return of civilian rule in Brazil, several women have decided consciously to go into politics, assume a role in policy formulation and use the existing structure to initiate action from within. The state council for women's affairs in São Paulo offers one such possibility: the council is linked to unions, neighbourhood associations and political parties. It guides women workers in how to start day-care centres, change labour laws, get maternity leave increased from three to five months, get their issues on the union agenda, deal with family violence, end discrimination on the job and have women's wages increased.

There is change in the air. All the same, according to one council member, "the justice system has so far not solved any of the problems of women". Indeed there is no particular reason to expect the established social and political structures to support substantial change for women—unless women see to it themselves. "The political leaders will not give anything" says a women's leader. "We will have to take it. They are giving us a space, nothing more."

become a model for other states in the country.

Among the more significant nutrition-related activities supported by UNICEF are: production of low-cost nutritious food for weaning as well as family consumption (Haiti); supplementary feeding for vulnerable groups (Zimbabwe and Botswana); organizing women around appropriate feeding and weaning practices (Sri Lanka); community gardens, fish ponds and livestock raising (Indonesia). Some of these projects, as in Mauritius, need to be refined to focus on poorer segments and younger children.

Self-sufficiency in food consumption continues to be a UNICEF priority. Practical examples are support for home gardens (Bangladesh, Bolivia, Dominican Republic, Gambia, Ghana, Paraguay and Sri Lanka), sometimes with extension training in farming methods (Ethiopia, Indonesia); dry season gardening for maternal and child nutrition, solar crop dryers for farming and fishing communities and fish smoking technology (Ghana); food production plus child care through women's co-operatives (Mozambique) and women's garden groups (Senegal). Across this range of activity, significant impact on output and income have been reported as well as weaknesses related to farming methods and access to transport and markets.

Income generation and child health care are the two pillars supporting women's activities in several countries. While conventional choices—pottery, weaving, handicrafts—still dominate income-earning projects, increasing emphasis is placed on mainstream economic activities and also on upgrading the quality of training and skills, the training of better trainers, exploring potential markets and access to technical expertise and management skills (Ethiopia, Indonesia, Morocco, Pakistan, Paraguay, Thailand, Zimbabwe). Easier channels and terms of credit for productive activities by disadvantaged women is gaining wider acceptance (Bangladesh, Ethiopia, Indonesia, Nepal, Pakistan, Sri Lanka).

Income generation and child health care are the two pillars supporting women's activities in several countries, such as Nepal.

UNICEF 1352/85/Felsenthal

UNICEF 1351/85/Felsenthal

In India, several programmes couple rural women's economic activities with child health measures and pre-school food supplementation projects. Income generation and functional literacy are linked in Djibouti, Ethiopia and the Yemen Arab Republic. The linkage with appropriate technology is seen in Paraguay and Thailand, among other countries.

UNICEF support to women's economic activities is being continuously refined by experience with different approaches through exchange with government partners, voluntary agencies and local institutions.

To give mothers more time for better child care requires sound and affordable technologies. Health 'technologies' such as oral rehydration therapy or other preventive measures free time for more attention to child development, household economy and the woman's own well-being. Easy access to water and a variety of labour-saving devices help in the same way as do community-based day-care centres, at or near women's work places. UNICEF continues to support new day care centres (Botswana, Burkina Faso, Egypt, Ethiopia, The Republic of Côte d'Ivoire, Mozambique, Nepal, and Sri Lanka), upgrading existing ones and training child care staff (Ethiopia, Mozambique, Nepal, Nigeria, Sri Lanka).

The most positive aspect of the year's experience was the strengthening of the linkage, conceptually and operationally, between health, nutrition, literacy, training, credit and economic activity in programmes for women. However, a common range of problems still limits effectiveness in the field: scarcity of resources and management capacity; traditional attitudes towards women; inadequate administrative infrastructure; shortage of rural women development agents; high turn-over of village-level volunteers due to poor incentives; and the lack of definition and co-ordination of responsibility among various government ministries dealing with women's concerns. □

Urban basic services

The relevance of the participatory and integrated approach to community-based services for the urban poor was reaffirmed by the experience of the past year. UNICEF advocacy, mainly by demonstrating feasibility, has had a visible effect on national policies and therefore on the steady expansion of urban basic services, which have provided an effective channel for promoting child survival and development priorities.

While UNICEF involvement in urban basic services has been growing, it has not yet spurred national effort to keep pace with the staggering rate of urban growth. All the same, starting in the community with clearly defined strategy and aims, such services have become ready vehicles for key elements of primary health care and child survival and development. The past year offers a variety of practical examples.

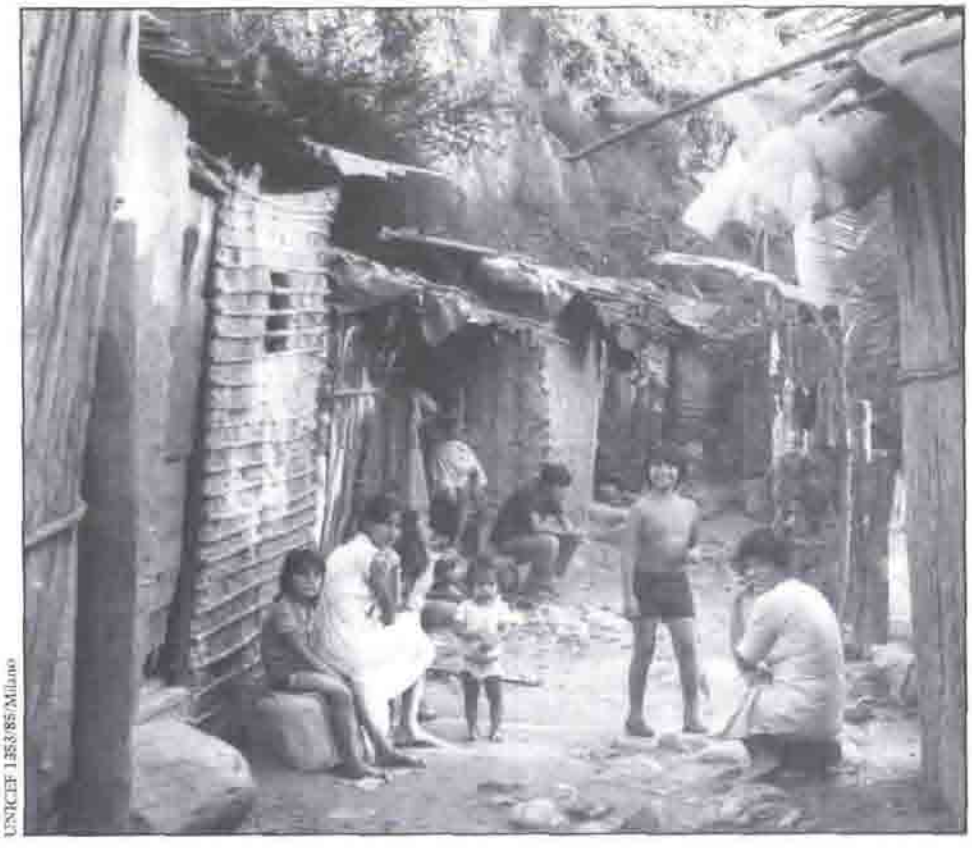
Outstanding among them are the primary health care programmes in Addis Ababa, Bangkok, Metro Manila and Davao City (Philippines), Popayan and Bucaramanga (Colombia) and Guayaquil (Equador). There are similar projects in Brazil, Jamaica, Jordan, Kenya, South Korea, Pakistan, Somalia, Sri Lanka and Swaziland, while new primary health care components are being introduced in Costa Rica, Jordan and Viet Nam. These efforts have a direct bearing on national goals such as universal immunization. In some countries, they cover the full range of primary health care elements to include supplementary food, safe water, sanitation, monitoring of weight during pregnancy, pre- and post-natal care, and special attention to children at risk.

The gradual orientation of service infrastructure by governments towards the basic needs of the urban poor has greatly helped this past year in extending immunization. From modest beginnings, the quick expansion and proper maintenance of immunization has been possible in several cities. A high proportion of eligible children have been covered in Kabul, 75-80 per cent in Colombo and over 80 per cent in Bangkok. More than 80 per cent of children below five years have been immunized in Mogadiscio and Hargeisa in Somalia, compared to about 10 per cent earlier in the year. The acceleration in Addis Ababa has reached 41 per cent of expectant mothers. In Delhi, the programme for immunization of slum children continued, doubling the coverage to 65,000. In Kisumu (Kenya), a campaign against measles is progressing towards the aim of halving the infant mortality rate of 190 in four years. There is a slow but steady increase in immunization coverage in Kotulu (Benin). Plans for immunization in urban areas are under way in Jordan, Mozambique, the Sudan, the People's Democratic Republic of Yemen and Zambia.

Low-cost water supply and sanitation are strongly expressed needs of the urban poor. Many urban projects in India and Pakistan began with this focus before broadening to meet other needs. In Ecuador, the process was reversed, beginning with primary

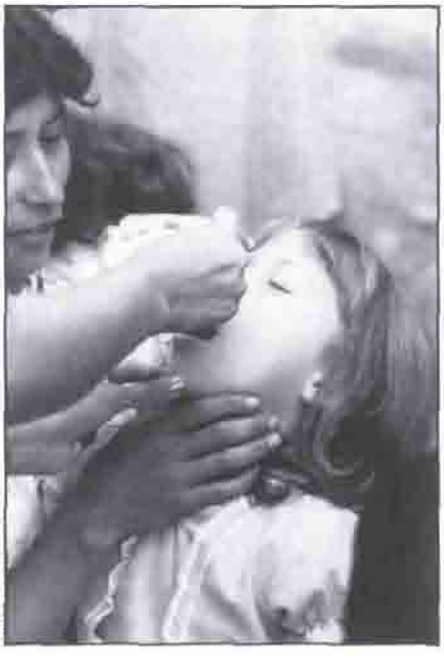
SOCIAL SERVICES FOR CHILDREN: In 1985 UNICEF

- co-operated in social services for children in 104 countries: 41 in Africa, 26 in the Americas, 22 in Asia and 13 in the Middle East and North Africa region
- supplied equipment to more than 37,500 child welfare and day-care centres, 4,200 youth centres and clubs and 28,600 women's centres
- provided stipends to more than 79,700 women and girls for training in child care, homecrafts, food preservation and income-earning skills
- provided stipends to train some 88,400 local leaders to help organize activities in their own villages and communities
- provided equipment and supplies to 800 training institutions for social workers, and training stipends for 51,500 child welfare workers



UNICEF 153/85/Milano

Urban basic services—an effective channel for PHC programmes such as those in Bucaramanga (Colombia).



UNICEF 140/83/Mena

UNICEF 135/83/Mena

health care and now adding water and sanitation as crucial components. Together with oral rehydration therapy, safe water and basic sanitation are the major means of controlling diarrhoea in congested urban settlements. Niger, Swaziland and Viet Nam are preparing to introduce sanitation as a major health support to their urban projects.

Childhood malnutrition remains a serious and difficult urban problem, usually more intractable than in the rural areas due to: low income in a cash economy, early discontinuation of breast-feeding by working mothers, diarrhoea resulting from poor health and insanitary conditions, and the direct consequences of economic recession bearing even more heavily on the urban than the rural poor. There are no shortcuts to improved nutrition in this challenging situation; action is required across a broad front, as for example: backyard gardens in whatever small space is available, community kitchens for children (Panama City and Puno, Peru), immunization against measles, control of malaria, continuance of breast-feeding, birth-spacing to reduce the incidence of low birthweight, supplementary food for pregnant mothers and for timely weaning, routine deworming, safe water, improved sanitation, health education and income-generating activities for women. These are being promoted through urban basic services, with attempts to monitor impact on the nutritional status of children and mothers.

The increasing presence of street children and working children is now a world-wide concomitant of poverty, natural and man-made disasters and the urbanizing process.

In relation to working and street children, the principal experience has been in Brazil where contact is maintained with some 300 community groups working directly with these children. This Brazilian experience has been the basis too for new projects carried out in four departments of Colombia, five states of Mexico, and the two principal cities of Ecuador. As well, local projects have taken firm root in Argentina and the Dominican Republic. Beyond the Americas, the lessons of these countries have been shared with Mozambique (see profile page 34), Kenya, Ethiopia, Somalia, the Philippines and Thailand, resulting in new situation analyses of these children's needs as well as several new noted projects to be presented to the 1986 Executive Board. A global approach to this increasing social problem, within the framework of urban preventive basic services, is currently being pursued.

UNICEF also learned that the effort to establish community-based services for the urban poor has to be complemented by assisting the rural poor through agriculture and agro-based industry, so that they have fewer reasons to migrate to larger cities. □

Preventing childhood disability

The major causes of childhood disability are the same as those of faltering growth, illness or death of infants and children—nutritional deficiency, infectious diseases, neo-natal problems and accidents. Since 1980, UNICEF has expanded its programme strategy, stepped up global advocacy and enlarged country-level co-operation in order to reduce the widespread incidence and varied consequences of disabilities affecting children. In 1985, specific prevention and rehabilitation activities at the community level were part of programmes of co-operation in 34 countries spread over Africa, Asia, the Middle East, the Pacific and Central and South America.

Because the same problems which kill also disable, child survival and disability intervention programmes intermesh and naturally evolve, one from the other. Immunization, for example, may avert as many disabilities as deaths. Programmes against iodine and vitamin A deficiency protect as much against stunting and faltering growth as against disability. Breast-feeding and better childbirthing practices contribute to healthy growth and development as much as to outright survival. The strategic focus is on policy development, training at community-level of those concerned through promoting and monitoring preventive measures, early detection and intervention.

Interest and resource commitment by national governments have been growing, and the technical infrastructure of trained professionals and rehabilitation facilities is being strengthened gradually. UNICEF is giving priority to projects which: benefit children in the 0-6 years age group; use available local resources of personnel and materials, leading increasingly to community self-reliance; benefit low-income and low-access groups; provide for family and community participation; incorporate cost-effective approaches; and integrate the disabled child in the community.

Disability prevention has seized the interest of Asian and Pacific nations. Many of them have launched community-based low-cost programmes strongly linked to community education and to the elimination of micronutrient deficiencies. In Sri Lanka, the successful project in Anuradhapura has prompted preparations for national coverage. China is organizing a nationwide survey. Pakistan has included disability prevention and rehabilitation in its national development plan. India's programme seeks convergence with area-based programmes and co-operation with a number of voluntary agencies in the field (see profile page 27). Other Asian countries active in programmes against childhood disability include Bangladesh, Brunei, Hong Kong, Indonesia, Kampuchea, Nepal, the Philippines, Thailand and Viet Nam.

In Africa, the policy-level interest in preventing childhood disability has been recent, although 15 countries have disability-related projects. UNICEF has supported advocacy and training, establishing in the process strong connections with child survival and development activities. Several countries have begun organizing surveys; in some, the school system is involved in preventive and rehabilitation activities.

In the Middle East, countries have also begun analyses of the childhood disability situation. In Bahrain, pre-survey estimates of disability prevalence are approximately 10 per cent. In camps in Lebanon, special programmes for the rehabilitation and education of disabled children as well as training for social workers in early detection and intervention, have been introduced.

In Latin America, an infrastructure of rehabilitation services already exists and child survival and development activities are gaining momentum. The need for disability prevention programmes has so far been explicitly recognized in three countries: Brazil, Guatemala and Haiti, and through the special sub-regional programme on childhood disability in Central America.

UNICEF seeks to improve family and community capacities to help disabled children become active members of their societies and to prevent needless disabling. The challenge now is to reduce the needless burden of disability; like the infant mortality rate, the prevalence of childhood disability is an index of social development. □

The challenge now is to reduce the needless burden of disability.

UNICEF 8650/Dansois

UNICEF 8649/Bossler

UNICEF 1346/85/UNICEF New Delhi

For three years, 'co-operative corporation for the disabled' in the state of Andhra Pradesh, based at the Gandhi Hospital in Secunderabad, has been giving free or subsidized hearing aids to deaf persons who were unable to obtain them on their own. Looking back, it came as something of a surprise that about 60 per cent of these hearing aids went to children below six years of age. But there was a bigger surprise.

Those young children who were lucky to have received hearing aids could not make use of them. There were no schools teaching speech and language to deaf children of pre-school age. The few existing schools for deaf children in the state admit only those over six years and they teach only sign language. Every parent was faced with these questions; how to use the aid, how to make the child wear it, what sounds should be taught first and how, what words can be taught. It was plainly not enough to give a hearing aid to a deaf child.

A good home management programme for the mothers seemed to be the answer. Of the mothers who had come to receive hearing aids for their children, 10 were selected for training. The only criteria were a minimum education up to the seventh standard and willingness to come and be trained. To help their travel, a monthly stipend of Rs25 (US$2) was offered over a three-month training course.

The first month was devoted to discussions—concerning deafness, hearing identification of deafness, hearing aids, fitting the aids, counselling parents, language acquisition, phonetics, auditory training, language training, speech training, lip reading, reading and writing.

This basic understanding was followed up the next month to practise and learn how each sound in the alphabet was made and how it could be taught to children. Various auditory training games were practised with children who came over from the nearby play centre. Thereafter trainee mothers had to take classes in language training, lip reading, reading and writing—for different levels of training. For example, two and a half year old children for the auditory games, three year olds for the language games, six year olds for reading and writing and ten year olds for story-telling.

The third and final month was devoted to preparing teaching aids for the deaf children from locally available materials. Each mother had to prepare a set of aids of each type which, later on, she could either use for her own child or donate to the play centre where she would eventually be working. The training closed with guidance to each mother on establishing and managing a play centre for deaf children, on materials and equipment required for it, on writing reports and case histories and testing a child's progress. The usefulness of links with local social service organizations was also illustrated, to persuade the more promising among the mothers to organize and run play centres in various parts of the city and nearby areas.

So far some 20 mothers of children with hearing problems have received training, their age ranging from 18 to 35, their educational level from the seventh standard to a degree in arts, their economic status from poor to middle class. The age of their children ranged from three to 14 years old.

The transformation in the ability of the children attending the pre-school centres has been even more remarkable. Those around the age of 14, previously attending the 'school for the deaf' have moved from the 'word' level to the 'story' level. Those aged between three and eight, who have had no previous exposure to scientific training, are progressing at different levels of preparation for integration at the appropriate grade of regular schools.

Children who had no speech at all have learned around 200 words with understanding; they also read, write and take down dictation. Mothers too have pleasantly discovered their points of strength. Thus, one who had some difficulty teaching the older deaf children, has proved to be excellent with the nursery group—the toughest of the lot!

True, the more educated the mother, the faster her grasp, the greater her contribution and the higher her readiness to assume responsibility. But this is only part of the work which requires an enormous fund of patience, perseverance and endurance. Most women are endowed with these resources to a degree that often surprises them.

UNICEF in action: programme com

Altogether, UNICEF currently
in 118 countries: 42 in Africa; 3
13 in the Middle Ea

The programme commitments shown on this map are for multiyear periods, and are exclusively those from UNICEF's general resources. Those commitments being proposed to the April 1986 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 funded supplementary programme commitments is high enough to make a significant difference to the size of the overall programme. However, since many projects "noted" and approved for supplementary funding are not yet funded, only those programme commitments from general resources are shown.

Higher-income countries, where UNICEF does not have a specific commitment from general resources over a given period, but co-operates in the provision of technical or advisory services, are shown without programme amounts or durations.

CUBA
1983-86: $178,000

JAMAICA
1986-88: $138,000

HAITI
1982-86: $5,114,000

DOMINICAN REPUBLIC
1984-87: $1,405,000

EASTERN CARIBBEAN ISLANDS[1]
1984-88: $1,500,000

ANTIGUA AND BARBUDA
1983-85: $70,000

DOMINICA
1982-85: $83,000

ST. LUCIA
1983-85: $75,000

TRINIDAD & TOBAGO

BARBADOS

MEXICO
1985-89
$2,479,000

GUATEMALA
1983-86: $2,518,000

HONDURAS
1984-86: $616,000

EL SALVADOR
1985-87: $852,000

NICARAGUA
1986-90: $1,160,000

COSTA RICA
1985-89: $248,000

PANAMA
1985-87: $147,000

BELIZE
1984-87
$168,000

COLOMBIA
1984-87: $5,790,000

ECUADOR
1986-89: $1,754,000

GUYANA
1986-87: $230,000

SURINAME
1975-79: $130,000

PERU
1986-mid 1987: $1,142,000

PARAGUAY
1985-89: $989,000

CHILE
1985-87: $206,000

VENEZUELA

BRAZIL
1984-87
$2,671,000

BOLIVIA
1984-89
$3,000,000

ARGENTINA

URUGUAY

TUNISIA
1983-86: $1,507,000

MOROCCO
1981-85: $7,612,000

ALGERIA
1986-90
$1,470,000

MAURITANIA
1982-86: $1,995,000

CAPE VERDE
1986-90: $230,000

MALI
1982-86
$2,812,000

SENEGAL
1987-91: $5,474,000

GAMBIA
1984-86: $389,000

GUINEA-BISSAU
1984-88: $600,000

GUINEA
1985-86: $1,861,000

SIERRA LEONE
1986-90: $4,456,000

LIBERIA
1986-90: $2,435,000

BURKINA FASO
1985-87: $3,935,000

COTE D'IVOIRE
1986-90: $1,998,000

GHANA
1985-90: $8,574,000

TOGO
1984-88: $3,533,000

BENIN
1985-88: $3,154,000

[1] Includes Saint Vincent and the Grenadines, Saint Christopher and Nevis, Grenada, British Virgin Islands, Montserrat and Turks and Caicos Islands.

[2] In addition 1984-1987: $1,950,000 for Palestinians.

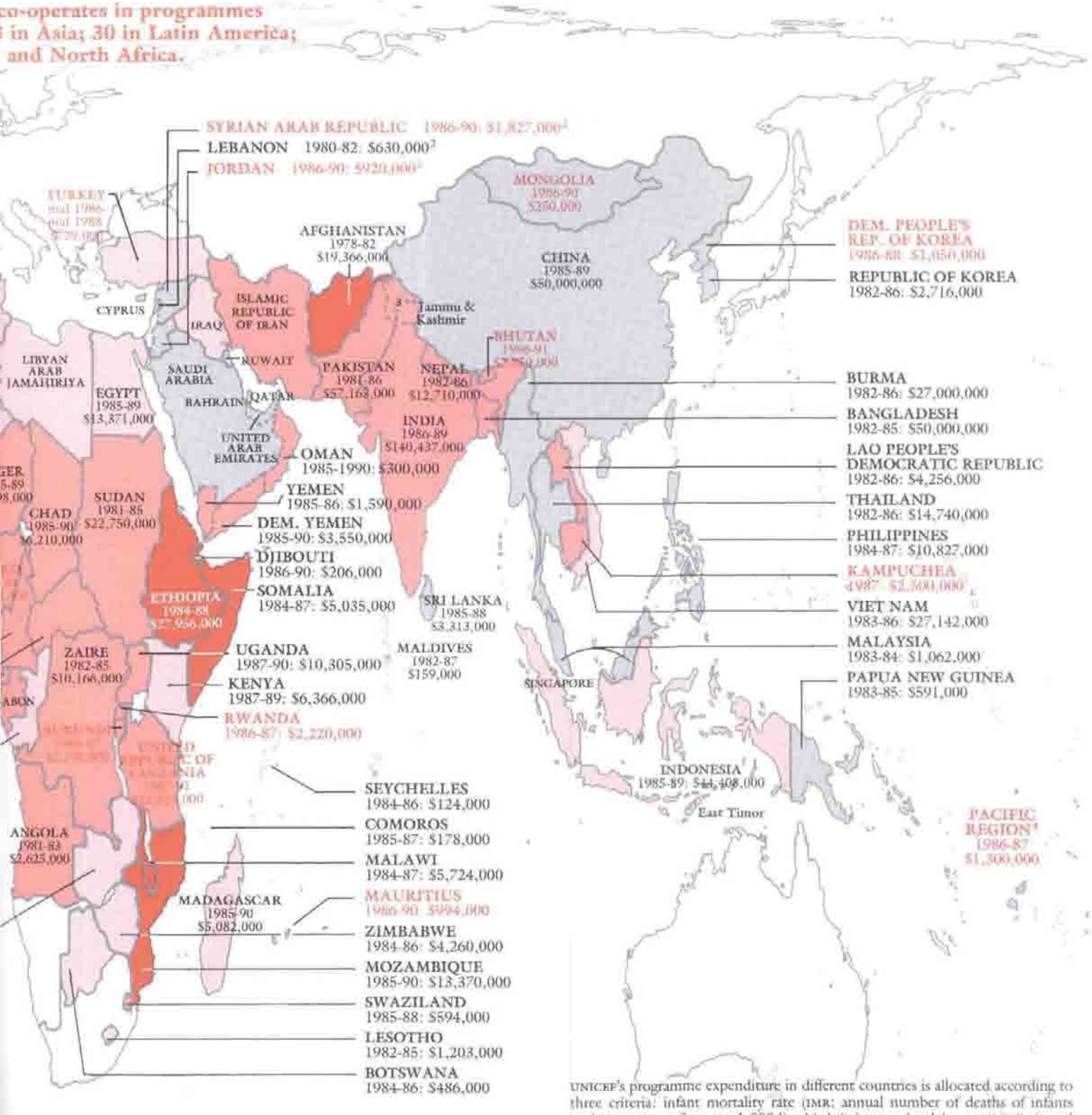
[3] Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

[4] Includes Cook Islands, Fiji, Kiribati, Niue, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Federated States of Micronesia, Marshall Islands and Palau.

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

mitments in the developing world

co-operates in programmes
in Asia; 30 in Latin America;
and North Africa.



ZAMBIA 1984-86: $1,477,000
CONGO 1986-87: $256,000
SAO TOME AND PRINCIPE 1986-90: $250,000
CAMEROON 1985-90: $2,747,000
EQUATORIAL GUINEA 1984-87: $374,165
CENTRAL AFRICAN REPUBLIC 1984-88: $2,294,000

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

A new index, the Under 5 Mortality Rate (U5MR), has been developed by the UN Population Division with support from UNICEF (U5MR: annual number of deaths of children under 5 years of age per 1,000 live births). This year, the U5MR (1984 figures) is shown, as follows:

- U5MR 250 and above (10 countries)
- U5MR 150-245 (36 countries)
- U5MR 100-145 (22 countries)
- U5MR under 95 (42 countries)

Developed countries are not shaded but most have a U5MR under 20.

Life begins anew — MALI

The Kel Taborak used to roam free. They lived in tents wherever there was water and pastures for their cattle, their only asset. They moved up to the north during the rains and southward along the Niger river in the dry season.

By 1983, a decade-long drought had destroyed thousands of their cattle, yet the Kel Taborak held on to some 50 camels, 40 cows and a hundred goats, and to their way of living – true to their name which means 'the independent ones'.

Twelve months later, everything had changed. The Sahelian drought left neither water nor pasture anywhere. Most of the livestock died. Along with uprooted others, the Kel Taborak headed for the regional capital of Gao in south-eastern Mali. Now, some 40,000 self-reliant people were on relief aid. It meant the end of their culture. But it also marked the beginning of a new approach to life. The village near Gao where they decided to settle took the name of Kel Taborak.

"Yesterday we planted sorghum here", says Mohammed Aliad, 35. "We did that right after the water came from the sky." The sorghum seeds came from UNICEF. The fields look sandy but once the rains come, they turn fertile. The Kel Taborak hope that the oral agreement by which the regional administration handed over possession of the land will soon be followed by a written one. With more people turning from cattle-rearing to farming, fertile soil has become an issue for sometimes bloody disputes – as in nearby Forgho.

The Kel Taborak still feel oneness as a tribe. They work with and for each other. Mohammed Aliad explains: "First I find rice and meat and tea for all the people that are to help me. Then we will go all together and work in my field and the next day we will do the same in my brother's field". He points to another field, planted five days ago, where the seedlings are already inching up. "If there is enough water, we will be able to harvest in 80 days", he adds. "If we can get enough seeds, we will plant and plant until we have a thousand fields."

For the first time since 1969, the N'Shawague, a tributary of the Niger, is again a true river. "We like to work. All we need is some help to get us started. We want to build a dam in the river. We want to cultivate rice and millet and sorghum." Yes, the Kel Taborak need seed to plant, and food until the crops ripen. They need help to learn how to cultivate, to build wells, to irrigate fields, to plant trees, to build houses. The European Economic Community (EEC) and UNICEF have been providing such assistance for about a year now.

Indeed, the first new construction has started in the centre of the village. It is a mosque, an impressive structure with some 15 domes designed by an Italian architect. Some 50 men are at work with bricks of clay-like earth called *banco*. Soon family homes are to be built in the same manner. Already a 100-foot well surrounded with garden plots to be irrigated through earthen canals has been dug. South of the village, work has started on a catchment basin, 300 feet by 60 feet and 10 feet deep, to collect rain. By October, the river may have vanished!

"Since we want to stay here, we are now planting trees. We have asked our children to plant trees and to guard their growth", says Mohammed Aliad. All the young boys in Kel Taborak are responsible for the trees. They are given acacia seeds, taught how to grow seedlings in a nursery and when to plant them. Each tree is protected by a circle of *banco* bricks and prickly bushes.

The people working on the dam and in the gardens receive weekly rations of sorghum from a 120-ton store supplied by UNICEF and the EEC. In addition, a feeding programme run by the Red Cross provides two daily meals for about 450 young children.

A year ago, the Kel Taborak were in dire peril. Today, they are cautiously optimistic that the rains will continue and will harvest what they have planted. And they have plans. Already, they have asked for help to build two more wells, a health centre and an irrigation system fitted with a motor pump.

The 5,000 Kel Taborak seem to have determined their title in fact as well as in name: the independent ones.

UNICEF 1340/85/Schelinski

Responding to emergency

The Situation in Africa

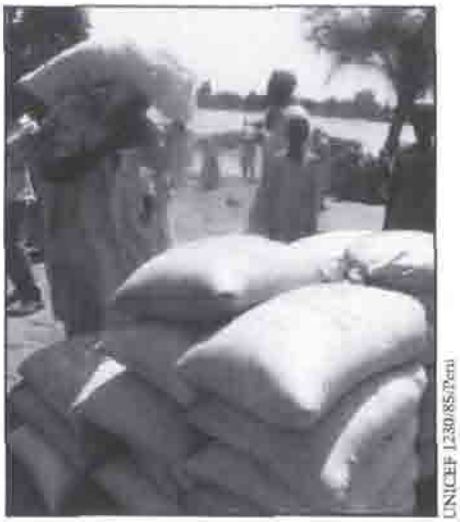
During 1985 UNICEF greatly expanded its capability to deal with the African drought emergency. Programme expenditures rose to US$102 million, a 30 per cent increase over 1984. Among some 35 million people believed to be at risk at the beginning of the year, the majority were children and mothers. Together with governments and other partners UNICEF was able to save millions of lives, working principally in the fields of health, water, relief items and supplementary feeding.

The response to the emergency, in which UNICEF is proud to have played a part, was one of the major international achievements of recent years. In a world in which emphasis is so often placed upon division and confrontation, the crisis brought the community of nations and peoples together in a massive co-operative effort.

The African emergency led to the largest intervention ever mounted by Non-Governmental Organizations. In addition to the thousands of groups active in fund-raising and advocacy, several hundred organizations were operating in Africa. Along with the UN Office for Emergency Operations in Africa (OEOA), UNICEF provided a framework for many NGOs, facilitating their access to governments, giving them logistical backing, assisting their co-ordination and often providing them with the medicines, supplementary food and other supplies and services with which to undertake their activities.

UNICEF worked very closely with WHO, WFP and other members of the UN family. Through this co-operation, it was possible to organize pledging conferences together and make appeals with the OEOA, as well as to co-ordinate operations.

UNICEF's regular programmes were expanded and re-focused to deal with the emergency. For example, a major part of the water programme in Ethiopia was devoted to the creation of water points and the improvement of environmental sanitation at relief shelters. At the same time, emergency programmes have gradually been

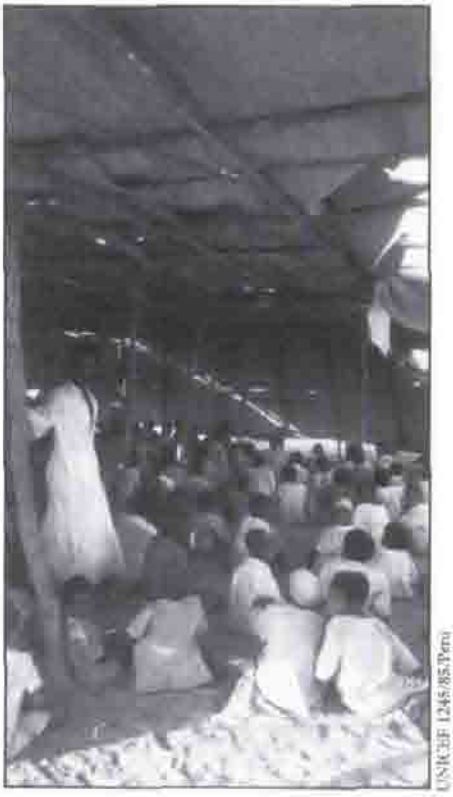


UNICEF 1230/85/Peru

UNICEF 1225/85/Peru

UNICEF 1003/85/Peru

UNICEF 1012/85/Peru



UNICEF 1245/85/Peru

Relief operations continued for the more than eight million affected people in the Sudan.

modified, to shift the emphasis to rehabilitation and longer-term development goals.

Tightly packed communities in camps and around cities had faced serious sanitation problems and shortages of safe water. UNICEF responded to the diarrhoea epidemic in Ethiopia by a swift and massive airlift of ORS packets and intravenous fluid, distributed through governmental and non-governmental channels, including several international relief agencies. Basic drugs and relief supplies were rushed to the cholera stricken camps in Somalia, hardly recovered from drought. Similar responses were organized in the face of cholera in Niger and diarrhoea in camps in Djibouti. To meet Lesotho's health emergency in October 1985, caused by epidemics of tuberculosis, typhoid and gastro-enteritis among malnourished children, essential drugs were provided on a priority basis.

Relief operations continued in the Sudan as part of a special UN assistance effort for the affected population of more than eight million, but by mid-year rains disrupted the road and rail distribution network; and UNICEF financed internal transport of relief commodities, particularly food. In Ethiopia also, UNICEF assisted transport of water, supplementary foods, blankets and needed supplies, besides fully using trucks from various donors, including Belgium, the Federal Republic of Germany, and Japan. Some 33 trucks donated by France were used to reduce logistics difficulties in Angola, Burkina Faso, Chad, Mozambique, and Niger. UNICEF assisted Mozambique with fuel supplies, supported by Italy, Norway and Canada.

Relief and survival supplies included plastic sheeting, blankets, clothes and cooking utensils. As a result of a people to people campaign launched by the Executive Director in December 1984, some 1.5 million blankets were distributed from the National Committees of Belgium, Canada, the German Democratic Republic, Italy, Japan, the Netherlands, Spain, the United Kingdom, and the USA, and from the governments of Finland and Japan, as well as from the European Economic Community.

Nutrition support is high among UNICEF priorities. In Mali, school feeding, involving 185 schools, was supported with help from the European Development Fund. Increased food production for family consumption and/or income was encouraged by UNICEF support to small-scale farmers, often women, in off-season crop programmes, as in Niger. In Mali, seeds were distributed on loan to be returned after harvest. Along the River Niger, UNICEF is assisting small irrigation projects which need limited investment and simple technology. Training for rational management of crops, as well as herds, feed and grazing acres, is an important component of UNICEF co-operation.

The breakdown of the family structure as a result of war, famine and economic recession has led to a rapid increase in orphaned or abandoned children. UNICEF has helped family reunification or family assistance in Mozambique (see profile page 34) and a similar initiative is under way in the Sudan.

The emergency situation has enhanced the relevance of programmes assisted by UNICEF—such as immunization, oral rehydration therapy, water supply and sanitation. Accordingly, UNICEF support for these has increased—speeding up vaccines, cold-chain equipment, water equipment, pipes, handpumps and construction materials. The supply of clean water prevented the health situation from worsening in parts of the Central African Republic, Chad, Mali, Niger and the Sudan.

Needs for 1986

Donor assistance met just over half of the US$120 million appeal for the African emergency launched by UNICEF in 1985. The shortfall in non-food aid seriously undermined the benefits of food aid. Such requirements, particularly those geared to deal with the desperate situation of children and mothers, must be given priority in the current year. In Ethiopia alone, as many as eight million people may still be at risk. UNICEF will need an additional US$16 to US$20 million to deal with emergency needs in that one country.

It is true that the rains did come to most African countries during 1985 but the crisis continues in at least a dozen of them. Many people are still directly affected in Angola, Botswana, Burkina Faso, Cape Verde, Chad, Ethiopia, Lesotho, Mali, Mauritania, Mozambique, Niger and Sudan. In addition to longstanding, international refugees, as many as four million people are still displaced from their homes.

UNICEF will need continuing emergency support in 1986 for essential drugs, vaccines and equipment for primary health care, especially in rural areas. It will need to back the efforts of governments and of NGOs with logistical, supply and administrative services. Supplementary feeding, immunization and the supply of ORS for displaced and drought-affected families remain key components of the response to the emergency.

From crisis to development

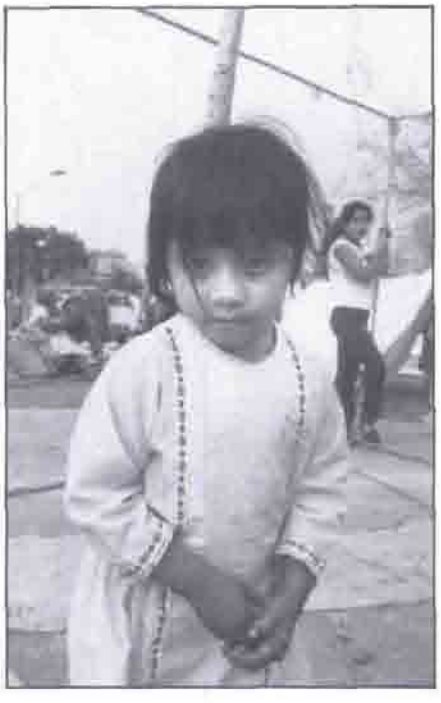
As the emphasis moves from relief to rehabilitation and development, the new and enhanced capabilities of

EMERGENCIES: In 1985 UNICEF

- assisted 30 countries hit by disasters, 21 in Africa, 3 in Asia, 3 in the Middle East and North Africa, and 3 in the Americas
- expended US$1.9 million from the Executive Director's Emergency Relief Fund and channelled special contributions amounting to US$48 million for shelter, medicaments, water supply, equipment, food supplements, and other essentials
- supported the initiative of the UN Secretary-General in mobilizing extra resources for victims of drought, famine, and conflict in Sub-Saharan Africa; and continued to operate a relief and rehabilitation programme in Lebanon
- provided relief for earthquake victims in Mexico and Chile; landslide victims in Colombia; nutritional and food security programme in the Philippines

UNICEF 1275/85/Gamblin

UNICEF 1278/85/Gamblin



UNICEF 1282/85/Gamblin

ORS *packets and water purification tablets are being distributed after the earthquake in Mexico.*

UNICEF's regional and country offices will increasingly focus on the human dimension of the recovery process. This will mean concentrating on child immunization and other GOBI elements, as well as on expanding basic education. It will involve the encouragement of social mobilization to achieve these goals.

In facing the 'loud' emergency, UNICEF increased its African budget by 25 per cent and this enhanced level of activity will have to be sustained. Food-for-work projects and other programmes designed to enable people to become productive and self-sufficient will be expanded.

Many interventions undertaken in the emergency will have long-term benefits. New water supplies will help to improve the quality of life in the future; displaced families educated in the use of ORS will carry that knowledge back home with them; children immunized because of epidemics will have lifelong protection; above all, those saved from disease and death in the emergency will go forward with better health and strength to the future.

There is nevertheless a need to ensure that relief in 1986 is provided in forms which will best underpin recovery and long-term development.

Special attention will be paid to programmes which provide people with the means and the incentives to produce. The capabilities of governments to maintain early warning systems and develop preparedness plans to deal with emergencies and disaster must be enhanced. The collaborative systems built up in response to the drought emergency will need to be extended into the recovery phase. Means must be found to reduce the impact of internal conflicts, which have so often exacerbated the effects of natural calamities.

Africa faces daunting long-term challenges. A sustained effort by the international community and by Africans themselves will be required before problems of low productivity, declining export prices, population growth, environmental degradation and debt-servicing are solved. As UNICEF moves to fulfill its mandate for children everywhere, droughts and other crises will be less threatening to this most vulnerable segment of society. After all, it is the poor and the underprivileged, the weak and the malnourished, who die and suffer when famine strikes. Droughts and disasters may always be with us. Nevertheless, economic and social development, especially when aimed at bettering the condition of children, will render disasters less alarming and less devastating.

Other emergencies

Outside Africa a number of emergencies occurred during the year, imperilling children: two severe earthquakes in Mexico City, landslides and flash-floods in Colombia, an earthquake in Chile, an epidemic of dengue haemorrhagic fever in Laos, floods in Viet Nam, a crisis caused by economic depression and severe malnourishment of children in a sugar producing province of the Philippines, and the displacement of families in Lebanon due to repeated hostilities. Actions initiated for those emergencies were, in most of the cases, linking immediate answers to longer-term programmes for children.

This UNICEF support, with the help of UNIPAC and, in certain cases, expeditious approval of local procurement, consisted of ORS packets, water purification tablets, sanitation guide-

Restoring broken ties — MOZAMBIQUE

"The number of abandoned children always rises when foodstuffs and production are low", explains Joanna Mangueira, Director of the Department of Social Action in Mozambique's Ministry of Health. And stocks run out when cyclical drought is an annual feature. Despite the strong African tradition of the close-knit family and community support, people's coping capacity is further eroded by a prolonged insurgency which, besides disrupting transport and communications, attacks schools, health posts and shops, indiscriminately killing or displacing large numbers of rural peasants. "These days, when a child's father and mother die, the relatives do not want to keep the child, they simply do not have the resources, so they abandon it", observes Antonio de Sousa, a nurse at a district hospital in Gaza province.

New vulnerable groups are created by the day and hundreds of children have been identified as orphaned, abandoned or maladjusted. Officially, Maputo has 500 such wandering children. The actual number could be five or more times as high. And the situation in this capital city is relatively less harsh in comparison with the regional capitals.

Orphanages in the towns are open to the abandoned children but even if that were a solution, they cannot cope with the sharp increase in numbers. And the problem is not confined to the urban centres. Often, the army picks up children in the bush or along the road, and brings them to the nearest village.

Whatever the longer-term answer, the children need immediate help and guidance. So, relief centres are extending to regions from which most of these children come, such as the provinces of Tete, Inhambane, Gaza and Nyassaland. The centre at Macuacua in Manjacaze is typical. Forty-eight children were living there, some recent arrivals, some residents for a year or more. The arrangement is rudimentary. One woman – an orphan herself after her mother, father, husband and three children were killed in a raid by insurgents on her village in 1982 – is responsible for the children. She cooks for them over a three-stone fire, using rations from the World Food Programme through the Mozambican Red Cross. The children themselves pound the maize by hand to make it into flour. Two local men have dug a latrine. There is only one sleeping hut and that creates problems when infectious diseases occur.

UNICEF 1345/85/Rolfes

However necessary in the interim, these centres are not the answer. Sometimes, parents send their children to the centres because they cannot support them themselves.

Prodded by UNICEF, various organizations are seeking durable solutions to child abandonment. For example, child-care centres, being set up in villages and towns, have a role in preventing a further increase in the number of wandering children. Parents forced to go in search of food far from their homes can leave their children in the temporary care of a child-care centre.

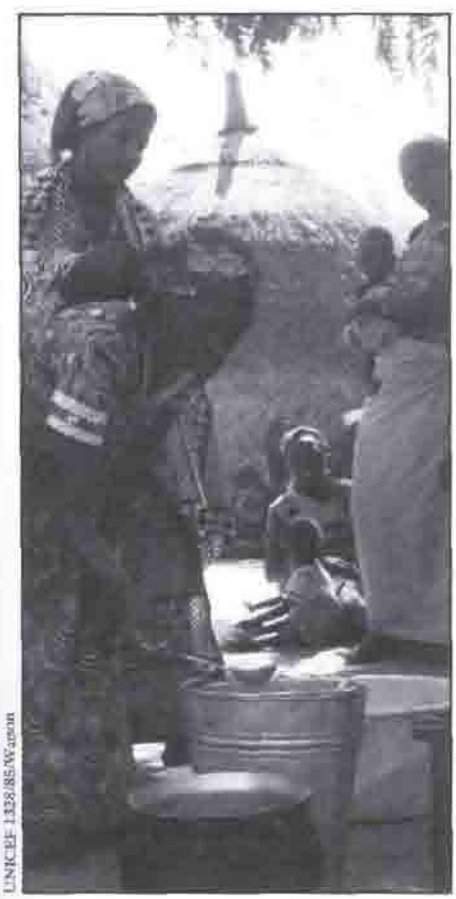
More important, local authorities are encouraged to reintegrate orphans and abandoned children within the structure of extended families and village communities, with government support for his or her food and clothing. To avoid placing the child in a privileged situation, the assistance is adapted to the standard of living of the village. It is not always easy to establish exactly where a child comes from and who the parents or relatives are. So, local volunteers and health staff often spend time researching each child's background to trace a family member.

To encourage families to take children back, or foster or adopt an orphan, first priority is given to responding families in channeling material assistance like food, seeds, farming tools and clothes. At least 68 children from the Macuacua centre have been reintegrated into their families or fostered.

Many of the wandering children of Mozambique are already showing the signs of alienation and distrust of adults that have been observed among the street children of Latin America. It has been shown that this can be prevented, as it must be, without waiting for solutions to the social tensions afflicting the country.

lines, training for childcare workers in psychological skills to handle trauma in children and a two-phase community based, self-help, rehabilitation programme in rural and urban slum areas in Mexico; water purification tablets, ORS tablets, surgical pins for bone fracture, X-ray supplies, pumps, water-testing sets, chemical disinfectants, water tanks, spraying pumps, hospital and medical supplies, portable latrines and other relief items for Colombia; essential drugs, medical supplies and minor repair materials for flood ravaged schools in Laos; medical equipment, vaccines and essential drugs for Chile; weaning foods, vitamins, essential drugs, chlorine powder, cloth for children's clothes, and roofing materials for ravaged schools, hospitals and day-care centres in Viet Nam; emergency feeding, vitamins, local food production and basic health and social services in the Philippines; and relief supplies and restoration of water and sanitation works in Lebanon.

These needs were met from the Executive Director's Emergency Reserve Fund as well as by relief and rehabilitation assistance from regular country programmes and special contributions. □



UNICEF 1328/85/Watson

Inter-agency collaboration

The working partnership of UNICEF with sister agencies in the United Nations system strengthened in 1985.

Close relationship with UNDP continued in the field. UNICEF participated in activities of the International Drinking Water Supply and Sanitation Decade (IDWSSD) chaired by UNDP and in the IDWSSD Steering Committee and task forces.

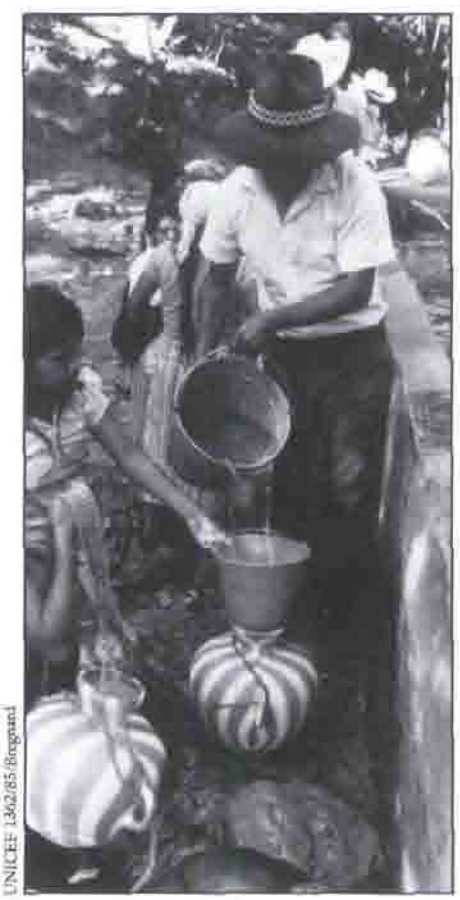
The Joint Consultative Group on Policy (JCGP), comprising UNDP, UNFPA, WFP and UNICEF continued to meet regularly, respecting each agency's mandate and working procedures while moving forward with practical actions. UNICEF also participated fully in the work of the African emergency under the rubric of the UN Office for Emergency Operations in Africa and helped establish a link between emergency work and development activity.

UNICEF continued its dialogue in 1985 with the World Bank and the International Monetary Fund and other concerned organizations on the human dimension of adjustment work.

The long-standing collaboration between UNICEF and WHO was reinforced during 1985. The executive heads of the two organizations had continuous extensive consultations during the year to ensure complementary interaction between UNICEF advocacy of child survival and development in the broader context of primary health care and the WHO objective of Health for All by the year 2000. Comprehensive working agreements were reached between the regional directors of the two organizations for Africa and the Middle East/Eastern Mediterranean regions. Using Indonesia and Democratic Yemen as case histories, the two organizations are conducting a joint study of complementary inputs in support of country activities. Successful collaboration was sustained through the year in a number of programme areas: immunization, diarrhoeal disease control, maternal and child health, nutrition, environmental sanitation, essential drugs, tropical diseases, and primary health care. WHO and UNICEF also issued joint statements during 1985 on acute respiratory infections, malaria, maternal care and planning principles for accelerated programmes of immunization.

During 1985, UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) continued their fruitful co-operation on the broad range of concerns in formal and non-formal education, health education, nutrition, education for child survival, appropriate technology, water and sanitation, etc. with special emphasis on female education, improving external and internal efficiency, and education for child survival and development.

UNICEF collaborated with ILO during 1985 in analysing the situation of working children, and continued work with ILO in all other mechanisms affecting the well-being of children and women. □



UNICEF 1362/85/Bogaard

Successful collaboration is sustained in programme areas such as environmental sanitation and nutrition.

Breaking out of a shell — THAILAND

A small village of 150 people in the Dej-Udom district, Ban Sao Lao is like thousands of others in Thailand's dry northeast: few roads, no electricity, hardly any proper water supply, poor sanitation and inadequate health services. The contrast to the modern capital city of Bangkok is striking.

A closer look reveals that the village, though slow to start on the road to development, is now moving ahead. For instance, Nukon Tongtai, a 56 year old woman who has lived through the needs and the changes, illustrated the improvement: "I was married at 17 and had seven children, two of whom died in infancy. But my children, now in their thirties, have only two children each; and none of them got married before the age of 20."

Nukon Tongtai is an emancipated woman: a promoter of family planning in her village, she distributed contraceptives at prices two to three times below the commercial rate, and encourages men and women to be sterilized. If Thailand's population growth continues to decline from a rather high rate of 3.3 per cent in 1974 to 1.6 per cent in 1984, the trend is the result of convinced action by many like Nukon Tongtai.

Other changes are happening in the village, involving Nukon Tongtai herself. She presides over the women's farming group, all of whose 30 members have undergone an eight-day training course in nutrition, vegetable growing, food preparation and child care. This is symptomatic of a transformation process in the village for some years, especially since 1982 when the fifth national development plan, supported among others by UNICEF, came into operation. Villagers were encouraged to plant three hectares of land, used previously only to grow one rice crop a year, with vegetables for the rest of the time, thus improving the nutrition and income level of the whole community. With seeds supplied by UNICEF, they now grow chinese cabbage, mung beans, corn, spinach, onions and pumpkins.

Food availability is one thing, proper and balanced use is another. "You see", Nukon Tongtai says, "in the beginning when I taught my neighbours to prepare nutritious foods to supplement their diets, we had to get the ingredients from outside. Now we grow them ourselves. In former times, people were suspicious of chicken and other meats. They believed these transmitted parasites and so they were reluctant to give them to their children. But that is all changing now."

The six chickens or ducks which UNICEF has provided for each family with a malnourished child, have grown into impressive little poultry farms, every family in the village owning no less than ten chickens and five ducks. And, the village boasts of a hundred fish ponds, the first of which was started by Nukon Tongtai, with help from the government.

How do the children fare? The village health volunteer, Kaesorn Intana, weighs the children every month and plots their height and weight on growth charts designed to show early signs of malnutrition. She also delivers supplementary food for children provided by the villagers, at a price of 3 baht (22.96 baht = US$1) per family per month. All the children in this village have received their first vaccination against diphtheria, pertussis, tetanus and tuberculosis – a vast improvement on the national average – ranging from about half to three-fourths.

One of the more striking changes in Ban Sao Lao is that about 70 per cent of all households now have latrines which, partly subsidized by UNICEF, cost 80 baht each. According to the villagers, the next step is to encourage the use of the large traditional jars for storing rain water to provide the entire village with clean water. The first two already built are 'on show'. The villagers have also constructed a road. You can sense the women's pride as they walk its length to their vegetable plots. Nukon Tongtai articulates the change: "Yes, people have now started to understand what development means" – to them and to their children.

UNICEF 1342/85/Obetzhofer

Monitoring and evaluation

Many country offices have developed, as part of their programme management systems, monitoring tools to measure the progress of UNICEF inputs in physical and financial terms, against established workplans. These efforts have expanded during the year, as a learning process for course correction and reshaping strategy and content for the next stage of programming. In their basic form these are periodic reports in prescribed formats. Several offices, like Nepal, are adapting it for computer use allowing for regular feedback to the project site. Indonesia is using standardized description and computer coding to link up supply and non-supply assistance, unit cost estimates and observed evaluations of specific activities. In India, the internal monitoring system has helped, through systematic appraisal of activity at component level, to establish more balanced achievement between programme components in terms of physical output and actual expenditure. In Tanzania, a co-ordinating mechanism dovetails village level monitoring of nutrition and health with higher management procedures to serve operations at all levels from the village to the centre.

The increasing emphasis on project and programme monitoring is leading to improved efficiency in the use of UNICEF resources, increased adoption of similar practices by government partners and better assessment of the coverage and effectiveness of UNICEF-assisted programmes.

During 1985, more evaluations and studies were conducted than in any previous year—421 of them covering projects and programme activities in 87 countries. The number of evaluations doubled since 1980, with the health sector leading, followed by water and sanitation, education and nutrition. A good number of evaluations covered multi-sectoral programmes.

Some examples of the many insights emerging from these evaluations are: the need to improve training in the use and maintenance of equipment supplied by UNICEF; the overall adequacy of supply does not automatically lead to equitable distribution; the shortage, in particular pockets, of items like ORS packets could be traced to low demand, and to low acceptance by the health workers promoting ORS. As a result, the health centres hesitated to increase supply.

A number of evaluations focused on the effectiveness of communication for promoting programmes like water supply, immunization and oral rehydration, with widely varying results; the difference in impact seems to be related to problems of quality, of programme designed implementation and the measurement or interpretation of information used in the evaluation. Thus not only the strengthening of the communication component of programmes, but also their evaluation has become a priority.

Important findings have emerged from the monitoring and evaluation of immunization programmes, particularly on the importance of political will, social mobilization, mass communication, planning, cold chain maintenance, participation by the community, staff training, management information, supervision, funding, follow-up, and the evaluation process itself.

In certain cases, recommendations from the evaluative exercise were used to readjust programme strategy. For example, as a result of a study on knowledge, attitude, and practice of mothers towards management of diarrhoea using ORS in West Java (Indonesia), programme emphasis was shifted from home-made ORS to stress provision of any safe liquid in the home and a move to promote more use of ORS packets.

An interesting development during the year was the greater use of 'rapid assessments', particularly of child survival and development interventions—to capture, share and apply information and insights, especially about the process. The methods include open-ended and non-directed interviews, document analysis and field observation and combine the perspectives of several disciplines, e.g., the technical expert, the administration, the economist and the social scientist. While less rigorous and quantitative than conventional evaluations, they have proved to be practical, flexible, timely and useful for decision-making. Five such assessments, each using a different approach, were made of the immunization experiences in Burkina Faso, Colombia, El Salvador, Nigeria and Turkey. As a result specific problems have been tackled, the immunization programme has strengthened, and the lessons learnt applied to allied programmes. These lessons were shared at the 'Bellagio II' international meeting in Cartagena, Colombia.

UNICEF headquarters developed operational guidelines for field offices on child monitoring, project and programme monitoring and evaluation, and rapid assessments. To strengthen the programming process, a workshop on Situation Analysis for 37 UNICEF offices coming up to the 1987 Executive Board, was held in Sri Lanka in May 1985. □

UNICEF 1155/84/Murray-Lee

Important findings have emerged from monitoring and evaluation of immunization programmes.

Programme communication and social mobilization

The year saw a heightened awareness of the importance and increased application of communication and mobilization for social development, as a basic component of programmes of co-operation between governments and UNICEF. As a result, improvements to the whole programming process, including situation analyses, planning and evaluation, are under way.

By reaching out to involve institutions beyond traditional partners, whole societies have been motivated to support immunization campaigns and other elements of the child survival and development revolution. In Brazil, not only the Ministry of Health and the Association of Paediatricians, but also many other government ministries, the Catholic Church, the mass media and the Brazilian Assistance League are promoting immunization.

Messages in support of oral rehydration therapy have gone out from mosques, churches and temples around the world; unprecedented support has come from the mass media to remind families of immunization; political parties on all sides insert child survival and development messages in their campaigns; in El Salvador government and opposition forces observed a ceasefire in order to facilitate and participate in nationwide immunization.

Elsewhere professional institutions and trade unions, service organizations and youth groups, sporting, social and cultural bodies, have helped to rally nations in support of programmes on behalf of children.

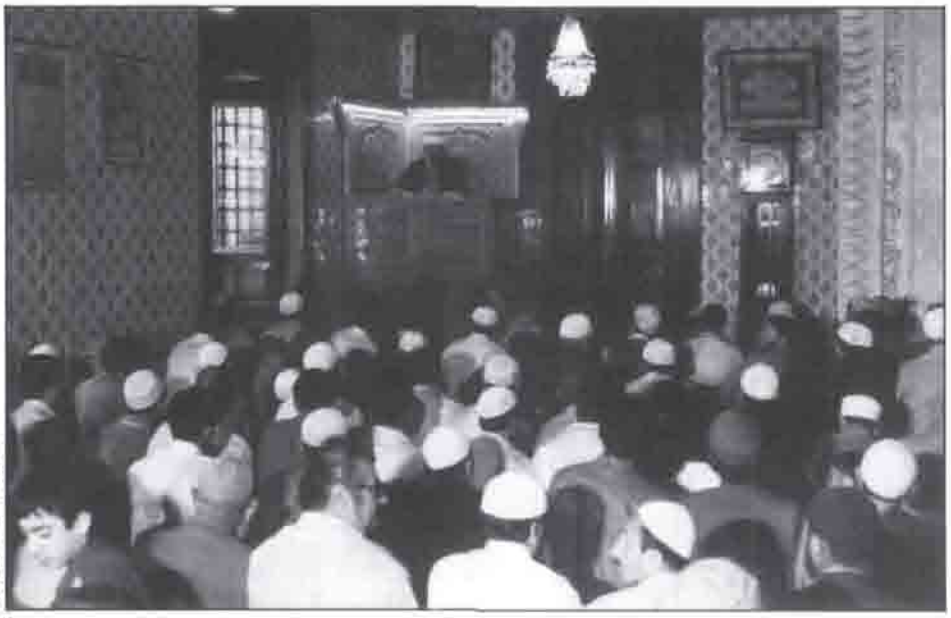
These multi-sectoral initiatives have demonstrated that dramatic changes in social dynamics can be achieved when the political leadership and whole societies participate.

Through seminars, such as one held in Bogota in 1985, and by sponsoring observer missions between countries, UNICEF hopes to extend awareness of social mobilization as a tool for fostering the child survival and development revolution.

Effective working relationships have developed with a growing understanding of the concepts of social mobilization, social communication and social (or no-profit) marketing. Responding to the emerging need for increased institutional capacity in these directions, UNICEF Staff Development and Training Section has joined in to meet the challenge. Programme communication as a function has moved closer to programme planning and development. To sustain effective child survival and development actions, social communication and health education infrastructures need to be strengthened through organization and human resources.

Examples of the new priority are: planning and application of surveys; studies on knowledge, attitudes and practices of target audiences, including mothers; concern for anthropological and social factors in the design, testing and evaluation of communication and training messages and materials. The use of such materials is increasing both within and between countries. Co-production of printed materials and of radio and television series represents another innovation. □

Church groups and cultural bodies are among the supporters of oral rehydration therapy and immunization.



UNICEF 134/85/Hetzel

UNICEF 135/85/Hetzel

Advocacy and fundraising

Global mobilization for children

Throughout the year, advocacy has been an integral and essential part of the work of UNICEF. In promoting cost-effective interventions for the survival and development of children within the framework of the community-based, integrated approach, effective and pragmatic communication processes have been used to bring about the dialogue necessary among national and local governments, the community and the professionals before such programmes could be initiated. Through communication and advocacy UNICEF has been at work towards two broad aims: first, to influence public policy and enlarge global resources on behalf of children; and second, to expand the horizons of education and training in support of the initial but decisive phase of what may be called 'social preparation' during which communities organize themselves, resources are mobilized, workers are trained and activities begun.

During 1985, the aims of UNICEF advocacy were significantly enhanced worldwide in a variety of ways: publications, audio-visual productions, exhibitions, extensive coverage of child-related concerns in the electronic and print media and a good beginning in establishing the facility of electronic exchange of messages. Speaking engagements, personal contacts at political and other levels by the Executive Director, Deputy Executive Directors and other officers of UNICEF continued to be a major means of global and national advocacy.

All these channels of exchange were multiplied through an enlarging network of allies in the cause of children, namely UNICEF Goodwill Ambassadors, National Committees, government communication systems and non-governmental organizations in increasing numbers and categories: women's associations and youth organizations, religious and cultural groups, professional and business forums, school systems, service clubs and voluntary agencies. Setting a strategic goal-orientation to this many-sided activity is the function of 'programme communication' which was revamped during the year with the principal aim of facilitating social mobilization.

In preparation for the 40th Anniversary of UNICEF in 1986, the History Project worked on a publications programme which included a history of the Children's Fund, a pictorial history, an almanac of the world's children, and about a dozen monographs on specific subjects. Work also continued on the archival record of UNICEF experience. □

The aims of advocacy were significantly enhanced worldwide.

UNICEF 1995/85/Roshi Gray

Publications

The 1986 *State of the World's Children* report, released on 11 December 1985, was the major publishing event of the year. The report carried the evidence and clarified the process of the first round of success for child survival and development activities in many countries, particularly on the immunization front, closely followed by other priority interventions such as oral rehydration therapy. Translated into more than 40 languages, the report has become the main focus for corporate action as well as a tool for mobilizing social resources.

Reports from all parts of the world showed in-depth media interaction with the 1986 *State of the World's Children* report, with well-timed discussions of child-related concerns in national and global contexts, pointing mostly to the hopeful message that time-bound targets for child health are achievable – despite the burden of poverty.

Simultaneously, another UNICEF report focusing on Africa's children was published under the title *Within human reach*. Documenting the recent trends of decline in Africa's already low levels of nutrition, health and education, the report analyses the basic reasons behind them, and argues that the most productive part of the investment required by African economies will be in people, in children particularly. The report has encouraged serious debate on fundamental development issues beyond the immediate needs of survival. □

Radio, television and film

During 1985 there was a marked increase in the distribution of videotapes to field offices and National Committees in support of child survival and in particular Universal Child Immunization by 1990. Some 1,300 of them were duplicated for the purpose, in addition to 450 titles from the film library.

The radio coverage of child-related issues expanded during the year. Co-productions, eight in all, were undertaken with broadcasting agencies, including the BBC, Finnish Radio, Australian Radio, Canadian Broadcasting Corporation and the National Public Radio (NPR) in the USA. The NPR series on Chad won the 1985 World Hunger Media Award. Among the many interviews arranged was the Executive Director's appearance on the BBC programme 'It's your World', a live call-in talk programme during which he received questions from around the world.

Television co-productions also rose in number, including those on the African emergency. Themes of UNICEF concern were seen on prime-time programmes in over 12 industrialized countries. NOVA, the premier science series of the US, produced a one-hour documentary: 'Child Survival – the Silent Emergency'.

Among a number of video programmes produced during the year were: 'Within human reach' highlighting some of the positive developments in Africa in a year of suffering; 'UNICEF – the First Forty Years' outlining policy and programme development over these decades; and the immunization campaigns in Turkey and in Addis Ababa. □

Media relations

The response of the media to the concerns of UNICEF is central to a coalition of effort on behalf of children. By far the most sensitive example of this emerging relationship was seen in the context of the continuing emergency in much of Africa. The world's press, radio and television came, saw and covered, more than the events, the processes that led to them. UNICEF facilitated many of these visits and gained from the insights brought back by the journalists. They came not only from Western countries, but also from Japan and developing countries.

The media coverage of Africa more than chronicled the drama. It diminished the false distinction between the emergency of food shortage and development issues like water supply, education, health and sanitation. It spurred artists in Europe and America to raise large funds. It bridged the gap between countries; of this the 'Ireland for Sudan' response is but one of several examples. Even a small country like Trinidad and Tobago was moved to collect a quarter of a million dollars for Africa. As the UNICEF Executive Director noted, the words of the BBC correspondent against the film backdrop of thousands of Ethiopians huddled on a cold barren plateau, "triggered one of the most massive worldwide mobilizations of resources for a non-war purpose in history". In eastern Sudan, what were death camps in January had been transformed into massive centres of relief, drawing upon every mode of transportation: camel, donkey, truck, train and aeroplane. The next stage of painful process had in fact begun – towards a viable concept of development true to the local cultural and physical context, adding water to the land, drought resistant and quick-yielding crops, livestock management, health education and education for life, including the life of the mind.

Even as the media was helping the slow transformation by influencing world public opinion, government policies and people's capacity to share, it was re-learning the meaning of development journalism, as education for themselves and the audience. The relevance of UNICEF's reliance on the media was captured in the words of a journalist visitor to Africa: "In our truest role we should warn of the approach of crises, not cover their arrival".

UNICEF's media relations during the year were many-sided. Media workshops were held in the Middle East on the situation of girls and in India on the bias against the female child. In January, thirty-five journalists from around the world met in Oxford, England, where the subject was 'Media and the World's Children'. A global meeting of Journalists for Children met in Venice with some 120 participants from 64 countries to review the progress of immunization and allied concerns. Three regional projects to educate, motivate and train com-

municators in child survival and development strategies were initiated during the year, one of them in association with development-oriented communication organizations. □

Electronic information network

A significant step forward in UNICEF communications facilities during the year was the establishment of electronic transmission of messages and other materials. This involves three basic capabilities: electronic mail, electronic bulletin board and full-text data-base.

UNICEF New York and Geneva now exchange mail electronically with National Committees in the USA and several west European countries. In the next phase field offices in Africa, followed by those on two other continents, will be similarly linked, to achieve quicker, cheaper transmission than by telephone.

The bulletin board presents continuously updated information in a variety of categories including current materials, news flashes, staff changes, travel plans, meetings schedule and services available. The full text data base provides access to entire articles and other materials of selected origin. □

Special events and fundraising activities

The plight of children in Africa and elsewhere was the leading concern of most special events in 1985, many of them organized by or with the help of the National Committees and non-governmental allies of UNICEF.

During the year popular artists expressed their concern, raising millions of dollars for international relief efforts. Top singers from Latin America and Spain, calling themselves 'HERMANOS' (Brothers) produced a special recording primarily for UNICEF work in that continent. A television special on this recording and UNICEF activities in Bolivia was shown in all of the Americas.

UNICEF's Puerto Rican youth ambassadors Menudo visited Brazil, the Philippines and Japan. American artist Sammy Davis Jr. gave a benefit concert for UNICEF in Paris, which was televised in the Federal Republic of Germany.

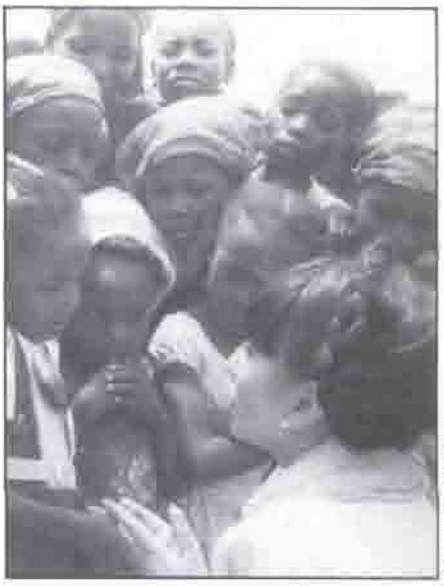
In December, the World Philharmonic Orchestra (including 92 soloists from 55 countries) performed in homage to Alfred Nobel, under UNICEF auspices, to an audience in Stockholm including the King and Queen of Sweden, and Nobel Prize winners. The UNICEF message in the Executive Director's address to the gathering was on peace and universal immunization. Over 55 television and radio stations worldwide broadcast the event.

Tetsuko Kuroyanagi, UNICEF's Goodwill Ambassador from Japan, spent several days in Niger, accompanied by journalists from Japan and the BBC, and met with the President, government officials and project personnel. The TV, radio and press reports resulted in significant fundraising for Africa.

Liv Ullmann gave several media interviews and participated in UNICEF advocacy events in Europe and the USA. Her daughter Linn spoke on behalf of UNICEF in the USA, Norway and Finland and visited projects in Ethiopia.

American actress Cicely Tyson visited Chad and Burkina Faso and supported information fundraising activities in many US cities. Another American personality, Marcia McBroom Landess, started an educational programme in the USA after visiting Burkina Faso and The Republic of Côte d'Ivoire.

In Canada, Peter Ustinov paid a highly successful media-related visit



UNICEF 148/85/Cemi

US Committee/Zarkovi

Goodwill ambassadors Tetsuko Kuroyanagi from Japan (top), and Peter Ustinov (bottom) as well as American actress Cicely Tyson (centre) together with many others, advocate on behalf of children.

timed for the launch of the 1986 *State of the World's Children* report and David Frost was the guest speaker at a fundraising dinner organized by the National Committee in Vancouver and gave several media interviews.

UNICEF benefited from a 24-hour radio programme 'Hungerthon 85', broadcast live from the UN and organized jointly with WNEW-FM, New York, it succeeded in raising over US$60,000.

A number of exhibits were prepared during 1985 on the themes of child survival and development, African emergency, paper production in Nepal, 'Water for All', youth and child activities, oral rehydration therapy and Universal Child Immunization by 1990. An interesting collaboration was initiated with the Smithsonian Institute for production of educational materials in conjunction with the cultural exhibition on India. □

National Committees

The National Committees for UNICEF gave valuable support during the year in fundraising, public information, advocacy and development education. The challenge of generating support in industrialized countries for child survival and development activities in developing countries met with considerable success, in renewed alliance with non-governmental organizations, religious groups, professional associations, trade unions and the media.

A major part of the fundraising effort was devoted to the African emergency. A joint review early in 1985 by 25 National Committees agreed on several lines of action and approach: working with parliamentarians, closer association with the media, focusing on new audiences of young people, more funds of general resources, including child survival and development priorities in all fundraising activities, and fundraising plans aimed at annual targets.

In September, representatives of National Committees met with UNICEF staff in a colloquium in Warsaw, hosted by the Polish Committee for UNICEF. The main objective was the establishment of stronger links between child survival and development issues and national level action in industrialized countries. The Convention on the Rights of the Child, now under discussion by a United Nations Committee, was seen as being of particular relevance in areas of children's needs largely untouched by governments and NGOs. In the context of UNICEF's 40th anniversary, the work of its founders, among them Dr. Ludwik Rajchman of Poland, the first Chairman of the UNICEF Executive Board, was highlighted.

The National Committees continued to encourage journalists and television teams to visit UNICEF-assisted projects in Africa and elsewhere. Co-productions, supported by UNICEF, were arranged with national television companies in Austria, Finland, France, Greece, and the United Kingdom. A major information campaign by the National Committees was the dissemination of the 1986 *State of the World's Children* report. Many committees used the child survival and development theme in promoting UNICEF greeting cards. The National Committee in the United Kingdom promoted the use of growth charts, oral rehydration therapy and immunization at planned intervals. The Australian Committee linked Universal Child Immunization 1990 to a national commitment to eradicate measles by 1988. The US Committee launched an appeal for child survival and development interventions, a forerunner to a full-scale five-city campaign in 1986 in collaboration with NGOs.

Several National Committees took interesting initiatives. In Greece the Committee encouraged the head of the Greek Orthodox Church to invite UNICEF to participate in a consultation which included heads of Christian churches from 23 countries. One conclusion of the consultation was that children be identified as a priority, with immunization as a possible action to be taken by the churches. The UK Committee brought together opinion leaders, among them the Secretary-General of the Trades Union Congress, the Chairman of the Headmasters Conference and the British Council of Churches.

Development education has been a UNICEF concern in response to the growing need of teachers, youth group leaders and other NGOs for educational materials. Its importance was underscored at the First Global Development Education Workshop held near Geneva in June. National Committee presentations reflected a rich diversity of approaches and work in progress covering study visits to developing countries, school-linking, adult education, street children and Youth in Service to Children. The workshop recommended that the impact and value of development education be evaluated and that a funding formula be adopted so that development education be defined as a 'UNICEF Programme'. □

"Youth in Service to Children"—a theme for collaboration by National Committees and NGOs.

UNICEF 826/84/Zamin

Non-governmental organizations

UNICEF collaboration with non-governmental organizations strengthened and expanded during 1985, as a central concern of the advocacy function towards specified time-bound child-related goals.

UNICEF facilitated the promotion and planning of the five-year 'Polio-Plus' projects of Rotary International in Africa, Asia and the Middle East. The International Council of Nurses declared immunization as the theme for the International Nurses Day 1986, and UNICEF is preparing an information and action kit for use by national affiliates of the Council. UNICEF collaboration with the League of Red Cross Societies has continued through the 'Child Alive' programme focusing on diarrhoea management using oral rehydration therapy, breast-feeding, proper weaning and sanitary practices.

The International Planned Parenthood Federation is incorporating child survival measures into its family planning service strategy and training of family planning workers, while the Association of Non-Government Organizations in Chile has implemented a 'Youth-to-Child' programme in that country, training young people to become health educators and advocates for child survival and involving them in service delivery in association with UNICEF.

UNICEF has worked closely with the World Organization of Scout Movements and the World Association of Girl Guides and Girl Scouts to plan a joint 'Child Health' programme in Bangladesh, Burkina Faso, Egypt, India, Nepal, Peru, Senegal, Togo and Uganda. The programme will train scouts and guides to promote child survival measures, provide basic health and nutrition education and carry out simple health surveillance activities among vulnerable groups.

UNICEF assisted the Global Committee of Parliamentarians on Population and Development in planning the All-African Conference on Population and Development (Zimbabwe, May 1986). Also, UNICEF supported a preparatory workshop for English-speaking parliamentarians in Nairobi and participated in a meeting of Caribbean parliamentarians on population, employment and adolescent fertility.

UNICEF participated fully in the NGO Forum held in conjunction with the UN Conference on Women in Nairobi. Following up on this, UNICEF supported a regional conference in Indonesia sponsored by the International Council of Women, focusing on women's role in primary health care with particular reference to child survival interventions.

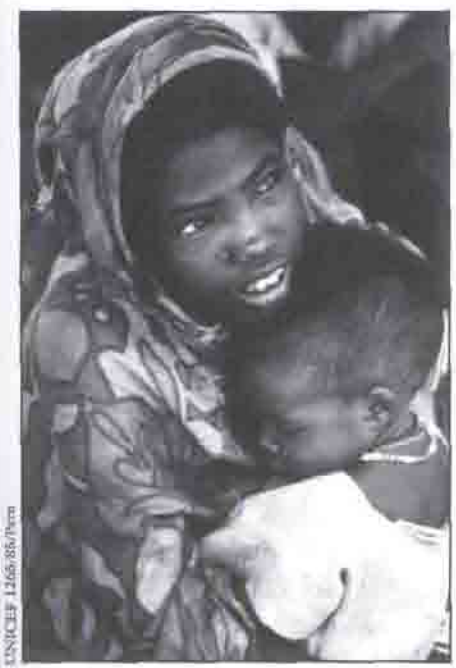
UNICEF continued its co-operation with specialized NGOs on the issues of 'Children in Especially Difficult Situations' and the draft Convention on the Rights of the Child.

In collaboration with the NGO Committee on UNICEF, a meeting of the NGO Forum was held in conjunction with the UNICEF Executive Board session in April 1985.

A major event of the year was the Peoples' Forum on Universal Child Immunization 1990 in celebration of the 40th anniversary of the United Nations. Organized by the NGO Committee on UNICEF, this brought together a number of heads of state, prime ministers, foreign ministers, celebrities and over 800 NGO representatives who signed a Declaration of Commitment of UCI 1990. This declaration is being circulated around the world for more signatures in support of a decisive global commitment.

To mark the 40th anniversary of UNICEF in 1986, work has started in close collaboration with NGOs on a number of events and continuing activities.

Preparations for publishing a monthly bulletin, *Action for Children*, on behalf of the NGO Committee on UNICEF, have been completed. □



UNICEF 12466/86/Pern

International Youth Year

UNICEF took an active part in the International Youth Year, 1985 with the thematic thrust: *Youth in Service to Children*. The year provided an occasion to review ongoing programmes involving youth and to stimulate new efforts in support of children. It also proved to be another channel for co-operation with government partners, non-government allies and the National Committees for UNICEF.

A few examples illustrate the IYY activity. Among the fields of interest to youth were literacy and non-formal learning situations, promotion of health and nutrition, population control and environmental protection and, not the least, child care.

The preferred approach of most National Committees for UNICEF is to focus on development education and North-South interchange, often in co-operation with national NGOs.

UNICEF has encouraged activities of this kind in Bangladesh, Burkina Faso, Ghana, Lesotho, Nepal, Nicaragua and the Sudan. At another level, UNICEF has facilitated active links between different countries, such as youth of West Germany and Colombia co-operating in communication for community work, the Scouts of the UK and Sri Lanka promoting rural water supply, and the school-to-school programme between Norway and Uganda.

UNICEF has found it productive to have direct contact with youth through NGOs (See NGOs above). □

Greeting Card Operation

The UNICEF Greeting Card Operation (GCO) serves the twin functions of advocacy and resource generation for the development of children. Since its beginning in 1950, a total of over two billion UNICEF cards have been mailed in 145 countries and more than US$203 million contributed to UNICEF's general resources. Other products such as calendars, stationery and paper products have been a significant source of revenue. In 1984, a sum of US$10.1 million was realized from sales through the global voluntary sales network of National Committees, UNICEF field offices and non-governmental organizations. This unique capacity to generate public support–ranging from contributions by artists and museums of reproduction rights for card designs to the sale of UNICEF products by volunteers in both industrialized and developing countries–resulted in GCO being one of the largest individual sources of UNICEF general resources.

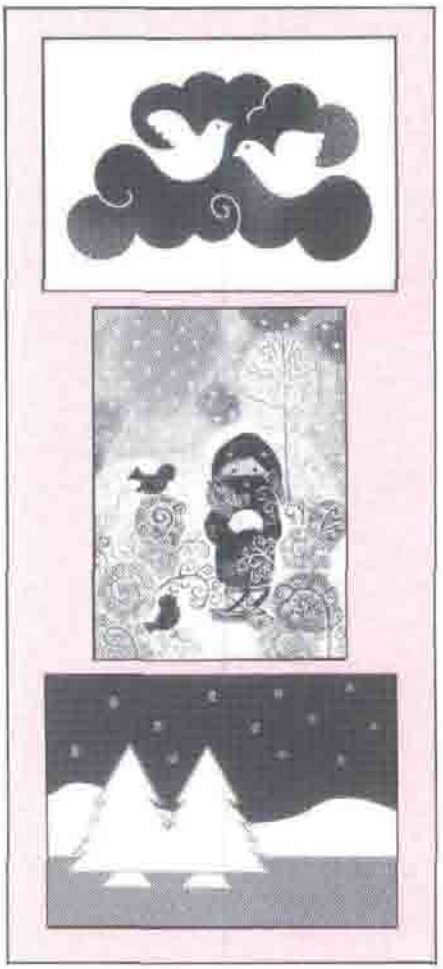
GCO, like any commercial enterprise, is affected by changing market conditions and requires operational autonomy to respond promptly to these changes. To strengthen the capacity of the operation, a GCO Board of Directors, chaired by UNICEF's Executive Director, was established in 1985 to review major trends and establish policies. This Board also reviews budgets, financial reports, sales performance, production plans and other major management issues. GCO-managed offices have been established in Brazil, Colombia, India, Japan, Mexico and Singapore, which serve as sales and distribution centres for important markets that do not yet have strong voluntary support networks.

Concurrently, an inter-regional sales development programme approved by the UNICEF Executive Board in 1984, was initiated in 1985 to develop and strengthen field sales organizations and volunteer networks in the USA and Latin America, as well as to expand sales activities in Asia. One of the marketing strategies in the USA for 1985 has resulted in the voluntary participation of major supermarket and retail store chains to sell UNICEF cards on a no-commission basis in over 2,800 stores nationwide. In support of this programme two television spots filmed on location in Africa aimed to increase public awareness of the UNICEF work for children were shown widely in the United States of America.

For the first time, a global workshop with participants from National Committees and other sales partners was held in Denmark, to discuss sales strategies with emphasis on increasing revenues.

As a contribution to the preparation of the 40th anniversary of UNICEF, GCO collaborated with the award-winning Czechoslovakian animator, Bretislav Pojar, to produce a 12-minute feature film on UNICEF's history.

As in previous years, the success of GCO in pursuing its mandate to raise funds and create awareness for the development of children has been due to the productive relationship with the National Committees and UNICEF's other partners. □



AGFUND

The Arab Gulf Programme for the United Nations Development Organizations (AGFUND) continued for the fifth year its world-wide support to the activities of the United Nations Development Agencies. On the basis of specific project allocations, a total of US$5,282,500 was recorded by UNICEF as income from AGFUND in 1985.

AGFUND has added the United Nations Relief and Works Agency (UNRWA) and the United Nations University (UNU) to the list of United Nations agencies to benefit from its financial assistance, bringing their number to ten: FAO, ILO, UNDP, UNEP, UNESCO, UNICEF, UNRWA, UN Trust Fund of the International Year of Disabled Persons, UNU and WHO.

UNICEF continued co-ordinating inter-agency information support to AGFUND. A third inter-agency meeting, hosted by FAO and attended by all ten agencies, was held in Rome on 27 September 1985. A decision was taken on joint action focusing media coverage on AGFUND-assisted projects in Africa.

AGFUND was established in April 1981 by Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates, on the initiative of HRH Prince Talal Bin Abdul Aziz, its president. □

Italian Aid Fund

In June 1985, the government of Italy and UNICEF agreed to be partners in jointly developing a programme to accelerate child survival and development, with emphasis on immunization and related activities in countries to be chosen from a group of 26 in Africa and 3 in Asia. Accordingly, programmes are being launched to start early in 1986. They will be financed up to 200 billion Italian lire (some US$110 million), from the newly established Fund for Italian Emergency Aid (FAI). □

Since 1950, over two billion UNICEF cards have been mailed.

Resources

Finances: income, commitments and expenditures 1985-1986

Income

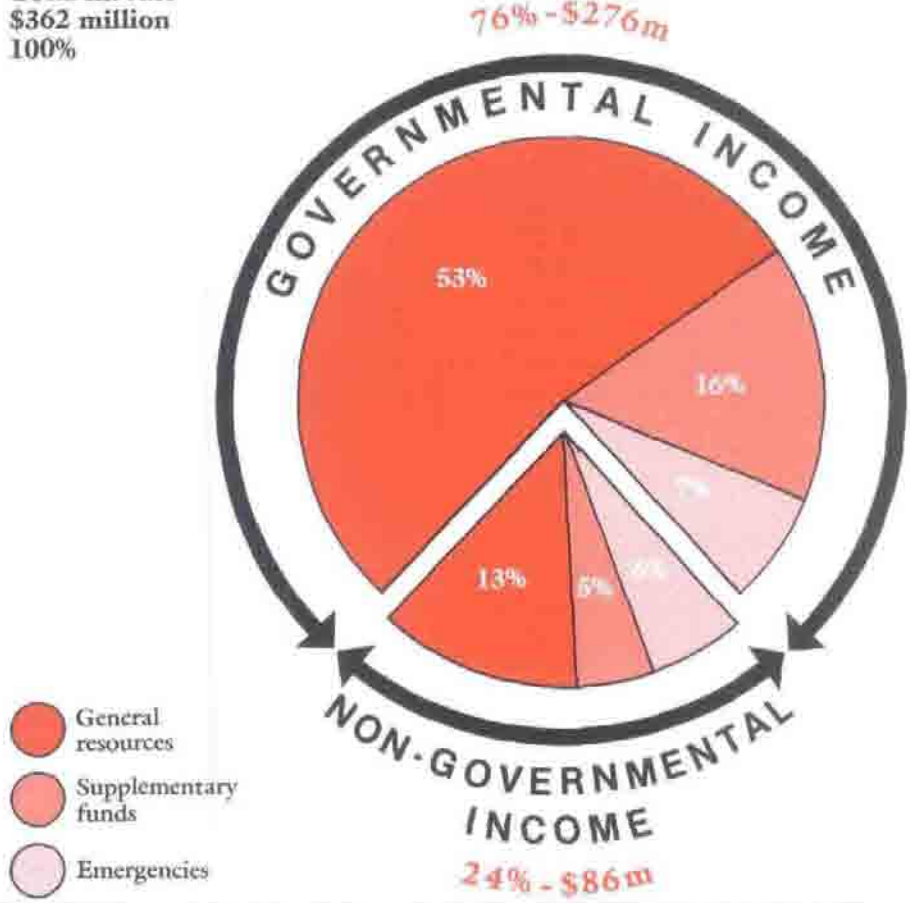
UNICEF's income is comprised of voluntary contributions from both governmental and non-governmental sources.

Total income in 1985 was US$362 million. This includes US$48 million of contributions for emergencies, mostly in response to the Africa Emergency Appeal. Income growth in 1985 over 1984 came mainly from the more favourable exchange rates and increases in contributions for the Africa Emergency.

In 1985, income from governments and inter-governmental organizations accounted for 76 per cent of UNICEF's total income; non-governmental in-

UNICEF Income 1985

Total income
$362 million
100%



come accounted for 24 per cent. The pie chart on page 45 shows the division between governmental and non-governmental income for 1985. The map on pages 48 to 49 shows individual governmental contributions by country for 1985; a list of non-governmental contributions by country appears on this page.

UNICEF's income is divided between contributions for general resources and contributions for supplementary funds and emergencies. General resources are the funds available to fulfill commitments for co-operation in country programmes approved by the Executive Board, and to meet programme support and administrative expenditures.

General resources include contributions from more than 120 governments; the net income from the Greeting Cards Operation; funds contributed by the public, mainly through National Committees; and other income.

Contributions are also sought by UNICEF from governments and intergovernmental 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.

As illustrated on the chart on this page, about 23 per cent of UNICEF's total income over the period 1984–1985 was contributed as supplementary funds for long-term projects and 12 per cent for emergencies.

Projects funded by supplementary funds contributions for long-term projects are normally prepared in the same way as those funded from general resources. Most are in countries classified by the United Nations as "least developed" or "most seriously affected".

As a result of pledges at the United Nations Pledging Conference for Development Activities in November 1985, and pledges made subsequently, UNICEF's income for general resources in 1986 is expected to total US$274 million. Some of the larger increases pledged in national currency so far are from Belgium, Canada, Denmark, Federal Republic of Germany, Finland, India, Italy, Norway, Sweden and Switzerland. Certain governments have yet to pledge.

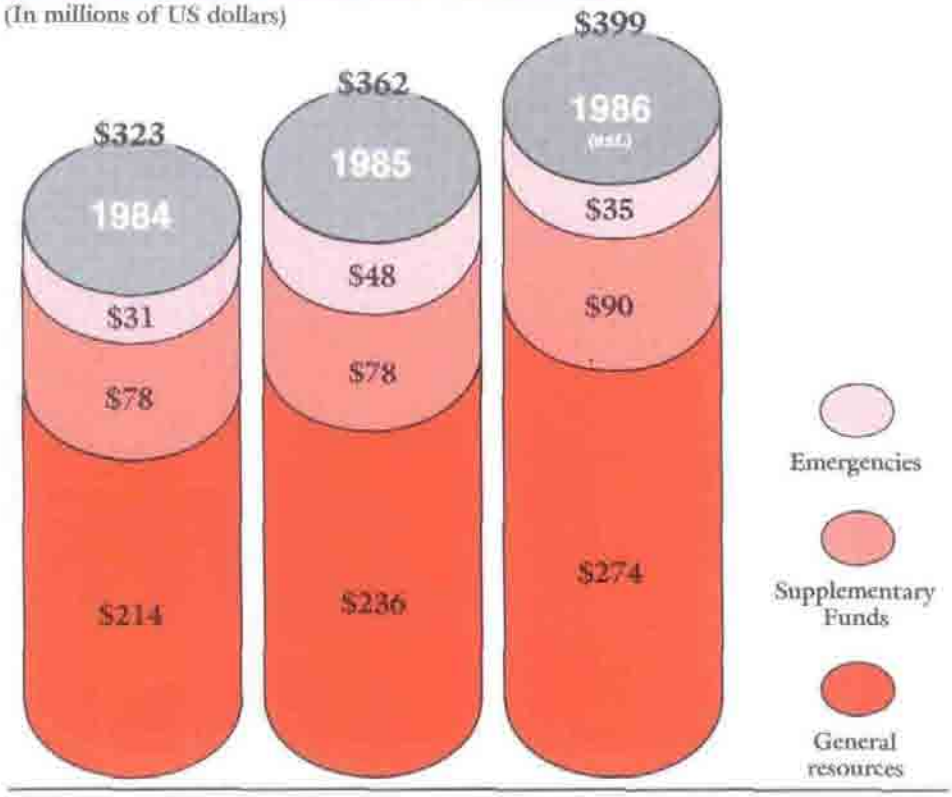
1985 non-governmental contributions

Countries where non-governmental contributions exceeded $10,000

Algeria	778.8	Ecuador	39.6
Angola	405.6	Egypt	50.3
Arab Gulf Fund	14.3	El Salvador	30.9
Argentina	189.4	Ethiopia	16.8
Australia	1,843.0	Finland	2,114.6
Austria	640.5	France	13,217.7
Bahrain	83.3	German Democratic Republic	71.6
Bangladesh	26.0	Germany, Federal Republic of	11,726.0
Belgium	1,671.9	Ghana	13.2
Bolivia	17.9	Greece	541.2
Brazil	614.7	Guatemala	41.0
Bulgaria	1,454.5	Honduras	13.2
Canada	12,171.4	Hungary	243.0
Chile	69.0	India	692.1
Colombia	187.7	Indonesia	165.1
Costa Rica	17.3	Iraq	817.5
Côte d'Ivoire, Republic of	20.8	Ireland	521.5
Cuba	53.0	Italy	1,622.6
Cyprus	110.7	Jamaica	18.7
Czechoslovakia	385.8	Japan	8,278.1
Denmark	730.7	Jordan	16.3
Dominican Republic	30.3		

UNICEF Income 1984-86

(In millions of US dollars)



Note: General resources figures are net of staff assessment

(in thousands of US dollars)

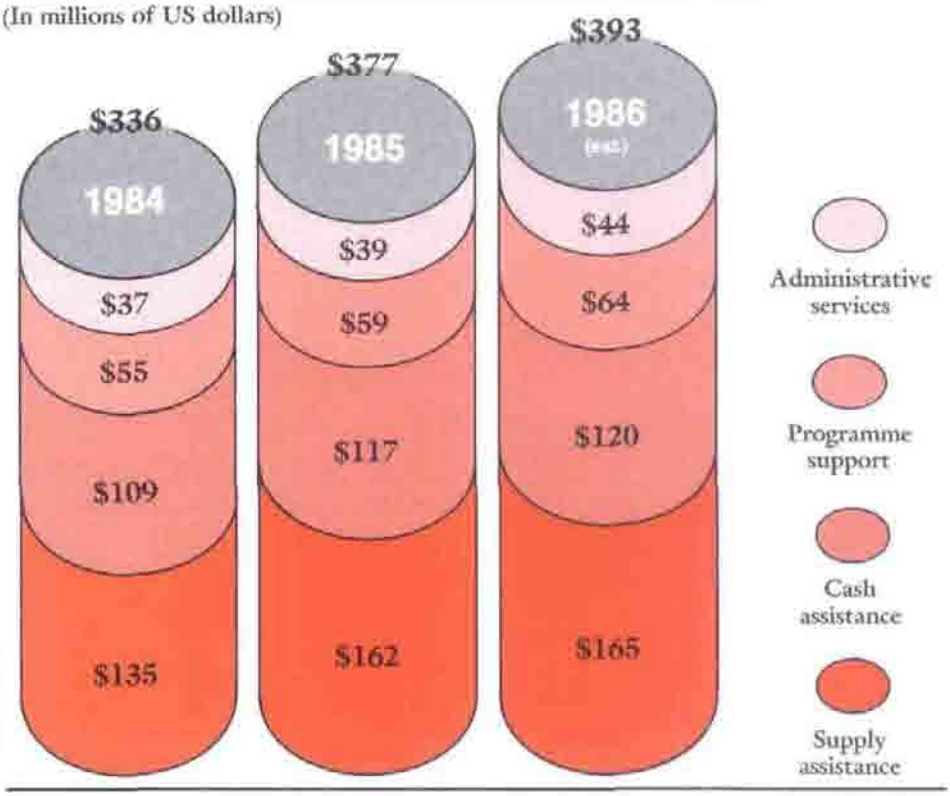
(figures include proceeds from greeting card sales)

Kenya	23.4
Korea, Republic of	62.3
Kuwait	30.5
Lebanon	10.8
Luxembourg	88.0
Mexico	104.8
Monaco	13.3
Morocco	41.5
Mozambique	150.4
Netherlands	5,543.5
New Zealand	137.3
Nigeria	80.2
Norway	597.2
Oman	20.4
Pakistan	121.8
Panama	13.4
Paraguay	26.7
Peru	99.4
Philippines	70.2
Poland	239.6
Portugal	116.7
Qatar	18.4
Romania	61.7
Saudi Arabia	203.1
Senegal	23.0
Somalia	11.8
Spain	1,972.3
Sri Lanka	23.2
Sudan	14.6
Sweden	1,113.1
Switzerland	4,553.8
Syrian Arab Rep.	43.1
Tanzania, United Republic of	112.4
Thailand	56.0
Trinidad & Tobago	275.0
Tunisia	31.6
Turkey	113.8
United Arab Emirates	148.4
United Kingdom of Great Britain and Northern Ireland	2,212.6
United States of America	16,013.1
Uruguay	51.5
Venezuela	36.8
Viet Nam	17.0
Yugoslavia	573.4
Zambia	31.1
Contributions from UN Staff	154.1
Contributions under $10,000	183.8
TOTAL	97,407.7
Less costs of Greeting Card Operations*	(27,590.7)
Net available for UNICEF assistance	69,817.0

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

UNICEF Expenditures 1984-86

(In millions of US dollars)



Note: Figures are net of staff assessment

Expenditures

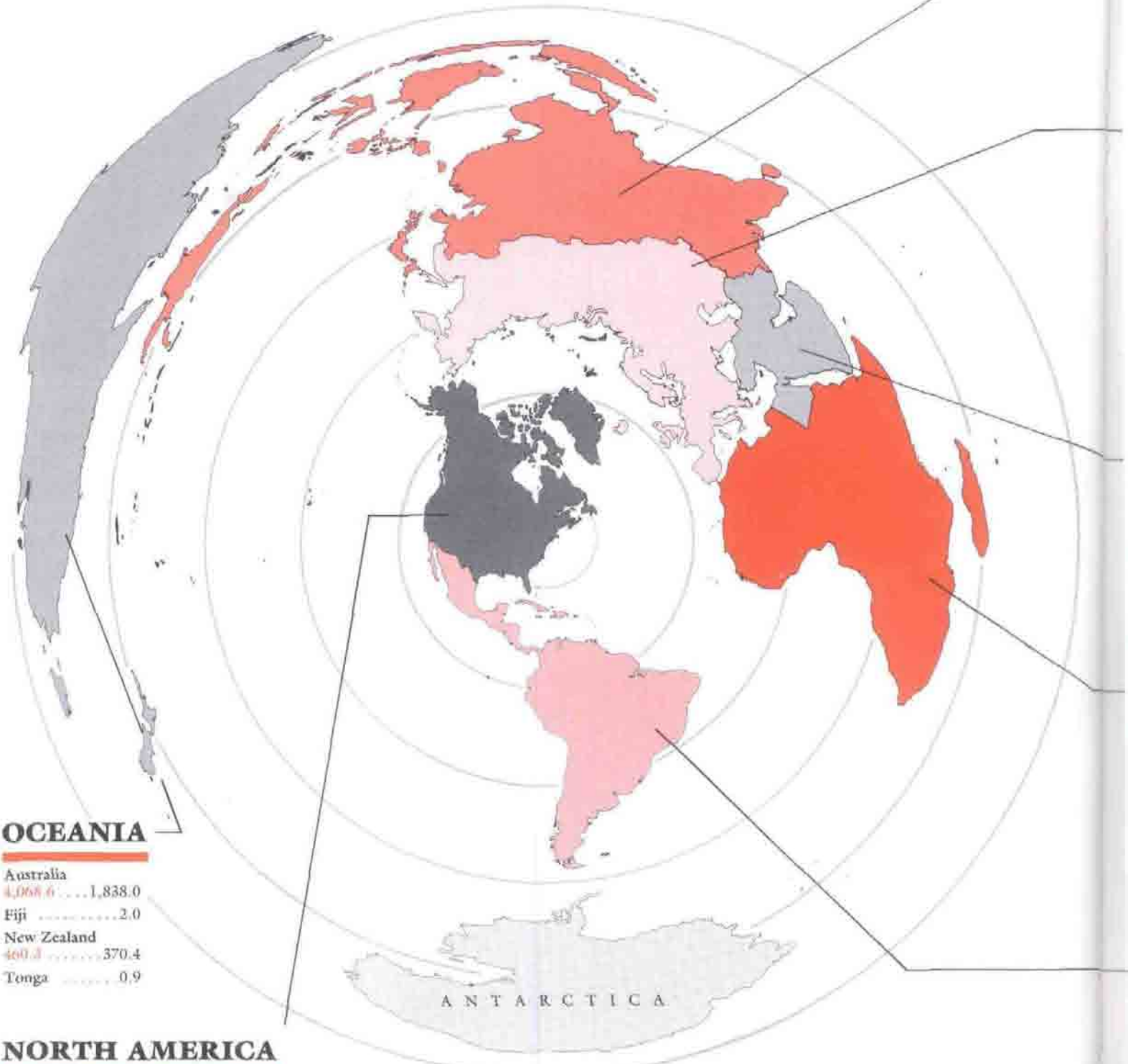
The Executive Director authorizes expenditures to fulfill commitments approved by the Board for programme assistance and for the budget. The pace of expenditure on a country programme depends on the speed of implementation in the country concerned.

In 1985, UNICEF's total expenditures amounted to US$377 million. Of this total, expenditures for programmes came to US$279 million: US$117 million in cash assistance for project personnel, training costs and other local expenses and US$162 million for supply assistance. The net cost of programme support services was US$59 million and US$39 million for administrative services.

The chart on this page shows expenditures on programme assistance for 1984 and 1985. The bar and pie charts on page 50 show programme expenditures by sector in 1981 and 1985, by amount and proportion respectively.

1985 governmental contributions (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.



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

OCEANIA

Australia
4,068.6 ... 1,838.0
Fiji 2.0
New Zealand
460.3 ..... 370.4
Tonga 0.9

NORTH AMERICA

Canada
5,579.5 ..... 9,725.1
United States of America
17,338.3 ..... 53,500.0

ASIA

Afghanistan 30.0	China 400.0	Japan 4,738.6 14,200.0	Malaysia 102.2	Pakistan 164.5	Viet Nam 6.0
Bangladesh 8.3	Hong Kong 14.6	Korea, Republic of 147.0	Maldives 3.0	Philippines 262.3	
Bhutan 4.2	India 1,797.2	Lao People's Democratic Republic 5.0	Mongolia 3.6	Sri Lanka 13.4	
Burma 181.7	Indonesia 300.0		Nepal 6.8	Thailand 154.7	

EUROPE

Austria 351.3 819.0	European Economic Community 14,114.0	Germany, Federal Republic of 1,870.7 4,716.5	Italy 16,584.7 17,492.7	Norway 4,989.3 16,415.7	Switzerland 4,488.7 5,012.5
B.S.S.R. 69.5	Finland 1,586.5 5,797.1	Greece 52.3 135.0	Liechtenstein 2.0	Poland 61.6	Ukrainian S.S.R. 139.1
Belgium 1,068.4	France 4.4 3,684.2	Holy See 1.0	Luxembourg 16.7	Romania 13.0	U.S.S.R. 750.9
Bulgaria 60.9	German Democratic Republic 412.9	Hungary 21.5	Malta 4.1	San Marino 3.1	United Kingdom 1,522.8 8,302.3
Czechoslovakia 82.6		Iceland 8.0	Monaco 3.4	Spain 435.7	
Denmark 2,575.4 5,146.4		Ireland 380.0	Netherlands 1,586.7 6,731.2	Sweden 4,912.6 22,500.0	Yugoslavia 306.0

MIDDLE EAST

Arab Gulf Fund 2,680.0 2,682.5	Democratic Yemen 7.0	Israel 50.0	Oman 50.0	Syrian Arab Republic 64.1	United Arab Emirates 984.9
Algeria 142.0	Egypt 82.2	Jordan 26.8	Opec Fund, The 250.0	Tunisia 36.3	Yemen 12.9
Bahrain 12.5	Iran 50.0	Kuwait 200.0	Qatar 200.0	Turkey 68.8	
		Lebanon 59.9	Saudi Arabia 1,000.0		

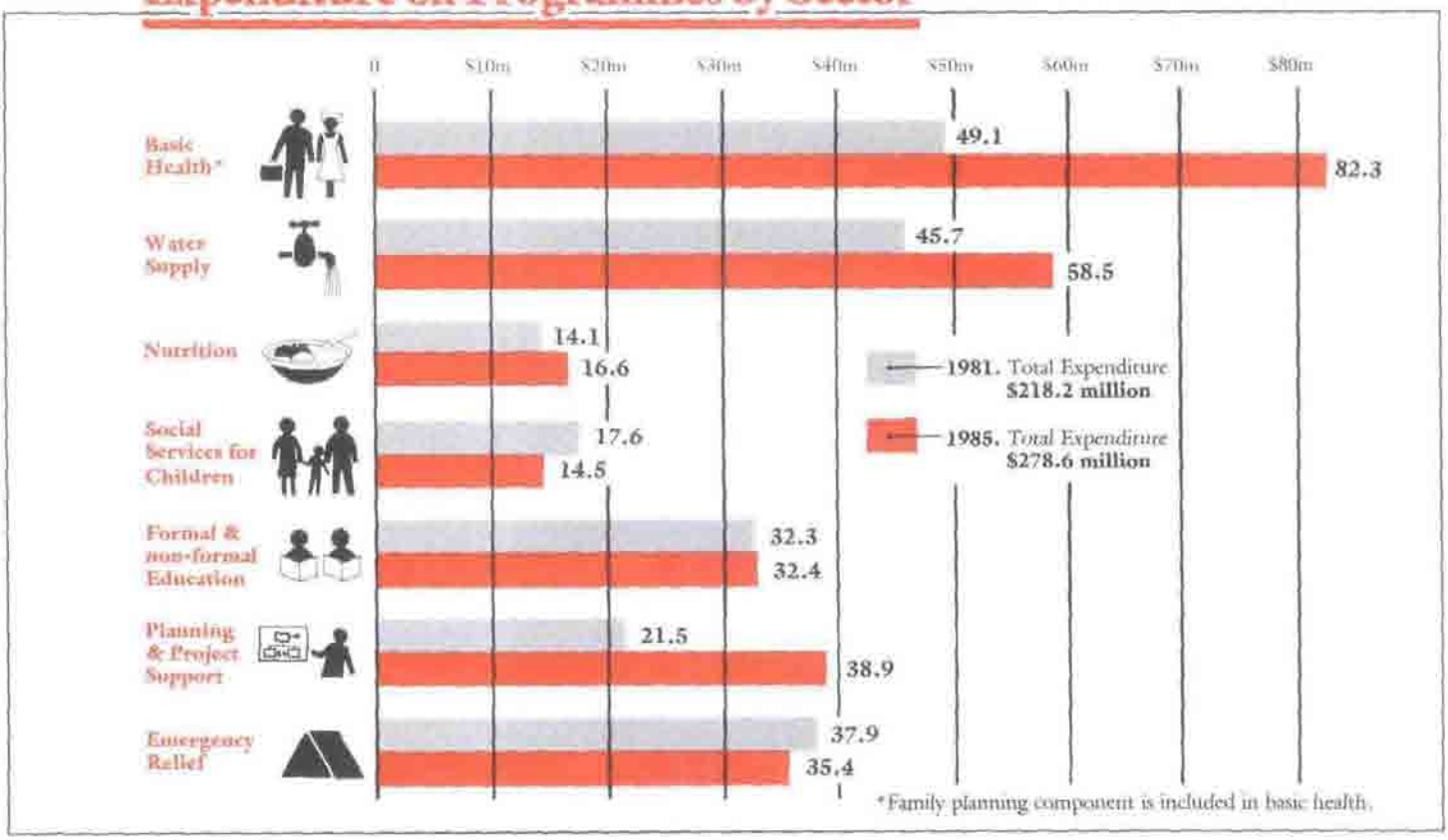
AFRICA

Angola 5.0	Cameroon, United Republic of 74.1	Djibouti 1.0	Mali 1.0	Senegal 6.0	Tanzania, United Republic of 21.1
Benin 7.5	Congo 14.6	Kenya 16.0	Mauritius 3.1	Sierra Leone 10.2	Uganda 3.4
Botswana 2.5	Côte d'Ivoire, Republic of 64.4	Lesotho 2.5	Nigeria 308.3	Sudan 25.0	Zambia 7.8
Burkina Faso 1.2		Madagascar 5.6	Rwanda 4.3	Swaziland 2.5	Zimbabwe 18.6
		Malawi 5.9			

LATIN AMERICA

Antigua 0.3	Brazil 44.6	Colombia 456.8	El Salvador 19.9	Jamaica 3.1	Saint Vincent and the Grenadines 0.8
Argentina 38.5	British Virgin Islands 0.2	Costa Rica 30.0	Guatemala 19.9	Mexico 102.4	Suriname 2.5
Bahamas 3.0	Chile 70.0	Cuba 116.5	Guyana 3.3	Panama 25.0	Venezuela 114.7
Barbados 1.3 3.0		Ecuador 25.4	Honduras 21.1	Peru 120.0	

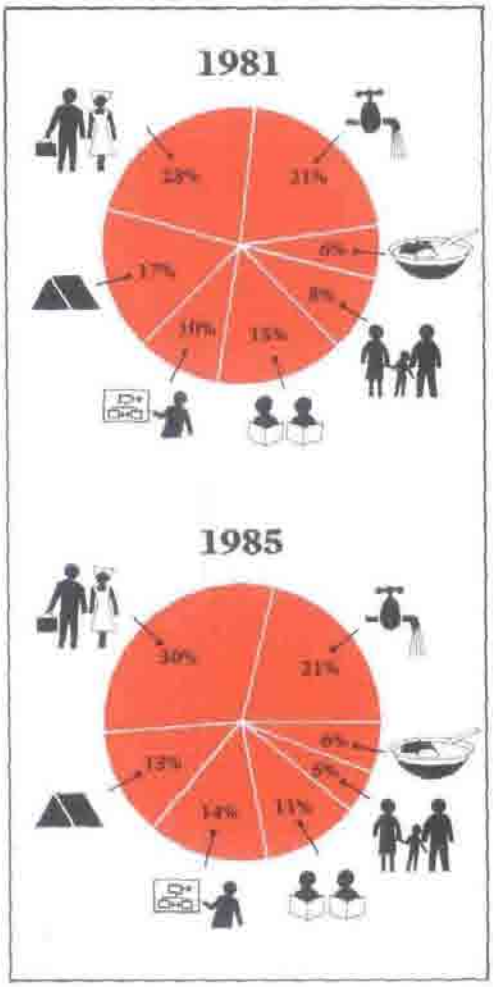
Expenditure on Programmes by Sector



Financial plan and prospects

UNICEF is striving to maintain the level of its resources in real terms at a time when support to multilateral agencies is falling below previous modest expectations. In this situation, UNICEF is endeavouring to persuade donor governments to maintain their social development assistance, and to increase the level of their contributions to UNICEF in real terms. UNICEF is also encouraging the non-governmental sector, through the National Committees and NGOs, to further expand their important contributions.

At the April 1986 session of the Executive Board, proposals for new or extended multi-year programme commitments in 23 countries will be submitted. UNICEF currently co-operates in programmes in 118 countries. The proposed new commitments total US$83 million from UNICEF's general resources and US$286 million for projects deemed worthy of support if supplementary funds are forthcoming.



Programme commitments from general resources for all the countries where UNICEF co-operates are shown on the map on pages 28-29. It also indicates countries for which commitments from general resources are being proposed at the 1986 Executive Board session.

A Medium Term Plan covering the years 1985-1989 will be submitted to the Executive Board at its April 1986 session.

The biennial budget 1986-1987

UNICEF is committed to finding cost-effective solutions to programme planning and delivery. Similarly, the organization continues to be committed to finding the most effective and efficient means for using budgetary resources to meet increasing and changing work requirements.

Accordingly, the 1986-1987 budget for programme support services and

administrative services at Headquarters in New York and Geneva, as well as in Copenhagen, Sydney and Tokyo, and in UNICEF's 87 field offices around the world, reflected a policy of consolidation, integration, and redeployment of budgetary resources to meet increasing and changing work requirements and to strengthen UNICEF capacity in the African regions. Planned net expenditures against the two-year budget amount to US$221 million: US$108 million for 1986 and US$113 million for 1987.

A policy of budgetary restraint and of no overall growth in professional staffing levels has been applied. Strengthening UNICEF capacity in Africa reflects the practical application forming UNICEF's response to the crisis in Africa. UNICEF has two established regional offices serving the sub-Saharan countries: the Central and West Africa Regional Office and the Eastern and Southern Africa Regional Office. The new strategy for improving capacity in Africa therefore was also characterized by increasing interregional and intercountry collaboration, thus considerably enhancing efforts throughout the continent.

The process of reallocating budgetary resources to countries with high infant mortality rates and weak UNICEF representation is to be continued. These priorities will be reflected in the 1988/89 budget, within the context of a continuing policy of budgetary restraint, designed to ensure that the rate of growth in budget costs does not exceed that of planned expenditure on programmes.

Liquidity provision

UNICEF works with countries to prepare programmes so that commitments can be approved by the Executive Board in advance of major expenditures on these programmes. UNICEF does not hold resources to cover the cost of these commitments, but depends on future income from general resources to cover expenditures. The organization does, however, maintain a liquidity provision to cover temporary imbalances between income received and spent, as well as to absorb differences between income and expenditure estimates.

The last few years have been characterized by a declining expectation of general resources income. UNICEF's attempts to maintain the level of programme assistance in real terms has led to a fall in liquidity. Although the liquidity provision has been adequate up to now the latest Medium Term Plan allows for its build up over the next few years so that programme assistance can be protected against future income uncertainties. □

Human resource management

During 1985 the development of a comprehensive human resource planning process was begun, concrete steps were taken to improve the status of women within UNICEF, the first Global Rotation Exercise was implemented and the personnel management information system was improved.

The development of overall human resource planning, designed to match requirements of jobs with the knowledge and skills of staff, was undertaken in order to link the development and allocation of human resources more closely with corporate objectives and programme priorities.

In April 1985, the Women's Task Force presented its recommendations for enhancing the status of women in UNICEF and facilitating the corporate commitment to having a third of the international core posts of the organization occupied by women. The Executive Director endorsed the recommendations or accepted them in principle. Since March 1985 the proportion of women in international core posts has increased from 24.8 per cent to 27.5 per cent. Among national professional officers the proportion of women increased over the same period from 26 to 30 per cent.

In May 1985, 118 staff members were involved in a Global Rotation Exercise. This was the first time that all rotatable staff and all available posts were considered at the same time.

In 1985, UNICEF maintained 87 field offices serving more than 110 countries, with 433 professional posts (international and national), and 1075 clerical and other general service staff posts. During the year, 220 professional and 345 general service staff posts were maintained in the headquarters locations of New York, Geneva, Copenhagen, Tokyo and Sydney. □

Information resource management

During 1985 a UNICEF task force on information resource management mapped out the organization's actual and ideal information flows and made recommendations, most of which were accepted by the Executive Director.

A new plan for Information Resources Management (IRM) has been proposed, based on an analysis of the existing processes relating to policies, planning, programmes, supply, finance, accounts, personnel, operations support, advocacy and the Greeting Cards Operation. It clarifies processes with categories of data and relates them productively to one another, so that usable information is generated.

All five headquarters offices and some 49 field offices have now been equipped with computers, with a good number of staff already trained in their use. Thus, a foundation for modernizing information management, using electronic data processing systems, has been established. □

Strengthening UNICEF's delivery capacity

By ensuring the swift distribution of supplies and equipment to developing countries, the Supply Division in New York (including the UNICEF Procurement and Assembly Centre (UNIPAC), which was recently consolidated in Copenhagen) assists UNICEF field offices in implementing programmes.

In 1985, deliveries to UNICEF programmes, governments, other United Nations agencies and NGOs amounted to US$172 million, a 14 per cent increase over 1984. More than US$55 million worth was shipped from the UNIPAC warehouse and US$34 million worth purchased locally in developing countries. Included in these figures is US$38 million for delivery of essential drugs and vaccines, a 57 per cent increase over 1984.

The composition of the UNIPAC inventory has been overhauled, in preparation for Universal Child Immunization by 1990 and in light of expected increased demand for items on the WHO Essential Drugs List.

These results have been achieved in spite of a reduction of 23 staff members. □

Swift distribution of supplies and equipment is ensured from the UNICEF Procurement and Assembly Centre (UNIPAC) in Copenhagen, Denmark.

UNICEF 011/82/Murray-Lee

UNICEF 1354/Alfi Foto

UNICEF 015/Murray-Lee

What UNICEF is and does

Mandate

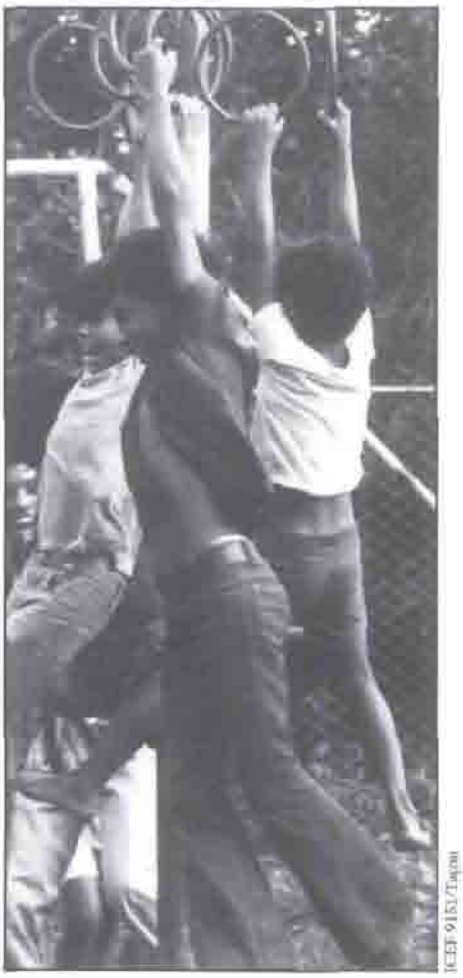
The UNICEF mandate is, in essence, the same as when it was originally given: to help protect the lives of children and promote their development. The greater their vulnerability the higher the priority.

At the very first session of the United Nations General Assembly a unanimous decision, on 11 December 1946, created UNICEF – then called the United Nations International Children's Emergency Fund. In the early years, the resources of the Fund were devoted mainly to meeting the emergency needs of children in post-war Europe and China for food, medicines and clothing. In December 1950, the General Assembly reformed the UNICEF mandate to respond to the silent yet desperate needs of countless numbers of children in developing countries. In October 1953, the General Assembly decided that UNICEF should continue the work as a permanent arm of the United Nations

Children: the greater their vulnerability the higher the priority to protect their lives and promote their development.

UNICEF 1109/Judd Gray

UNICEF 0636/Murray-Lee



ICEF 9151/Taqou

system. It would be called the 'United Nations Children's Fund', but retain the well-known UNICEF acronym.

Outgrowing the distinction between humanitarian and development objectives, UNICEF began to reach out to under-developed countries in projects primarily concerned, in an interrelated manner, with protective nutrition, primary health care and basic education of mothers and children, involving as much as possible people at the community level.

UNICEF co-operation evolved systematically to become part of national development efforts in keeping with the spirit of the General Assembly's 1959 Declaration of the Rights of the Child, which recognizes the intrinsic value of childhood as well as its potential to contribute to national progress. The Declaration emphasizes the child's right to maternal protection, health, adequate food, shelter and education, in a family and community environment conducive to the child's full development.

By the sixties, a global partnership for children of a kind and on a scale never before achieved was taking shape. The awarding of the Nobel Peace Prize to UNICEF in 1965 was recognition that the well-being of today's children is inseparable from the peace of tomorrow's world. At the same time, despite international assistance to child-related projects, the statistics of need were not diminishing. The UNICEF mandate called for programming to shift beyond sectoral projects, to engage the process of social and human development. UNICEF responded to this strategic need first with country programming and then with the community-based services approach.

The principles of the community-based services strategy find expression in UNICEF programmes of co-operation, and rather vividly in the concept of primary health care, jointly promoted by WHO and UNICEF through the international conference in Alma Alta, 1978. Relying on the capacity of local communities to be responsible for their own health care, with help from auxiliaries trained from among them, the concept of primary health care, in its essence, goes beyond the immediate concern of conventional health systems. It has received enthusiastic and increasing support, nationally and from the international community and remains a central plank of the UNICEF approach to 'basic services' for children and mothers.

The General Assembly proclaimed 1979 as the International Year of the Child (IYC) and made UNICEF the lead agency within the United Nations system co-ordinating support to IYC activities, most of which were undertaken at the national level. At the end of the year, the General Assembly gave UNICEF the primary responsibility within the United Nations system for IYC follow-up. UNICEF thus became responsible for drawing attention to needs and problems common to children in both the industrialized and the developing worlds. While extending UNICEF areas of concern, the new function did not diminish the Fund's overriding preoccupation with the problems of children in developing countries.

UNICEF is unique among the organizations of the United Nations in that its mandate is concerned with a particular age group-the holistic concern for the child–rather than with a sectoral involvement such as in health and education. UNICEF is distinctive in that, in the pursuit of its mandate, it depends on voluntary financing. UNICEF not only seeks government and public support for programmes of co-operation but also tries to stimulate public awareness of children's needs and the means to meet them by advocacy–with governments, civic leaders, educators and other professional and cultural groups, the media and local communities. For this reason, UNICEF greatly values its partnership with National Committees for UNICEF and its working relationship with non-governmental organizations in industrialized as well as developing countries.

Organization

An integral part of the United Nations system, UNICEF is semi-autonomous with its own governing body, the Executive Board, and a secretariat.

The Board is comprised of 41 members, elected on the basis of annual rotation for three-year terms by the Economic and Social Council with "due regard to geographical distribution and to the representation of the major contributing and recipient countries". The membership includes: nine African members, nine Asian, six Latin American, four East European, twelve West European and others. The 41st seat rotates among the regional groups.

The Board establishes UNICEF policies, reviews programmes and approves expenditures for UNICEF co-operation in the developing countries and for operational costs. Except for extraordinary sessions, the Board meets for two weeks each year; it constitutes itself as a Programme Committee to consider programme recommendations and as a Committee on Administration and Finance for operational matters. Executive Board reports are reviewed by the Economic and Social Council and the General Assembly.

The Executive Director, who is responsible for the administration of UNICEF, is appointed in consultation with the Board by the United Nations Secretary-General. Since January 1980, the Executive Director has been Mr. James P. Grant.

UNICEF field offices are the key operational units for advocacy, advisory services, programming and logistics. Under the overall responsibility of the UNICEF Representative for the country, programme officers help relevant ministries and institutions to prepare, implement and evaluate programmes in which UNICEF is co-operating. Regional offices in Abidjan, Amman, Bangkok, Bogota, Nairobi and New Delhi provide and co-ordinate specialized support for these programmes.

The functions of Headquarters offices in New York, Geneva, Copenhagen, Tokyo and Sydney are to: service the Executive Board; develop and direct policy; manage resources–financial, personnel and information; audit operations; disseminate information; and maintain relations with donor governments, non-governmental organizations and National Committees for UNICEF.

Although directed from New York, most of UNICEF's supply operations are located in Copenhagen at the UNICEF Procurement and Assembly Centre (UNIPAC).

The Greeting Card Operation, managed from New York, raises funds through the sale of UNICEF greeting cards, calendars and stationery, which

are also a channel for advocacy on behalf of children.

Strategy

The parent, particularly the mother, is the child's first and most dependable line of defense. The next is the local community. UNICEF advocacy as well as co-operation seeks to focus particularly on services based in the community itself, planned and supported by—and responsible to—the people of that community.

The villagers, or residents of the urban neighbourhood, choose from among themselves, people who could be 'community workers'. After brief practical training, the workers return to their communities to organize basic services and to help their neighbours learn new ways of doing things. The community supports them and participates in the activities.

To be effective over time, community workers must become part of a 'system', linked to and supported by the network of government services. These services need to be reoriented to enable, support and extend their reach to unserved and underserved communities. Linking with the community workers, for example, needs to be strengthened to support those efforts with direction, refresher training, technical supervision, technical and logistical assistance and referral services.

From the outset community involvement in identifying needs, deciding priorities, planning the sequence of activities and choosing community workers for initial and refresher training as well as in monitoring progress, is the key to organizing and sustaining essential services in poor rural or urban communities.

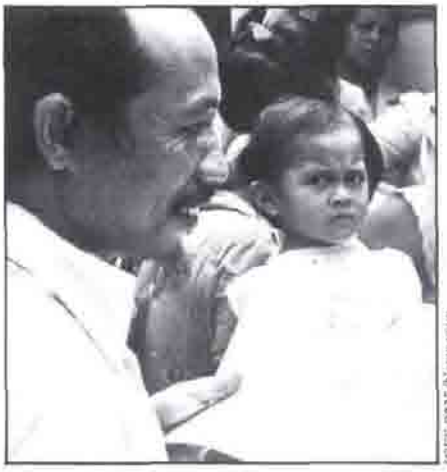
The strategy has worked and is working in numerous communities, even among large populations. Extending the effort to the national scale requires the full commitment of the national government.

The strategic focus on community-based services has particular relevance for the most cost-effective and practicable means of saving children's lives and protecting their health and development. UNICEF believes it possible to reduce the rate of infant and young child death, disability and disease by at least half within a decade through the growth of community-based services and the spread of community workers, paid or voluntary, who make these services work.

While there is no single model for developing community-based services, which must address local needs and fit local circumstances, several common priorities and possibilities have been identified worldwide: reversing declining trends in breast-feeding, improving weaning practices, monitoring growth to detect malnutrition and to intervene before it becomes serious, universal use of oral rehydration to replace body fluids lost during diarrhoea, and universal immunization of children against six major diseases. Success in each of these possibilities depends absolutely on the involvement of parents and communities—no less than for organizing basic educational services, primary health care, safe water supply and sanitation, family planning services or simple technologies to lighten the daily tasks of women and girls. Mutually supportive, the community-based services work far more effectively together than piecemeal.

Under this community self-help approach, the role of government and non-governmental organizations, as well as of external co-operation, is to encourage community initiatives to help meet children's needs, to strengthen technical and administrative support for family and community efforts, and to match community initiative and effort by funding appropriate technical help, supplies and training.

The strategy derives its logic from developing country experience. The conventional pattern for expanding



ICEF 9235/Natnagan

ICEF 9235A/Natnagan

UNICEF 1158/84/Murray-Lee

The parents and the local community are the child's most dependable line of defence.

services which benefit and protect children is a gradual spreading outwards of the social development process from the centres of economic growth to the periphery, in keeping with – and paid for by – economic growth. In most developing countries, that model is unlikely to work for the majority of the population in the foreseeable future. And the needs of children do not brook delay. The alternative is to centre the development process on the community and the family, through services maintained by the community.

Partners

Developing Countries

UNICEF co-operation is worked out with the government of the country which administers and is responsible for the programme, either directly or through designated organizations. Relatively greater support is given to programmes benefiting children in the least developed countries. In apportioning limited UNICEF resources among countries, the infant mortality rate (IMR) is one of the principal determinants of the extent of assistance.

UNICEF endeavours to suit its co-operation to the cultural, social, geographic and administrative structure of the country or area as well as to its development goals. Typical examples of programme co-operation are community-level services benefiting children and the family, including education, health, nutrition, water supply, sanitation and improvement in the situation of women. Co-operation extends to development of policy through advisory services or inter-country exchange of experience, support for training and communication, orientation of national personnel for community-level work and procurement and delivery of supplies and equipment.

The channels of co-operation cover a range of sectoral ministries. Inter-ministerial co-ordination and a cross-disciplinary approach are essential for successful co-operation, because at the community level the problems to be addressed are often a combination of factors spanning the technical competence of several ministries. Efforts in one sector may fail without corresponding efforts in others. Narrow sectoral perspectives, moreover, may obscure the need at community level to match the technical strength of programming with social support.

National Committees

The 'National Committees for UNICEF', organized mostly in industrialized countries, play a crucial role in generating a deeper understanding of the needs of children in developing countries and of the work of UNICEF. The committees, of which there are presently 33, are concerned with increasing support for UNICEF, financially – through fund-raising activities and the sale of greeting cards, for which the committees are the main sales agents – and otherwise through advocacy, education and information. The committees have proved themselves an effective organizational mechanism for mobilizing moral and political as well as financial support for child-related development issues through their networks of committee volunteers, study tours of developing countries by groups of committee members, and collaboration with the 'Goodwill Ambassadors' of UNICEF.

Non-governmental organizations

UNICEF has always worked closely with the voluntary sector. Many of the international non-governmental organizations: professional, development assistance, service, religious, business and labour among others, have become working partners of UNICEF, by providing channels for targeted advocacy, by raising funds and by engaging directly in programmes. Relations at the global level promote, and are in turn helped by, interaction in the field in pursuit of shared aims.

At the national and local levels, the role of non-governmental organizations in programmes benefiting children has been increasing through their emphasis on community-based services and people's participation in them. Many of them are free and flexible enough to respond to community-level needs and are active in places where services are either inadequate or

UNICEF is one of the largest sources of co-operation in national services and programmes benefiting the developing world's children

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non-existent. They work directly with local communities and provide a two-way channel between the community and the government for communication and resource transfer.

In certain situations, non-governmental organizations are designated by governments to carry out part of the programmes in which UNICEF is co-operating. Because of their access and flexibility, they can test innovative projects which often provide a springboard for expansion or adaptation. They also provide UNICEF with information, opinions and recommendations in fields where they have special competence. For example, a special study on childhood disability undertaken by Rehabilitation International has resulted in a continuing partnership between the two organizations reinforcing the efforts of both.

United Nations Agencies

UNICEF is part of the pattern of co-operative relationships linking the various development organizations of the United Nations system, as well as bilateral aid agencies and non-governmental organizations. Financed from several sources and drawing on a variety of technical and operating skills to strengthen the effectiveness of a programme, the linkages also help to make the most of the funds at the disposal of UNICEF. While the financial contribution may be modest, its effect is frequently catalytic, stimulating effort on a larger scale by testing and proving an approach, thereby triggering substantial new investment from other sources.

The inter-disciplinary nature of UNICEF programming calls for close collaboration within the United Nations system in much the same way as it demands close inter-ministerial co-ordination within a government. This collaboration ranges from country-level sharing of expertise to systematic exchanges on policies and experience. These exchanges occur through the machinery of the Administrative Committee on Coordination (ACC), as well as through periodic inter-secretariat consultations.

Such meetings regularly take place, for example, with the World Health Organization (WHO), United Nations Development Programme (UNDP), Food and Agriculture Organization (FAO), World Food Programme (WFP), and the United Nations Educational, Scientific and Cultural Organization (UNESCO). Agencies also discuss common concerns in the Consultative Committee on Programmes and Policies for Children.

UNICEF does not duplicate services available from the specialized agencies of the United Nations, but benefits from their technical advice – most notably from WHO but also FAO, UNESCO and the International Labour Organisation (ILO). Institutional mechanisms for such collaboration exist: for example, the joint UNICEF/WHO Committee on Health Policy which meets annually to advise on policies of co-operation in health programmes and undertakes periodic reviews.

UNICEF co-operates in country programmes with other funding agencies of the United Nations system, such as the World Bank, the United Nations Fund for Population Activities (UNFPA) and the World Food Programme (WFP). The Fund also works with regional development banks and regional economic and social commissions on policies and programmes benefiting children.

When disasters strike, UNICEF works with the office of the United Nations Disaster Relief Coordinator (UNDRO), WFP, UNDP, the United Nations High Commissioner for Refugees (UNHCR) and other agencies of the United Nations system, as well as with the Red Cross and Red Crescent Societies at the international and national levels.

UNICEF Representatives in the field work with the UNDP Resident Representatives, most of whom are designated by the Secretary-General as resident co-ordinator of development activities.

Funding

All UNICEF income comes from voluntary contributions – from governments, inter-government agencies, non-governmental organizations and individuals. Most contributions are for UNICEF general resources. Others may be earmarked for supplementary projects approved, or 'noted' by the Board, or for emergency relief and rehabilitation.

The Executive Director authorizes expenditures to fulfill commitments approved by the Board for programme assistance and for the administrative budget. For a country programme, the approved expenditure is reflected in periodic agreements between the government and UNICEF.

While most of the funding is contributed by governments, UNICEF is not a 'membership' organization with an 'assessed' budget. Nevertheless, almost all countries, industrialized and developing, make annual contributions, which together account for some three-quarters of the UNICEF income.

Individuals and organizations around the world are also an important source of funding, and they represent for UNICEF a value far greater than the sum of their contributions. As the 'people to people' arm of the United Nations, UNICEF enjoys a unique relationship with private organizations and the general public worldwide. Material support from the public comes through the buying of greeting cards, individual contributions, the proceeds from benefit events (ranging from concerts to football matches), grants from organizations and institutions, and collections by school children. Such fund-raising efforts often are sponsored by the National Committees. UNICEF is continuously seeking to increase funding both from traditional donors and other potential sources.

Its modest financial resources notwithstanding, UNICEF is one of the largest sources of co-operation in national services and programmes benefiting the developing world's children. Direct fund-raising, however, is only part of the larger objective of encouraging a greater share of national and international resources to be directed to services for children in these countries. In this sense, the long-standing and well-established fund of public goodwill and support in the industrialized world constitutes a resource for advocacy and policy development more valuable than any financial importance it has or may attain. □

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P.O. Box 2-154, Bangkok 10200, Thailand

UNICEF Geneva Headquarters
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P. O. Box 811721
Amman, Jordan

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73 Lodi Estate, New Delhi 110003, India

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G.P.O. Box 4045,
Sydney, N.S.W. 2001, Australia

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c/o United Nations Information Centre, 22nd floor
Sun Aoyama Building Nishikan
1-1, Minami-Aoyama 1-Chome
Minato-Ku, Tokyo 107
Japan

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156 Castlereagh Street
AUS-Sydney N.S.W. 2000

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

Belgium: Belgian Committee for UNICEF
1, rue Joseph II-Bolte 9
B-1040 Brussels

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

Canada: Canadian UNICEF Committee
443, Mount Pleasant Road
CDN-Toronto, Ontario M4S 2L8

Czechoslovakia: Czechoslovak Committee for Co-operation with UNICEF
c/o Ministry of Foreign Affairs
Loretánské nám. 5
CS-110 000 Prague 1

Denmark: Danish Committee for UNICEF
Blegdvej, 8
Frihavnen
DK-2100 Copenhagen 0

Federal Republic of Germany: German Committee for UNICEF
Steinfelder Gasse 9
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Finland: Finnish Committee for UNICEF
Pieni Roobertinkatu 11
SF-00130 Helsinki 13

France: French Committee for UNICEF
35, rue Félicien-David
F-75781 Paris Cedex 16

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

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

Hungary: Hungarian National Committee for UNICEF
Szechenyi Rakpart, 6
H-1054 Budapest 5

Ireland: Irish National Committee for UNICEF
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IL-93105 Jerusalem

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I-00144 Rome

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J-Tokyo 106

Luxembourg: Luxembourg Committee for UNICEF
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Portugal: Portuguese Committee for UNICEF
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Romania: Romanian National Committee for UNICEF
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San Marino: National Commission for UNICEF of San Marino
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Spain: Spanish Committee for UNICEF
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CH-8021 Zürich 1

Tunisia: Tunisian Committee for UNICEF
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Turkey: Turkish National Committee for UNICEF
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55 Lincolns Inn Fields
GB-London WC2A 3NB

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331 East 38th Street
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Storagerdi, 30
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U.S.S.R.: Alliance of Red Cross and Red Crescent Societies and the Obshchestv Krasnogo Kresta i Krasnogo Polumesyatsa
1, Chkeremushkinskii Proezd, 5
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1986

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United Nations Children's Fund

UNICEF Annual Report 1986

Supplement

THE APRIL 1986 EXECUTIVE BOARD SESSION

UNICEF's Executive Board

1 August 1985 to 31 July 1986

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Mr. Anwarul Karim Chowdhury (Bangladesh)

Chairman (Programme Committee):
Mr. Gabriel Restrepo (Colombia)

Chairman (Committee on Administration and Finance):
Mrs. A. P. Maruping (Lesotho)

First Vice-Chairman:
Mr. Gaetano Zucconi (Italy)

Second Vice-Chairman:
Ms. Poliana Cristescu (Romania)

Third Vice-Chairman:
H. E. Mr. Berhanu Dinka (Ethiopia)

Fourth Vice-Chairman:
Mr. Hector Terry Molinert (Cuba)

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Australia	*Cuba*	*Italy*	*Tunisia*
Bangladesh	*Denmark*	*Japan*	*Union of Soviet*
Belgium	*Djibouti*	*Lesotho*	*Socialist Republics*
Benin	*Ethiopia*	*Mali*	*United Kingdom*
Bhutan	*Finland*	*Mexico*	*of Great Britain*
Brazil	*France*	*Netherlands*	*and Northern*
Bulgaria	*Gabon*	*Niger*	*Ireland*
Canada	*Germany,*	*Oman*	*United States*
Chile	*Federal*	*Pakistan*	*of America*
China	*Republic of*	*Romania*	*Venezuela*
Colombia	*India*	*Switzerland*	*Yugoslavia*

Further information about UNICEF and its work may be obtained from:

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UNICEF Regional Office for Central and West Africa
B.P. 443, Abidjan 04, Côte d'Ivoire

UNICEF Regional Office for the Americas
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UNICEF Regional Office for East Asia and Pakistan
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UNICEF Regional Office for the Middle East and North Africa
P. O. Box 811721, Amman, Jordan

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73 Lodi Estate, New Delhi 110003, India

UNICEF Office for Australia and New Zealand
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c/o United Nations Information Centre,
22nd floor, Shin Aoyama Building Nishikan
1-1, Minami-Aoyama 1-Chome Minato-Ku, Tokyo 107, Japan

Enter the Childr

The 1986 Executive Board, under the chairmanship of Mr. Anwarul K. Chowdhury of Bangladesh, opened with a performance by primary school children of the UNICEF fortieth anniversary song, which is in the form of a message from children to children everywhere.

Later, at the non-governmental organization (NGO) exhibition in the United Nations public lobby, the Executive Director, Mr. James P. Grant, received a sack containing US$237 in cents. The money had been raised, a cent at a time, by New York children, many of them from deprived backgrounds themselves. The collection had been organized by Tapori, the children's branch of the NEW/Fourth World Movement, an international organization which exists to build concern for the plight of others even less fortunate.

In his report to the Board (E/ICEF/1986/2), the Executive Director stated that the most disturbing feature of the world economy in 1984 and 1985 was the precarious economic situation of most countries in Africa. In the developing countries as a whole, 1985 was the sixth straight year of negative or negligible growth of income per capita.

Not only health, but also water supply, education and concerns of women are salient elements of most UNICEF country programmes. Immunization and oral rehydration therapy (ORT) programmes are designed as entry points for other primary health care (PHC) actions. Experience to date demonstrates that immunization coverage can be increased rapidly by accelerated programmes. Moreover, special immunization efforts can lead to the development of a positive programme momentum that encourages countries to invest significant resources in the further development of basic health services. The world-wide effort to achieve universal child immunization by 1990 (*UCI/1990*) not only saves millions of young lives, but also contributes to forging a new global consensus that recognizes that most current infant and young child deaths are preventable.

There was some alleviation of the "loud" emergency in Africa in 1985.

This was due to improved rainfall in some countries, surplus crops in several localities, massive international aid and critical actions by Governments and local communities. Nevertheless, an estimated 19 million people, mostly women and children, continue to suffer from widespread malnutrition, a slow-down in infant and child mortality reduction, food shortages, rising unemployment, the uprooting of families by large-scale population displacements and a serious decline in the most critically-affected countries.

In response, UNICEF has staked out a course for "adjustment with a human face", involving the protection of child nutrition and the restructuring of social sectors to make the best use of resources. It also means the cost-effective encouragement of family food production, income-generating activities for women and low-cost community action. The Deputy Executive Director (External Relations), Mr. V. Tarzie Vittachi, told the meeting that while maintaining and developing its working relations with Governments, UNICEF had been making alliances with an increasing number of private citizens and their institutions. He mentioned the goodwill ambassadors, NGOs, religious bodies, people's action groups, parliamentarians, professional associations, women's organizations, business corporations, journalists, popular artists and trade unions.

More than one million child deaths were avoided in 1985, through expanded immunization and ORT over the past three years. As these interventions emerge as the "twin engines" of child survival and development (CSD), they open up opportunities for a broader acceleration of PHC.

Even as attention focuses on GOBI (growth monitoring, ORT, breast-feeding and immunization) initiatives, UNICEF is maintaining and extending the thrust of its broad, ongoing programmes, with 21 per cent still devoted to water supply.

UNICEF has continued its efforts to accelerate implementation of CSD interventions, with particular emphasis on the twin goals of UCI/1990 and access and use of ORT in the treatment of diarrhoeal dehydration. They are short-term foci of attention which tend to "open the door" for more comprehensive and sustained improvement and do not obscure UNICEF's long-term commitment to and support for the broad range of basic services. Indeed, in terms of expenditure, water supply and sanitation remains the largest field of UNICEF activity. Support for education was also significant and UNICEF has taken new steps to strengthen support for women, especially in income-generating activities and agriculture.

"We began with children. That is, after all, where UNICEF begins. And, in this case, these children also represent where we hope to end: with children—bright, happy, alert, vibrant and joyful. We have no other goal."

James P. Grant, at Opening Ceremony.

The delegate from Mali noted that all African States had dedicated themselves to UCI/1990 and had demonstrated a desire to accelerate these efforts. Other delegates, including those from Bangladesh and China, hoped to achieve UCI by 1988, with China observing a "Child Vaccination Day" in 1986, with a goal of 85 per cent child immunization. India is seeking to achieve UCI/1990 as a "living memorial" to former Prime Minister Indira Gandhi.

A number of the largest donors described their increased support for accelerated immunization and other programmes. Some other delegates warned against the danger of "spearhead programmes", such as immunization, detracting from UNICEF's traditional basic services, such as water supply and sanitation, education, nutrition, women's projects and the need to establish strong national PHC systems in developing countries.

At the close of the general debate, Mr. Grant responded to the issue of whether recent attention to immunization represented a narrowing of UNICEF's focus.

He noted that this proper concern had been addressed fully in the medium-term work plan and that concern for this matter at the Executive Board had not come from the developing countries who were virtually all accelerating child survival measures while continuing other activities. International support to countries to help them achieve the 1990 goals for UCI and ORT also helped the broad agenda of child and maternal health and basic services to improve the developmental environment for children.

The Executive Director added: "I have also taken note of related issues raised regarding sustainability, infrastructure establishment and the importance of the PHC approach. These issues are critical points for our planning with governments in support of UCI and expanded awareness of ORT."

He noted that with the advent of the Child Survival and Development Revolution children's concerns were again receiving support in many countries from the highest leaders of States and from different walks of life. They were being transformed into social movements. Such national commitment and political will were the best insurance that programmes would be sustained.

The relationship between UNICEF and the World Health Organization (WHO) had been especially close from the outset, almost 40 years ago, the Senior Medical Liaison Officer of WHO, Dr. Karin Edstrom, told the Board.

WHO appreciated the innovative use by UNICEF of communication techniques for social mobilization but suggested that this has to be put into context. Once awakened to awareness

about the possibilities of doing something about their problems, communities had to be supported, not only in sustaining the immunization service but also in tackling other priorities.

Reference was made to joint efforts such as the continuing Joint Committee on Health Policy (JCHP) and the recent Parliamentarian's meeting in The Hague, sponsored by the two agencies together with the United Nations Fund for Population Activities (UNFPA).

In 1987, UNICEF and WHO, both through JCHP and at the regional level, will focus on an in-depth analysis of how their collaboration for PHC better takes into account the complimentarity of their mandates and activities.

JCHP meets every two years, and inter-secretariat meetings are held twice a year. Recently, contacts in relation to specific programmes and at regional and country level have grown considerably. Current collaboration between the two organizations focuses on the expanded programme on immunization (EPI), control of diarrhoeal dehydration (CDD), acute respiratory infections (ARI), maternal and neonatal care, malaria, nutrition, essential drugs, sanitation, and PHC information, education and communication. At the regional levels, memoranda of understanding were signed last year in the Africa, Latin America and Middle East regions.

Co-operation with the United Nations Educational, Scientific and Cultural Organization (UNESCO) has continued in the midst of severe budgetary constraints. UNESCO has maintained its level of resources devoted to areas of common concern with UNICEF such as early childhood education, basic education, adult literacy and health and nutrition education. "Indeed, when it comes to the education of women and girls, UNESCO's severely eroded budget contains a net increase in resources", the organization's speaker told the UNICEF Board.

The Chief of the UNESCO unit for co-operation with UNICEF and the World Food Programme (WFP), Mr. Dieter Ber Stecher, said that co-operation had been forced to confront new challenges which were linked to the course of educational development, to a better understanding of the role of education in the welfare of mothers and children and to the way education interacts with other developmental factors. Formal and non-formal education can be effectively combined to meet the learning needs of underserved and difficult to reach population groups, such as nomads. The need for interaction and mutual reinforcement between the education of children and their parents resulted in a project launched by UNICEF and UNESCO in six developing countries to attack the problem of universal primary education of children and adult literacy.

Several delegations had underscored the importance of female education, and expressed concern over deeply entrenched disparities in educational opportunity between women and men. Mr. Ber Stecher informed the meeting that UNESCO was paying a great deal of attention to the problem in its current programmes, and invited UNICEF to join hands in a common effort.

The Deputy Executive Director (External Relations) told the meeting that more and more involvement with the private sector was becoming a priority for UNICEF. He cited recent collaboration with the League of Red Cross and Red Crescent Societies in their "Child Alive" programme, with Rotary International in its polio eradication efforts and with the World Organization of Scout Movements in health and nutrition education. Collaboration policy was being pursued in the media as well, notably with the British Broadcasting Corporation (BBC) and with "Nova", a major science series in the United States. Both focused on the UNICEF child survival programme.

Mr. Gilbert Jaeger, Chairman of the Standing Group of National Committees for UNICEF, expressed satisfaction with the immunization and ORT programmes and the child survival focus adopted by UNICEF.

He was gratified by the attention paid to children in urban areas, since the rapid pace of urbanization in developing countries would require an increasing proportion of means and action. Children facing especially difficult circumstances were frequently in urban areas.

"While political will at the top is essential to successful outcomes, unless it is balanced by community will at the bottom, it can too easily turn into a series of authoritarian orders, which people merely follow, rather than an enabling, developmental thrust in which people initiate and lead."

Mary Racelis: Regional Director, Eastern and Southern Africa

President Betancur of Colombia Honoured

A special award was made to President Belisario Betancur of the Republic of Colombia for his outstanding efforts in the area of child survival.

Under his leadership, Colombia became in 1984 the first country ever to move, in only a brief, specific period of months, from having just a minority of its children protected against killing diseases, to coverage of a substantial majority. The achievement demonstrated, for the first time, the extraordinarily powerful capacity of social mobilization in immunization campaigns.

The same mobilization techniques had been used in Colombia for literacy campaigns and for basic services programmes, including health, child development and income-generating activities for women.

He deplored the fact that the draft convention on children's rights had been lagging behind in its elaboration, and appreciated UNICEF's increasing focus on that matter. The National Committees proposed to devote attention to the draft convention at their June 1986 meeting in Paris.

The fundraising efforts of the National Committees during the African crisis had enabled Committees to considerably increase their income, thereby increasing their contributions to general resources by US$22 million in 1985.

During the period of the Board, the Executive Director paid tribute to Dr. Gabriele Wülker, who retired as Chairperson of the National Committee for UNICEF of the Federal Republic of Germany (FRG) at the end of 1985 after 15 years of service.

He noted that Dr. Wülker had been a staunch supporter of UNICEF, who was dedicated and demanding in her insistence on the efficacity of programmes, the accuracy and relevance of information and the effectiveness of policies.

Mr. Grant said that he was happy that the FRG Committee had honoured her contribution by making her an honorary member, on permanent attachment, adding, "We look forward to benefiting from her continuing advice and counsel in the years to come".

During the Programme Committee, a total of 65 programme proposals, both regional and interregional, were reviewed, as summarized in the 1986 programme submission and estimates of future programme expenditures (E/ICEF/1986/P/L.1).

The Committee commended UNICEF for increased priority and support to Africa as manifested by higher expenditure levels, improved programming and strengthened capacity. Support was expressed for social mobilization, women's income generation and food production. However, the Committee questioned the insufficient involvement/support to education and social services, including birth spacing, the necessity for integration of EPI and UCI into a broader approach to PHC and the feasibility of UCI by 1990 in some African countries, especially its sustainability.

With regard to Latin America and the Caribbean, the Programme Committee noted the grave social impact of adjustment measures on the quality of life of the poorest and the most vulnerable.

For Asia, improved presentation of programme documents was noted, although suggestions were made for their standardization. Noting that many countries in the region exhibited high population growth rates, it was urged that birth spacing should form an element in the country programmes.

With regard to the Middle East and North Africa, the Programme Committee noted the commendable efforts being made to accelerate child immunization and improve data bases and situation analyses.

Throughout the general debate and also in its own proceedings, the Programme Committee again expressed a strong consensus for the integration of women in development activities and was of the view that the issue should be a subject for discussion at future sessions of the Executive Board.

The Board authorized new commitments from general resources for country programmes in the amount of US$84.5 million. These covered 23 country programmes: 10 in the Africa region; four in the Americas and Caribbean region; four in the Middle East and North Africa region; and five in the Asia region. This year, the two largest programmes are for Nigeria (US$31 million) and for the United Republic of Tanzania (US$24 million).

During the Committee on Administration and Finance, it was reconfirmed that general resources should remain the core of UNICEF income and that supplementary funds should be received from governments only if these governments already contributed generously to general resources.

The Committee also reviewed the report on "Staffing and human resource management in UNICEF" (E/ICEF/1986/AB/L.8). In response to points raised by various delegations about recruitment, it was pointed out that, wherever possible, vacant posts were filled by internal candidates, including project staff, junior professional officers and national officers. The secretariat reconfirmed the commitment to having 33 per cent of international professional posts filled by women by 1990.

Several delegations noted with satisfaction the increased efficiency and throughput of the supply operation in the first years following consolidation (E/ICEF/1986/AB/L.9).

"A major lesson of the UNICEF experience of 40 years is that the focus for the spectrum of services for children must be on the local community. The main means for effective service delivery is to mobilize the local community, empower them with knowledge to be self-reliant and to demand of the public service what is expected of it."

David P. Haxton: Regional Director, South Central Asia

In response to interventions by delegates, the secretariat noted that local procurement was supported wherever appropriate, including delivery from one developing country to another. Deliveries from the UNICEF Procurement and Assembly Centre (UNIPAC) are limited to those items that are required for kits and set-packing.

The Director of the Greeting Card Operation (GCO) told the Committee that the sales growth rate of 17 per cent projected for the period 1986/90 would come from extra activities to be initiated by National Committees and field offices (E/ICEF/1986/AB/L.5).

During the session, the Board adopted various recommendations and resolutions. These included a recommendation to allow for adequate in-depth discussions during Committee meetings by limiting delegates' interventions to 10 minutes and secretariat presentations to 15 minutes. A further expenditure of US$1,281,500 was authorized for the one-time installation costs at UNICEF House, in addition to the US$2 million approved in 1985.

A special resolution was passed marking UNICEF's 40th anniversary in which the Board called upon governments, organizations, institutions and individuals throughout the world to mobilize all necessary efforts to achieve a significant acceleration in CSD (E/ICEF/1986/AB/L.15). □

Policy reviews

Children in especially difficult circumstances

There was broad and strong consensus on the timeliness of the policy review undertaken on the subject of children in especially difficult circumstances. Concern was expressed at the growing numbers of such children, notably those in areas of armed conflict, those affected by natural disasters, children in exploitative work situations, street children and children subject to abuse and neglect (E/ICEF/1986/L.3, E/ICEF/1986/L.6, E/ICEF/1986/CRP.2, E/ICEF/1986/CRP.3, E/ICEF/1986/CRP.4).

The Deputy Executive Director (Programmes), Mr. Richard Jolly, told the Board that, according to rough estimates, as many as 20 per cent of children in developing countries are involved and the numbers are growing.

In addition to suffering the direct effect of armed conflicts children also suffered indirectly, and since 1945, civilian casualties in armed conflicts had escalated and affected mostly women and children. Fighting disrupted normal access to basic services and made it difficult for humanitarian assistance to get through.

Natural disasters had been exacerbated by environmental degradation. Disaster relief was part of a continuum, stretching from early warning to prevention and preparedness, to relief, to rehabilitation, to development. While it was felt that UNICEF should not get too involved in disaster relief, certain aspects concerned children very closely; in these, UNICEF co-operation was appropriate.

The numbers of working children and street children are increasing as part of the process of urbanization that is an inevitable accompaniment to development. Children have to work, and this is not necessarily bad. Traditionally, it has been an important part of their growth and socialization. What is bad is exploitation, including deprivation of time for schooling and for play, and types of work that do not prepare them for adult life. Experience, much of it by voluntary agencies, is already showing that it is possible to make improvements in the situation of these children.

The question of abused and neglected children was only just emerging into professional discussion. The National Committees for UNICEF, which had declared their interest in problems of children that spanned the industrialized and developing countries, were taking an interest in the matter.

The Board agreed that feasible preventive and rehabilitative measures were available at both the country and international levels to support physical, mental and social development of these children. Some of the measures included support to UNICEF-assisted programmes, social mobilization and collaboration with international agencies and concerned agencies within the United Nations system. The Board urged all countries to consider increasing resources contributed to UNICEF in order to expand programme activities for children in especially difficult circumstances.

The Executive Board requested that UNICEF should develop an implementation strategy with special attention to improved staff training and appropriate allocation of resources and staff time within the framework of its mandate to undertake activities relating to children in especially difficult circumstances. It was felt that this should be undertaken taking into account UNICEF's priorities and overall resource situation, and the need for UNICEF to concentrate mainly on advocacy and to rely primarily on Governments and voluntary agencies for implementation.

The Executive Board requested that activities undertaken by UNICEF in this area should be reported annually through the Executive Director's report. □

Medium-term P

Uncertain financial prospects continue to be a central issue for UNICEF in 1986 and 1987. The need for stringency comes at a time when increased resources are needed because of economic difficulties and emergencies affecting children and mothers. UNICEF has been reducing its projections for income growth while increasing its focus on child survival and development actions which offer very beneficial returns from relatively modest investments and seeking new forms of financial support such as through Sport Aid.

The medium-term plan for the period 1985-1989 (E/ICEF/1986/3) envisages an average annual growth in income of about five per cent in nominal terms and about one per cent in real terms. Real expenditure is planned to remain stable throughout the plan period. Income for 1986 is estimated at US$399 million and expenditure at US$393 million. For 1987, the projections are US$416 million for income and US$410 million for expenditure. This will bring general resources income and expenditure into better balance and improve liquidity.

The plan forecasts that by 1989 nominal annual income will rise to US$461 million and expenditure to US$454 million.

As approved by the Board, it provides the following four basic goals, which should guide UNICEF work and country programmes over the long term: to accelerate the reduction of infant and child mortality; to protect and, wherever possible, improve the situation and well-being of children through support for a broader range of child development actions; to help improve the situation, well-being and status of mothers and women; and to contribute to the slowing of population growth as part of the support for the above three goals.

As far as programme thrust is concerned, the plan notes that the country programme approach is fundamental to UNICEF development co-operation.

Priority will be given to those programmes which offer the prospect of achieving the most for children and mothers in need for modest cost through such means for social mobilization as increased use of radio and

television. The reduction of infant and child mortality is expected to remain the priority concern. This will involve the acceleration of child immunization, with the goal of achieving UCI by 1990 and the acceleration of the use of ORT in the treatment of diarrhoeal diseases. Other programme thrusts include the promotion of breast-feeding and sound weaning practices and the control of malaria.

Further concerns are control of iodine deficiency disorders, the alleviation of micro-nutrient deficiencies, such as vitamin A and iron, and the control of parasitic infections. Priority will also be given to the following activities: basic education; household water supply; household food security; improvement of the situation, role and status of women; strengthening monitoring and evaluation capacity; the promotion of adjustment policies "with a human face"; local-level development; protection of children in especially difficult circumstances; communication; and social mobilization.

As for regional strategies, Africa will remain a focus for the rest of the century. Country concern in the Americas and Caribbean region and in the Middle East and North Africa region will follow mainly global priorities. In Asia, UNICEF will concentrate on sustaining CSD activities and on strengthening PHC. Special attention will be paid to combatting iodine, vitamin A and iron deficiencies. □

Africa: Responding to Crisis

Total 1985 UNICEF programme expenditures in Africa increased by about 35 per cent over 1984, rising from US$78 million to US$106 million. From 1980 to 1985, UNICEF expenditure in Africa doubled (compared with a 37 per cent increase in global programme expenditures, excluding major rehabilitation). In 1985, Africa absorbed 38 per cent of UNICEF's total global programme expenditures (E/ICEF/1986/L.5).

The urgent need to respond – rapidly and effectively – to the African emergency and to implement expanded programmes necessitated a major increase in staff. UNICEF professional personnel in Africa in January 1986 increased by 136 over January 1984 (from 213 to 349); many were redeployed from UNICEF offices elsewhere in the world.

The primary CSD objective throughout Africa is the reduction of high infant and child mortality rates. This is being pursued through a number of projects, including EPI, to fight six childhood diseases, and through ORT efforts.

Africa is the only region in the world where the absolute number of infant and child deaths has risen over the last two decades. Total infant deaths in Africa rose from 2.1 million in 1955 to 2.7 million in 1982. For 1983, the total number of deaths among children under five years of age was 3.75 million. The drought has exacerbated this toll; it is estimated that about five million African children under five years of age may have perished in each of the past two years.

"The fundamental problem in Africa is not drought or even food scarcity, but poverty. It is the absence of purchasing power which explains why malnutrition is gaining ground in most countries of the region. Nevertheless, until development can resume, malnutrition of children and mothers remains a major problem to be tackled . . . Necessary efforts at restoring economic health run the risk of affecting social and human development. This is why the notion of 'adjustment with a human face' becomes so important."

Bertram A. Collins: Regional Director, West and Central Africa

In addition, man-made and natural disasters, particularly the drought, have forced more than four million Africans to become refugees, with an additional 10 million displaced within their own countries.

The general underdevelopment of Africa has been aggravated by economic decline, civil strife, unbalanced agricultural development and rampant population growth (at 2.7 per cent, the highest in the developing world). At the same time, food production per capita in comparison with the 1974–1976 figures dropped in the early 1980s by about seven per cent. Consequently, food imports have risen.

Not only does Africa have the lowest gross national product (GNP) per capita among the world's developing regions (US$320), but the rate of

Prince Talal of Saudi Arabia Receives Award

Prince Talal Bin Abdul Aziz Al Saud received a special award for his services to children, as Special Envoy of UNICEF from 1980 to 1984 and as President of the Arab Gulf Programme for the United Nations Development Organizations (AGFUND).

UNICEF Executive Board Chairman, Mr. Anwarul K. Chowdhury, said Prince Talal had established himself as one of the staunchest defenders of the interests of children everywhere and as one of UNICEF's most articulate advocates. Thanks to his support, UNICEF had been a major recipient of contributions from AGFUND.

The award followed the honouring of Prince Talal in 1985, when he was appointed as an honorary delegate to the UNICEF Executive Board.

growth has actually dropped by about 2.1 per cent annually between 1980 and 1983. Of the 40 African countries for which data exists, 35 have registered a decline in per capita income.

UNICEF strategy in emergency countries has focused on the restructuring of regular programmes to take into account the emergency situation. Wherever possible, emergency relief programmes have been broadened to form the basis of medium- and long-term development. Relief activities are now limited to countries where drought, accompanied by population displacement, continues and to countries affected by civil strife.

UNICEF requested policy-makers to bear in mind the impact of economic policies on the food, nutrition and health of the more vulnerable groups in African society. The request came in a Board resolution at the special session of the United Nations General Assembly on the critical situation in Africa. It stressed that measures aimed at ensuring a better future for children were an integral part of the development of human resources. □

Women's Development

During 1985, major programme implementation strategies were developed in response to women's concerns. One method was to incorporate these priorities into mainstream activities. A major approach was to examine how UNICEF could better meet these concerns through "hooking into" large-scale national projects to ensure a wider impact.

Another strategy involved women's role in production, especially in the context of household food security. This and income generation are strategies which are being successfully pursued in Africa.

Female education and literacy programmes are given prominence in all education projects where female illiteracy is high or where female enrolment in schools is low.

The enhancement of child health through CSD is of special significance for mothers since such improvement will contribute to reducing an already excessive workload and freeing them to participate more actively in development for themselves and their community. In focusing on adjustment policies "with a human face", UNICEF pays special attention to the health, nutritional status and development of women.

Following calls from a number of delegations for greater focus on women's concerns, the topic will be the subject of a major paper and debate at the 1987 Board session. □

Maurice Pate Memorial Award

This year the award, which commemorates UNICEF's first Executive Director, was made to the League of Red Cross and Red Crescent Societies for its "outstanding contribution to the health and survival of children".

In making the presentation to Mr. Hans Hoegh, the League's Secretary-General, the UNICEF Executive Board Chairman, Mr. Anwarul K. Chowdhury, praised the "Child Alive" programme of the League of Red Cross and Red Crescent Societies. Through its national societies, the League has developed programmes for diarrhoeal disease prevention and control, and for child immunization.

Mr. Chowdhury concluded, "UNICEF has been co-operating with the League in many programmes for a long time and looks forward to a continued, fruitful partnership between our two organizations".

NGO Forum

For the first time, the Non-Governmental Organization Forum met in joint session with the Executive Board.

The Forum, "Action for children: unfinished business", was divided into four working groups to consider the following topics:

(i) Healthy children: common goals, different approaches;
(ii) All work and no play;
(iii) Street children;
(iv) Children in armed conflicts and natural disasters.

The first group urged UNICEF to draw upon the experience of NGOs working for the empowerment of poor families. It suggested that programmes limited to preventive health care could not address the problems of the whole child. Greater male participation and support needed to be mobilized for programmes affecting maternal and child care.

The group dealing with child labour asked UNICEF to take a strong position on the elimination of all forms of extreme exploitation, such as bondage, labour, slavery, sexual exploitation and other illegal activities involving children. Research should be supported which could form the basis of preventive measures towards the elimination of the exploitation of child labour.

The third working group called for programmes that emphasize family reunification or the reintegration of street children into the community. The need for alternative educational models for street children, building upon their creativity, strength and values, was stressed.

The idea of "children as a zone of peace" was supported by the group examining the plight of children in emergencies. It suggested that UNICEF should have a role in the implementation of the *Convention of the Rights of the Child*, which is currently being drafted. The critical needs of children in armed conflict should be considered by UNICEF.

In his concluding remarks to the joint session, the Executive Director said that the Forum was a welcome introduction to the Board's policy discussions. □