


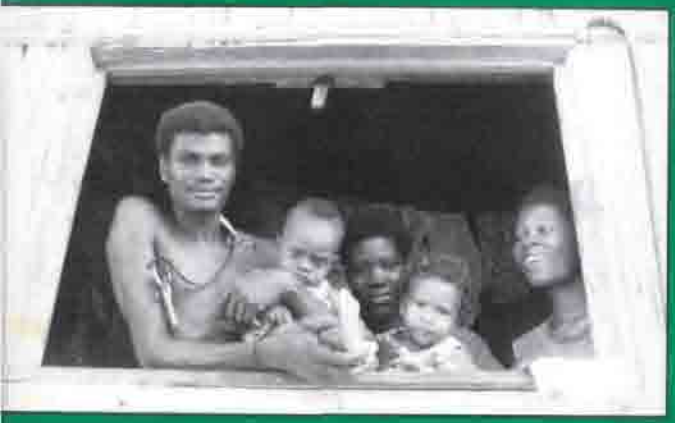

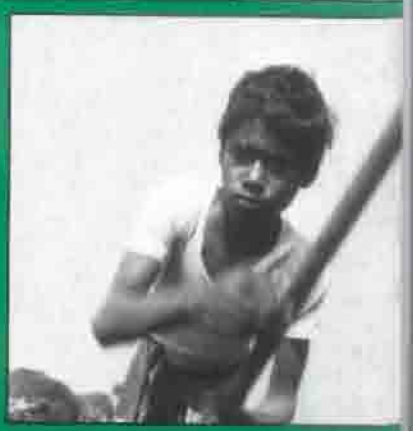


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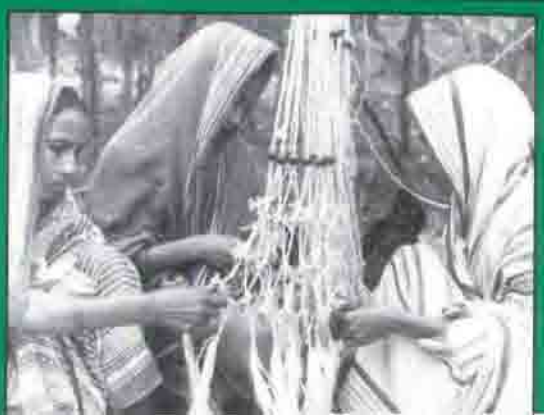
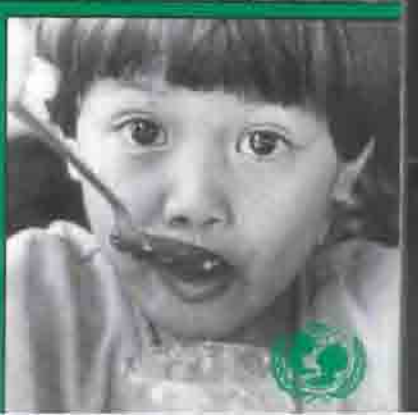

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1 August 1986 to 31 July 1987

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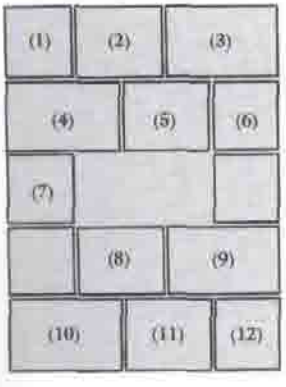

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Introduction

by the Executive Director, James P. Grant

The question arose: How should we celebrate UNICEF's 40th anniversary? The answer was clear: By redoubling efforts to address the needs of children; by recruiting new active allies in the cause; by increasing awareness that the survival, growth and development of children into tomorrow's healthy and productive citizens of each country comes not automatically, but only if children are not neglected today.

The celebration was a success. And while millions were celebrating, the regular work of UNICEF went on: thousands of new wells bringing clean water were completed, tens of thousands of health auxiliaries trained, and millions of children and mothers benefited from expanded educational activities.

During the course of UNICEF's fortieth year, the total of developing countries seriously engaged in accelerated efforts to achieve the United Nations goal of Universal Child Immunization by 1990 approached 100. 78 Heads of State or Government from both developing and industrialized nations personally pledged their active support, assuring that this effort receives the attention of the highest levels of authority in each country, and 400 non-governmental organizations (NGOs) committed themselves to the success of those programmes. A parallel, albeit somewhat slower, momentum built up behind the use of oral rehydration therapy to combat the world's biggest killer of children – dehydration from diarrhoea.

1986 also saw vaccine distribution increase 24 per cent over 1985, with a noteworthy 80 per cent increase in the usage of the most difficult to deliver measles vaccine and an increase of nearly 100 per cent in the use of tetanus/toxoid vaccine. Also in 1986, the global supply of oral rehydration salts increased to nearly six times the amount produced in 1982. Consequently, the remarkably simple sugar-and-salt solution capable of countering the lethal effects of diarrhoeal dehydration was available to roughly half of the 487 million children under five years of age in the developing world.

As a result of these two measures alone – universal child immunization and oral rehydration therapy – when UNICEF turned 40 on 11 December, one and a half million children were still alive who would not have been had these efforts not been underway in 1986.

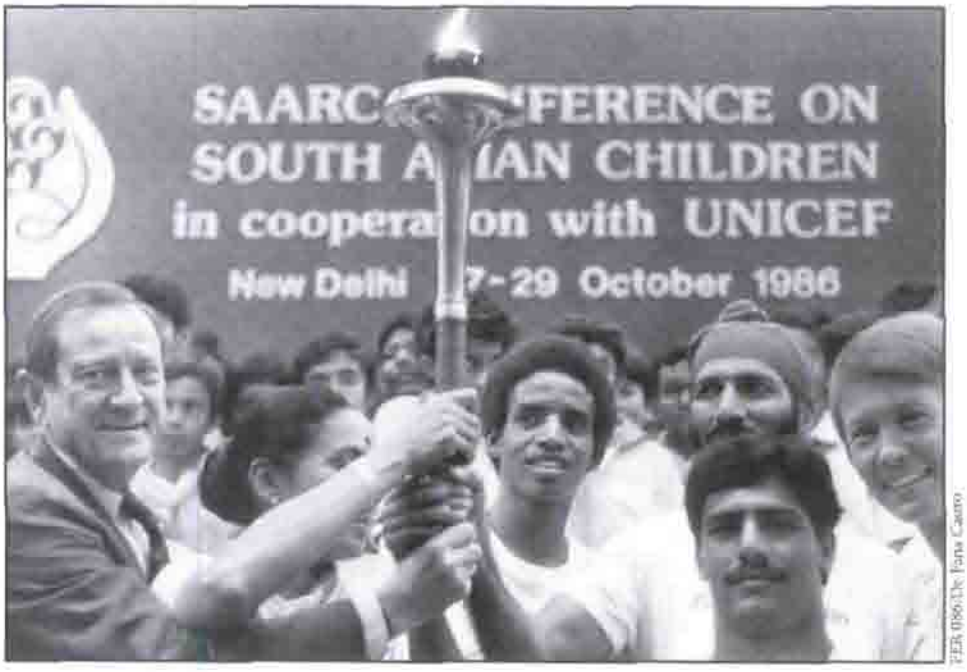
The significance of these historic achievements can be found, even more than in the tally of a year's accomplishment, in the enduring *methods* through which these health techniques – along with the other Child Survival and Development Revolution (CSDR) measures of growth monitoring, breast-feeding, promotion of female literacy, family spacing and food supplementation – *continue* to make a life-and-death difference as well as a quality-of-life difference sufficient to save the lives of 3 to 5 million children annually by the end of the decade – *if* the current momentum is maintained.

The method of implementation and the fuel to boost momentum lie in the same vastly untapped and potent source: social mobilization.

Through serious commitment at all strata of a society, from Heads of State to community, religious and non-governmental organizations to village health workers, teachers and parents – that is, by mobilizing all for health for all – primary health care activities have found their way not only to an unprecedented position at the top of the list of many national agendas, but into the villages, homes and hands of parents who have traditionally been the most difficult to reach: the poorest of the poor.

The 1986 breakthrough in reaching an ever broader population of the world's poor through accelerating and implementing CSDR activities was all the more remarkable because it was accomplished in the face of such economic adversity that even maintaining health-care levels using traditional programme approaches would have seemed a formidable task.

James P. Grant, Executive Director, with the peace torch, at the SAARC Conference in New Delhi, India.



As the seventh straight year of global economic decline, 1986 saw family incomes decrease and food prices rise, aggravating the nutritional status of children in the poorest households. With national finances in a troubled state, many countries cut allocations to health and social sectors. As is too often the case during times of economic recession, a disproportionate share of suffering was borne by those least equipped to combat the effects of poverty – the most vulnerable of the poor, including children and women.

Protecting human well-being while adjusting to harsh economic realities is a process we at UNICEF have come to call 'adjustment with a human face', and we are most encouraged that this 40th anniversary year has seen an increasing international rhetorical consensus on its principles. The importance of humane concerns to the adjustment policy-making process was articulated at the 1986 ECOSOC session in Geneva by Jacques de Larosière, the just-retired Managing Director of the IMF, who stated:

"*Adjustment that pays attention to the health, nutritional and educational requirements of the most vulnerable groups is going to protect the human condition better than adjustment that ignores them. This means, in turn, that the authorities have to be concerned not only with whether they close the fiscal deficit but also with how they do so.*"

The challenge we now face is to move from agreement on ideas to incorporation of these principles in programmes and actions. Fortunately, we are finding that even where funding to the health and social sectors is actually being decreased, programmes can be designed to reach the entire population with available resources, rather than serving the relative few who have comparatively easy access to traditional services.

One noteworthy example of this approach occurred this year in Indonesia, where, despite falling oil prices which caused severe financial constraints resulting in cut-backs to the overall health budget and the reduction of hospital construction throughout Indonesia, the President announced the sharp acceleration of the expanded programme on immunization and of the village-level system which mobilizes participation by calling upon the already existing service organizations (such as women's associations and local village groups) to deliver self-help preventative health messages that integrate family planning methods, child survival, and a number of other primary health care (PHC) techniques. More than 50,000 village maternal and child health centres supported primarily through these means are to be completed by 1988.

A landmark series of events geared to maximize the return on social-sector expenditures in terms of human well-being occurred in 1986 in South Asia, where 34 million children are born each year – of which four million do not survive their first birthday and another two million die before they reach the age of five. Forces were gathered on a *regional* level to accelerate activities on behalf of children and women despite economically difficult circumstances. The seven countries of the South Asian Association for Regional Co-operation (SAARC) co-operated in a masterful and innovative approach to regional prioritizing of activities related to child health and well-being. A ground-breaking SAARC Parliamentarians' Symposium in Colombo was followed by a Conference on South Asian Children held in New Delhi in which representatives of the SAARC countries laid a foundation for durable solutions.

The conclusions of that conference, adopted by the Summit meeting of SAARC at Bangalore in November 1986, offer an exemplary framework on which to build a regional plan for the future through strengthening the coming generation. 'The Bangalore Declaration' states in part,

"*The Heads of State or Government recognized that the meeting of the needs of all children was the principal means of human resources development. Children should therefore be given the highest priority in national development planning . . . They subscribed to the goals of universal immunization by 1990, universal primary education, maternal and child nutrition, provision of safe drinking water and adequate shelter before 2000.*"

UNICEF will be most gratified to work with SAARC and its Member States as they build on this worthy structure.

In all of these efforts, UNICEF was not alone. One component of our social mobilization activities is motivating and organizing allies, and 1986 saw some remarkable successes, one of the most effective of which was *Sport Aid*. Mobilizing and channeling public concern over the critical situation in Africa, *Sport Aid* also directed public participation and support to the Special Session of the General Assembly on Africa, giving life to the UN Charter's opening words, "We the peoples . . .". In addition, *Sport Aid* was an outstanding financial success, garnering a net contribution of more than US$30 million for emergency and poverty-related efforts, more than half of which is going directly to UNICEF programmes. One more striking element of the *Sport Aid* event was that it provided a unique forum for the expression of solidarity, support and caring from peoples throughout the world – from industrialized and developing countries alike.

A similar effort at raising public awareness to the needs of children occured in the *First Earth Run* (FER). In contrast to *Sport Aid*, FER was held in the context of the International Year of Peace (IYP), which included the presence of economic and social development as essential elements for peace. FER was not only the most important event of IYP, but also helped commemorate UNICEF's 40th anniversary and took as its slogan, 'Give the World a Chance – Children Need Peace'. The flame of peace, ignited in a dawn ceremony by Native Americans on United Nations grounds in New York, was carried aloft by athletes in a globe-encircling relay. Launched on its tour by the UN Secretary-General, who also presided over its concluding ceremonies celebrating UNICEF's 40th anniversary on 11 December, the flame and its message were received by the Pope twice, and 41 Heads of State received or actively endorsed it. Celebrated in 61 countries and by approximately 20 million committed individuals all over the globe, FER gave voice to a world that cares.

This Annual Report reviews the 40th anniversary efforts of an attempt the world is making, through the organization to which it has entrusted the care of its most forgotten children, to meet the challenge of acting ethically regardless of difficult circumstances. It is a story of remarkable hope, promise and opportunity, and we are honoured to rededicate ourselves to its continuance.

James P. Grant
Executive Director

Programmes

1986–A review

Improvement in the conditions of children's lives is inevitably related to the economic development of the communities and countries in which they live. A nation must not only be able to begin services for children but to sustain them, as well, over the long term.

Economic performance of developing countries continued to be unsatisfactory during 1986. It was the sixth straight year of negligible or negative growth, measured in gross domestic product per capita. Further, the level of international developmental assistance continued to stagnate during the year, while netflows of private lending were much reduced below previous levels. High levels of debt and low commodity prices make the task of resuming growth and improving human conditions increasingly difficult.

During 1986, conditions of children continued to deteriorate in many countries.

UNICEF 1326/86/Wright

As a measure of the breadth of the current crisis, about 70 per cent of the developing market economies, during 1985-86, experienced negative or zero growth; more than 700 million people –mostly in Africa and Latin America– had already been living in countries experiencing declines in GDP per capita the year before that.

There are important regional differences: the economies of South and East Asia suffered only minor setbacks–though growth did fall off in Indonesia, the Philippines and Singapore. Overall in this region, however, the outlook for the years ahead remains positive. Significantly, in view of the size of their populations, economic progress continued through 1986 in China and India.

Most disturbing has been further aggravation of economic conditions in Africa. Per capita GDP fell another 2.5 per cent so that the average African was 20 per cent poorer than six years earlier. Economic rather than climatic factors are the cause of most of this deterioration, pointing out the need to go beyond emergency assistance to resume rapidly both commercial and concessional lending. In the absence of new lending, even a modest economic recovery and acceptable improvements in human conditions will be impossible in the years ahead.

To underscore the gravity of the African situation and the need for urgent action, the World Bank estimates that under even relatively optimistic assumptions, GDP per capita in low-income African countries in 1990

and 1995 will be lower than in 1973 and 1980. Two decades of growth, therefore, will be lost for the majority of African countries. This situation must be reversed.

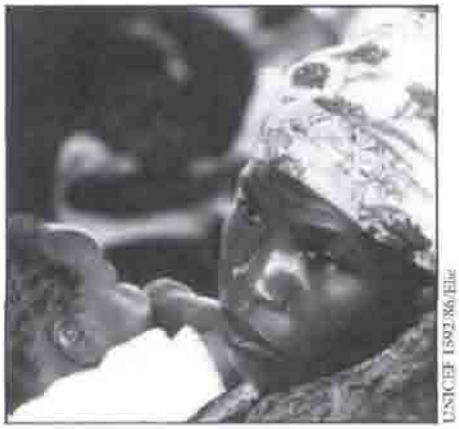
In Latin America the situation remains precarious. The severe decline of 1982-83 has been arrested, but growth rates remain negative or negligible. There was a further drop of 0.5 per cent last year. Rigorous stabilization policies have had some success in trade performance, inflation control and stabilizing foreign debt. Economic and social costs, however, have been exceedingly high.

Output growth has been depressed (with the recent exceptions of Brazil and Peru), investment declined steeply, unemployment soared and poverty increased substantially. Depressed international markets, lack of new credits and the enormous drain of resources for payments on foreign debt and for profit repatriation currently absorb between five and eight per cent of the GDP of most Latin American countries. In the absence of fundamental changes in these three areas, growth prospects remain highly uncertain and it is likely that average per capita incomes of the region in 1990 will be below or—at best—at the same level as in 1980.

The decline in volume and prices of oil and the overall deterioration of the world economic environment negatively affected the West Asian countries, also, during the 1980s. In 1986, GDP per capita declined further, while, according to the World Bank, growth prospects for the rest of the 1980s remain negative due to the depressed oil market.

Developing countries continued to make efforts to adjust to these circumstances, and the adjustments had important effects on child welfare. In many countries they did not reverse adverse economic developments, and the condition of children continued to deteriorate. The adjustment policies adopted made no explicit effort to prevent the worsening of child well-being and often contributed to a rise in the number of people in poverty. There is need for a broader approach which, as an integral objective of adjustment, includes protecting the vulnerable.

With few exceptions, as a result of these factors, family incomes have continuously declined, while increasing food prices aggravated the nutritional status of children in the poorest



UNICEF 1592/86/Ellis

Adjustment policies had important effects on child welfare.

households. The decline of governmental funds available for social programmes severely hampered the maintenance and expansion of health, education, safe water, sanitation, housing and other services vital to children. The shortage of foreign exchange reduced the importation of goods, including food, basic drugs, water-pumps, teaching materials, kerosene, paraffin, petrol and spare parts. Even external assistance suffered, as a lack of counterpart funds substantially reduced implementation of donor-supported programmes.

At the same time, there has been a surge of action to put basic, low-cost child protection measures into effect on a massive scale. World-wide immunization against preventable childhood diseases expanded three times from 1983 to 1985 and accelerated still further in 1986. There has also been a three-fold rise in the use of oral rehydration salts over the same period. These measures have offset, in part, the downward forces of recession and economic setbacks, especially on early child survival.

Yet, the coverage of these positive interventions has not been sufficient to prevent a clear deterioration in child welfare. There is now evidence that malnutrition increased and educational attainment deteriorated in the 1980s in at least 16 countries in Africa south of the Sahara, eight in Latin America, and three in North Africa and the Middle East. Similar evidence indicates deterioration in only four countries in South and East Asia, where, in the rest of the region, the situation of the children continued for the most part to improve. □

ADJUSTMENT WITH A HUMAN FACE

The progress in CSDR over the last few years has particular significance as a demonstration of the possibility and potential of a broader approach to economic adjustment policy. The expansion of immunization, ORS use and ORT action have, in most countries, taken place against a backdrop of cutbacks in finance and often staff for health and education. This movement against the downward economic financial trend implies an important restructuring of priorities and policy towards low-cost, mass application, often preventive measures—of exactly the sort which are needed even more urgently at times of economic difficulty and austerity. The challenge of 'Adjustment with a human face' is primarily to *generalize* these approaches over the whole field of basic human needs and to incorporate these actions into a macro-economic strategy which ensures their long-term support.

Over the last two years, UNICEF has been working at both country level and internationally with its sister agencies to explore what a broader approach to adjustment policy would mean in specific terms. Reports with action proposals have been prepared in co-operation with several governments, including Ghana, the island of Negros in the Philippines, and Sri Lanka. Country case studies of adjustment experience have been prepared in a dozen countries, with particular attention to changes in the human and social indicators and how nutritional and other basic needs of children and other vulnerable groups can be protected in the very design and implementation of adjustment policy. A summary of this approach—'Adjustment with a human face'—is given in the 1987 *State of the World's Children* report; a book under the title *Adjustment with a Human Face: Protecting the Vulnerable and Promoting Growth* will be issued in mid-1987. ■

Child survival as a musical — SOMALIA

Traditional Somali theatre experienced a significant revival in 1986 with a musical soap opera based on child survival. A three hour stage production entitled *Cilmi Iyo Caado* (Tradition and Science), played to full houses in major population centres between March and September and has done equally well since then as a two and a half hour film production for TV and movie audiences.

Cilmi Iyo Caado focuses on a series of alternately sad and humorous neighbourhood experiences involving the futile efforts of a local witchdoctor to exorcise a child's diarrhoea and to cure the marital conflicts of a man with three wives. Through the intervention of two lovers—both of whom are modern medical doctors—the witchdoctor is exposed as a charlatan and the unfortunate infant, who by this time is dehydrated, malnourished and badly burned from a domestic accident, is saved. The doctors treat the burns and advise the child's mother to continue breast-feeding while administering oral rehydration therapy and nutritional supplements, and when the child's recovery is complete, the parents bring it back to the clinic for immunization. The child develops a slight fever after vaccination but is calmed by an aspirin and a lullaby which reassures the audience that although the child has had a mild reaction to the vaccine a much safer and healthier future is guaranteed.

Both the play and the film were produced by the UNICEF office in Mogadiscio in consultation with the Ministry of Information and National Guidance.

For Somalia, where at least 50 per cent of all deaths are among children aged between one and five years, the reception given to the child survival theme assumes special significance. Diarrhoea and tetanus are the major identifiable causes of death among children, and in the absence of strong national health services, the best hope for the immediate future rests with public education and acceptance of the primary health care strategy.

UNICEF's decision to use theatre as a means of social communication last year was particularly original, but the extent to which it was applied through live drama, video film and then radio, provided a unique launching pad for future campaigns, and gave a welcome boost to the nation's performing arts. Somalia has a strong oral culture and government-sponsored theatre groups were very effective as literacy promoters in the 1970's, but inflation and declining family income place theatre entertainment out of the reach of low income groups in recent years and the medium has been in danger of losing its popular flavour and scope.

UNICEF approached the government and asked a leading theatre group—*Hoballada Waaberi*—to produce a play based on key messages associated with the immunization programme, infant feeding and diarrhoea management.

Forty entertainers, including some of the best known talent in the country, were recruited for a national tour aimed mostly at low income audiences.

Almost as soon as the show opened on March 2 it was obvious that the play could set new attendance records. Laughter and tears greeted the actors and gifts were showered on them wherever they played. By September 16 some 37,000 adults—potential parents to more than 120,000 children—had seen the live performance.

Development and production costs for *Cilmi Iyo Caado* totalled US$3,500; the total cost to UNICEF was just 30 cents a head. UNICEF plans to continue the production indefinitely as a promotion for immunization and oral rehydration programmes in new areas and thought is being given to an international theatre tour which would present the play to Somali-speaking audiences in Djibouti, Ethiopia, Yemen and Kenya.

To follow up on the success of the live show, UNICEF produced a two and a half hour video version for Somali television and provided copies for all government ministers, senior party officials, the Somali Women's Democratic Organization and the governors of each region.

The most popular songs from *Cilmi Iyo Caado* were played on national radio and audio cassettes have been distributed to village headmen and primary health care workers as promotion tools for rural areas.

As a follow-up to this dramatic first success, Somalia's most popular musical group, *Kooxda Iftin*, has been contracted to develop short musical plays on tuberculosis, measles, polio and tetanus, and the *Waaberi* theatre group is being asked to develop similar materials on diphtheria, whooping cough and tetanus.

UNICEF/Wyatt

Child survival and development

Most infant and child deaths have a limited number of causes that can be prevented by low-cost interventions, augmented by health education and social mobilization. Growing out of experience with primary health care and basic services, in 1983 UNICEF embarked on a campaign for child survival and development (CSD), utilizing immunization, oral rehydration, growth monitoring, breast-feeding, family food security, family (birth) spacing and female education, with the goal of reducing the toll of some 15 million children under five dying each year from avoidable diseases and malnutrition.

The strategy promotes involvement of national leaders and leadership at other levels of the society, as well as the participation of parents and others in the community. Communication means, both modern and traditional, are being employed to rally support and understanding for these life-saving measures.

Working closely with the World Health Organization (WHO), UNICEF has provided major support to governments undertaking campaigns of immunization against six childhood diseases and one of the worst killers of children, diarrhoeal dehydration.

A growing number of countries have accelerated programmes of immunization underway, using a variety of approaches.

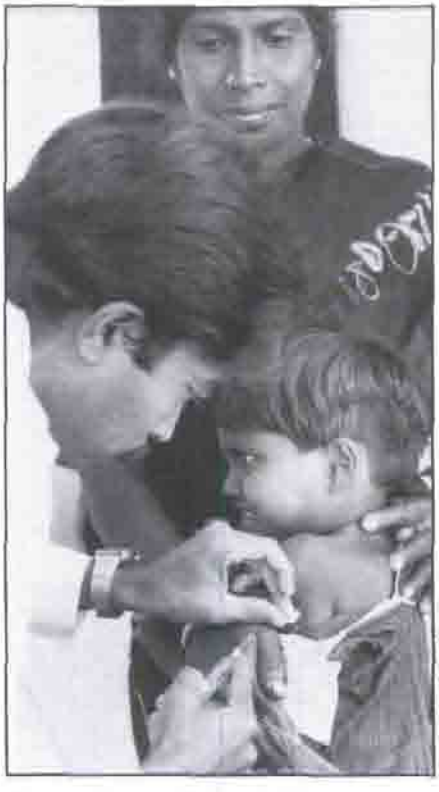
Major gains have already been made in immunization; lesser but still substantial gains have been made in expanding oral rehydration therapy (ORT), to control diarrhoeal diseases.

Growth monitoring of newborn and small children is an effective tool for detecting the early stages of malnutrition. However, its progress has been slow, both due to the fact that parents have had difficulty in interpreting growth charts, which has resulted in a plethora of charts, and because its purpose is not always fully understood by mothers or even health workers. It does, however, provide the occasion for mothers to have regular contacts with their health worker (*see page 15*).

The pressures of modernization and urban life and the increasing necessity for women to work away from home, resulted in many new mothers turning away from breast-feeding. WHO and UNICEF have encouraged governments to promote breast-feeding and control the advertising of milk substitutes. While the practice of breast-feeding has returned to mothers in industrialized countries, the situation in developing countries has not significantly improved.

A beginning has been made in CSD, but the momentum now needs to be accelerated if the targets are to be met in lowering morbidity and mortality of infants and children in the developing countries.

UNICEF 1635/86/Wilson



UNICEF 1647/86/Wilson

Progress in growth monitoring has been slow; however, major gains have been made in immunization.

Towards universal immunization

1986 has witnessed major advances in the global commitment to extending immunization against measles, poliomyelitis, diphtheria, pertussis (whooping cough), neo-natal tetanus and tuberculosis to reach all infants and young children by 1990.

Already deaths from vaccine preventable diseases have been reduced by about one million a year but an estimated three-and-a-half million children under five, almost all in developing countries, still die each year from these six diseases. An equal number become seriously disabled.

The 39th World Health Assembly reaffirmed the importance of achieving this goal as part of national strategies for achieving Health for All by the Year 2000 through primary health care (PHC). This will require the continued acceleration of national immunization programmes. Nearly 80 countries have undertaken or are now planning accelerated immunization programmes with a goal of reaching Universal Child Immunization by the year 1990 (UCI/1990).

Participants in a UNICEF conference held in Zagreb, Yugoslavia, expressed similar support for expanded immunization: the first Conference on Technical Co-operation in Implementation of the Strategies for The Child Survival and Development Programme and Health for All by the Year 2000. They recommended that the Centre for Health Co-operation with Non-Aligned and Developing Countries give greater attention to immunization.

The importance of securing high level political commitment was

In a three year period, beginning in 1983, the government and people of the Dominican Republic launched and carried to success one of the world's most remarkable public health drives, based on volunteers covering the entire country on a house-to-house basis. The campaign included immunization against five of the most serious childhood diseases—polio, diphtheria, tetanus, pertussis, and measles—as well as mass distribution of oral rehydration salts, drugs for the treatment of parasitic infestations, and drugs for the prevention of malaria.

When a new Minister of Health was appointed in 1983, he found himself in charge of an establishment that was largely marking time. It was burdened by bureaucratic inertia and a shortage of trained staff. Moreover, the country had been hard hit by the global recession, and there was a severe shortage of funds for the expansion of services. Infant mortality was about 60.5 per thousand, a middle-range figure for countries of the region, but too high to engender any complacency. Immuno-preventable diseases of early childhood, while not among the leading causes of infant mortality, were unnecessarily high and immunization coverage was far below acceptable levels, ranging from 24 per cent of the at-risk population for measles to 37 per cent for polio.

But the Minister of Health was an experienced epidemiologist and teacher with a down-to-earth knowledge of the rural areas. He possessed a solid background in planning and managing national services and a strong belief in the possibilities of incorporating local volunteers in health actions. The first thing that needed to be done, as he saw it, was to devise an effective mass immunization programme, and for this he turned to the experience of the National Demographic and Housing Census which had been carried out in 1982.

To get things under way as quickly as possible, it was decided to start in the first year with a one-vaccination drive—vaccination against polio. The scheme that was set up for carrying out the campaign was impressive in its simplicity. At the centre there was a small team of technicians with operational authority. Farther down the chain were co-ordinators and supervisors—1,700 of the latter—and at the base of the pyramid 17,000 (later 9,155) community health volunteers, the actual vaccinators. Volunteers were recruited from among outstanding local people, and were compensated through what were described as 'non-monetary incentives', i.e. motivation, competition and recognition. In the later campaigns, for example, each vaccinator received a diploma signed by the President.

In any event, the 1983 campaign was a single success. Polio vaccination reached 95.5 per cent of the target population of 584,000 children under three years old. The polio vaccine, being an oral vaccine, was easy to administer, of course, and had no negative side effects. It served as an excellent entry point for establishing the programme's credibility in the eyes of the public and gave the vaccinators first-hand experience in how to reach people on the necessary house-to-house basis. The polio campaign was continued in 1984, with the distribution of antiparasitic drugs being added to the 'package'. It was estimated that the antiparasite drugs reached 92.4 per cent of the country's population at large.

In 1985 the programme expanded to include measles vaccine for children under five, DPT triple vaccine for children under two years, and tetanus for women 10 to 44 years of age. It also included anti-malarial drugs for the 800,000 residents of malarial zones and distribution of oral rehydration salts to close to a million homes. By this time the volunteers had become accepted as trusted friends by the households they visited. They had also been carefully trained in their new tasks. One of the old myths that vanished was the belief that only people with considerable paramedical training could safely give shots.

In 1986 a four-man team from UNICEF, under the leadership of Juan Luis Meza, conducted a 'rapid assessment' of the house-to-house immunization programme. The team observed that, before 1983, 'years of institutional development efforts had failed to improve substantially the health services delivery'. The rapid increases in vaccination coverage attained by the programme were termed 'impressive'. The team was struck by the high degree of motivation shown by the volunteer vaccinators, who maintained their active participation over a period of three years in campaigns involving eleven separate house-to-house sweeps.

UNICEF/Wynn 2

demonstrated in Africa where health ministers launched campaigns in two dozen countries by declaring 1986 African Immunization Year.

Social mobilization is also playing a key role in the significant progress being made in eradicating poliomyelitis from the Latin American Western Hemisphere by the year 1990.

The Task Force for Child Survival (established by WHO, UNDP, UNICEF, the World Bank and the Rockefeller Foundation) in 1986 co-ordinated development of a one-dose, self-destructing injection device; carried out operations research into alternative vaccination schedules and delivery strategies; co-ordinated support and identification of resources for applied vaccinology research; and disseminated information about world-wide immunization activities through its newsletter, *World Immunization News* (WIN).

A diversity of approaches continues to characterize individual national programmes, reflecting a mix of complementary strategies appropriate to local conditions. These include combinations of fixed and mobile strategies, special vaccination days, attention to previously unreached urban populations, and intensive strengthening of the health service infrastructure.

Strategies to accelerate coverage must balance efforts to achieve dramatic increases with initiatives to sustain these gains over the long run. To accomplish the latter, efforts must be made to increase the public's health awareness and access to health services, to focus attention on health goals, and to intensify training of needed personnel.

Acceleration of immunization has, in some countries, led to formal national plans for comprehensive child health services, as in:

- Burkina Faso's Operation One Village = One Primary Health Care Post;
- Colombia's Plan for Child Survival and Development;
- Oman's National Child Health Campaign;
- Turkey's Child Survival and Maternal Health Programme.

Virtually every accelerated programme includes the strengthening of links with existing maternal and child health services, as in Pakistan.

India and Bangladesh have developed planning at the local level applicable to other countries.

In Sudan, new systems to monitor performance of vaccination are under development.

The Americas' polio eradication effort has demonstrated the importance of setting disease reduction targets as a means of stimulating and sustaining effective overall programme performance.

Experiences in El Salvador and Uganda have demonstrated the consensus that can be achieved to carry out an immunization campaign, even in the midst of conflict.

Social mobilization is vital to organizing national resources and enlisting popular support. This can be accomplished by involving political leaders and celebrities, the mass media and less formal channels of communication, community action by organizations, and more traditional health education techniques.

Once universal immunization is achieved, programmes must be sustained to avoid renewed outbreaks of the childhood diseases. UNICEF and WHO are co-operating with others in developing new guidelines for assessing the long-term costs for donors and national governments.

UNICEF contributed approximately US$57 million during 1986 to immunization activities, 17 per cent of its total programme expenditures. UNICEF continued to be the major supplier of vaccines, delivering nearly 500 million doses valued at US$24.5 million in 1986.

Countries undertaking or planning for UCI/1990

Afghanistan, Algeria, Angola, Bangladesh, Belize, Benin, Bhutan, Bolivia, Botswana, Brazil, Burkina Faso, Burma, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, China, Comoros, Congo, Côte d'Ivoire, Democratic Yemen, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guatemala, Guinea, Guinea-Bissau, Haiti, Honduras, India, Iran, Iraq, Jordan, Kampuchea, Kenya, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Mexico, Mozambique, Nepal, Nicaragua, Niger, Nigeria, Oman, Pakistan, Paraguay, Peru, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Tanzania, Thailand, Togo, Turkey, Uganda, Zaire, Zambia, Zimbabwe.

In 1986, an estimated one million deaths from neo-natal tetanus, pertussis and measles were prevented through immunization.

Oral rehydration therapy

More than 110 developing countries had, by the end of 1986, prepared operational plans for national programmes to control diarrhoeal diseases (CDD). Implementation is already underway in at least 85—a dramatic increase over five years before when only 25 nations had such programmes.

By 1986, the supply of oral rehydration salts (ORS), world-wide, attained a rate of more than 300 million litres annually—80 million provided by UNICEF, most of the remainder manufactured in the developing countries. Forty-two are now producing ORS, many with UNICEF providing technical advice and supplies of equipment, raw materials and packaging. Since UNICEF first began assisting production in 1975, the total supply of ORS more than amounts to one billion litres.

This means that more than 90 per cent of children under five in the developing world live in countries that have begun programmes aimed at overcoming a major cause of infant deaths. Oral rehydration therapy (ORT) is the most effective measure for treating and preventing dehydration caused by diarrhoea. This can be provided either by distributing ORS through a community health worker, or by teaching parents how to prepare at home a solution made up of the right proportion of salt, sugar and water, or to care for their children with salted rice water or vegetable broth.

At least 40 per cent of the young children in vulnerable areas already have easy access to ORS. Globally, some 15 per cent of all diarrhoea episodes are receiving ORT.

The World Health Organization (WHO) estimates that, with the levels of ORT now being attained, some 350,000 deaths from diarrhoeal diseases were averted in 1984 and perhaps as many as 500,000 in 1986. The goal is to reach 50 per cent of the children with this treatment in three years and 70 per cent globally by 1995. This would mean saving the lives of 1,500,000 infants per year by 1990 and at least 3,400,000 by 1995.

This encouraging prospect must take into account that such ambitious targets will only be met if there is a firm commitment to national programmes, with an accelerated increase in resources and strengthened administration. For the availability of ORT depends on training community health workers and maintaining a continuous supply of ORS.

ORT should not be be sustained as an isolated 'vertical' programme. To avoid this, many countries are including ORT as part of primary health care (PHC). For example, the training of supervisors of health workers is being designed to include both control of diarrhoeal diseases and expanded immunization. Modules similar to those used in these two programmes are also being introduced in training administrators of programmes for child spacing and the treatment of acute respiratory infections. While experience is showing the necessity of integrating these various PHC components, it is equally important to establish a clear identity for the CDD programme if it is to have continuing support and leadership.

Among the numerous countries undertaking national CDD, Turkey inaugurated a programme in June 1986 which has as its goal the 20 per cent reduction, by 1990, of the current 30,000 annual child deaths from diarrhoea. Community involvement is a key to the strategy, and community leaders have been enrolled to promote the home use of prepared oral rehydration solutions. A major media campaign has been initiated on television and radio.

Training of health personnel began with six regional seminars; the 275 directors attending have returned to their provinces to train doctors who in turn will train nurses and midwives. Parents will receive practical demonstrations at health centres, and the ORT message will be disseminated by teachers, *imams*, and *muhtars* (village leaders).

UNICEF 1698/86/Massey

UNICEF 1651/86/Wagstaff

UNICEF 1780/86/Wagstaff

By 1986, the world-wide supply of ORS attained an annual rate of more than 300 million litres.

ORS is manufactured in Turkey and the *muhtars* will stock and distribute packets of the rehydration salts. The *imams* are delivering sermons in the mosques, oriented to prevent diarrhoea through personal and environmental hygiene, breast-feeding and improved infant nutrition. UNICEF distributed 5.7 million ORS packets in Turkey this past year, in addition to the two million provided by the Ministry of Health from local supplies.

In Somalia, the national CDD programme began in 1986 with a series of four workshops for 80 senior medical staff who are establishing rehydration centres in the regions which will support the training of local health workers.

ORT demonstrations linked to the immunization campaign have proved effective; a follow-up survey in two towns showed that 82 per cent and 77 per cent of the parents in those towns had learned how to prepare oral rehydration correctly.

Promotion of ORT through PHC has proved successful in the Northeast/Awdel region with 58 per cent of parents using ORS and another 20 per cent preparing some form of home fluid for treating their children's diarrhoea. In every isolated community in the region, a woman is being selected for training and providing ORS. Her home will fly the 'healthy child' flag so parents will know where to go for assistance.

Nepal has begun using the traditional faith-healers – of whom there are some 400,000 in the mountainous country – to reach mothers with an understanding of how to treat their children afflicted with diarrhoea. Until

now, the advice of the faith-healer has been to withhold liquids from the sick child, with no information about sanitation or hygiene. As a result, diarrhoeal diseases are the most common cause of death among Nepalese children, with 45,000 under five succumbing each year.

UNICEF's Communication Section in Kathmandu consulted faith-healers, then designed a card – about the size of a playing card – with their favorite god 'Durga' on one side and, on the other, instructions for preparing a simple, homemade, oral rehydration solution, using sugar, salt and water. With literacy only about 26 per cent in rural areas, illustrations and practical demonstrations must be used to convey a health message. The faith-healers are receiving six months' practice in administering ORT. They will then become the means of reaching out into the inaccessible valleys to reduce the toll of child mortality.

Breast-feeding, weaning and other nutritional priorities

Many countries continued promoting breast-feeding during 1986, and UNICEF advocated that more governments adopt a national code on the marketing of breast-milk substitutes.

Advocacy and educational activities about breast-feeding continue to be strong in some countries. The emphasis has shifted from general promotional messages, to health workers and voluntary groups providing specific instruction to help mothers overcome problems in breast-feeding. Brazil, Kenya and Tanzania have particularly strong support groups. In Brazil, for example, an awareness of the importance of breast-feeding has taken on the semblance of a popular movement within the country.

New evidence of the effectiveness of breast-feeding as a contraceptive, provided suckling is frequent and prolonged, was noted at a UNICEF/World Health Organization (WHO) workshop. This means that breast-feeding *exclusively* – if possible for six months – should be promoted, as use of a bottle as well as the breast diminishes the contraceptive effect.

Adoption of the International Code of Marketing of Breast-milk Substitutes continues, with the Philippines being the most recent to make it into law. However, gaining effective implementation of the law throughout the world is a slow process.

The trend in producing weaning foods favours projects at the village level, using locally available ingredients, rather than large-scale industrial production. Ethiopia, Ghana and Kenya now have pilot projects underway, usually involving women's groups and as an income-generating activity for women. Moving away from factory-produced weaning foods avoids dependence on supply from outside the local area. Tanzania has an innovative experiment underway on reducing the bulk of weaning food through the use of germinated grain – a locally known technology.

Support for programmes concerned with deficiencies in specific nutrients continues:

In Bangladesh, mass distribution of vitamin A is reaching 45 per cent of the targetted children.

In Brazil, a new initiative links vitamin A distribution with immunization in the poorer northeastern states; a million children between one and four were reached during the first round of the campaign.

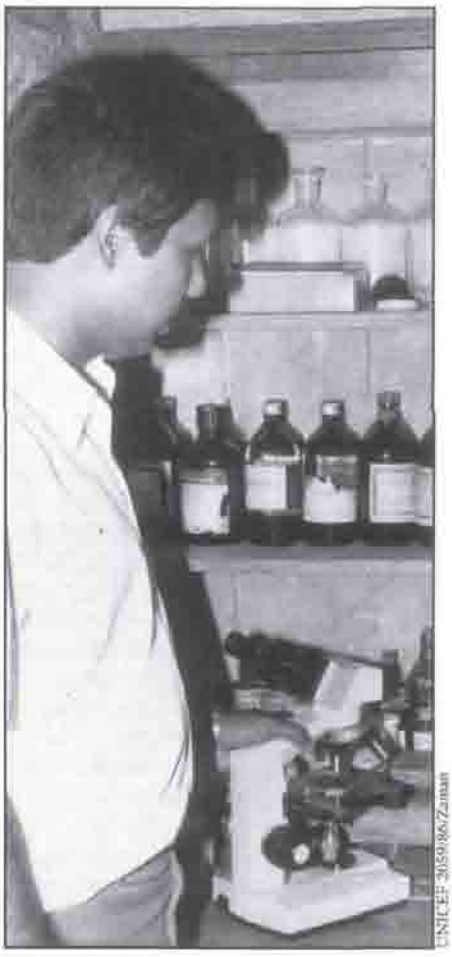
The problem of vitamin A deficiency is being addressed at a more fundamental level by including foods rich in the vitamin in some household food security programmes.

To combat nutritional anaemia, the distribution of iron foliate tablets continues. In India, trials have been made on the effectiveness of adding iron to salt.

UNICEF is supporting at least a dozen countries in programmes to combat iodine deficiency disorders. These affect a much larger number of children than those with evident goitre or cretinism. Most programmes relate to the iodation of salt, some to administering iodized oil. India is studying the use of water as a vehicle and progress is notable in the interregional programme in Asia.

In Bangladesh, mass distribution of vitamin A is reaching 45 per cent of the targetted children.

UNICEF 2060/86/Zaman



UNICEF 3059/86/Zaman

WHO/UNICEF Joint Nutrition Support Programme (JNSP)

Nutrition projects are underway in 18 countries that seek to overcome malnutrition of children and mothers through a strategy that is multi-sectoral, preventive and developmental. The programme, jointly planned and executed by the World Health Organization (WHO) and UNICEF, in collaboration with participating governments, has now committed the full amount of the US$85 million contribution provided by the Italian Government in 1982.

The majority of country projects are too complex to be summarized briefly, but some high points include:

One of the fastest starting, in Tanzania, includes a village-based child monitoring system. A mid-term evaluation during 1986 has led to a revised plan of action for the remaining years of the project, but the approach has already been followed in six other area-based projects in the country.

Burma began the second phase of accelerating the integration of nutrition activities into the ongoing national Primary Health Care system in 1986, coinciding with the start of the People's Health Plan III to cover all of the country.

The Caribbean island countries of Dominica and St. Vincent and the Grenadines are training community workers to introduce new activities into the health system, including women's income generation.

In the region of Segou, in Mali, village self-sufficiency is being promoted through projects selected and implemented by the villagers with the help of staff from government services.

A beginning has been made in Nepal in the multi-sectoral approach to nutrition with the establishment of Nutrition Cells in each of the government ministries concerned with health, agriculture, education, and local development.

In Ethiopia, a project of multi-sectoral action is being tested as a model for other such projects in the country.

Haiti has concentrated first on therapy and education for diarrhoeal disease control.

A multi-sectoral project in Mozambique, with emphasis on food production and health in the 'green zones' around Maputo, is supporting household food production, use of improved crop varieties, agricultural training for women including marketing techniques, provision of renewable energy resources, improved coverage by the health system, promotion of community awareness of nutrition issues, improved sanitary conditions and water supply, and strengthening of child care services.

An intensive planning process, in Peru, involving representatives of 'micro-regions', preceded adoption of a plan of operations in 1986, ensuring community support and involvement for the activities now underway in those regions.

The approach in Niger calls for people's involvement at every phase of project development and execution, starting with selection of activities to be pursued in the villages and finishing with maintenance of the projects developed.

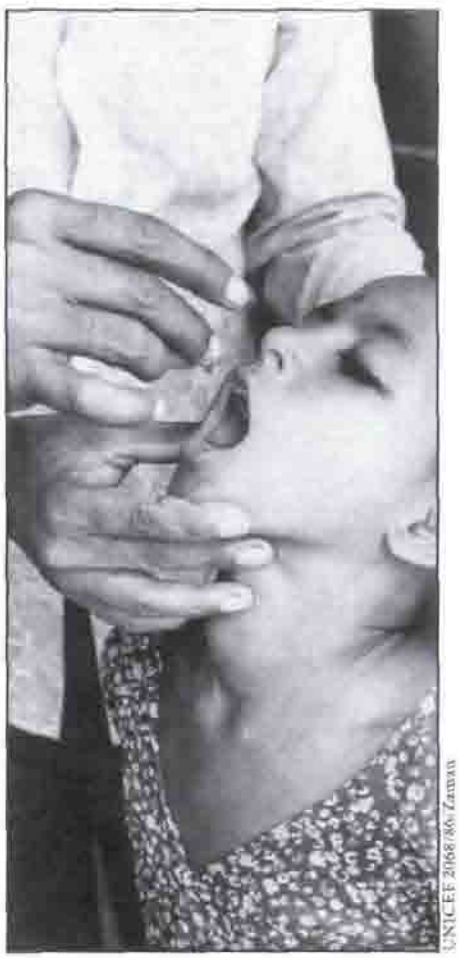
Pakistan, in 1986, completed preparation of the five-year plan of operations for six provincial projects, the formation of a management structure and recruitment of personnel to staff key posts.

The five-year food and nutrition plan in Nicaragua has four national components: co-ordination, supervision and evaluation; development of a nutrition surveillance system; operational research; and food and nutrition education.

The nutrition projects in Sudan, one in the northeast and one in the south, aim at integration of services in health, agriculture, animal husbandry, water, education and social welfare.

Somalia is strengthening diarrhoeal disease control, epidemiological surveillance, nutrition and education.

The project in Angola has seven major components: nutrition surveillance; training in public health and nutrition; support to maternal and child health; improved drinking water and sanitation; community and women's participation; improved local food production; and operational studies.



UNICEF 2068/86 Zaiwan

CHILD NUTRITION: In 1986 UNICEF

- **co-operated in nutrition programmes in 98 countries: 37 in Africa, 22 in the Americas, 29 in Asia, and 10 in the Middle East and North Africa region**
- **helped to expand applied nutrition programmes in 18,300 villages, equipping nutrition centres and demonstration areas, community and school orchards and gardens, fish and poultry hatcheries**
- **provided stipends to train 9,000 village-level nutrition workers**
- **delivered some 15,460 metric tons of donated foods (including grain mixtures, non-fat dry milk, special weaning foods and nutrition supplements) for distribution through nutrition and emergency feeding programmes**

Famine relief in Negros — PHILIPPINES

Six-year-old Ronalyn Pipan weighed only 24 pounds (11 kg) when she was admitted to the hospital in Bacolod City in Negros Occidental, Philippines. In addition to third-degree malnutrition she was suffering from anaemia, diarrhoea and pneumonia. By the end of a month, she was well enough to leave the hospital with her mother for a Saturday visit to her home—but without hospitalization she probably would have died.

The island of Negros in the central Philippines does not look like the site of a famine. There is no drought and the fields, most of which are planted in sugar cane, are green. Yet, for two years now, the families of 200,000 sugar-cane workers, victims of plummeting world sugar prices in a mono-culture society, have been exposed to the ravages of hunger and many have been starving. As always, in such circumstances, the children are the hardest hit, and Ronalyn's condition when she entered the hospital is, unfortunately, not exceptional.

A survey conducted in 1985 showed that 140,000 children in the island's hardest hit province, Negros Occidental, were suffering from second or third-degree malnutrition (the latter being defined as a child with extended belly, puffy face, glassy eyes, listlessness and whose weight is 60 per cent or more below normal). In the first half of 1985 the regional hospital in Bacolod City reported 370 infant and child deaths—up 67.4 per cent from the previous year. This significant rise in child deaths associated with or directly caused by malnutrition aroused international concern.

Following the 1985 survey, UNICEF co-operated with the Government in initiating a programme of assistance aimed at helping 160,000 children through the operation of feeding centres, the donation of 'super-snacks'—a semi-liquid mixture of rice, mung beans, skim milk, cocoa and vitamin A—and support to long-term survival schemes including home, school and community gardens. At the same time, UNICEF launched a world-wide appeal for help which, by mid-1986, had generated contributions from New Zealand, the United Kingdom, Norway, Canada, Japan and Oxfam America.

At each of more than 2,000 feeding centres, 25 to 30 children were given at least one balanced meal a day, seven days a week—with church groups, the ministries of social services, development and education, and planters' organizations collaborating in the complex task of distribution. The emergency effort appeared to be alleviating some of the worst effects of the crisis. Random surveys showed a healthier appearance among children in the major 'target groups'. After six months, a survey of 1,000 children in the programme showed that 87 per cent had gained on the average 3.3 lbs. (1.5 kg). Still, everyone was painfully aware of the fact that the emergency feeding programme was only a palliative. Until basic social and economic maladjustments could be addressed, the children of Negros would continue to be threatened by famine every time world sugar prices collapsed.

Daniel Lacson, acting governor of Negros Occidental, is promoting a plan that calls for landowners who owe money to the Government, to sell up to 30 per cent of their land to the Government for agribusiness estates, which hopefully would attract foreign capital. Ten per cent of their land would be sold at low prices to plantation workers, at a quarter of an acre per family. The initial reception to these proposals by the landowners has been chilly. However, with discontent among the landless on the rise and with armed insurgency seen as an increasing threat, they may have little choice but to go along with some scheme to provide land for the workers.

Assuming that at least small plots can be available for cultivation, UNICEF is devoting a major part of its assistance to what is termed an 'agro-based livelihood/food production package'. Under this programme about 25,000 packets of high-germination vegetable seeds are being distributed to 11,500 families, 50 elementary schools, and 450 community groups. Government extension staff are helping the plantation workers and their families learn the vegetable gardening skills they have never so far been in a position to practice. Activities in nutrition education and growth monitoring to complement these production efforts are also being supported by the Government and UNICEF. This mix of education and supply inputs is calculated to instill among families and communities the confidence and ability to improve the nutrition of their children on a lasting basis.

UNICEF/Wyatt 3

Monitoring children's growth

While only a fifth of the children under the age of one in developing countries have a low weight for their age, nearly half the children become underweight between the ages of one and five. Slow growth relates closely to diseases and high child mortality. It can be a key indicator to the mother or health worker of something wrong. Monitoring the growth of infants and children has long been recommended, therefore, as an essential part of primary health care and nutrition programmes.

Simple as it may seem, however, monitoring depends for success on numerous factors, not merely the weighing and recording of a child's growth. While advocacy in recent years has resulted in numerous countries adopting programmes of growth monitoring, much remains to be achieved in extending their coverage and making them effective.

While country programmes are often effective in providing scales and growth charts, there is frequently an inadequate understanding of the overall strategy that must be involved in countering weight loss. Weighing children and charting their rate of growth becomes ritualistic rather than a tool for achieving better nutrition and health.

Nonetheless, where growth monitoring has been adopted as a vital part of overall health care, education of mothers and nutrition, it is proving a valuable component of the child survival and development (CSD) initiative.

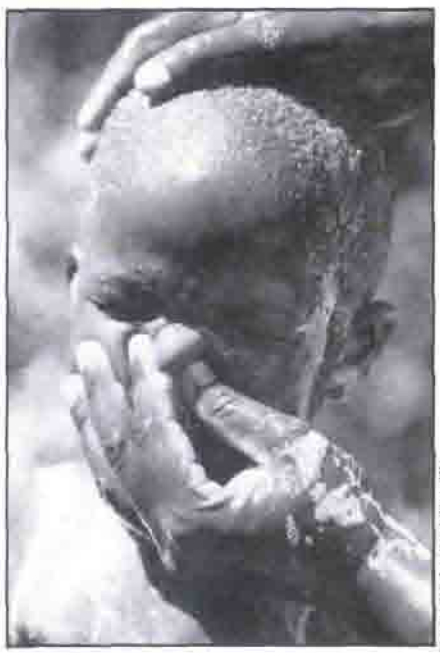
Indonesia provides a unique example: the Integrated Health Post programme (known as *Posyandu*), an extension of the Family Nutrition Improvement Programme, is employing growth monitoring as its central activity. Begun in 1984, the programme has already been implemented in 43,000 villages. 143,000 *Posyandu* provide 62 per cent of the nation's children under five with access to the range of components of the CSD package.

In India, growth monitoring is becoming the key component of its Integrated Child Development Services (ICDS) programme, at present reaching 7.3 million children in disadvantaged communities, thus strengthening its focus on children under three years.

Experiments in the Iringa project, in Tanzania, are proving successful in using growth monitoring as the key strategy to generate community participation in support of the broad range of CSD activities.

Increasing attention is being given to training and supervision, especially to ensure that the mother will understand the significance of her child's growth curve and know what to do when it falters.

In at least ten countries new growth charts were designed and field tested before being mass produced. Such charts, as in Morocco and the Philippines, provide for recording immunizations and serve in other ways as records for health related activities.



UNICEF 1435/86/Gamblin

UNICEF 1569/86/Wilai

Communities can contribute further to their own health care.

Primary health care

The economic recession continued to place constraints upon extending health care in many countries. Even some wealthy countries affected by the decline in the price of oil have had to curtail their level of health investment. However, a few nations have continued to increase resources for health.

Advocacy of child survival and development (CSD) has, nonetheless, resulted in increases, both within countries and from donors, in investment and resource allocation to expanded immunization, oral rehydration therapy (ORT) and other CSD programmes.

Commitment of governments to primary health care (PHC) remains high. However, as a consequence of the economic situation, there has been a shift to more pragmatic policies in developing PHC. Countries have been examining ways in which communities can contribute further to their own health care, such as cost recovery schemes, and are taking advantage of essential drugs programmes.

More attention is being given the practical aspects of decentralizing, management, supplies and training.

Many countries continue to strengthen or reorganize their ministries of health so as to promote the development of PHC. In Tanzania, the Chief Medical Officer has been placed in charge of PHC co-ordination at the Ministry. In Kenya, the Director of Medical Services co-ordinates PHC training.

Kenya is rapidly developing community-based health systems in 18 districts. Burundi has set up 20 health provinces in its decentralization effort.

District level management of PHC is receiving increased attention in Ghana, Nigeria, Sierra Leone, Somalia, Tanzania and Zimbabwe.

The new government of the Philippines decentralized the health system and formed 12 regional committees for health.

Turkey also has improved its PHC development by decentralizing planning to provincial governments. The success of its immunization campaign has revitalized PHC in Turkey.

Both male and female community leaders are being trained in health, so as to increase their participation in managing PHC, in Ethiopia, Somalia

and Tanzania, among other places. In Egypt, 81 women leaders in four governorates have received health and family planning orientation.

Half a million teachers in India, in 2,500 training institutions, have received orientation in health, and 600,000 booklets have been printed in 13 regional languages.

Self-instruction manuals on child survival and good reproductive health have been produced for rural teachers in Bolivia. Teachers in the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) schools in the Gaza Strip have been trained in CSD and PHC.

Training of community health workers and retraining of traditional birth attendants (TBAS) continues:

In Sudan, with a 50-year tradition of training village midwives, a PHC workshop recommended the acceptance of TBAS, as they are greatly respected in their communities and do not leave for the urban areas, as do young midwives.

In China, the maternal and child health (MCH) model counties project has been extended to cover 20 additional counties and 6,000 persons have been trained.

The training methods developed in the UNICEF-supported PHC project in the State of Guerrero, have been adopted for all rural communities in Mexico.

In Thailand, with the expanding PHC system now reaching 86 per cent of all villages, 488,400 village health communicators and 50,800 village health volunteers have been trained thus far.

In Burma, the 34,000 community health workers and 10,500 assistant midwives trained so far cover 78 per cent of villages and townships.

Haiti has trained 8,000 TBAS, and it is expected that the TBA programme will reach the entire nation this coming year.

In Africa, more governments than ever before are seeking to make child-spacing services available to families.

In Iran, five years after abandoning family planning, there has been a cautious revival under Muslim religious guidance. In Asia, where family planning has long been a policy of most governments, the Ministry of Health in Bangladesh is attempting to redress an imbalance in MCH programmes from family planning to a broader view of MCH. The new family welfare policy in India recognizes child survival as one of the key steps in population control.

Many countries have begun giving attention to acute respiratory infection (ARI), a major cause of death of young children in developing countries. The World Health Organization (WHO) and UNICEF have published a statement of principles for the control of ARI and are working closely with a number of countries in the Americas on programmes in limited geographical areas. UNICEF has also begun assisting Turkey with ARI control activities.

The spread of resistance to chloroquine has necessitated a search for alternative treatments for malaria, which continues in sub-Saharan Africa and southeast Asia as a major cause of morbidity and mortality among young children. WHO and UNICEF have also issued a statement on the principles of controlling malaria.

Cholera continued this past year as an important problem in Africa and the Middle East. Some countries are becoming better organized to respond to outbreaks with oral rehydration therapy (ORT).

CHILD HEALTH: In 1986 UNICEF

- **co-operated in child health programmes in 113 countries: 42 in Africa, 24 in the Americas, 34 in Asia and 13 in the Middle East and North Africa region**
- **provided grants for training, orientation and refresher courses for 410,900 health workers: doctors, nurses, public health workers, medical assistants, midwives and traditional birth attendants**
- **provided technical supplies and equipment for 61,500 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**

UNICEF assistance continues to countries combatting schistosomiasis (*see profile, page 20*) and leprosy. Acquired Immune Deficiency Syndrome (AIDS) is a new concern, affecting adults and newborn infants in Africa, where the virus is transmitted through heterosexual contact; UNICEF and WHO also issued guidelines, in 1986, to prevent its spread through the use of non-sterile needles.

Essential drugs

Provision of essential drugs and vaccines is a fundamental component of primary health care. If community members are to accept and become involved in preventive health services, they must feel assured of a steady supply of medicines needed to treat the illnesses from which they suffer.

This concept has become widely accepred over the past decade, and 98 countries in the developing world have instituted essential drugs programmes. As a first step, they have established a national list of drugs essential for the various levels of health services; of these, 29 nations now have fully operational programmes.

The effectiveness of the approach has been borne out in many countries, such as Tanzania and Kenya, where drug programmes provide supplies to rural health services throughout the year. This has had a stimulating effect on other parts of the health service, causing them to function more effectively.

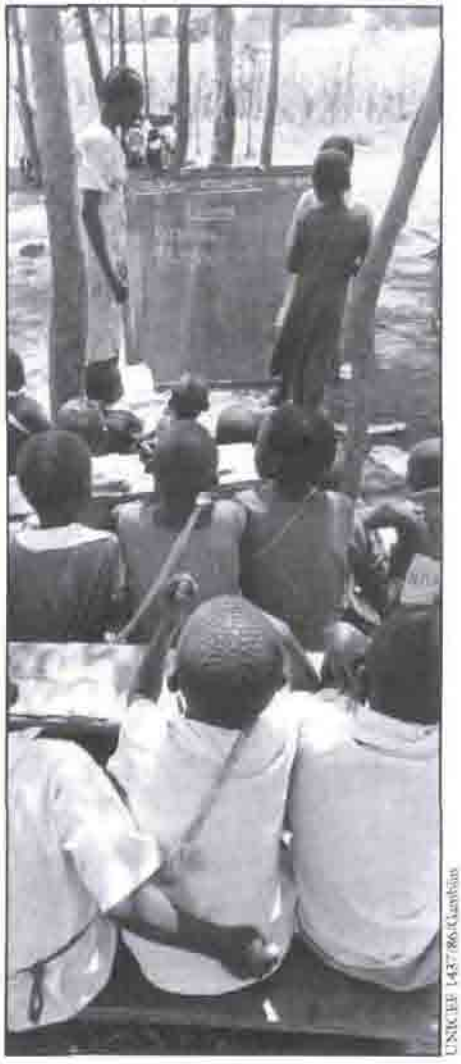
Experience has shown that adequate provision of drugs for primary health care can be carried out using no more than 30 to 40 essential medicines, at a cost of less than US$1 per person each year–even, in some countries, 50 cents. This low cost is essential if the programme is to be sustained over the long term without prolonged external support.

UNICEF has been able to purchase supplies on the world market at prices that have steadily declined in real terms over recent years (though this advantage has been eroded during 1986 by adverse trends in exchange rates). These procurement prices are published, so that governments of developing countries can negotiate their own essential drugs at better prices. In addition, governments can avail themselves of medicines and vac-

cines from the UNIPAC warehouse, through reimbursable procurement, thereby gaining low prices, assured quality and, where required, medical supplies packed in sets for primary health care facilities.

The 1985 Executive Board approved UNICEF's raising US$23 million to provide revolving credit finance to enable developing countries to pay for reimbursable procurement on delivery, instead of in advance—a major constraint for many. Thus far, the Netherlands has contributed US$3 million to this fund which, if fully funded, could facilitate provision of US$40 to US$50 million of essential drugs each year to seriously underserved populations.

With the proper prescribing and use of medicines being so important, UNICEF is assisting, in most programmes, in the training of health workers at all levels and the education of the public about what is involved in use and misuse of drugs. □



UNICEF 1437/86/Gambia

Formal and non-formal education

World-wide efforts over past decades, though falling short of the ambitious goals set, have narrowed the distances yet to be covered to reach the objectives of universal primary education and literacy for all. The main problems, globally, are concentrated in south Asia and parts of sub-Saharan Africa. Pockets remain in other regions, such as Latin America, Bolivia, Haiti and Honduras as well as among the peoples indigenous to the Andean countries; and in a number of countries of the Arab world where progress has been slow.

UNICEF's spotlight, in considering basic education deficiencies, has been on the large adult illiteracy problem, especially that of women. The solution must be linked to overcoming the weaknesses in primary education: children not attending school; those who do begin, dropping out early; the poor quality of teaching and learning. To concentrate on adult literacy while not making headway on primary education is like pouring water into a bucket with a hole in the bottom.

Thus, if all the people in a country are to receive basic educational opportunities, a three-pronged approach is needed:

1. Early child care and education for children from birth to approximately age five;
2. Education through the primary school and, where this is lacking, non-formal approaches for those in this age-group;
3. Literacy programmes and non-formal post-literacy education for women and youth.

Rather than seeking only quantitative coverage of the population, the above three components should aim at quality in learning and teaching and also the learning experience being made relevant for the real-life prospects of the children, youths and women.

UNICEF, with its limited resources, must be selective in aiding education programmes; in most countries, only some of the three components can be assisted. The main areas of co-operation are: curriculum development at the primary level; upgrading the skills of teachers and other educational personnel; strengthening child survival and development (CSD) activities through educational programmes; development and production of learning materials; strengthening education for girls and women; non-formal education, including literacy and post-literacy programmes; educational planning and management.

Examples of these are:

Curriculum development – UNICEF customarily supports a national institution for curriculum development in defining instructional objectives, developing and testing learning materials, preparing teachers' guides and students' workbooks, and orienting teachers and school administrators to the new curriculum. These activities require stage-by-stage implementation

Learning experience should be made relevant to real-life prospects for children, youth and women.

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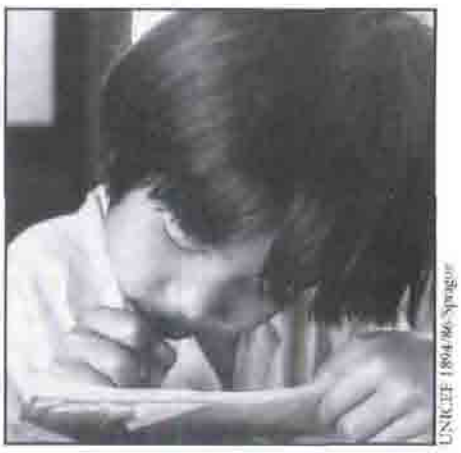

UNICEF 1804/86/Sprague

over several years. Co-operation of this comprehensive kind continues in several countries, including Bangladesh, Bolivia, Ethiopia, Maldives and Zimbabwe.

Teacher education–Support for improving the professional skills of teachers and other educational personnel takes the form of short in-service training courses. In Ethiopia, during 1986, for example, 2,517 primary teachers and 600 headmasters participated in a six-week in-service course on aspects of classroom practices and school management. These have been complemented by a five-day seminar for 280 instructors, deans of students and principals of teacher-training institutions, as well as 67 half-hour programmes broadcast by radio. Support has been provided in the Lao People's Democratic Republic to improve teachers' manuals and to have students in training institutions produce food for their own consumption.

Assistance has been provided for improving both pre-service and in-service teacher training in Somalia. A cluster model of in-service teacher training, involving a resource school linked with other schools in the area, has been found effective in both Bangladesh and Nepal. Support for in-service teacher training and production of teachers' manuals in Portuguese has complemented a UNDP/UNESCO distance-learning project for teachers in Angola.

Education in support of child survival–As child survival and development programmes have gained momentum, there have been growing efforts to forge links between education and the survival and health of children.

Following large-scale involvement in the immunization campaign in Turkey, teachers have been mobilized for a similar role in the national oral rehydration and diarrhoeal diseases control programme. In the Syrian Arab Republic, UNICEF has assisted the Ministry of Education in revising the health education curriculum of primary schools to relate it to practical situations students will encounter. Following the Turkish example, teachers and students in Syrian primary schools are actively participating in the national child immunization campaign.

In India, UNICEF has supported production of mass media materials about child health and survival, has helped introduce CSD materials in 2,500 teacher training institutions, and has distributed 600,000 copies of a booklet (in 13 languages) on the teacher's role in CSD.

A major part of UNICEF's support for primary education in the United Republic of Tanzania is the reorientation of primary teachers towards CSD, aimed at preparing them to become initiators and leaders in community self-help health activities. In the Côte d'Ivoire, the subjects of immunization and oral rehydration therapy have been experimentally introduced into the school curriculum to test the effectiveness of children as conveyors of knowledge to their communities.

Educational materials production–UNICEF assists developing countries with the development, production and distribution of textbooks and

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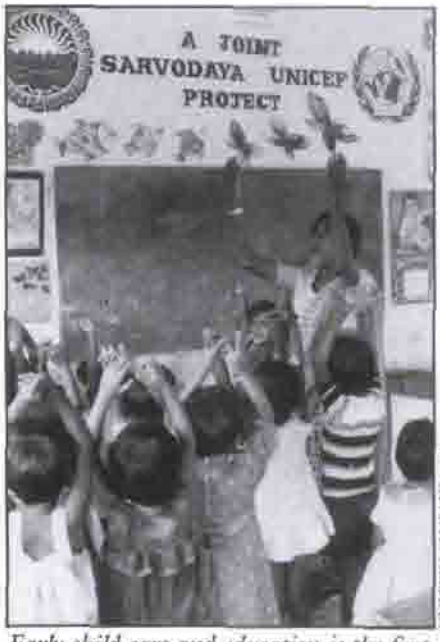

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Early child care and education is the first step towards receiving basic educational opportunities.

teaching materials. This includes: preparation and production of teachers' guides and students' workbooks, support for planning textbook production, supplying paper and printing equipment, and supporting the improvement of warehousing and distribution. Such assistance is being provided in Bangladesh, Burma, Kampuchea, the Lao People's Democratic Republic, and Nepal.

Girls' and women's education – Special efforts are being made in a number of countries to overcome the educational disadvantage girls and women have traditionally suffered. UNICEF assistance has been provided to integrate literacy with skills and crafts training for women in the Sind province of Pakistan. If the enrolment of girls in primary schools is to increase in many countries, there must first be an increase in the number of qualified female teachers. Such projects are underway in Bangladesh, Nepal, Oman, and Yemen Arab Republic.

Non-formal education and literacy – UNICEF is assisting a broad range of non-formal education programmes, such as basic development education centres where literacy and practical skills are taught to community members – one of these is in Ethiopia. A trial project is underway in Somalia, which combines literacy training with social and economic projects in communities.

In a number of countries, including Bolivia, Brazil, Haiti, Indonesia, Kampuchea, Lao People's Democratic Republic, Pakistan, Sri Lanka, and Yemen Arab Republic, literacy programmes are receiving support. Children of disadvantaged groups not yet served by regular schools are being aided with non-formal education in Afghanistan, Bangladesh, India, Mali and the Philippines.

Educational planning – Educational planning and management is assisted in a number of ways. A comprehensive schools census to collect basic information about the educational system has been aided in the Lao People's Democratic Republic. In Somalia, the Ministry of Education is strengthening its data collection and planning capacity. Thailand is developing a process of joint staff training, supervision and management support, which aims at improving the management of clusters of primary schools. Bangladesh is training sub-district officials to improve the supervision of schools and to enhance the role of the community in primary education. Help is being provided, with UNESCO, to upgrade management staff and logistics in Kampuchea.

EDUCATION: In 1986 UNICEF

- **co-operated in primary and non-formal education in 109 countries: 43 in Africa, 27 in the Americas, 26 in Asia and 13 in the Middle East and North Africa region**
- **provided stipends for refresher training of some 87,600 teachers including 68,200 primary-school teachers**
- **helped to equip more than 70,600 primary schools and teacher-training institutions, and 800 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**

Early childhood development

UNICEF continued, during the year, to foster early childhood development. It has been found that the psycho-social development of children during the first two years of life can best be achieved in the poorer communities as part of the educational core of community-based services. Among the programmes UNICEF supported this past year are:

In Colombia, the national child survival campaign is including a child development component, and the Pan American Health Organization and UNICEF have organized a course for health professionals that deals with problems of development as well as survival.

In Nepal, child care has become an integral part of both women's credit and rural development programmes. Nutrition centres in Indonesia, where mothers bring their babies for growth monitoring, have added a parenting programme for participating mothers that includes early stimulation instruction.

Existing child-care and pre-school programmes provide entry points for improving delivery of primary health care and for growth monitoring and nutrition programmes. In India, for example, the Integrated Child Development Service is delivering development components through a national system of early childhood centres. There are similar examples in Mauritius, Peru and Zimbabwe.

To strengthen early psychological and social development, from birth to age two, renewed emphasis is being given to educating parents and others who care for young children, with recognition that primary responsibility for early development rests with parents, siblings and extended family members. This approach seeks to reach them with messages about survival and development both through mass communications and by mobilizing national institutions, such as primary schools, women's clubs, rural extension services and the mass media.

UNICEF-assisted programmes in the Philippines and the Republic of Korea, for example, place increasing emphasis on parental education. CHILD-to-child programmes in Jamaica, Uganda and elsewhere include lessons for primary school students about how to play with younger brothers and sisters, as well as activities designed to improve sanitary conditions, increase the level of immunization and improve diets.

UNICEF continues to help improve the information base for programming young child development activities. This includes support for national analysis, such as the assistance being provided Sri Lanka for its National Committee of Inquiry on the Young Child; and for evaluation programmes, as in Malaysia and the Philippines, which have studied the effect of early intervention on performance in primary school.

In addition, UNICEF participates in the Consultative Group on Early Childhood Care and Development, an inter-agency mechanism to help organizations learn collectively from their experiences with early childhood development. □

Fighting snails with berries

Scientific experiments with a remarkable African plant have raised hopes that an effective low cost assault on schistosomiasis can be incorporated in UNICEF's primary health care strategy.

The plant is *endod*, the Ethiopian name for the soapberry bush (*Phytolacca dodecandra*) which African societies have used for centuries for herbal remedies and as a source of soap powder for washing clothes.

Extracts from the small unripened berries of the *endod* bush have been shown to produce a powerful molluscicide against snails which carry the schistosomiasis parasite in shallow water courses and irrigated fields shared by human populations and livestock. And because the plant can be cultivated in most of the 74 countries where schistosomiasis abounds, production costs could be pennies.

Schistosomiasis is a debilitating and eventually fatal illness caused by flatworm infestations of the liver and other body organs. About 300 million people in Africa, Asia and Latin America are known to be afflicted with it.

The most effective way of controlling this disease is through a combined effort of selective treatment of infected individuals, control of new infections by killing the vector snails at the site of infection, health education and improvement of the environment.

One of the best known chemicals, *Bayluscide*, interrupts the parasite's breeding cycle by killing the snail host, but at a cost of US$25,000 a ton it remains prohibitively expensive for those communities which need it most. There is an effective chemotherapy for the victims of schistosomiasis, but at up to US$30 a treatment it is also beyond the reach of most people—the treated people become re-infected and health education and improved sanitation are only long-term objectives—the practical result being that some 600 million people in the world's poorest countries remain exposed to infection.

The cost of producing an *endod* molluscicide which could be safely handled by local people in communities at risk, has been estimated to be less than US$1 per person per year. And scientists from some of the world's leading western and Third World research laboratories are now pressing for widespread cultivation, processing and distribution of a standard *endod* formula.

The molluscicidal properties of the *endod* bush were discovered in 1964 by a young Ethiopian parasitologist, Aklilu Lemma, during an outbreak of schistosomiasis in the northern Ethiopian town of Adwa.

After studying the epidemiological aspects of the outbreak for some time, Dr. Lemma began to notice a pattern of dead snails appearing downstream from where women washed their clothes. Wondering if there might be some connection, he gathered some live snails in a small bucket and took them upstream.

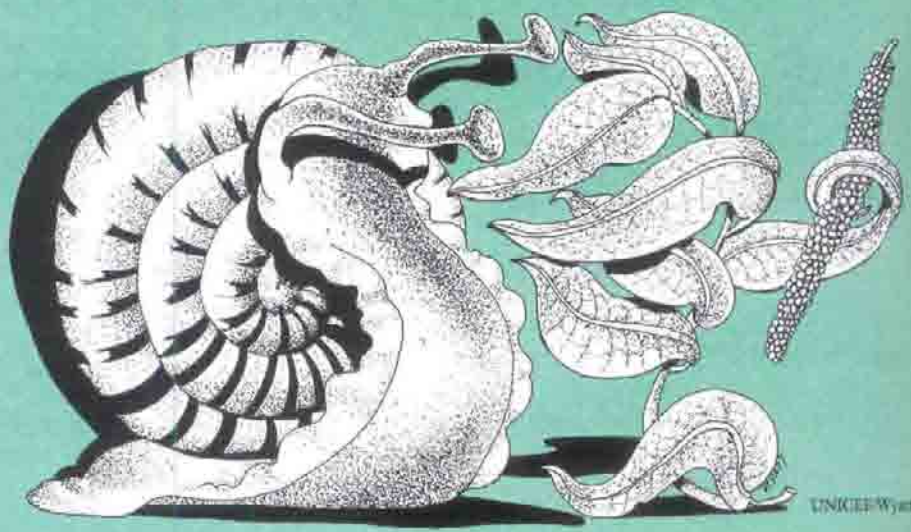
"I asked a woman to put a little of her suds in the bucket and when she did the snails fizzed and died, shrinking in their shells", he said. "We reaffirmed the effect in the laboratory where we did some quantitative analyses to see how little of this soap was necessary to kill the snails." The suds which killed the snails were in fact produced by *endod* berries from the local bushes. For centuries women in Ethiopia have collected the unripened berries and dried them in the sun. Before washing, they grind a handful in a basin and mix in a little water to produce a luxuriant foaming lather which is credited with the stark whiteness of their traditional dress. In highland areas where the *endod* bush grows especially well, almost every house has one or two bushes for the home supply.

Dr. Lemma's discovery led to a five-year survey of each household in Adwa before and after introduction of scientifically measured berry extract to the rivers.

"Before the introduction of *endod* we found that about 50 per cent of the children between the ages of one and five years were infected by schistosomiasis", says Lemma. "Five years later that figure had been reduced to about eight per cent."

Further research showed that the natural berry product was also biodegradable, breaking down into inert organic materials within 48 hours.

While a discovery of such potential in a western country would undoubtedly have earned headlines and major financial support, *endod* has remained on the scientific backburner for two decades. A number of eminent western researchers have pushed its development through bodies like the Stanford Research Institute (SRI) in California, Johns Hopkins University and Carleton University in Ottawa, Canada. And some financial support for research and scientific conferences has come from the United States National Science Foundation, the United Nations Development Programme (UNDP) and the Canadian International Development Agency (CIDA), but the level of financial interest necessary to establish a scientific profile with the international imprimatur of agencies like



UNICEF/Wyatt

the US Food and Drug Administration, has been sadly lacking.

"It has been very difficult to overcome the biases", says Dr. Lemma. "One of the problems with *endod* is that it is too simple, too cheap. There are already chemicals in the marketplace and people don't want to invest in something which is unlikely to make a lot of money. We have been unable to attract the kind of resources necessary to develop a product quickly, which has all the seals of approval."

Two recent developments however have given that process a welcome push. In Canada, the International Development Research Centre has teamed with UNDP and the World Health Organization (WHO) to evaluate the toxicology of *endod* and clear the way for pilot studies in Ethiopia, Swaziland and Zambia, and to establish internationally recognized toxicology standards. A new high-yielding Type 44 *endod* plant has been developed in Ethiopia and transplants are doing well in Brazil, Kenya, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe—each of which have severe schistosomiasis problems. And in New York, UNICEF has recruited Dr. Lemma as a Senior Advisor on Technologies for Health and Development which would include the development of *endod* for possible addition to the Organization's primary health care programme.

It could take at least three years of field trials for *endod* to pass the various international protocols which would give the green light to greater financial support, but scientists associated with its development over the years are confident it will pass muster.

In order to control schistosomiasis, UNICEF believes that the benefits of *endod* should be coupled with chemotherapy to kill the parasite, and proper sanitation to stop the spread of the disease. The beauty of *endod* is that it provides an adequate opportunity for community participation and involvement in growing the plant locally, processing it and applying it to control the snail populations to intercept transmission of the disease on a community self-help basis.

Safe water and basic sanitation

UNICEF co-operated with some 95 countries in water and sanitation programmes during 1986. By the beginning of the year, the mid-point in the International Drinking Water Supply and Sanitation Decade, water supply coverage had increased in rural areas, since the beginning of the decade, four per cent and sanitation two per cent; in urban areas, the increases were five per cent and six per cent, respectively. Although the increase appears small in percentage terms, in absolute numbers, it represents a combined total of an additional 270 million people with water supply and 180 million with proper sanitation; in the last decade, UNICEF has spent US$500 million on water projects.

UNICEF 1615/86/Wilds

Community participation has been especially successful in water and sanitation projects.

The Decade has heightened awareness, internationally and within countries, of the importance of safe water and proper sanitation. Progress is being achieved, in spite of constraints: insufficient funding, inadequate numbers of trained personnel, problems of maintenance, and inappropriate institutional arrangements. However, acceptance of sanitation continues to lag behind readiness to improve water supply.

UNICEF programmes are perceived and developed, more and more, from a socio-economic and health viewpoint that reflects the multiple roles and benefits of effective water supply and sanitation. This trend can be seen in some African countries, notably in Nigeria, Uganda and Kenya; and in Asia, e.g. in Burma and Kampuchea.

Community participation, with emphasis on the involvement of women, has been especially successful, worldwide, in water and sanitation projects.

In Asia, communities in India, Indonesia and northeast Thailand have been mobilized, managing revolving funds to provide their own water and sanitation facilities.

Several organizations have brought women to the forefront of water activities, such as: manufacture of handpumps in the International Development Research Centre-assisted project in Sri Lanka; maintenance of water facilities, as in the project assisted by the Population and Community Development Association in northeast Thailand; mobilization of other women to participate, as in Nepal.

There is close co-operation with the United Nations Development Programme (UNDP) Global Project for Women and Water, funded by the Government of Norway, which serves to promote the advancement of women in several major project areas through their participation in water projects.

Considerable resources have been committed to development of skilled personnel for institution building and training at the community level.

WATER SUPPLY AND SANITATION: In 1986 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 83,468 water supply systems, including 71,341 open/dug wells with handpumps, 1,203 piped systems, with 567 motor-driven pumps and 10,357 other systems such as spring protection, rain water collection and water treatment plants**
- **benefited some 18.7 million persons from its rural water supply systems**
- **completed 293,404 excreta disposal installations benefiting some 2,483,100 people**

Maintenance continues as a major concern of a number of countries. Systems in which the user community is principally responsible for routine maintenance are gaining in popularity and acceptance, drawing from the experiences of the original three-tier system in India. Improved technology, as well as community participation, is facilitating maintenance by the users themselves.

UNICEF continues to promote appropriate, low-cost technologies, especially those that can be manufactured locally.

Globally, the cost-efficiency and cost-effectiveness of UNICEF-supported programmes have increased in recent years. In 1983, 1984 and 1985, expenditures were, respectively: US$67.8, US$68.1, and US$58.5 million, while beneficiaries of water and sanitation rose from 15.7 to 17.0 to 22.8 million during these same three years, which represents a decrease in cost per beneficiary by about 40 per cent.

Significant cost reductions in construction of water systems took place, e.g., in Uganda where a borehole (small-bore well), to an average depth of 50 metres, equipped with the local version of the India Mark-II handpump, (the U-Two pump) now costs about US$15 per capita.

Seven countries made in-depth, detailed evaluations of projects, while several others did studies or assessments. UNICEF is collaborating with the International Reference Centre for Community Water Supply and Sanitation in the Netherlands, in developing training modules to guide water and sanitation staffs in carrying out evaluations.

UNICEF is now at the centre of a world-wide network of agencies closely collaborating in programmes in order to help spread low-cost water supply and sanitation nation-wide. This most recently was manifested in the Abidjan *Statement, an all-Africa agreement of* October 1986, on policies and strategies.

In order to make this co-operation even more efficient, by the end of 1986 the modalities of a global co-operative rural and peri-urban water supply and sanitation programme were being explored between UNDP, the World Bank, the World Health Organization and UNICEF. □

Women and development

Women are crucial to the improvement of infant and young child survival, but in most societies their situation prevents them from being as effective as they might be as mothers. Many, in poor communities, are already overwhelmed by 12 to 16-hour working days, fatigued by the physical demands of domestic tasks, struggling to produce enough food and to raise the income needed for family well-being.

Mothers are frequently ill and tired, receive little support in their male-dominated societies, and repeated pregnancies and breast-feeding take a toll on their nutrition and health. As many as 230 million of the 464 million women in developing countries are estimated to suffer from anaemia. About 500,000 die each year from causes related to childbirth.

Girls frequently do not get the same opportunity for schooling as boys, and the resulting lack of literacy stands in the way of a mother being able to learn improved ways to nurture and raise her children. Wherever social improvement has taken place, it has been preceded by improvement in the situation of women through better access to education, health facilities, income-earning opportunities and productive resources, such as land, cattle and credit.

To meet these and other needs, UNICEF gives considerable emphasis to programmes for women and girls. Among specific activities supported this past year are:

Tanzania is formulating and advocating strategies to ease the work burden of pregnant women and promoting the closer monitoring of pregnancies by village health committees.

Egypt is mobilizing rural women leaders and day care teachers to deliver health services to mothers.

Malawi is distributing tetanus toxoid and iron foliate to pregnant women.

Bolivia is publishing manuals on reproductive health for use in primary schools.

Nigeria is supporting national workshops on women's health.

UNICEF's concern for ensuring an adequate supply of food for each household has a four-fold objective: developing a community-based system for meeting basic food needs, year-round, for low-income families; improving the nutritional status of women and children; increasing women's earnings; introducing relevant technologies for their work as food producers.

The direction of support, thus far, had been towards home gardening, whereas current support, since 1986, has broadened to include promotion of higher yielding varieties of traditional staple food crops, such as cassava, cowpeas, and sweet potatoes. This is being carried out jointly with the International Institute of Tropical Agriculture in Ibadan, Nigeria, as well

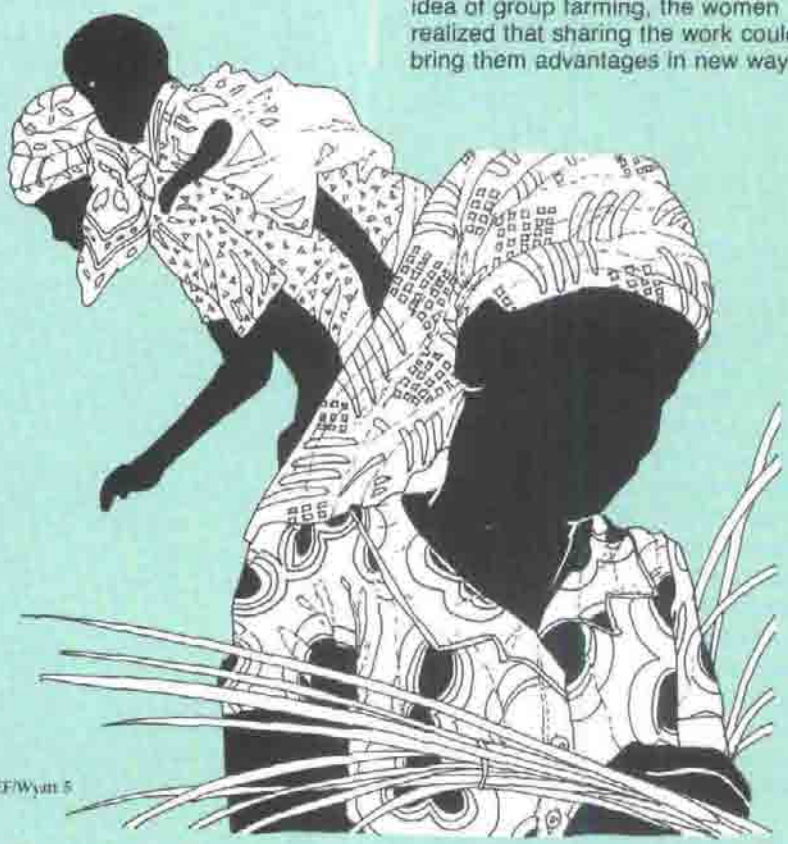
Polygamy leads to self-help — CAMEROON

West Africa's market women are famous for their enterprise and entrepreneurial spirit. In terms of family welfare, this is fortunate, for with polygamy still prevalent in most rural areas, few women can count on their husbands for a great deal of help in meeting family needs for food, clothing, and shelter.

Veronica Sangbong, a private business woman and the only woman rice contractor in Bamenda, a busy market town in western Cameroon, exemplifies this entrepreneurial spirit in many ways. A few years ago she set out to organize the farm women of her district into co-operatives so they could pool their labour, share a better supply of tools, and arrange more convenient transport of their goods to market. Out of the initial 'Bawum Happy Day Farming Group', which she helped to found, has evolved a string of five co-operatives concerned not only with farming and marketing but with health, environmental sanitation, and new income-generating activities.

Four out of five women in this part of Cameroon are farmers, and from valley floor to hilltop every inch seems to be cultivated. One of the gains the women of Bamenda made as they got organized was that they were better able to take advantage of the services provided by several government ministries: particularly the ministries of social welfare, health, agriculture, and women's affairs. The last of these was created in 1984 as a result of Cameroon's participation in International Women's Decade, its aim being to promote the rights of women and further their role in the country's development. UNICEF is collaborating with the Ministry of Women's Affairs in a number of projects, including appropriate technology, the strengthening of women's co-operatives, extension services for women, and the equipment of women's training centres.

Theresa Epo is the Women's Affairs Ministry's *animatrice rurale* (rural extension worker) in Bamenda, and it is she who has worked most closely with Veronica Sangbong and the farm women's groups from the Government side. She explains how the farm women have always helped one another in certain ways—during childbirth, for example. When Veronica Sangbong proposed her idea of group farming, the women realized that sharing the work could bring them advantages in new ways. They applied to the sub-chief for a communal field. When this was obtained, the Ministry of Agriculture's extension workers advised them on modern farming techniques, including the use of fertilizers and methods of clearing the land without burning. They built a meeting house and storage shed with their own hands.



UNICEF/Wyatt 5

Since injuries are easily sustained when working in the fields, it is important for the groups to have a first-aid kit with basic supplies and drugs: bandages, iodine and nivaquine, for example. At Bawum, the women have set up a small dispensary in the village, run by Benedicta Ngawa, who underwent six weeks' training at a mission hospital.

Benedicta works on a semi-voluntary basis every day except Sunday. Drugs are bought from a revolving fund. Their availability poses a problem, however, as does the remuneration of Benedicta, who treats the whole community, and even does babies' growth monitoring, since the nearest health centre is six kilometres away. The dispensary has been included in the Health Ministry's expanded programme on immunization circuit, and its mobile team visits the dispensary regularly to vaccinate the children. To prevent diarrhoea, Benedicta advocates the use of pit latrines and personal hygiene. She also teaches the mothers how to prepare a proper sugar and salt solution for rehydration.

Many of the women derive a small cash income from basket-weaving and can now make their own and their children's dresses. One group in the district began a fish-farming project but found that they were in strong competition with the local kingfishers! They hope the Agriculture Department will come up with a solution.

Both Veronica and Theresa agree that the women's—and the villagers'—lives have considerably improved since they started pooling their resources and benefiting from the Government services. Regularly washing their children, feeding them before sending them off to school, keeping the area around their huts clean—these are some of the things they more regularly attend to these days.

UNICEF 1486/86/Isaac

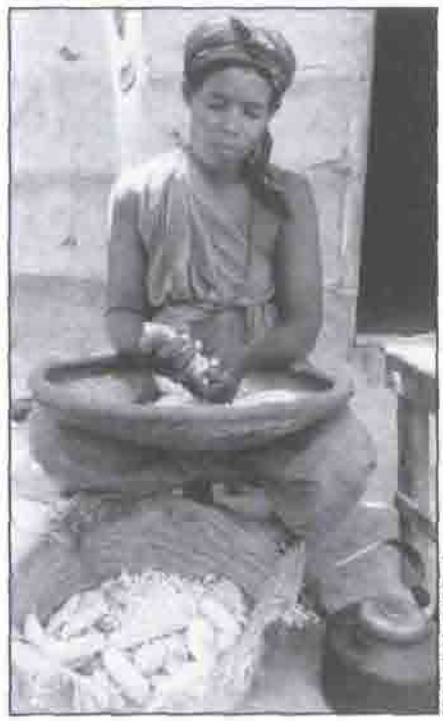
UNICEF 1910/86/Sprague

as with other research institutes in Mozambique, Nigeria, Rwanda, Senegal and Tanzania. This approach emphasizes the concept of household food security as distinct from national food security.

In Mozambique, there are six projects underway in drought-stricken areas of three provinces, as well as in the green zones around Maputo and Beira, concerned with access of households to food, services and income. Approximately 80,000 women and their families are benefiting from interventions aimed at improving farming systems and achieving self-sustaining income growth.

Three major trends can be identified in UNICEF's assistance to literacy and educational programmes for women: non-formal education in household and family skills, with emphasis on child-health components; incorporating child-health subjects into literacy programmes and into primary school curricula, both to educate the young

UNICEF gives considerable emphasis to programmes for women and girls.



UNICEF 1207/85/Taylor

COMMUNITY AND FAMILY BASED SERVICES FOR CHILDREN: In 1986 UNICEF

- **co-operated in social services for children in 95 countries: 38 in Africa, 23 in the Americas, 21 in Asia and 13 in the Middle East and North Africa region**
- **supplied equipment to more than 23,900 child welfare and day-care centres, 500 youth centres and clubs and 4,100 women's centres**
- **provided stipends to more than 39,000 women and girls for training in child care, homecrafts, food preservation and income-earning skills**
- **provided stipends to train some 130,000 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 69,800 child welfare workers**

and to encourage them to diffuse health information to family and community members (Côte d'Ivoire, Haiti, Bolivia, Yemen Arab Republic and Saudi Arabia); incorporating relevant practical skills into educational programmes, so as to encourage rural girls to enrol and remain in primary schools or non-formal training (Bangladesh, India, Pakistan, and Afghanistan).

Country programmes providing opportunities to women for income-earning activities, show three trends: aiding women to engage in small businesses by providing subsidized bank loans, through support for initiatives that encourage their direct access to formal credit systems, as Egypt and Pakistan are doing; UNICEF guaranteeing security funds (in Indonesia) to involve commercial banks in direct credit extension to landless women; support for pre-co-operative forms of production which generate income for women, in Bangladesh, Indonesia, Kampuchea, Nepal, and Yemen Arab Republic.

Women's organizations in numerous countries are the main channel for diffusing messages about children's health and for providing training to large numbers of health motivators throughout the country.

Governments continue to request assistance in family spacing, as in Algeria and Lebanon, and UNICEF collaborates with the United Nations Fund for Population Activities in improving logistics for distribution of health and spacing supplies, in Angola and Bangladesh, as well as general advocacy for birth spacing, in Liberia and Nepal.

Among numerous innovative projects receiving UNICEF support are:

In the drought-stricken Udaipur district of India, the Rajasthan Women's Development Project has fostered women's awareness of their rights and changed restrictive hierarchical relationships; from being passive recipients, women are now demanding fair pay for their labour and provision of health, literacy and educational services.

Landless farmers, in Indonesia, are being aided with support for credit from a commercial bank to cultivate marketable crops on land leased from the village. This project, sponsored by the Directorate of Community Education, is pioneering in opening up direct bank credit to the poor. □

Urban basic services

The rapid growth of cities in the developing world has given rise to large numbers of urban poor. Residents of slums and shantytowns represent a majority of the population in many cities. To help governments cope with this unprecedented concentration of people living in impoverished circumstances, UNICEF has increased its support for Urban Basic Services (UBS).

This integrated approach to community-based services seeks to enlist the participation of the people in urban neighbourhoods to provide essential services for children through such activities as establishing primary health care, improving access to water and sanitation, supporting pre-school and early child stimulation, and training women and enhancing their employment opportunities and income.

During 1986, UNICEF's assistance experienced both a gradual expansion and important transformations. Some examples are:

In India, the government has institutionalized the UBS approach as a national strategy to address the needs of the urban poor.

In Brazil, the 'Child First' programme seeks to attain national coverage for children and women of the poor.

In the Philippines, the government aims to develop basic services—mainly through expanded primary health care (PHC)—to achieve total coverage of the urban poor.

In Colombia, the government is initiating a national plan aimed at eradicating urban and rural poverty.

Among the on-going urban projects UNICEF is assisting are:

In Indonesia, the government has taken major measures to counter its severe resource constraints by expanding social services based on community participation.

In Buenos Aires, Argentina, the Ministry of Social Affairs is expanding the delivery of basic services for children and women living in 14 *villas miserias*. The target is to reach 110,000 people by 1988 with low-cost community projects, which respond to their own priorities and needs. These include: PHC/maternal and child health (MCH) and nutrition, pre-school programmes, and the strengthening of community organization.

In Kingston and Montego Bay, Jamaica, an urban development project has been initiated with actions designed to strengthen community organizations through training programmes and workshops.

The on-going urban activities in Sri Lanka have added about 130 new low-income communities to the 400 already benefiting from child survival and development (CSD)/UBS interventions. Stress is being placed on immunization.

The Karachi Baldia soakpit project in Pakistan has successfully incorporated CSD activities; some 6,000 latrines have already been built.

The following urban activities are underway in Kisumu, Kenya: water and sanitation, nutrition, a programme for street children, and the strengthening of women's economic activities.

In Accra, Ghana, a PHC programme has been initiated, in the urban area of NIMA 441, with the construction of a community clinic; attendants have been trained and supplied with basic medicines.

In Central America, urban projects are continuing or being initiated in six countries. Each of the new projects is preceded by a thorough study and is based on an analysis of the situation.

New integrated urban services have begun, with high levels of community interest and participation, in Port-au-Prince, Haiti, and La Paz, Bolivia.

In Peru, community-operated popular kitchens and bakeries have reached national coverage. UNICEF has supported income-saving projects, organized by women, through skills training and supply of equipment. It is now helping to diffuse information about this experience among other countries of the region.

Basic literacy and non-formal education continue to enjoy a strong commitment on the part of the governments of Indonesia and Nicaragua.

Most urban programmes assisted by UNICEF incorporate CSD components. In Ecuador, the second PREMI (National Programme for Infant Mortality Reduction) programme is about to be launched containing all major CSD measures, plus the training of health scouts to carry out pre-natal mortality control and surveillance of preventable child and mother diseases.

In Colombia, a national plan for CSD

UNICEF 1732/86/Haiti

UNICEF 1750/86/Haiti

UNICEF 1726/86/Haiti

Enlisting the participation of the people in urban neighbourhoods to provide essential services for children.

Run-away modernization? PAKISTAN

A certain ambivalence to change complicates many development efforts in the dusty, mudwalled villages of Pakistan, as it does in most parts of the developing world.

A short story published in Pakistan in the early 1970s called "The Road" opens with a peasant farmer attacking, with a pickaxe, a new feeder road leading to his village. The road has brought an influx of town merchants with cheap trinkets and other 'temptations', and the farmer's young wife has eventually run off with one of them.

While hardly leading to results as drastic as this, the changes UNICEF is helping the Government of Pakistan introduce to village life, including those dealing with sanitation, public health, and literacy, while usually welcomed in principle, can also involve side effects which village people find quite disturbing.

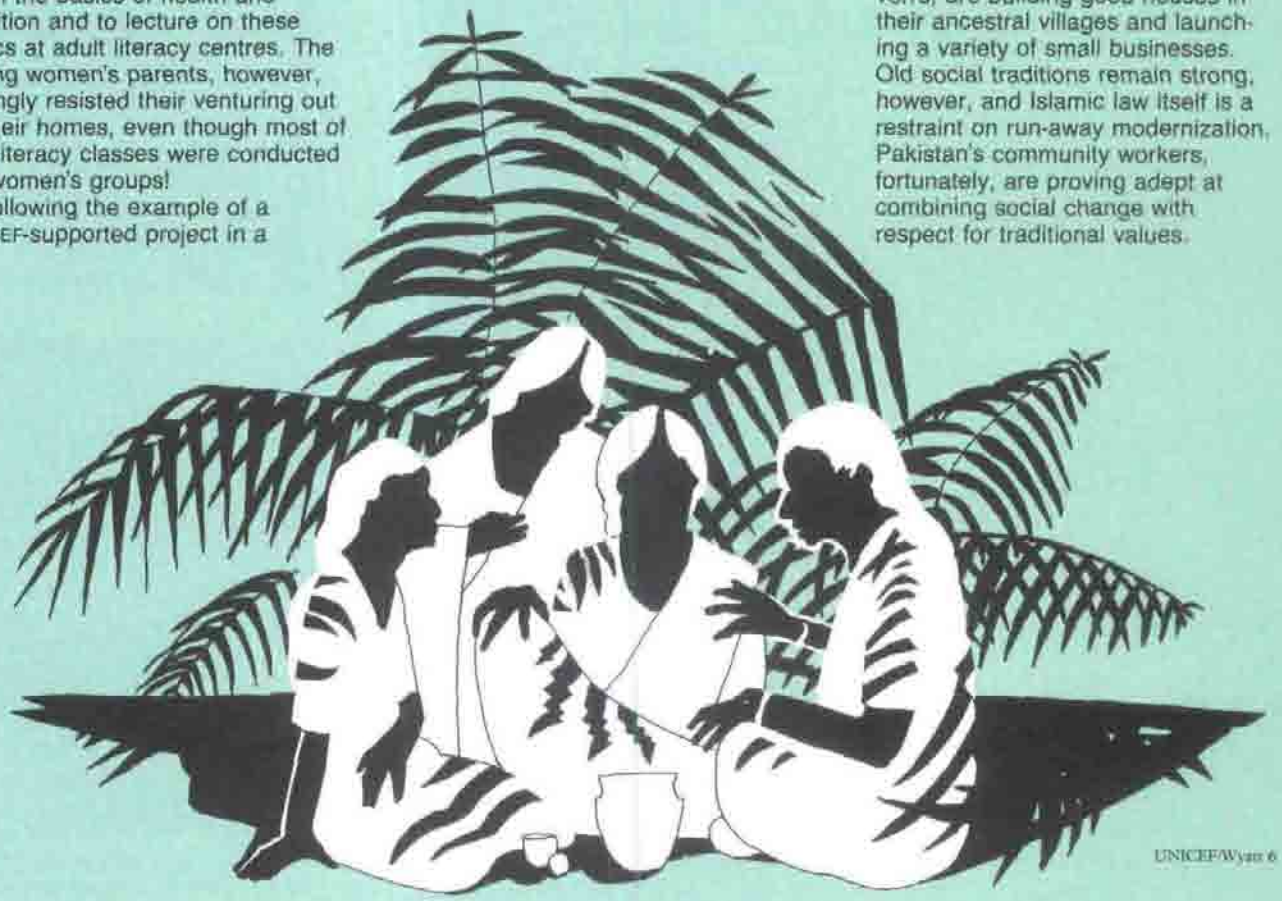
In 1984 a group of medical students from Karachi decided to start a community health project in Goli Mar, a slum settlement near Karachi. They met a number of young women who were eager to learn the basics of health and nutrition and to lecture on these topics at adult literacy centres. The young women's parents, however, strongly resisted their venturing out of their homes, even though most of the literacy classes were conducted for women's groups!

Following the example of a UNICEF-supported project in a different community, the project managers decided to approach the matter of health education through a system of 'home schools', reaching the children first. Young women are trained in teaching (health education included) but they teach in their homes, the children coming to them. So far the response has been quite encouraging. In Goli Mar the home teachers are also being trained to act as primary health workers, not only teaching children—and when possible their mothers—the basics of health and nutrition but also keeping a vigilant eye on the children's growth. In the older project which inspired the one in Goli Mar a number of home teachers are also being trained to carry out vaccinations.

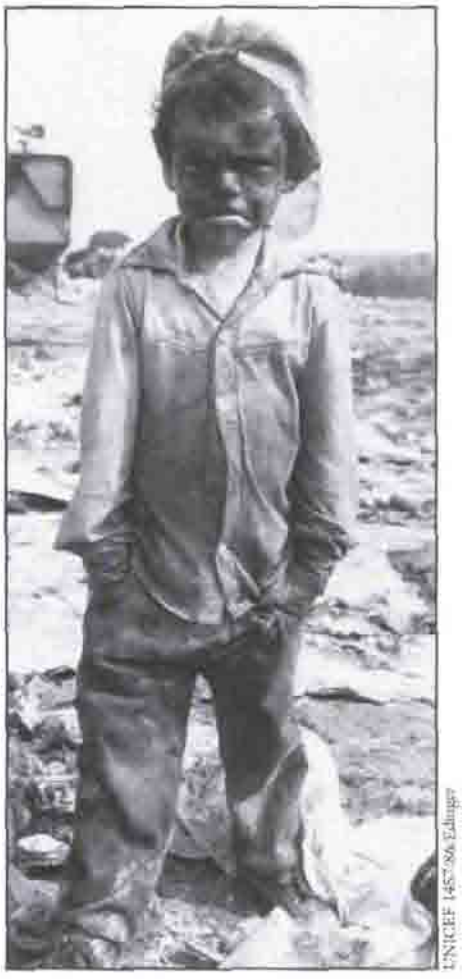
To the north in the Punjab, UNICEF is financing sanitation projects in 275 selected villages, demonstrating soakpits, rain-water collection systems, and bio-gas plants. Some of the village projects are going well, and where this is the case good extension work is usually the decisive factor. Sanitation is one of the most difficult development activities to promote, but in Matua, a village near Rawalpindi, one visitor recently found leaders supervising a weekly cleanliness day and was told "in Islam, cleanliness is 50 per cent of godliness".

There are difficulties, however. Even simple sanitation devices such as earth latrines are expensive in terms of many householders' incomes. How to set up and administer village revolving funds has proven a difficult task for local councils of elders, unused to dealing with problems of this nature. Women and girls, experts feel, could do much to spark these and other village development projects, but first, as a teacher in the Punjab observed, "it is up to the men to release and encourage the women".

The physical signs of development can be seen everywhere in Pakistan. Contract workers, returning from the oil-states of the Persian Gulf with considerable savings as well as cassette radios, TV's and VCR's, are building good houses in their ancestral villages and launching a variety of small businesses. Old social traditions remain strong, however, and Islamic law itself is a restraint on run-away modernization. Pakistan's community workers, fortunately, are proving adept at combining social change with respect for traditional values.



UNICEF/Wyatt 6



UNICEF 1457-86/Ellingsen

Reaching and improving the conditions of vulnerable children.

has been established with the objective of reducing infant mortality from 57 to 40 per thousand, among some 3.7 million children and a million pregnant women.

However, in Colombia, as well as in Brazil, immunization coverage in urban areas still presents some logistical difficulties in reaching the poor and defaults are reported. In Somalia, the urban sub-component of the Accelerated Child Immunization Project has been evaluated in two ways – coverage achieved and reduction of disease incidence. Both in Hargeisa and Mogadiscio, the results are very encouraging, reaching about 90 per cent coverage.

As part of emergency relief and rehabilitation following the earthquakes in Mexico and El Salvador, UNICEF successfully designed and implemented a model for relief activities conceived as entry points leading to lasting community development programmes. □

Children in especially difficult circumstances

The 1986 Executive Board gave UNICEF a mandate to help governments strengthen programmes aimed at children in especially difficult circumstances: abandoned children, street children, child victims of abuse and neglect, and children in armed conflicts. As many as a fifth of the children in developing countries may live in such circumstances. For some time, UNICEF has been supporting governments attempting to develop ways to aid runaway and abandoned children living on city streets, children exploited in their work places, and children abused and neglected at home or in their community. The number of working children is growing rapidly, however, and the incidence of abuse, neglect, abandonment and exploitation is also on the rise.

Both preventive and remedial actions are possible. Experiences in a number of countries suggest approaches for reaching and improving the conditions of these vulnerable children.

A project in Brazil, begun in 1981, has extended its work with street children to over 300 communities and nearly 200,000 children, now covering nearly every state in the country. Methods derived from the project are being utilized in other community-based programmes in Brazil. In May 1986 the First National Street Children Seminar, attended by nearly 450 street child delegates from all over Brazil, plus some 100 adult observers, was organized and managed by the children themselves. They presented their recommendations to the President of the Republic and Congress, and media coverage heightened public understanding of their problems. What is being learned from the experience is now being applied, as well, in Colombia, Mexico, Ecuador and other countries of the Americas.

UNICEF co-operates in Colombia with the Institute for Family Welfare in a street child project that now extends beyond the original four departments, and in Mexico with the programme of Integrated Family Development, which is working in 11 cities.

The new project in the Philippines, funded through UNICEF Canada, is now well underway in Manila, with initiatives planned for four other cities.

In Kenya, UNICEF is co-operating with both the government and NGOs in Nairobi and Kisumu. Situation analysis and planning have begun for street child projects in Zambia, Mozambique, Sudan, Ethiopia, and Tanzania. In the latter two countries, small initial projects reunifying street children with their families are already underway.

In Egypt, an in-depth study has been carried out, examining working children's views of their own needs and preparing responses to these needs in an integrated project.

Morocco is examining alternatives for very young girls who are in domestic service.

Madagascar has begun training 24 social workers as street educators for boys and girls in Antananarivo in an experimental project to promote income-generating work that would get them away from the abuse and exploitation of their present means of survival.

An evaluation of the needs of street children in Ecuador has been carried out with a view towards consolidating efforts by UNICEF and the National Institute for the Child and Family in Quito and Guayaquil.

Initial planning and a workshop have taken place in Guatemala for a national project for street and working children.

UNICEF is supporting the new international movement on behalf of street children, a voluntary organization called CHILDHOPE, founded in 1986, in which 18 global NGOs are participating.

UNICEF also supports the work of the International Society for the Prevention of Child Abuse and Neglect including the development of regional networks in Africa and the Americas. During 1986, a first Pan-African Conference on Child Abuse was held in Nigeria, and a second regional seminar for Latin America was held in Ecuador.

Another organization with which UNICEF co-operates closely, especially in the protection of children's rights, is Defence for Children International. □

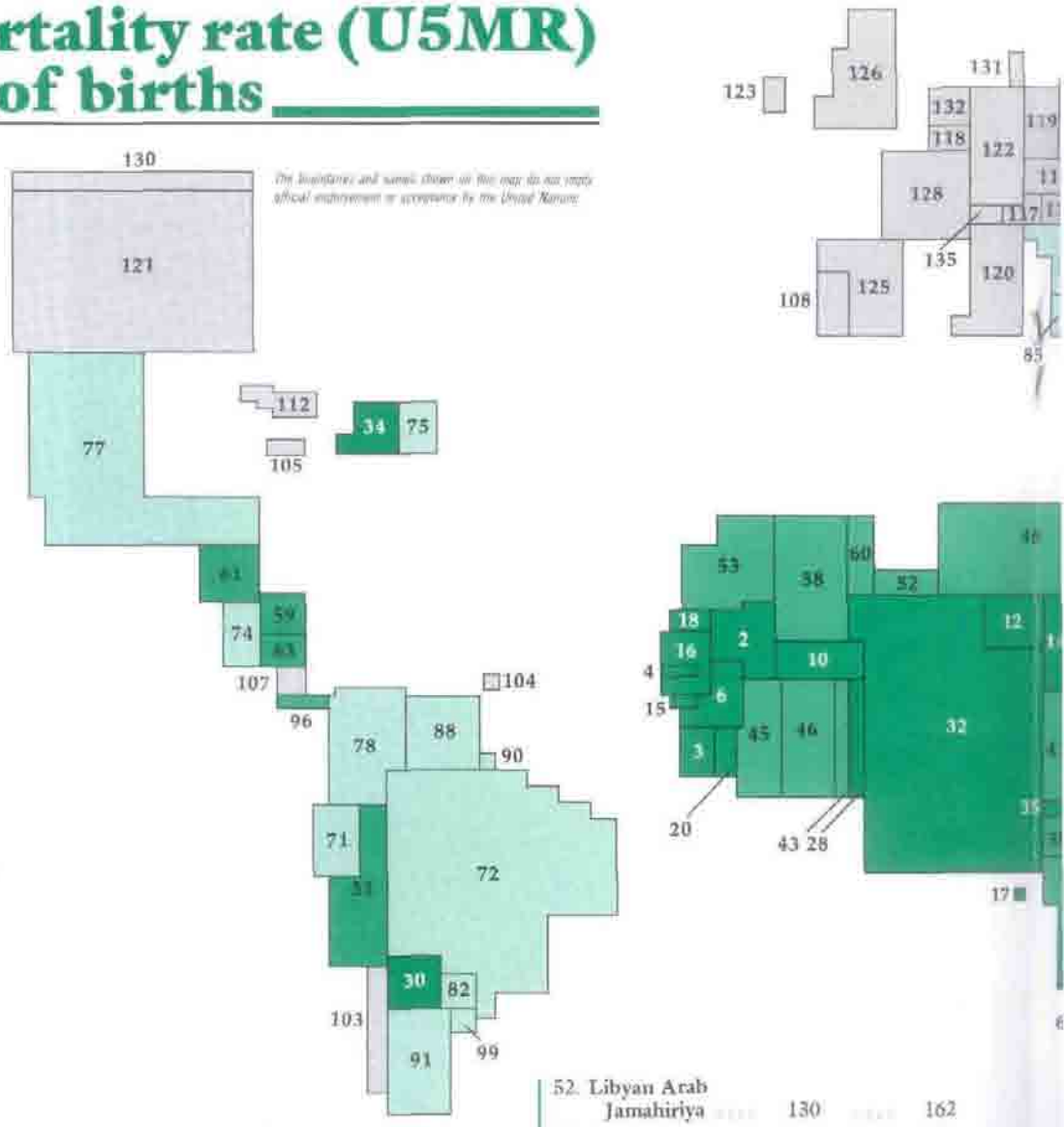
Under-five mortality rate (U5MR) and number of births

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

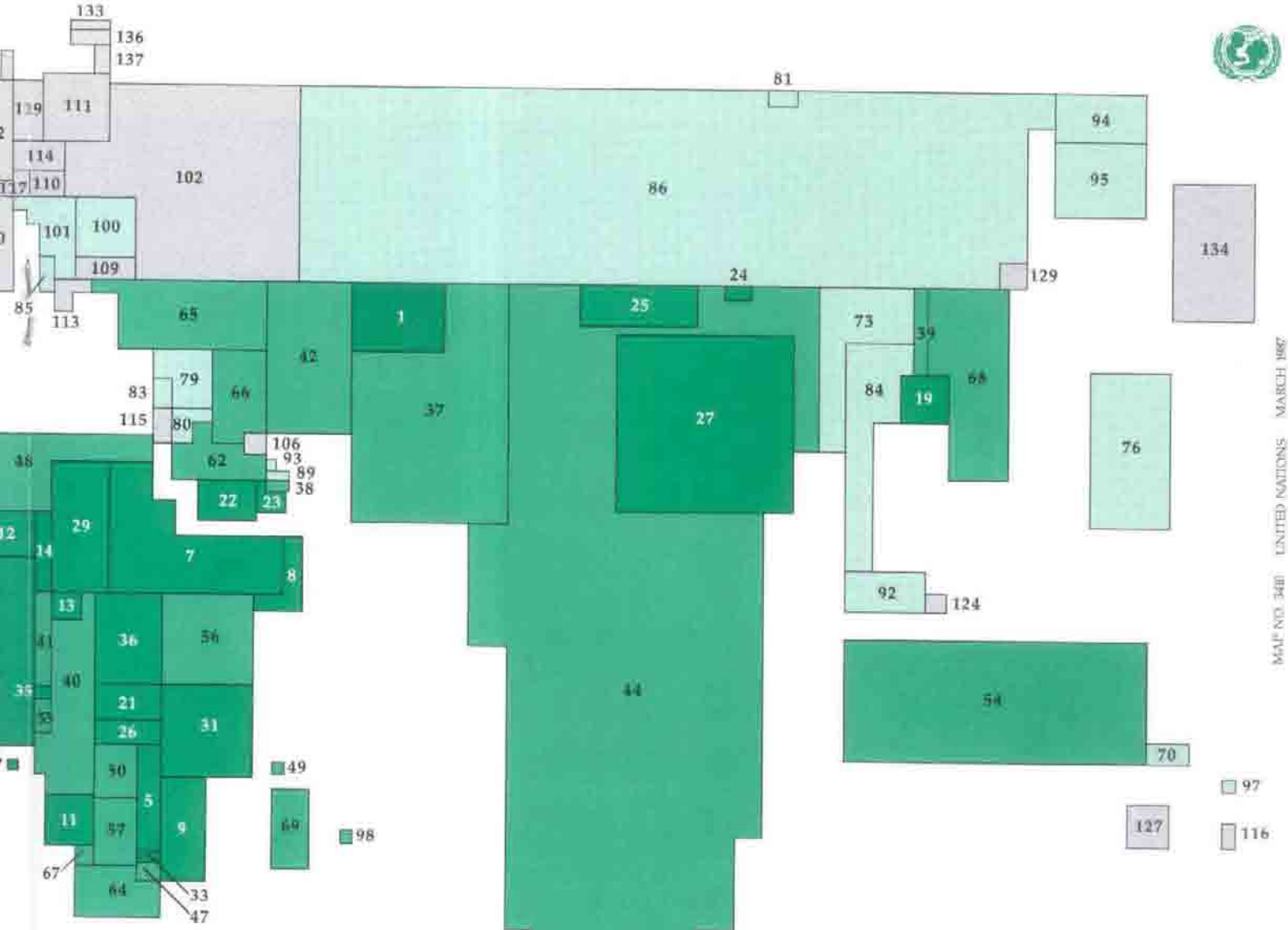
On this cartogramme the size of the country is determined by the number of births and the shadings depict the U5MR as follows:

- Very high U5MR countries (over 175)
- High U5MR countries (95-174)
- Middle U5MR countries (30-94)
- Low U5MR countries (under 30)

The countries on this cartogramme are listed in descending order of their 1985 under-five mortality rate.



	U5MR	# BIRTHS (thousands)
OVER 175		
1. Afghanistan	329	844
2. Mali	302	410
3. Sierra Leone	302	171
4. Gambia	292	32
5. Malawi	275	373
6. Guinea	259	286
7. Ethiopia	257	2175
8. Somalia	257	221
9. Mozambique	252	633
10. Burkina Faso	245	334
11. Angola	242	416
12. Niger	237	315
13. Cent. African Rep.	232	115
14. Chad	232	223
15. Guinea-Bissau	232	37
16. Senegal	231	301
17. Equatorial Guinea	223	17
18. Mauritania	223	95
19. Kampuchea	216	316
20. Liberia	215	107
21. Rwanda	214	314
22. Yemen	210	331
23. Yemen, Dem.	210	101
24. Bhutan	206	53
25. Nepal	206	669
26. Burundi	200	220
27. Bangladesh	196	4374
28. Benin	193	207
29. Sudan	187	975
30. Bolivia	184	278
31. Tanzania, U. Rep. of	183	1144
32. Nigeria	182	4848
33. Swaziland	182	31
34. Haiti	180	272
35. Gabon	178	41
36. Uganda	178	784
95 - 174		
37. Pakistan	174	4155
38. Oman	172	56
39. Lao People's Dem. Rep.	170	163
40. Zaire	170	1356
41. Cameroon	162	424
42. Iran, Islamic Rep. of	162	1772
43. Togo	160	135
44. India	158	22606
45. Côte d'Ivoire	157	448
46. Ghana	153	642
47. Lesotho	144	64
48. Egypt	136	1626
49. Comoros	135	21
50. Zambia	135	323
51. Peru	133	700
52. Libyan Arab Jamahiriya	130	162
53. Morocco	130	754
54. Indonesia	126	5043
55. Congo	122	78
56. Kenya	121	1138
57. Zimbabwe	121	417
58. Algeria	117	916
59. Honduras	116	182
60. Tunisia	110	225
61. Guatemala	109	334
62. Saudi Arabia	109	480
63. Nicaragua	104	142
64. South Africa	104	1246
65. Turkey	104	1466
66. Iraq	101	678
67. Botswana	99	55
68. Viet Nam	98	1815
69. Madagascar	97	446
30 - 94		
70. Papua New Guinea	94	131
71. Ecuador	92	340
72. Brazil	91	4008
73. Burma	91	1101
74. El Salvador	91	218
75. Dominican Rep.	88	200



76. Philippines	78	....	1743
77. Mexico	73	....	2566
78. Colombia	72	....	865
79. Syrian Arab Rep.	71	....	487
80. Jordan	65	....	163
81. Mongolia	64	....	68
82. Paraguay	64	....	130
83. Lebanon	56	....	80
84. Thailand	55	....	1313
85. Albania	52	....	83
86. China	50	....	19805
87. Sri Lanka	48	....	423
88. Venezuela	45	....	551
89. United Arab Emirates	43	....	35
90. Guyana	41	....	26
91. Argentina	40	....	730
92. Malaysia	38	....	450
93. Bahrain	35	....	14
94. Korea, Dem. Rep. of	35	....	607
95. Korea, Rep. of	35	....	958
96. Panama	35	....	60
97. Fiji	34	....	21
98. Mauritius	32	....	26
99. Uruguay	32	....	58
100. Romania	31	....	394
101. Yugoslavia	31	....	365

UNDER 30

102. USSR	29	....	5193
103. Chile	26	....	270
104. Trinidad and Tobago	26	....	30
105. Jamaica	25	....	63
106. Kuwait	25	....	66
107. Costa Rica	23	....	77
108. Portugal	22	....	172
109. Bulgaria	21	....	144
110. Hungary	21	....	134
111. Poland	21	....	648
112. Cuba	19	....	177
113. Greece	18	....	145
114. Czechoslovakia	17	....	234
115. Israel	16	....	94
116. New Zealand	14	....	52
117. Austria	13	....	94
118. Belgium	13	....	122
119. German Dem. Rep.	13	....	241
120. Italy	13	....	697
121. USA	13	....	3769
122. Germany, Fed. Rep. of	12	....	631
123. Ireland	12	....	78
124. Singapore	12	....	43
125. Spain	12	....	572
126. United Kingdom	12	....	748
127. Australia	11	....	247
128. France	11	....	772
129. Hong Kong	11	....	92
130. Canada	10	....	382
131. Denmark	10	....	56
132. Netherlands	10	....	175
133. Norway	10	....	50
134. Japan	9	....	1533
135. Switzerland	9	....	71
136. Finland	8	....	63
137. Sweden	8	....	89

MAP NO. 348 UNITED NATIONS MARCH 1987

UNICEF programme commitments in the developing world

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

Programme commitments are for multi-year periods, and are exclusively those from UNICEF's general resources. Those commitments being proposed to the April 1987 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 listed.

(1) Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Christopher and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands.

(2) In addition—1984-1987: $1,950,000 for Palestinians.

(3) Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

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

Afghanistan	1978-82: $19,366,000
Algeria	1986-90: $1,370,000
Angola	1987-91: $5,924,000
Bangladesh	1982-85: $50,000,000
Belize	1984-87: $168,000
Benin	1985-88: $3,154,000
Bhutan	1986-91: $2,850,000
Bolivia	1984-89: $3,000,000
Botswana	1988-92: $1,285,000
Brazil	1987-90: $3,600,000
Burkina Faso	1988-91: $5,800,000
Burma	1987-90: $20,000,000
Burundi	1986-87: $2,198,000
Cameroon	1985-90: $2,747,000
Cape Verde	1986-90: $330,000
Central African Republic	1984-88: $2,294,000
Chad	1985-90: $6,210,000
Chile	1985-87: $206,000
China	1985-89: $50,000,000
Colombia	1984-87: $5,790,000
Comoros	1988-92: $800,000
Congo	1986-87: $256,000
Costa Rica	1985-89: $248,000
Cote d'Ivoire, Rep. of	1986-90: $1,998,000
Cuba	1987-90: $280,000
Dem. Yemen	1985-90: $3,550,000
Djibouti	1986-90: $206,000
Dominican Republic	1984-87: $1,405,000
Eastern Caribbean Islands[1]	1984-88: $1,500,000
Ecuador	1986-89: $1,754,000
Egypt	1985-89: $13,371,000
El Salvador	1985-87: $852,000
Equatorial Guinea	1987-88: $190,000
Ethiopia	1984-88: $27,956,000
Gambia	1987-91: $750,000
Ghana	1985-90: $8,574,000
Guatemala	1988-91: $1,400,000
Guinea	1987-91: $5,765,000
Guinea-Bissau	1984-88: $600,000
Guyana	1987-90: $720,000
Haiti	1982-86: $5,114,000
Honduras	mid-1987-91: $1,465,000
India	1986-89: $140,437,000
Indonesia	1985-89: $44,408,000
Jamaica	1986-88: $138,000
Jordan[2]	1986-90: $920,000
Kampuchea	1988: $2,500,000
Kenya	1987-89: $6,366,000
Korea, Dem. People's Rep. of	1986-88: $1,050,000
Korea, Rep. of	1986-88: $1,050,000
Lao People's Dem. Rep.	1987-91: $4,810,000
Lebanon[2]	1980-82: $630,000
Lesotho	1987-91: $1,924,000
Liberia	1986-90: $2,435,000
Madagascar	1985-90: $5,082,000
Malawi	1984-87: $5,724,000
Malaysia	1983-84: $1,062,000
Maldives	1987-91: $550,000
Mali	1982-86: $8,812,000
Mauritania	1982-86: $1,995,000
Mauritius	1986-90: $994,000
Mexico	1985-89: $2,479,000
Mongolia	1986-90: $250,000
Morocco	1987-91: $6,500,000
Mozambique	1985-90: $13,370,000
Nepal	1982-86: $12,710,000

Children in armed conflicts

Nicaragua	1986-90: $1,160,000
Niger	1985-89: $5,198,000
Nigeria	1986-90: $30,571,000
Oman	1985-1990: $300,000
Pacific Region[1]	1986-87: $1,300,000
Pakistan	1981-86: $57,163,000
Panama	1985-87: $147,000
Papua New Guinea	1983-85: $591,000
Paraguay	1985-89: $989,000
Peru	mid-1987-92: $5,950,000
Philippines	1984-87: $10,827,000
Rwanda	1986-87: $2,220,000
Sao Tome and Principe	1986-90: $250,000
Senegal	1987-91: $5,474,000
Seychelles	1984-1986: $124,000
Sierra Leone	1986-90: $4,456,000
Somalia	1984-87: $5,035,000
Sri Lanka	1985-88: $3,313,000
Sudan	1987-91: $15,500,000
Swaziland	1985-88: $594,000
Syrian Arab Republic[2]	1986-90: $1,827,000
Tanzania, United Rep. of	1987-91: $23,825,000
Thailand	1982-86: $14,740,000
Togo	1985-88: $3,533,000
Tunisia	1987-91: $1,550,000
Turkey	mid-1986-mid-1988: $729,000
Uganda	1987-90: $10,305,000
Viet Nam	1983-86: $27,142,000
Yemen Arab Republic	1987-91: $6,250,000
Zaire	1987-91: $15,500,000
Zambia	1987-91: $2,950,000
Zimbabwe	1987-91: $6,150,000

UNICEF has long come to the aid of children and mothers with humanitarian relief in emergency situations, many of which result from armed conflicts. In April 1986, however, the Executive Board gave UNICEF a new mandate to assist child victims of armed conflicts in ways that go beyond relief.

During 1986, the International Year of Peace, nearly 40 nations in which UNICEF is providing traditional child survival and development assistance, were engaged in or suffering from the effects of war. More than 70 per cent of the casualties of warfare in today's conflicts are civilians, and the overwhelming majority of them are women and children.

The indirect toll upon the child population is far heavier. Disruption of basic social and health services by warfare results in millions of children dying from preventable causes and many more being maimed and disabled for life. Children are traumatized by combat in their village or city. They see members of their families killed and lose the protection of their families through death or separation. They suffer severe socio-psychological damage and find their most fundamental rights violated.

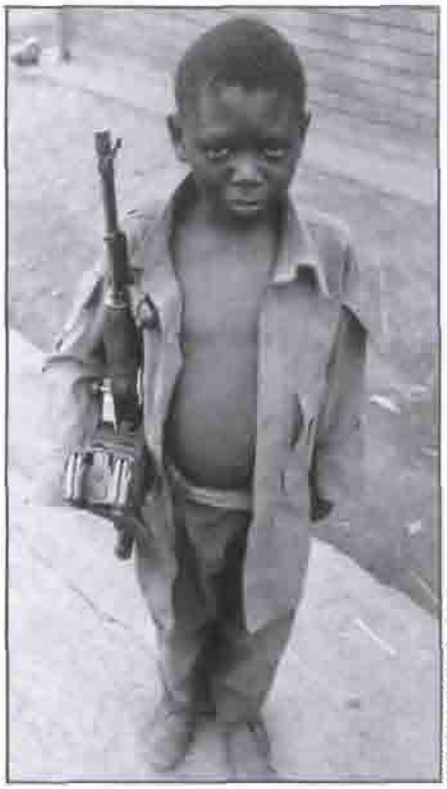
UNICEF is responding, within its broad mandate of serving all children, wherever they may be, on all sides of a conflict, without regard to political considerations, by promoting actions around the concepts of children as 'zones of peace' and 'bridges of peace'. UNICEF Headquarters' Programme Division has prepared a document which will guide field offices in assessing situations of armed conflict and in undertaking programme interventions on behalf of all children caught up in or displaced by warfare.

In El Salvador, in 1986, as in 1985 and 1984, the opposing forces in the conflict have laid down their arms, on three separate days of national immunization, in an informal cease-fire mediated by the Catholic Church, so that all children in the country could be vaccinated against five diseases. At a special session in April 1986, the nation's Congress passed a decree reserving the second Sunday of April each year as an official vaccination day.

UNICEF is collaborating with other organizations, such as the International Committee of the Red Cross (ICRC), The Office of The United Nations High Commissioner for Refugees (UNHCR) and the Pan American Health Organization (PAHO), in this and in another initiative in Central America: seven governments in the region, though riven by various conflicts, have joined in creating 'A Bridge for Peace'. Health ministers in the region agreed in March 1986 to collaborate in protecting the survival and development of children so as to save some 50,000 lives each year in Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama. Soon after the agreement was signed, Italy provided the first support, contributing US$15 million.

In Uganda, at the height of civil conflict, at the end of 1985 and in early 1986, UNICEF acted, in collaboration with the ICRC, to open a 'Corridor of Peace' between the combatants. Over five million people in the southwest districts were cut off from the capital and in need of medicines. UNICEF and the ICRC secured permission from both

Promoting actions around the concept of 'children as zones of peace'.



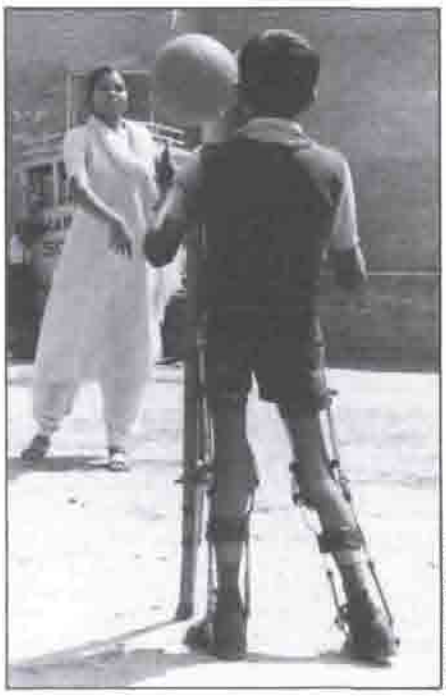
UNICEF 1403/86/Gamblin

the government and rebels and, in 49 flights, delivered over 35 metric tons of essential drug kits and vaccines to the area without incident.

In addition to the emergency programmes UNICEF has been carrying on in the midst of conflict in Lebanon for more than a decade, new initiatives are underway to promote the concept of children as bridges of peace and seeking 'periods of tranquility' during which child survival programmes might be carried out.

As a major activity of the International Year of Peace, *First Earth Run* carried to many nations of the world information about the problems facing the most vulnerable children and their mothers and what UNICEF is doing and can do to help meet them (*see page 42*). □

UNICEF 1663/86/Watson



UNICEF 1662/86/Watson

Preventing childhood disability

Prevention of impairment continues as a first priority in coping with childhood disabilities. UNICEF is also co-operating in early detection and community-based rehabilitation programmes for those children already impaired to prevent their conditions from becoming worse and to improve their quality of life. Public awareness of the causes and consequences of disability continues to rise as we reach the midpoint of the United Nations Decade of Disabled Persons.

Five million children are disabled each year by diseases that could be prevented; as many die from these illnesses. Emphasis on immunization, as well as other aspects of primary health care (PHC), contributes towards preventing disabilities among children.

Among programmes of prevention and rehabilitation UNICEF is assisting in more than thirty countries throughout the world are:

Priority attention, in Bangladesh, to prevent iodine deficiency disorders.

Burma (in addition to special training for children who are blind, hearing or speech impaired, or retarded) is promoting a number of preventive activities: immunization against six childhood diseases; intensifying PHC with greater community participation; strengthening nutrition through 90 community centres, schools, and education of parents and community workers; and trachoma control.

In China, UNICEF is assisting a national sample survey on childhood disabilities, along with a host of other programmes.

India continues activities to create greater awareness about detecting early signs of disabilities. UNICEF is supporting this advocacy through the national institutes for the visually, orthopaedically, mentally or hearing handicapped.

During 1986, UNICEF sponsored a pilot project in Kampuchea to survey disabled children in one rural area, so as to establish the feasibility of community-based rehabilitation.

In Nepal, UNICEF is working with the Health Services Co-ordination Committee to develop community-based rehabilitation and also, from existing institutions, outreach programmes.

In Pakistan, UNICEF is helping prepare community-based rehabilitation as a low-cost family solution to the widespread problem of childhood disability. Support for a similar activity in the Philippines continues through the 'Community-Based System, Network on Childhood Disabilities'.

In Sri Lanka, a three year pilot project for the early detection and control of childhood disabilities in Anuradhapura District has benefited more than 5,000 children.

In Viet Nam, UNICEF is assisting the Ministry of War Invalids and Social Affairs in childhood disability prevention, early detection, rehabilitation programmes, and in re-evaluation of the results of a 1984 UNICEF-supported survey on the actual situation of the disabled child.

In Burkina Faso, UNICEF is assisting with special education activities for children with menral and physical disabilities.

Seventeen centres throughout Kenya are training parents in early identification and assessment of disabilities.

UNICEF is providing supplies and equipment for national schools for the visually handicapped and deaf in Liberia. In Malawi, a vitamin A campaign is being assisted as part of a village-based integrated programme for the prevention of morbidity/mortality and blindness.

A project in Mozambique focuses on integrating children with special difficulties into the mainstream of the normal school system.

Support is being provided Zambia in implementing a community-based programme for the disabled.

Brazil has developed a programme, 'Childhood Disability Prevention', to detect early warning signs and provide treatment and rehabilitation as soon as possible within the community and by the family.

In El Salvador and Guatemala, during 1986, emphasis has been on training health and education personnel in prevention and early detection of disabilities.

Three aspects of UNICEF programme assistance in Haiti are: prevention of

Five million children are disabled each year by diseases that could be prevented.

Rapid strides towards immunization — BURUNDI

If, as the Chinese say, one picture is worth a thousand words, then two photos I took outside a country school in Burundi recently speak volumes.

The first photo is a close-up of the faces of young boys. They are fine boys—you can see that from their neat appearance and the look of alert curiosity. They radiate the shining good health and pent-up energy of youth.

The second photo shows much the same scene but it is taken from farther away, as I was leaving the school. Now you see a larger group, including some girls and children of different ages. They are more relaxed, smiling and waving goodbye. And now you can see their crutches, sticks and clumsy orthopaedic shoes.

The first photo shows the potential of Burundi's children—their intelligence and vitality. The second shows how this potential is undermined by poliomyelitis, which cripples young limbs but not youthful spirits.

By itself, the first photo gives no hint that the boys are in any way disabled. And in fact some of them are gifted. Mr. Venant Ntukamazina, Director of the *Centre des handicapés* at Kiganda where the pictures were taken, proudly leafs through the report cards of the 84 six to 18 year old boys and girls under his care. Eugene Furuta, aged nine, is ranked first in the third grade class at the local primary school. Many other cards show students from the Centre in the top percentile at the school they attend.

"Our children want to prove themselves, to show that their legs may be damaged but their brains are keen", Mr. Ntukamazina explained. "Some parents are ashamed of children with polio and hide them at home. Our effort is to convince parents that these kids are as good as any others. The crime is that with immunization available, no one should get polio today."

The good news is that Burundi, one of the world's poorest countries by economic measurement, and one where the prevalence of polio is tragically evident, is making rapid strides towards immunizing its children against this and five other deadly diseases. Supplementary funds are expected but Rotary International and the local Rotary Club have already committed funds for the entire polio vaccination programme in Burundi. For its part, the government has committed itself to the goal of polio eradication by 2005.

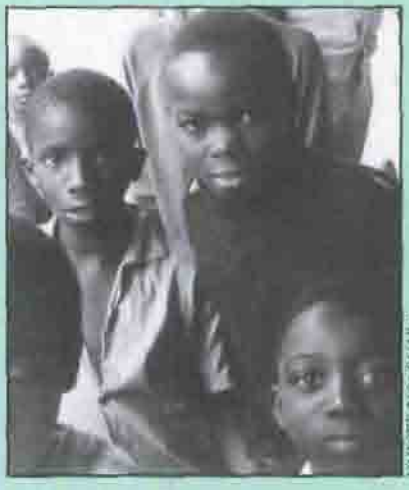
Dr. Fidele Bizimana, head of Burundi's Expanded Programme on Immunization (EPI) in the Ministry of Health, is optimistic that the country will come very close to reaching the goal of universal child immunization by 1990 set by UNICEF and the World Health Organization (WHO), with 80 per cent full coverage and 100 per cent accessibility. In Burundi, it is estimated that 45,000 children under five die each year out of a total population approaching five million. Statistics are incomplete and no one knows in fact how many children contract polio.

However, from sample surveys, it appeared that in 1980, 19 per cent of the target population had been reached with at least one of the three doses needed for complete protection against polio and against diphtheria, whooping cough and tetanus, while 11 per cent had all three doses. In 1981, the figures were 55 per cent and 36 per cent, respectively; in 1983, 63 per cent and 44 per cent; and in 1986, in a national survey just carried out, 75 per cent and 60 per cent, according to Dr. Bizimana.

"EPI is now going on every day in each of 180 health centres and dispensaries around the country, while in the past it took place only on Thursdays", Dr. Bizimana reports. "UNICEF has provided vaccines, sterilizers, refrigerators and cold chain equipment and vehicles.

"If we can reach 75 per cent full coverage by 1990, I'll be satisfied", Dr. Bizimana said. In Muramvya, near Bujumbura, the capital, 70 per cent coverage was reached in 1986, and measles, the leading killer of children in Burundi, is now rare there.

DONALD ALLAN



UNICEF 2186/86/Allan

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UNICEF 2183/86/Allan

disability; integration of handicapped children within the Centre for Special Education; and a joint programme with WHO to help implement community-based prevention and rehabilitation.

Activities in Honduras include training in management of community-based rehabilitation, early detection and prevention, and collection of data on the incidence and prevalence of disabilities among children at pilot sites.

Nicaragua is focusing, in rural areas, on integrating prevention, early detection and family education about child disabilities with non-formal pre-school programmes.

Panama, which has long experience with services for disabled children, has, during this past year, increased its emphasis on community involvement. □

EMERGENCIES: In 1986 UNICEF

- **assisted 15 countries hit by disasters: 8 in Africa, 1 in Asia, 1 in the Middle East and North Africa, 4 in the Americas and 1 in Europe**
- **expended over US$1.7 million from the Executive Director's Emergency Reserve Fund and channeled special contributions amounting to US$31.8 million for shelter, medicaments, water supply, equipment, food supplements and other essentials**
- **continued to support 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 relief and rehabilitation programmes in Lebanon and Mexico**
- **provided relief for victims of cholera: Guinea-Bissau, Senegal, Sierra Leone, Somalia; malaria: Sao Tome & Principe; yellow fever: Nigeria; typhoons and floods: Bolivia, Jamaica, Madagascar, Viet Nam; earthquakes: El Salvador**

Responding to emergency

The situation in Africa

While emergency food needs in Africa declined during the last half of 1986, vulnerable groups urgently required assistance in such areas as health, water and sanitation. Moreover, there is still insufficient response to long-term problems, especially in Africa, that require multi-dimensional assistance for rehabilitation and development. This shortfall is taking place when large numbers of children and their mothers have already been weakened by reductions in food production, household consumption and public funds for social programmes.

Many African countries affected by famine, drought, desertification and deforestation over the past few years managed to embark on recovery during 1986 as a result of improved rains and an unprecedented international emergency relief and rehabilitation response. At the end of October, activities of the United Nations Office of Emergency Operations in Africa (OEOA) came to an end. OEOA had coordinated the response of the UN system to the Africa famine since January 1985. It served as the nerve centre of the entire emergency relief operation, helping to assess needs, exchange information among the many agencies and governments, and inform the public with regular reports.

OEOA was able to mediate in sensitive situations that arose between donor governments and governments in the famine area. It also played an important role in mobilizing the resources needed to meet the emergency. After the conclusion of its activities, the African Emergency Task Force, composed of UNICEF and many of the organizations which had formed OEOA, continued to function.

The economic situation of most of these nations remained precarious, however, with many still requiring urgent assistance. At meetings in September, OEOA expressed to donor governments the concern of all agencies about the low level of funding for emergency needs other than food. UNICEF, along with others, experienced a decline in contributions for Africa. The least funded countries were those most adversely affected: Angola, Ethiopia, Mozambique and Sudan. UNICEF operations in Chad and Mali were also hindered by insufficient funds.

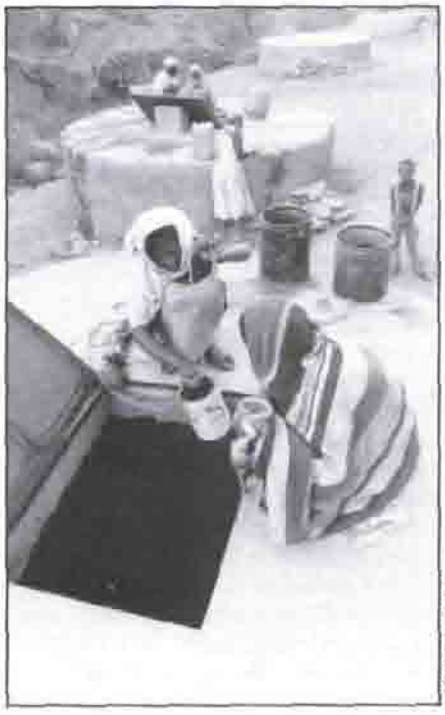
A study commissioned by UNICEF documented the situation of children in nine countries of southern Africa. In especially serious condition were the smallest children of Angola and Mozambique, as a result of war and economic destabilization; 140,000 died during the year of preventable diseases and malnutrition. Almost 500 health facilities had been destroyed in Mozambique over the previous five years and, with health workers killed and immunization programmes disrupted, the mortality rate of children under five increased dramatically.

In the course of its response to the African situation, UNICEF increasingly shifted away from high-profile relief activities to accelerated programmes linked to long-term development. These included such measures as: low-cost primary health care interventions for immunization, oral rehydration, nutrition monitoring, essential drugs, and support for national health operations; low-cost water supply and sanitation with improved operation and maintenance; greater family food production and household food security through cash-credit facilities and supplies for small farmers; enhancement of women's social and economic opportunities; improved nutrition surveillance systems; support for special food and cash-for-food projects; promotion of more resilient indigenous crops; and rehabilitation and basic education linked to the above activities. Some examples of emergency interventions linked to recovery activities are:

In Angola, where the World Food Programme has been an important supplier of food aid, UNICEF was the leading agency supplying supplementary food for children, relief and survival items, essential health requirements, emergency water and essential logistics.

In Chad, support continued for national and international medical teams, whose primary function included training counterpart national health teams.

UNICEF 1491/86 Isaac



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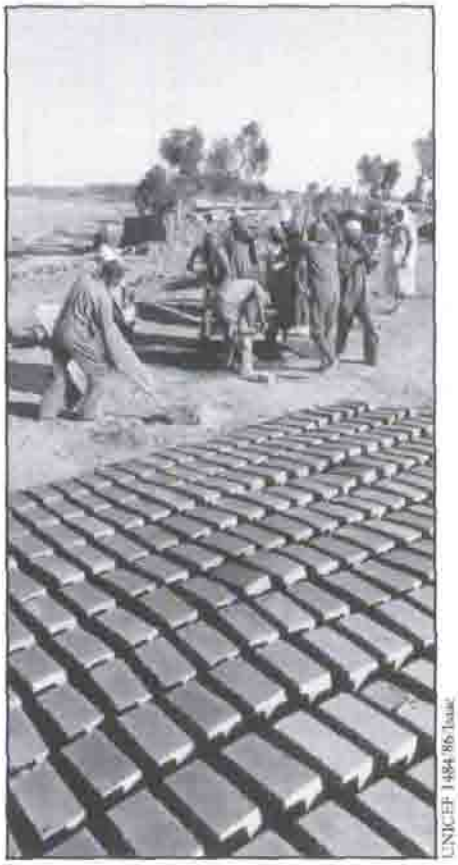

UNICEF 1484/86 Isaac

At the end of the year, over three million people in Ethiopia still needed assistance.

In Mali, UNICEF, in co-operation with NGOs, supplied anti-measles vaccines, which enabled regional health services to immunize 63 per cent of the children under five years in Gao and 87 per cent of those in Timbuktu. To develop more effective cholera control, support continued for training government health personnel.

In addition to these hard-hit countries, emergency and rehabilitation assistance continued over the year in Botswana, Burkina Faso, Cape Verde, Ghana, Lesotho, Madagascar, Mauritania, Niger, Sao Tome and Principe, and Zambia.

At the end of the year, over three million people in Ethiopia still needed assistance. UNICEF continued to support 11 relief/rehabilitation projects, but, for lack of funds, had to cut support to non-governmental organizations (NGOs) operating emergency health and water programmes. There were urgent unmet requirements for supplementary feeding, cash-for-food projects, relief and survival items, and support to the nutritional field workers' network.

Faced with the rapid deterioration of the situation in southern Sudan as a result of insecurity affecting millions, UNICEF provided priority needs of emergency medical teams, medical supplies, feeding kits, and support towards production of the children's formula food, UNIMIX.

During the last half of the year, the number of affected people in Mozambique doubled and famine conditions developed in at least three provinces.

Angola equally faced difficult problems, with priority requirements for supplementary feeding, health, water, other relief items, and logistical support.

While the initial response to UNICEF's emergency appeal in April was good, at the end of the year only US$20.4 million had been contributed of the US$102 million required for assistance to 16 nations. Of these funds, some US$14.1 million came from governments and intergovernmental organizations, and some US$6.3 million from National Committees and NGOs. Additionally, some US$200,000 in emergency funds came from the United Nations. Significant contributions for Africa–amounting to approximatelyUS$6 million–were made during the year by *Sport Aid* (*see page 44*).

Other emergencies

UNICEF is working with governments and with others in the UN system, as well as with bilateral agencies and other humanitarian organizations, to develop national early warning and preparedness programmes. Many emergencies recur, such as floods and earthquakes, and governments are being helped to anticipate them and undertake contingency planning and preparation. Experience indicates that these capacities are best integrated into ongoing developmental activities, such as food production, soil conservation,

and provision of basic health, sanitation and social services.

A number of emergencies, other than the famine in Africa, affected children during the year: floods in Bolivia and Jamaica, fires in Burma, earthquakes in El Salvador and Mexico, a cyclone that hit Madagascar, malaria in Afghanistan and Sao Tome and Principe, cholera epidemics in both Sierra Leone and Somalia, yellow fever in Nigeria, a burst dam in Sri Lanka, and typhoons and floods in Viet Nam. In assisting with humanitarian relief in most of these situations, UNICEF seeks to link immediate responses to the long-term development of programmes for children.

The UNIPAC warehouse in Copenhagen continues to play a central role in emergency assistance, as a supplier of relief items to other humanitarian agencies as well as directly through UNICEF. Some examples of the kinds of aid UNICEF provided in emergencies are:

In Bolivia, where the severe flooding caused by Lake Titicaca destroyed crops, homes, roads, schools and health facilities, UNICEF is helping affected families replace lost livestock, and communities to restore communications systems.

In Lebanon, emergency rehabilitation continued for schools and community water supply. Recurrent outbreaks of fighting also resulted in the need for relief assistance. At the end of the year, disruption had brought on severe malnutrition; humanitarian agencies faced extreme difficulties in providing food relief, given the many conflicts within the country.

In El Salvador, for the third year running, 'days of tranquility' agreed upon by the combatants allowed immunization of children throughout the country to go forward in spite of the civil war.

The emergency component of assistance to Negros Occidental in the Philippines continued, but agreement with USAID and CARE to assume responsibility for supplementary feeding now will allow UNICEF to concentrate on health, nutrition and long-term development.

Following the earthquake in Mexico, UNICEF supported small community groups developing activities to improve rudimentary sanitation, health and nutrition. Recognizing the traumatic effect of the earthquake, especially upon children, UNICEF initiated actions to make psychological rehabilitation available, particularly to the poorest among the population.

Towards the end of the year, five states in Nigeria, with a total of 20 million people, reported an outbreak of yellow fever. UNICEF, with the World Health Organization, responded promptly to assist a vaccination campaign; the expanded immunization programme provided an infrastructure already in place for combatting the epidemic.

UNICEF continues to strengthen its capacity, to ensure that every office has one or more staff members with significant experience or training to organize relief and rehabilitation in emergency situations.

The National Committees play a special role in meeting emergencies, and during 1986, their support, along with that of NGOs, contributed in a major way to the response to humanitarian needs in Africa as well as in other countries. □

Bringing services to people on the streets, in the camps, and in their homes–after the earthquake in El Salvador.

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UNICEF 2014/86/Gray

Inter-agency co-operation

UNICEF continued its strong working relationship with other UN agencies during 1986.

The heads and senior officials of UNDP, UNFPA, WFP and UNICEF met regularly as the Joint Consultative Group on Policy (JCGP). An inter-organizational seminar of top management, under the auspices of JCGP, considered how women's needs and potentials can be integrated into all planning and programmes.

In the African situation, UNICEF supported and worked closely with the Office of Emergency Operations in Africa until it concluded its activities in October (*see page 34*). UNICEF continued to work in the field with the World Food Programme, and explored with the International Fund for Agricultural Development what more they could do together in Africa.

Faced with the grave impact upon children of economic recession in many developing countries, UNICEF collaborated with the World Bank and other UN organizations in seeking measures that would ease their plight. At the July session of ECOSOC, the International Monetary Fund urged that nutritional concerns of vulnerable groups be actively considered when planning adjustment programmes. UNICEF and the World Bank continued their co-operation in the areas of health, nutrition, education, urban development, water and sanitation.

The close collaboration of staff in field offices with UNDP and other UN agencies continued during 1986, with staff of relevant agencies participating once again in UNICEF's preparation of its programmes for each country.

UNICEF continued as an active partner in the activities of the International Drinking Water Supply and Sanitation Decade and supported UNDP's efforts in assisting low-cost, appropriate technology for water supply and sanitation.

The executive heads of UNICEF and the World Health Organization (WHO) continued their extensive consultations during the year to ensure complimentary interaction between advocacy of child survival and development—in the broader context of primary health care (PHC)—and the WHO goal of achieving Health for All by the Year 2000.

The two agencies, throughout the year, collaborated on PHC and immunization, control of diarrhoeal diseases, mother and child health, breast-feeding and appropriate weaning, environmental sanitation, essential drugs and tropical diseases. Together with the UN Fund for Population Activities they worked closely on birth spacing in the context of mother and child health and adolescent sexuality. WHO and UNICEF also developed a joint strategy on 'Mobilizing all for health for all'.

UNICEF and UNESCO continued to co-operate in formal and non-formal education, health education, nutrition, education for child survival, appropriate technology and water supply and sanitation, and gave special emphasis to female education. As an active partner in the International Working Group on Education, UNICEF took responsibility for female education and basic education. □

Monitoring and evaluation

By 1986, most country offices had recognized the importance and relevance of monitoring and evaluation as a basic tool of their programming process, for measuring the progress or shortcomings of projects supported by UNICEF. The number of evaluations carried out increased almost 100 per cent compared with the previous year.

Kinds of evaluation include: baseline surveys, coverage surveys, pre- and post-testing, interviews, rapid assessments, mass-mailing feedback, longitudinal studies, focus group studies, and operational research.

The evaluations have had some important effects on subsequent decisions and action, as the following examples show:

An evaluation of the early childhood development project in Thailand resulted in simplification of the training manual to make it more easily understood by those with minimal literacy and inclusion of more educational toys and games. Positive assessment results prompted the government to replicate the training programme in other areas of the country.

Plans of action and the budget of the Iringa Nutrition Programme in Tanzania have been revised following the mid-term evaluation; redirection of the programme has been exceptionally constructive as a result of participation by members of the management team in the evaluation activities.

In Pakistan, an assessment of the water project carried out by a team of professionals, from outside and inside the country, went beyond implementation to consider policy, priorities and resource allocation.

An evaluation of health programmes in Burundi recommended that the training of immunization personnel include such subjects as the problems health personnel have encountered in accelerating innoculation campaigns.

Evaluation of the previous year's experience with immunization in El Salvador provided information that made the 1986 campaign more cost-effective.

In Sri Lanka, an evaluation found a programme of basic services for children, carried out by NGOs, not successful, and UNICEF has withdrawn its assistance.

Out of these and other experiences, some new evaluation guidelines have been developed, including: a set of modules for training project managers for water and sanitation programmes, to assist them in using evaluation as a management tool. These have been successfully pilot tested in Nigeria; comprehensive terms of reference, developed in India, for evaluating UNICEF-assisted programmes; simple guidelines to assist UNICEF staff and their government counterparts in evaluating the training of traditional birth attendants.

Many countries have improved existing field-oriented monitoring systems; some examples are:

A concern that the annual programme review process in Bangladesh was focusing too much on 'macro' factors at the policy level led to development of an Integrated Programme Planning System more oriented to project implementation.

A four-level monitoring system, developed in Afghanistan, builds into each project bi-monthly reports on implementation of each action component, a six-month analytical review of these reports, a mid-term internal assessment, and the annual review.

In Indonesia, awareness of the limitations of existing monitoring led to the design of simpler formats, using a more analytical approach; these involve district level staff in the annual review process.

In Turkey, monitoring of the oral rehydration programme has been revised to make routine reporting easier for staff and more useful for managers.

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Tanzania is using village registers to follow up individual children on such health matters as vaccination and growth monitoring.

In April 1986, a workshop held in Bangkok developed a computer system to improve qualitative and quantitative monitoring of programme implementation. This system is now being installed in Pakistan.

Computerized control for monitoring programme inputs has also been instituted in Guatemala, with the assistance of the New Delhi office. Staff from the Guatemala Area Office, in turn, are assisting other offices in the region in setting up similar monitoring controls.

Efforts were made during 1986 to extend the rapid assessment methodology beyond immunization for use in country programmes. Hence, in addition to rapid assessments of the expanded programme on immunization in the Dominican Republic, Ecuador, Ethiopia and Turkey, one was made of the *Pro-Crianca* (Pro-Child) programme in the Brazilian state of Santa Catarina. This was a broad-based intersectoral effort, including not only growth monitoring, oral rehydration therapy, breast-feeding and immunization (GOBI), but also developmental components, such as early childhood stimulation, neighbourhood crèches, local playgrounds and recreation programmes, and pre-school education. □

Programme communication and social mobilization

Communication, to gain acceptance and understanding of programme activities, and mobilization, to diffuse information and motivate social groups in support of measures benefiting children, continue to grow in importance as components of child survival and development.

Experiences of UNICEF field offices indicate three trends in programme communications during the year:

1. Improvement in research about the attitudes and knowledge of the people UNICEF is trying to reach with programmes of basic services and child survival measures.

2. A shift in emphasis towards ways of reaching parents, communities and social groups, rather than upon the technical materials of programme communication; this involves greater knowledge and understanding of the people–communications as a process of interrelating with them rather than a passive approach to producing materials for audiences.

3. Strong emphasis on interpersonal communication as a necessary complement to utilizing the modern mass media. While messages disseminated through the various media are important, their effectiveness is enhanced when the message is conveyed directly to the families and communities through such channels of social mobilization as NGOs, networks of community workers, religious organizations, business associations and unions.

In numerous countries, during 1986, UNICEF continued to co-operate with governments, NGOs and other organizations in implementing a variety of techniques for diffusing an understanding of children's services and for mobilizing the people in campaigns, such as immunization. Some examples are:

Television–in the Middle East and North Africa region, production of a pilot series, 'Om Oyoun'; in Egypt, production of a health education programme for national television; and in the Gulf area, another health education programme, 'Salamatak III'.

Radio–in Thailand, workshops on radio for provincial and rural journalists.

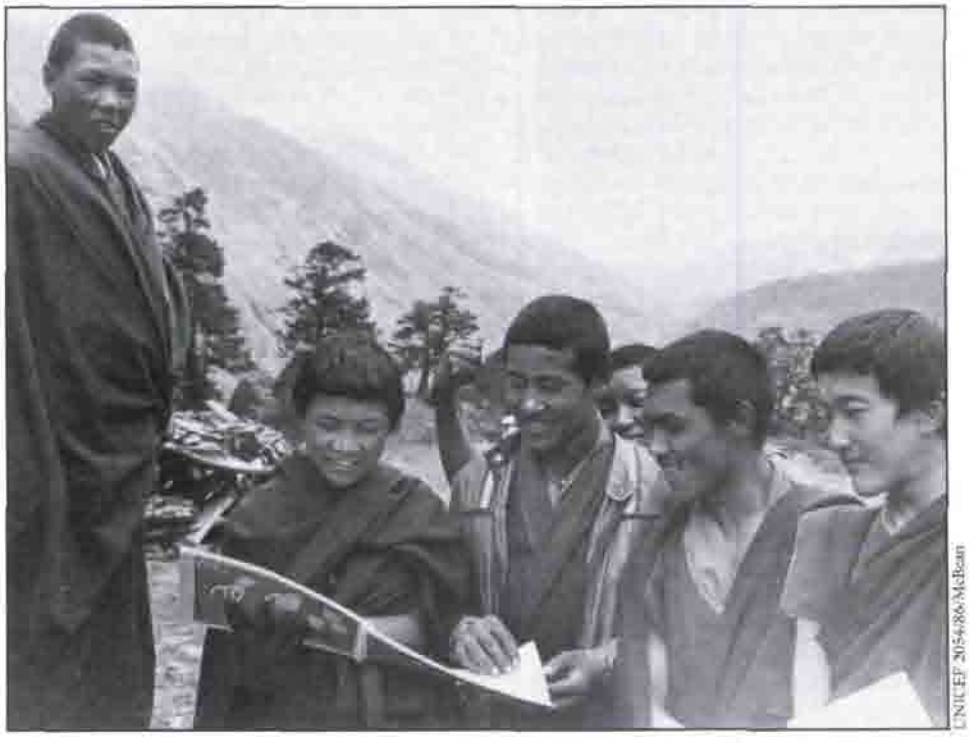
Women's associations and other organizations–in Iraq, collaboration with the General Federation of Iraqi Women; in Yemen Arab Republic, collaboration of a women's association with local councils for co-operative development.

Teachers and other leaders–in Kampuchea, women activists and primary school teachers as agents of change in the village; in Turkey, the village triad in social mobilization, of school teacher, *muhtar* (village leader) and *imàm*.

Commissions–in Lao Democratic People's Republic, co-operation with the Commission for the International Year of the Child; in Oman, creation of a National Child Care Committee; and in Korea, plans to establish a UNICEF National Committee.

Journalists and others–training of print and broadcast journalists in Africa, Asia and Latin America, along with training of other communicators in Bangladesh, Ethiopia and Nepal (financed by Norway). □

Training monks as communicators in Nepal.



UNICEF 2054/86/McBean

Advocacy and fund-raising

Mobilizing for children

UNICEF's advocacy for children evoked impressive support in 1986, its 40th anniversary year. World-wide response to numerous celebratory events suggested growing commitment by governments, groups and individuals to the goals of health and improved conditions of life for children and their mothers. Many national leaders have committed their administrations to country-wide efforts for the survival and development of their children.

A declaration pledging support for Universal Child Immunization by 1990 (UCI/1990), for example, has been signed so far by more than 75 Heads of State and 400 voluntary organizations.

Social mobilization within countries and at the local level is arousing new awareness of possibilities for accelerating community-based, cost-effective interventions and services for children.

Parliamentarians in different parts of the world supported integrated strategies for population control, and child survival and development. Fifty-one members of parliament from 16 European countries met at The Hague and resolved to promote greater support in their countries for the work of UNICEF and the UN in programmes of social development and child survival.

Over 100 African parliamentarians met in Harare, Zimbabwe in May and, in September, parliamentarians from nations in the South Asian Association for Regional Co-operation met in Colombo, Sri Lanka (*see page 40*). □

UNICEF's 40th anniversary

The 40th anniversary provided an occasion for enhancing advocacy and social mobilization, conveying the message that children can be saved and helped to grow to full, productive lives.

The first global event of the year, *Sport Aid*, and, later, *First Earth Run*, united millions in widespread expressions of solidarity on behalf of children, in Africa and other developing regions (*see pages 42 and 44*).

Other athletic events raised public support for children and UNICEF; soccer matches led, with top national teams competing in Burma, Somalia, Sudan, Turkey and the Yemen Arab Republic, in addition to the second FIFA World All-Star Game, held in Los Angeles for the benefit of UNICEF (*see page 43*).

Artistic activities ranged from children's art competitions to anniversary exhibitions. Even stamps and postal cancellation messages spelled out child survival themes.

In October, a European TV Special, hosted by Goodwill Ambassador Peter Ustinov, was broadcast live from The Hague to eight countries and had, by year's end, brought UNICEF's message to an estimated 180 million television viewers in 23 other countries. Linked to appeals by National Committees, the programme raised approximately US$4 million.

In Sri Lanka, a competition for verses transmitted by traditional drums (*Raban Pada*) produced many entries.

UNICEF's anniversary provided an occasion in nearly every country for exten-

sive coverage of children's issues on television, radio, and in newspapers and magazines. The opportunity was taken up in the developing world as well as the industrialized countries.

The anniversary marked the culmination of UNICEF's History Project, with the publication of two books (*see below*) and a number of monographs. □

Publications

1986 saw an increasing reliance upon providing news and articles through an information service, rather than by a static schedule of publications (*see page 42*).

In addition, more extended coverage of programme-related developments and experiences is now being circulated to National Committees and some non-governmental associates, as well as to UNICEF offices, through the monthly publication, *Intercom*.

The History Project produced two books: *The Children and the Nations*, by Maggie Black, telling the story of UNICEF in the wider context of social development and international co-operation; and, *We are the Children*, by Judith M. Spiegelman, a celebration of UNICEF's first 40 years, in photographs, stories and cartoons.

The State of the World's Children report—translated into more than 40 languages—continued to have a major impact, gaining media attention and bringing factual information to the public and governments about the present situation of children and their mothers. The 1987 report stressed that the most important new element in meeting this challenge is not new knowledge, but the new capacity to communicate it.

Book editions of *The State of the World's Children* were marketed commercially, through co-publishing arrangements, in three languages, while a 40th anniversary edition of *UNICEF News* was produced in more than 10 languages. The final issue of this periodical—on community participation—appeared at the end of 1986. In the future, its place will be taken by materials directly requested by National Committees and the media (*see page 42*) to meet specific needs and purposes, as part of a more focused information and communications strategy.

In conjunction with the 40th anniversary, a number of feature articles on broad UNICEF topics, distributed by UNICEF Geneva, appeared in European newspapers. □

Photos

UNICEF reorganized its activities in the photographic field during 1986. The Photo, Design and Distribution Unit arranged photographic coverage of child survival and development subjects in over 15 countries (acquiring more than 2,000 negatives and slides, available for use by media and other organizations). A 28-picture photo series, *UNICEF at 40*, was produced and distributed to all field offices and National Committees. In total, the unit distributed almost 20,000 photographs and slides during the year. □

Radio and television

Special events built around the 40th anniversary, *Sport Aid* and *First Earth Run*, provided unusual opportunities during 1986 to collaborate with television and radio in industrialized and developing nations.

Radio co-productions were organized with Radio France International, the BBC, US National Public Radio and others. Television co-productions were developed with Finnish and Norwegian TV, the BBC, the National Film Board of Canada, the Canadian Broadcasting Corporation (CBC), Thames TV and, for the first time, with national television of Trinidad and Tobago. Coverage of Africa predominated, with overall emphasis given to child survival and development (CSD) themes.

SOUTH ASIAN ASSOCIATION OF REGIONAL CO-OPERATION (SAARC)

At a summit meeting in November 1986, the heads of seven South Asian nations in the South Asian Association of Regional Co-operation (SAARC) endorsed the goals of universal immunization by 1990, universal primary education, maternal and child nutrition, provision of safe drinking water and adequate shelter before the year 2000. They also expressed the belief that it should be possible, by the end of the century, to ensure that no child die or be denied development because of the family's poverty.

Children should be given the highest priority in national development planning, they stated. Meeting the needs of all children is the principal means of developing human resources. They underlined the importance of enhancing public consciousness and building a national political consensus on the rights of children. In this regard, they called for early adoption of the UN Convention on the Rights of the Child.

This unprecedented declaration grew out of the SAARC Conference on South Asian Children, held the month before in New Delhi, India. 261 participants from seven South Asian nations attended and called for an urgent reappraisal of the responses to the situation of children in their countries. Of the 34 million children born each year, four million do not survive their first birthday and another two million die before reaching five years. Not all those who survive grow into healthy, productive adults.

Underlying this, participants at the conference noted, is a complex of factors related to poverty, such as malnutrition, ill health and illiteracy—particularly of mothers—common childhood diseases and various forms of child exploitation. While problems differ among countries and communities, they often stem from similar causes that could be met regionally by mutually supportive approaches towards long-lasting solutions.

The heads of state, in endorsing the conference recommendations, directed that an annual review be undertaken on the situation of the children in South Asian countries, with monitoring of programmes and exchange of experience. ■

40 years of progress

UNICEF/Watt 8

More profoundly and on a grander scale than in any previous epoch in human history, there have been enormous changes during the 40 years of UNICEF's life: international co-operation for economic and social improvement replaced imperialism as a way of managing human affairs; innovations in transport and communications transformed the world into a global village; the world's population more than doubled from two billion to five billion people; advances in medical science brought hope of health for all within the foreseeable future; the need to improve the status of women is more widely acknowledged than ever before.

'We the peoples of the United Nations', the opening words of the UN Charter, offered hope and prospect of a new and better world for succeeding generations. But, over 150 'conventional' wars have been fought since, between nation and nation and within nations.

The rapid growth of human numbers is seen as a crisis, instead of a challenge towards improving conditions for children so parents no longer feel they must have many babies to be sure that some will survive.

More than 14 million children still die each year— most from preventable causes—as some nations continue providing expensive, curative health services rather than the simple, low-cost, preventive measures that could save them.

Has the development story of the past 40 years, been a saga of failure? Here are some facts to the contrary—the record of achievement:

The proportion of children who survive beyond five years has risen dramatically since 1950. At that time, about 300 of every thousand babies born in developing countries did not live to their fifth birthday; by 1986, this number had declined to about 125 per thousand.

During the same period, since 1950, life expectancy has risen appreciably in all developing regions: in China, it is now 69 years, compared with only 45 years then; in the rest of Asia, it is now 58, against only 40 at that time; in the Middle East it is 63 years now, contrasted with 45 in 1950; in Central and South America it is now 65, as against 50 years; and in Africa it has risen from 38 to 51 years in the same period.

Birth rates are still very high in many countries, especially in those countries least able to support the growing numbers of children. But across the developing world there has been a drop, and average family size has declined from what was customary a generation ago. South and South-East Asia, which led the family planning movement, have reduced their birth rate from 46 to 31 per thousand population between 1950 and 1986; China from 45 to 19 per thousand (the level of the United States in the late 1960s); Central and South America from 43 to 31—a notable fall considering the traditional restraints to change; and Africa, 45 births now from 51 per thousand population in 1950.

Many more children are going to school than in 1950. The number of children aged 6-11 attending primary school has risen to 70 per cent. The proportion going on to secondary school has quadrupled. Literacy rates have more than doubled, from 26 per cent in 1950 to about 62 per cent in 1985.

Nearly 60 per cent of the people in developing nations—mostly in cities—now have access to clean water, compared to 29 per cent in 1970.

Food production in the developing world has increased in the past 20 years at an annual rate of 0.4 per cent per capita. Africa is the only continent where per capita food production has fallen since the 1970s, by about 10 per cent. Many countries, such as India, Indonesia and Pakistan, which were big food-grain importers only 20 years ago, are now self-sufficient.

Immunization coverage of children against diphtheria, whooping cough, tetanus, tuberculosis, and polio has made a dramatic surge, but protection against measles, the biggest killer, still lags behind.

These development successes indicate that a great deal has been accomplished over four decades for the well-being of children. But much remains to be done.

Children also have rights—now being formulated as an international convention. These include: protection from being victimized by armed conflicts, by economic and social upheavals, by neglect, by misuse of drugs, by abandonment, and by even coarser forms of abuse.

UNICEF alone cannot deal effectively with all these needs and ensure all these rights, but, fortunately, as the world's children's agency, is blessed with many allies. This is why UNICEF seeks to mobilize all sections of society, to participate actively in the protection and care of children.

If UNICEF has learned anything from its 40th year—and from all its 40 years—it is that even in the darkest times, hope for a better world for children remains undimmed.

The film, *UNICEF, the First Forty Years*, and the radio programme, 'Children of the World', also received wide distribution. Peter Ustinov's anniversary television spots, espousing childhood and peace, were seen around the world. A Thames Television two-hour special, 'To Us a Child', increased understanding of children's issues among viewers in the UK and, through syndication, in several more countries.

Radio and television news coverage of *Sport Aid* and *First Earth Run* kept up public awareness of Africa and child survival. *The Story of Sport Aid*, produced by UNICEF, was viewed on television throughout Africa.

Footage from the video and radio library has been increasingly used on general news programmes. Many newscasts carried radio and videotaped items about the *State of the World's Children* report. News footage was distributed to Visnews, WTN, CNN, the Spanish International Network and shared with Helen Keller International, Rotary International and the Christian Children's Fund.

UNICEF programmes in 1986 included: *New Hope in Child Survival* (a chronicle of the Addis Ababa immunization campaign), *The Silent Emergency* (a look at CSD in action), *The Bond* (about the work made possible throughout the developing world by the Arab Gulf Programme for the United Nations Development Organizations–AGFUND), and a new film about UNIPAC and the UNICEF supply operation. For most films, development education study guides are published.

In all, over 1,550 videotapes, 400 films and 2,000 radio programmes have been distributed. □

Media relations

UNICEF has long encouraged news coverage of development and assistance for children. The involvement of journalists as participants in this process, as well as observers of it, increased significantly in 1986, with the formation of non-profit media associations interested in child survival and development issues.

In Lomé, Togo in February, a number of journalists founded the Association de la presse africaine pour l'enfance (APAPE)–some 17 members from different countries are already active.

Later, in Nairobi, media representatives from nine countries met to establish the Eastern and Southern Africa Journalists for the Child.

A small but growing number of first-rank reporters now cover development stories, and an attempt to forge links between such journalists in the industrialized world and their colleagues in the developing countries is provided by the International Club of Journalists.

In 1986, a chapter of this club was formally constituted in the Republic of Korea. Eighteen members meet regularly to exchange information about children and to organize field trips. □

Electronic Information Network

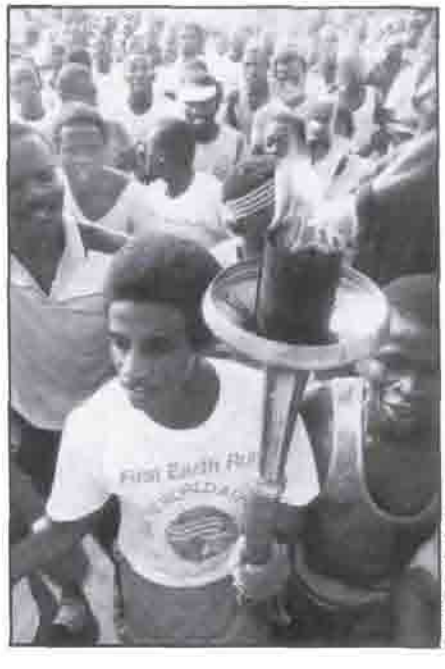
During 1986, the Electronic Information Network (UNET) grew to almost 100 users (including an increasing number of National Committees and UNICEF field offices). This rapidly expanding service provides electronic transmission of messages, internal information, and access to data bases with material useful to development activities.

The electronic bulletin board transmits frequently updated information about travel, meetings, staff changes, special events, and new materials developed by UNICEF and other institutions and organizations concerned with the problems of children.

The full-text data base facility allows information from a number of sources to be quickly searched and retrieved.

Among these sources are: UNICEF's in-house data base (known as EPUB, for Electronic Publishing), containing texts of information and programme recommendations; a data base of UNICEF information materials (known as DEVELOP); and a commercially contracted data base storing material from magazines, newspapers, reference books and specialized journals. □

The FER torch of peace being carried around the world.



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FIRST EARTH RUN

From 16 September through 11 December, the *First Earth Run* global relay carried the torch of peace around the world and into more than 45 countries to strengthen the world's commitment to peace, during the International Year of Peace. National leaders joined in the activities, some even carrying the torch themselves. UNICEF provided support as the runners carried the message 'Children Need Peace' from the United Nations, across Europe, Africa, Asia, Australia and the Americas, back to the UN, where UNICEF was celebrating its 40th anniversary. ■

Special events and fund-raising activities

Among the many special events and fund-raising activities of 1986 were:

In March, many well-known personalities, including UNICEF Goodwill Ambassadors Danny Kaye and Peter Ustinov, took part in a television special, seen in the German-speaking countries of Europe. It raised approximately US$2 million.

A major concert called 'African Visions' was held in the General Assembly Hall on the eve of the United Nations Special Session on Africa. Harry Belafonte acted as Master of Ceremonies.

UNICEF appointed Argentinian soccer star Diego Armando Maradona and German tennis champion Boris Becker as Sports Ambassadors. Becker captured the imagination of tennis fans and the media by donating his opening day's earnings at Wimbledon to UNICEF. He also arranged a special fund-raising tennis exhibition game in Hamburg.

In July, the second FIFA World All-Star Game for the benefit of UNICEF was held in Los Angeles. Fifty-eight thousand spectators and an estimated 800 million television viewers in 68 countries watched top international soccer players on teams representing 'The Americas' and 'The Rest of the World'. The match promoted the message 'Immunize Your Child'. The funds raised benefited earthquake rehabilitation in Mexico.

Goodwill Ambassador Danny Kaye spoke at the ceremony launching *First Earth Run* and was guest of honour at dinners in Canada and the US.

Canadian TV produced a film covering Peter Ustinov's travels in China, where he observed child survival and development (CSD) projects. He also helped to launch the Hong Kong Committee for UNICEF.

Tetsuko Kuroyanagi, UNICEF's Goodwill Ambassador from Japan, visited India, and television coverage of her trip had a major impact in India and Japan.

Liv Ullmann continued to support UNICEF campaigns in various European countries and North America and interrupted her filming schedule to visit UNICEF's emergency and rehabilitation projects in Mexico.

Hungerthon 86, the second annual 24-hour live radio broadcast from UN Headquarters in New York, also celebrated the 40th anniversary and raised funds for UNICEF and other agencies.

At EXPO '86 in Vancouver, UNICEF mounted an exhibit at the UN Pavilion, which drew 1.5 million visitors. □

National Committees

The National Committees for UNICEF continued, during 1986, to play a crucial role as partners in fund-raising, information, and advocacy to promote child survival and development goals, including Universal Child Immunization by 1990.

The 40th anniversary provided the occasion for some 30 special events, both national and international. National Committee members worked alongside UNICEF staff to help make *Sport Aid* a success, both in public participation and in income for children's programmes (*see page 44*).

Overall, funds raised by the Committees represented more than 20 per cent of UNICEF's income during the year. A number also substantially influenced their government's contribution.

The National Committees helped to sustain support for the special appeal for Africa and made important contributions towards rehabilitation following the earthquakes in Mexico and El Salvador.

Committees also undertook a more active role as advocates for issues concerning children's rights and co-operated with the Informal Ad-Hoc Group on the Drafting of the Convention on the Rights of the Child.

With the organizing of a Hong Kong Committee for UNICEF, there are now 34 groups providing fund-raising and advocacy support to UNICEF. □

Non-governmental organizations

During the 1986 Executive Board session, delegates to the UNICEF Board held their first joint session with representatives of non-governmental organizations (NGOs). The meeting marked nearly four decades of collaboration between UNICEF and NGOs in advocacy and innovative projects for children. At the session, NGOs discussed street children, working children, children affected by disasters and children in armed conflicts.

As a follow-up to the Board discussion and resolution on Children in Especially Difficult Circumstances, UNICEF intensified its co-operation with NGOs working in these areas.

UNICEF also increased its co-operation with the NGO initiative to draft a Convention on the Rights of the Child. In addition to participating in drafting the convention, UNICEF provided support to the informal NGO set up to follow the drafting of the Convention, to help that group provide governments with advice on issues of child welfare.

The NGO Committee on UNICEF, along with UNICEF, published a bimonthly newspaper, *Action for Children*, to strengthen world-wide advocacy and exchange of information among UNICEF, NGOs and others.

The NGO Committee produced a brochure for smaller international and national NGOs on how to co-operate with UNICEF: *Working Together for Children*. An exhibit under the same title was produced for the 40th anniversary session of the Executive Board.

UNICEF has co-operated with the NGO group on the Status of Women since 1985, and helped to establish the Inter-African Committee based in Addis Ababa. The Committee works to abolish traditional practices harmful to women and girls, such as female excision. Many national groups, with UNICEF support, are now carrying out public awareness campaigns.

Co-operation in immunization with Rotary International has expanded in 23 countries with collaboration in 10 countries in the joint child health project of the World Association of Girl Guides and Girl Scouts.

The International Planned Parenthood Federation has submitted plans for collaboration with UNICEF for

several countries in which it has completed surveys. UNICEF continued close co-operation with Save The Children Alliance members in many countries.

The International Council of Nurses mobilized in 1986 around the theme of universal child immunization; national associations in over 30 countries held meetings to discuss the role of nurses in helping to achieve the 1990 goal.

UNICEF also supported the World Congress of the International Pediatric Association and conducted a panel on involving paediatricians in national child survival and immunization programmes.

Jaycees International also developed a programme of co-operation with UNICEF on social mobilization for child survival and development.

UNICEF continues to collaborate with the League of Red Cross and Red Crescent Societies in implementing the League's Child Alive Programme. The League has made child immunization a priority activity, along with diarrhoeal disease control. The achievements of the Child Alive Programme won the League UNICEF's Maurice Pate Award in 1986. □

SPORT AID

UNICEF joined with Bob Geldof of BAND AID in organizing *Sport Aid*. Millions participated in, or witnessed, hundreds of sports events to aid projects in Africa. Among these, *Race Against Time* drew some 20 million people, in 286 major cities and countless towns and villages in 83 countries.

***Sport Aid* focused media attention on the plight and potential of Africa, as the continent began to recover from famine. For a week the world witnessed Sudanese athlete Omar Khalifa carrying a torch, lit in a Sudan relief camp, through Europe and on to the United Nations, where he arrived on the eve of the UN General Assembly Special Session on Africa. Khalifa's arrival signalled the start around the world of running events, linked by global television hook-up. The events succeeded in raising some US$30 million for assistance projects in Africa.** ■

Greeting Card Operation

1985/86 was a record year for the sale of UNICEF greeting cards: around the world, 117 million cards were purchased, resulting in a net income of US$22.5 million.

This public support for UNICEF's work is as important as it is unique for a UN agency, contributing a significant share of UNICEF's budget and making greeting card sales the third largest source of UNICEF general resources.

The network of volunteers and National Committees established to sell greeting cards also makes possible the spreading of information in national languages, which helps promote awareness of the problems of children and provides the framework for more sustained educational efforts. The partnership with National Committees for UNICEF is based on the financial support derived from the sales commission of card sales but its benefits go beyond the significant net contribution.

To enhance the efficiency of this partnership and the profitability of the Greeting Card Operation (GCO), regional workshops were held in 1986 to introduce performance standards by country and sales partner. In order to provide the best products at the lowest price, GCO continued to expand local production activities in Brazil (for South and Central American markets) and in Singapore (for all countries in Asia and the Pacific). The consolidation of warehousing in New York was completed in 1986. A 'new orientation' was given to GCO's approach to African countries by the Geneva HQ Office, and additional marketing activities in the Middle East contributed to substantial sales increases.

The positive results of GCO were to a great extent due to the success of the Interregional Sales Development Programmes (ISDP), approved by the Executive Board in 1984. Special marketing activities directed towards 14 high-potential markets were financed through this programme.

GCO's productive relationship with the National Committees for UNICEF and with sales partners in numerous developing countries received a new dimension in 1985/86 when the Executive Director delegated to GCO the mandate for fund-raising through direct mail and the commercial media. A pilot direct mail fund-raising campaign in co-operation with National Committees was launched, utilizing an 'Annual Review' booklet of UNICEF activities. UNICEF donors and greeting card buyers in seven countries received the 1986 Annual Review as a token of appreciation for their previous support and were requested to make a donation towards UNICEF's Universal Child Immunization by 1990 campaign. Preliminary results from this campaign are promising, and the programme will be expanded to cover more countries and areas of UNICEF support. □

AGFUND

The Arab Gulf Programme for the United Nations Development Organizations (AGFUND) celebrated its fifth anniversary at a special session in Rome, in May 1986. By the end of 1986, a total of US$70 million in AGFUND contributions went to UNICEF-supported projects, plus some US$16 million from private and other sources through its auspices.

During 1986, UNICEF completed, on behalf of all agencies benefiting from AGFUND's assistance, a video documentary on projects assisted in Africa, Asia and Latin America. The other agencies are FAO, ILO, UNDP, UNEP, UNESCO, UNRWA, UN Trust Fund of the International Year of Disabled Persons, UNU and WHO.

In November, a Conference on Children and Development in the Arab Nations was held in Tunis, organized by AGFUND and UNICEF, together with the Arab League and UNFPA.

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

UNICEF's finances: income and expenditures 1986-1987

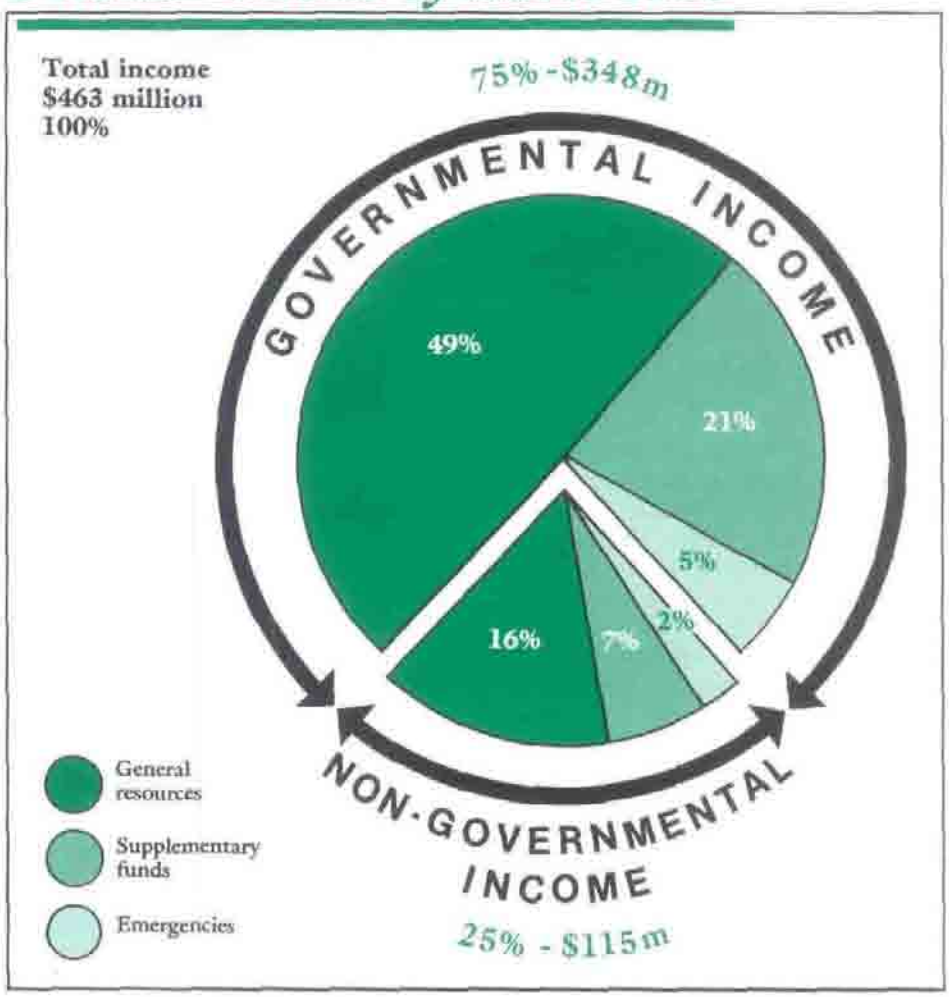
Income

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

Total income for 1986 was US$463 million, including US$32 million in contributions for emergencies, of which US$26 million was in response to the Africa Emergency Appeal. Income growth from 1985 is attributable to increases in contributions from donors, new sources such as *Sport Aid*, and favourable exchange rates.

In 1986, income from governments and inter-governmental organizations accounted for 75 per cent of total income, the balance being non-governmental income. The pie chart on this page shows this division. Pages 48 to 49 show individual governmental

UNICEF income by source 1986



contributions by country, and a list of non-governmental contributions by country appears on this page.

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

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

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

Approximately 28 per cent of UNICEF's total income in 1986 was contributed as supplementary funds for long-term projects and seven per cent for emergencies (*see chart, page 45*).

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

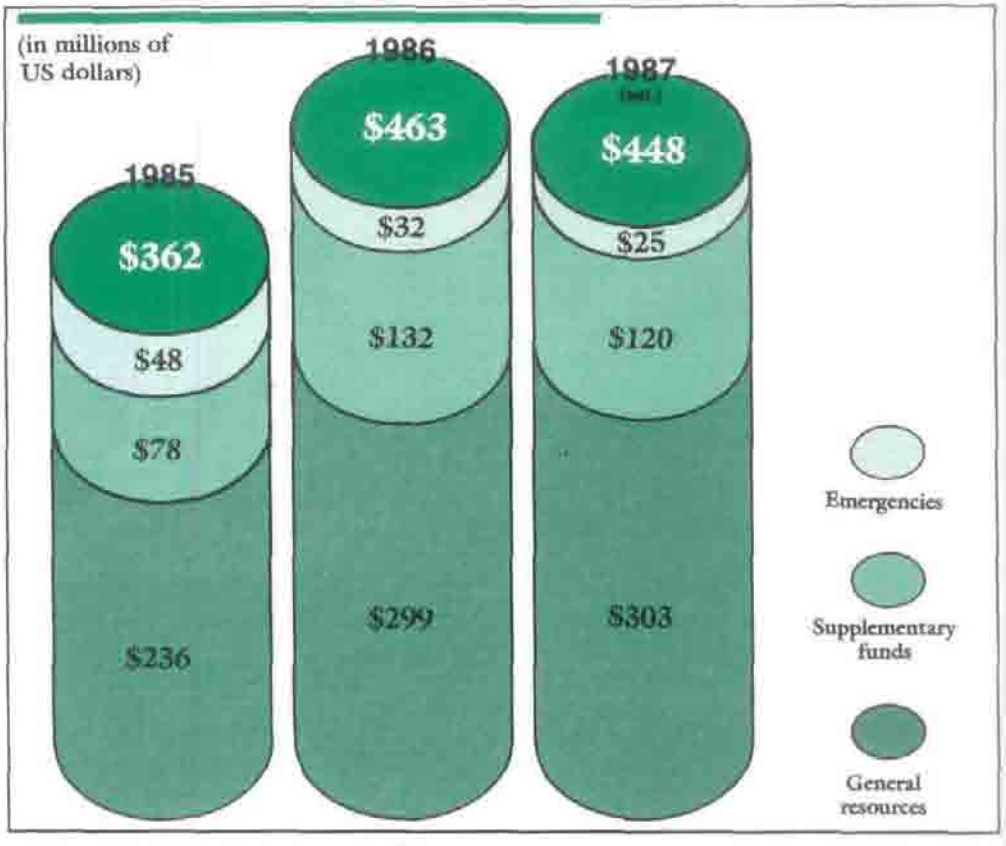
As a result of pledges at the United Nations Pledging Conference for Development Activities in November 1986, and pledges made subsequently, UNICEF's income for general resources in 1987 is expected to total US$303 million which would represent an increase of only two per cent over 1986. This minimal gain in percentage terms is caused by the effects of exchange gains incurred during 1986. General resources income for 1986 included a gain due to exchange which is not projected to be repeated in 1987. This effect will be offset by real increases in government income in 1987. Some six per cent represents a real increase in local currency amounts. Some of the larger increases pledged in national currency so far are from Canada, Denmark, Finland, German Democratic Republic, India, Italy, Norway, Sweden, Switzerland and the Union of Soviet Socialist Republics. Certain governments have yet to pledge.

1986 non-governmental contributions (in thousands

Countries where non-governmental contributions exceeded $10,000

Algeria	1,012.8	Dominican Republic	29.7
Angola	76.6	Ecuador	62.5
Argentina	435.1	Egypt	86.3
Australia	1,079.1	Ethiopia	25.6
Austria	676.6	Finland	2,133.3
Bahrain	76.4	France	10,526.1
Bangladesh	24.6	German Democratic Republic	71.6
Belgium	1,656.1	Germany, Federal Republic of	10,897.7
Bolivia	23.0	Greece	558.3
Brazil	971.8	Guatemala	12.0
Burkina Faso	11.1	Guyana	19.6
Burma	11.3	Honduras	13.0
Canada	17,548.0	Hungary	491.2
Chile	37.3	Iceland	13.1
Colombia	231.3	India	952.3
Costa Rica	13.7	Indonesia	190.6
Côte d'Ivoire, The Republic of	33.3	Iran	100.1
Cuba	63.7	Iraq	662.0
Cyprus	39.5	Ireland	96.5
Czechoslovakia	457.2	Italy	2,623.6
Denmark	871.0		

UNICEF income 1985-87



Note: General resources figures are net of staff assessment.

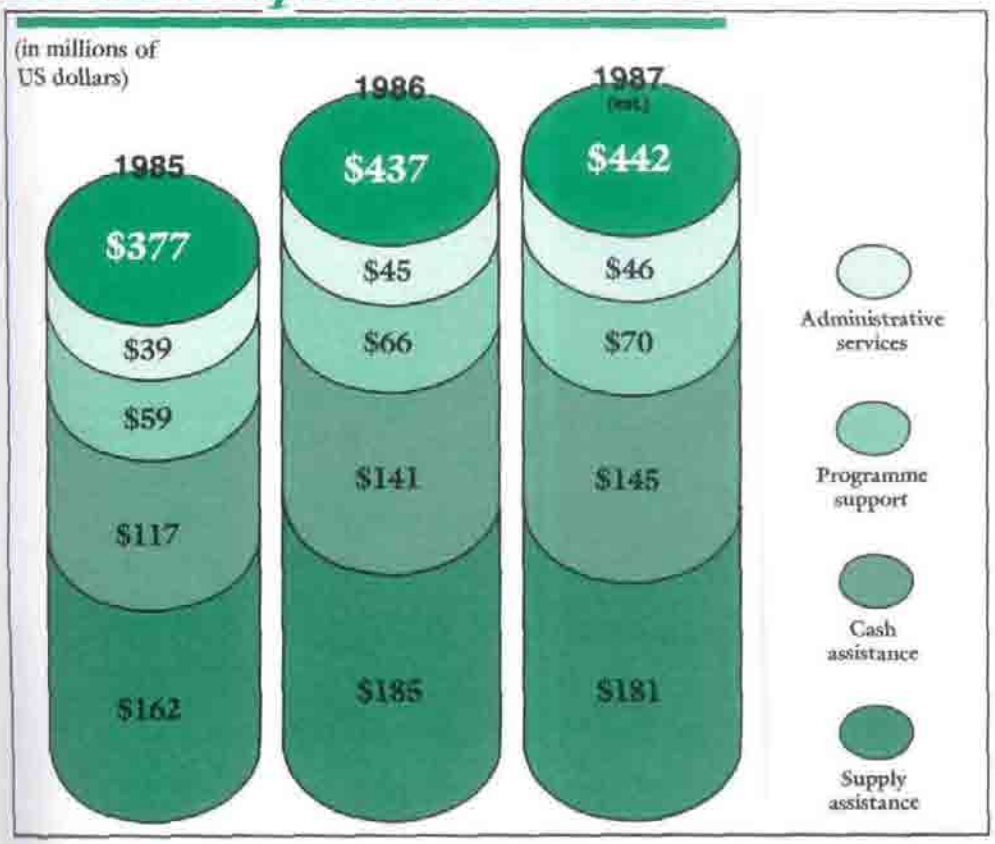
ds of US dollars)

(figures include proceeds from greeting card sales)

Japan	9,581.4
Jordan	33.4
Kenya	47.0
Korea, Republic of	50.1
Kuwait	22.4
Lebanon	11.2
Luxembourg	354.6
Madagascar	14.1
Malaysia	18.4
Mexico	358.4
Monaco	18.6
Morocco	47.8
Mozambique	175.8
Netherlands	5,082.3
New Zealand	224.7
Nigeria	879.1
Norway	1,136.4
Oman	25.2
Pakistan	90.9
Panama	16.8
Paraguay	28.8
Peru	81.7
Philippines	68.4
Poland	380.6
Portugal	126.4
Qatar	12.8
Romania	58.5
Saudi Arabia	222.3
Senegal	26.4
Spain	2,584.1
Sri Lanka	21.4
Sudan	19.4
Sweden	1,117.8
Switzerland	5,845.3
Syrian Arab Republic	93.3
Tanzania, United Republic of	122.8
Thailand	62.7
Trinidad & Tobago	14.7
Turkey	175.2
Union of Soviet Socialist Republics	461.4
United Kingdom of Great Britain and Northern Ireland	9,929.9
United States of America	13,174.2
Uruguay	73.7
Venezuela	50.3
Yugoslavia	667.9
Contributions from UN Staff	138.3
Contributions under $10,000	120.9
TOTAL	108,782.4
Less costs of Greeting Card Operations*	(18,042.8)
Net available for UNICEF assistance	90,739.6

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

UNICEF expenditures 1985-87



Note: Figures are net of staff assessment.

Expenditures

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

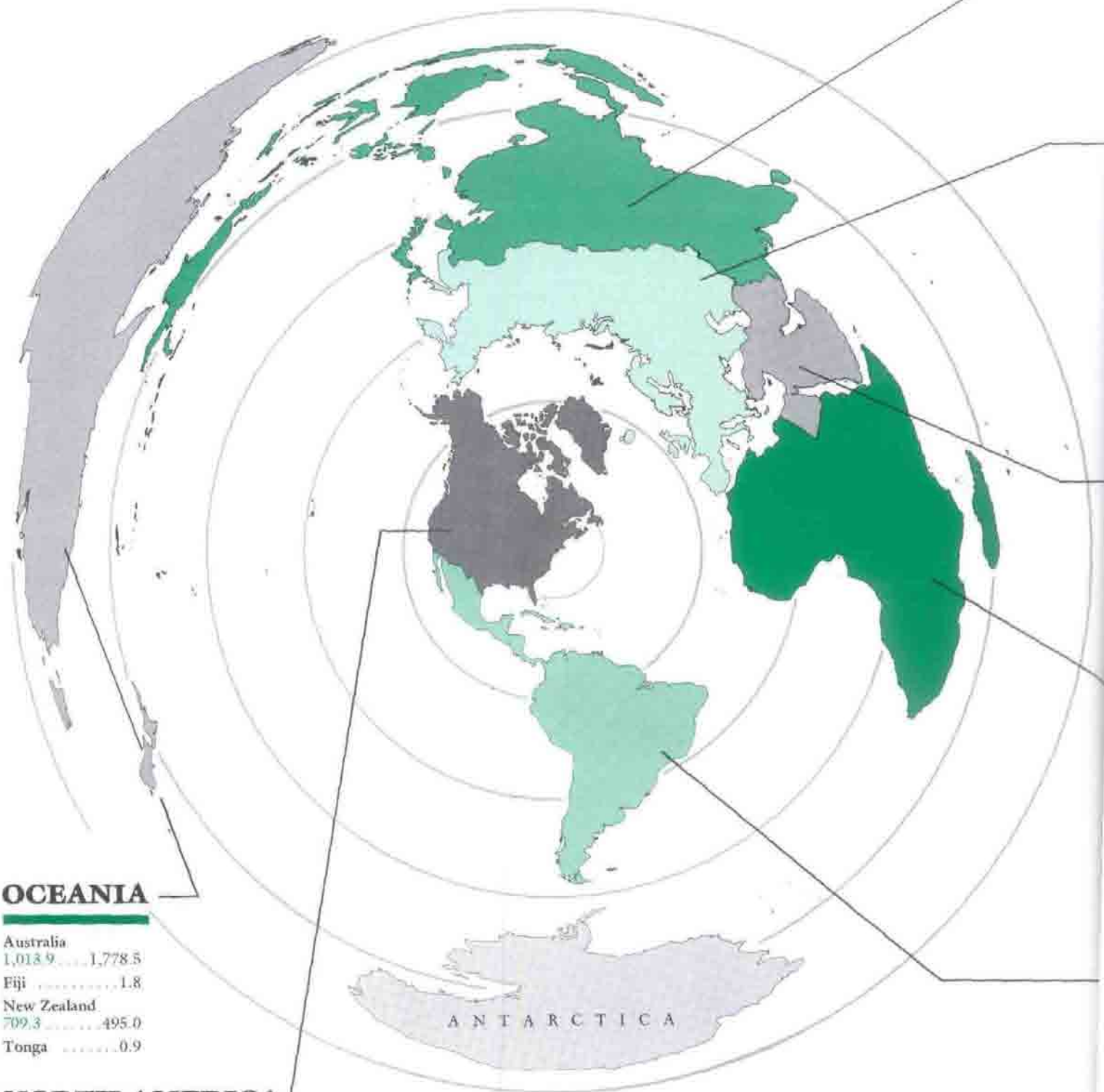
In 1986, UNICEF's total expenditures amounted to US$437 million, summarized as:

Programme	US$326 million
Cash assistance for project personnel	US$ 57 million
Training costs & local expenses	US$ 84 million
Supply assistance	US$185 million
Programme support	US$ 66 million
Administrative services	US$ 45 million

The chart on this page shows expenditures on programme assistance for

1986 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
1,013.9 ..... 1,778.5
Fiji 1.8
New Zealand
709.3 ..... 495.0
Tonga 0.9

NORTH AMERICA

Canada
23,739.7 ..... 10,507.2
United States of America
8,789.0 ..... 51,430.0

ASIA

Afghanistan 30.0	China 450.0	Japan 805.8 15,500.0	Lao People's Democratic Republic 5.0	Mongolia 4.5	Sri Lanka 15.0
Bangladesh 8.0	Hong Kong 24.2	Korea, Democratic People's Republic of 21.2	Malaysia 102.1	Nepal 5.6	Thailand 270.0
Bhutan 4.8	India 2,128.0	Korea, Republic of 137.2	Maldives 3.0	Pakistan 44.2	Viet Nam 7.0
Burma 217.2	Indonesia 300.0			Philippines 299.3	

EUROPE

Austria 1,075.4	European Economic Community 13,380.4	Germany, Federal Republic of 3,082.3 7,270.5	Italy 24,828.9 21,568.6	Poland 62.3	Switzerland 1,380.6 7,360.5
B.S.S.R. 82.2	Finland 1,809.6 11,400.0	Greece 150.0	Luxembourg 68.0	Portugal 15.0	Ukrainian S.S.R. 164.5
Belgium 1,428.5	France 4,954.6	Holy See 1.0	Malta 5.1	Romania 9.8	U.S.S.R. 888.2
Bulgaria 63.8	German Democratic Republic 339.0	Hungary 35.4	Monaco 5.5	San Marino 4.0	United Kingdom 5,309.7 9,648.5
Czechoslovakia 96.5		Iceland 12.1	Netherlands 5,837.5 11,371.0	Spain 300.0 730.6	Yugoslavia 262.8
Denmark 2,267.7 7,632.7		Ireland 67.1 540.5	Norway 11,480.1 21,887.0	Sweden 14,682.5 31,116.6	

MIDDLE EAST

Arab Gulf Fund 1,825.0	Cyprus 0.5	Iraq 193.5	Kuwait 200.0	Saudi Arabia 1,000.0	Turkey 55.6
Algeria 162.8	Democratic Yemen 7.7	Israel 50.0	Lebanon 70.4 5.2	Sudan 28.6 10.3	Yemen 20.3
Bahrain 7.5	Egypt 82.2	Jordan 28.6	Oman 50.0	Tunisia 46.1	

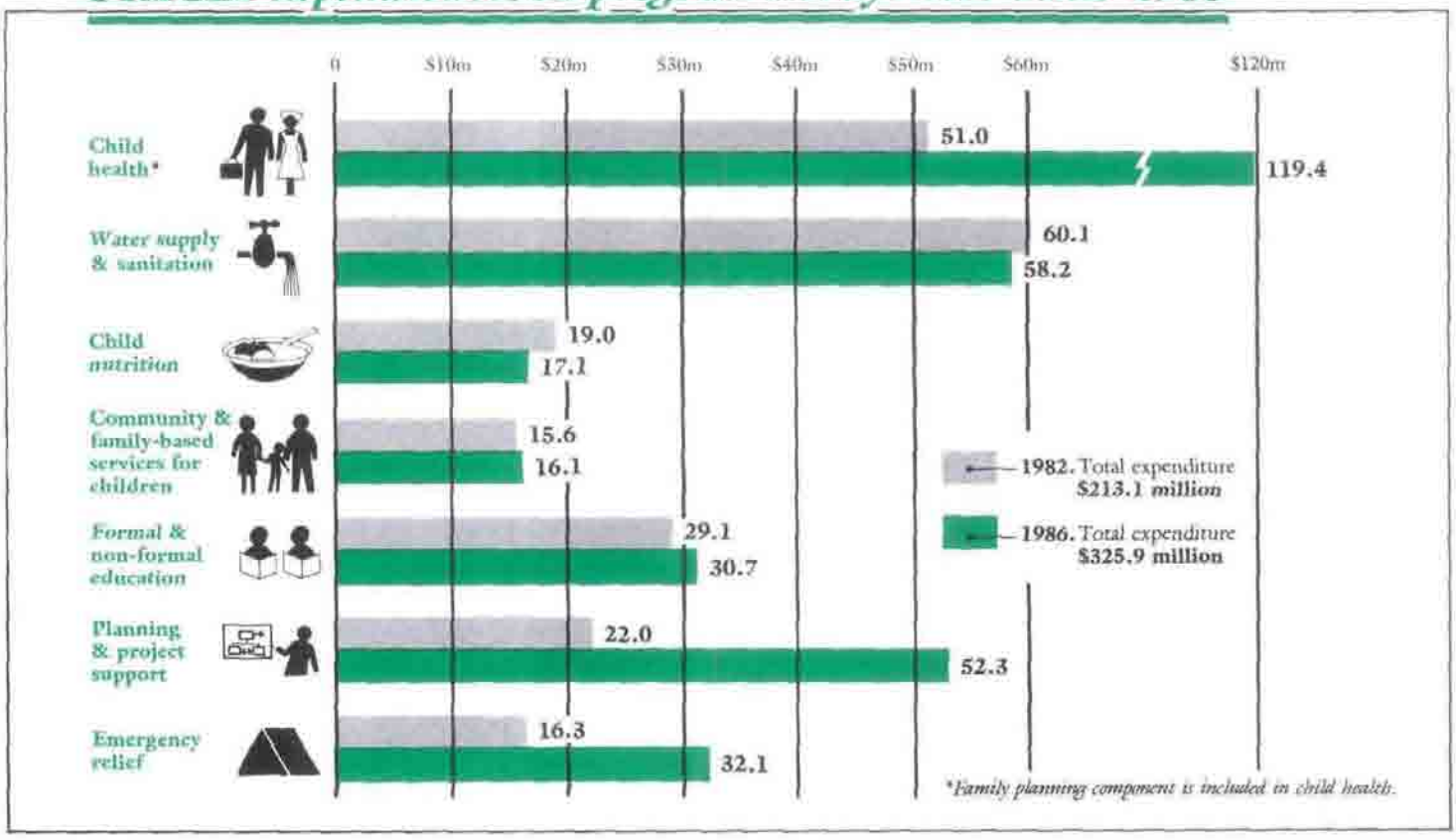
AFRICA

Benin 1.5	Central African Republic 6.0	Kenya 22.3	Mauritius 3.7	Senegal 6.0	Togo 1.3
Botswana 3.3	Côte d'Ivoire, The Republic of 20.3	Lesotho 1.6	Niger 18.2	Sierra Leone 4.8	Uganda 2.9
Burkina Faso 2.4	Djibouti 1.0	Madagascar 4.7	Nigeria 143.5 184.1	Swaziland 3.2	Zaire 2.0
Burundi 40.7 13.3	Ethiopia 49.3	Malawi 2.8	Rwanda 4.1	Tanzania, United Republic of 8.9	Zambia 24.3
Cameroon, United Republic of 41.3		Mauritania 7.2	Sao Tome and Principe 2.9		Zimbabwe 18.2

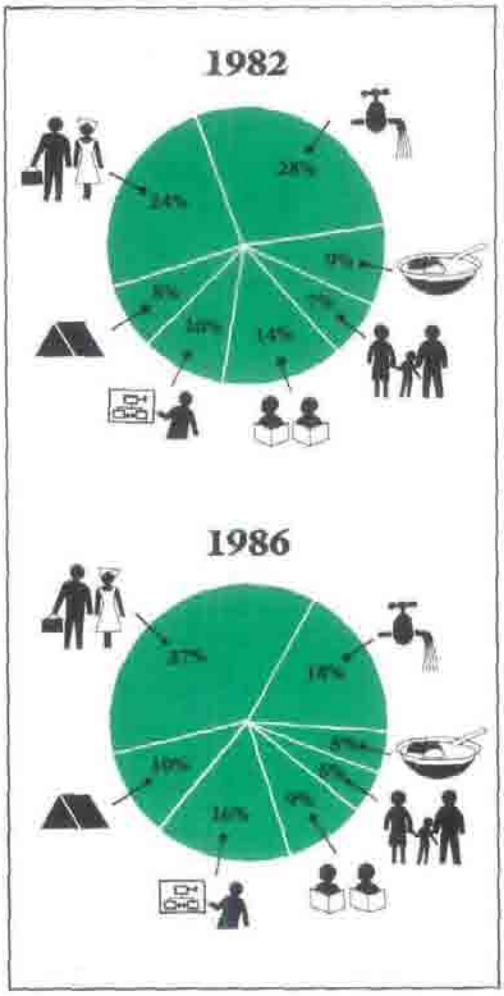
LATIN AMERICA

Antigua 0.3	Bolivia 22.0	Costa Rica 13.3	Guatemala 17.0	Panama 25.0	Trinidad and Tobago 6.9
Argentina 311.5	Brazil 145.1 100.0	Cuba 63.1	Guyana 3.1	Saint Christopher and Nevis 0.9	Uruguay 45.0
Bahamas 3.0	British Virgin Islands 0.2	Dominica 0.7	Honduras 21.3	Saint Lucia 2.6	Venezuela 114.7
Barbados 3.0	Chile 70.0	Ecuador 25.4	Mexico 40.3	Suriname 2.8	
Belize 4.9	Colombia 458.7	El Salvador 34.5	Nicaragua 2.7		

UNICEF expenditures on programmes by sector 1982-1986



1985 and 1986. The bar and pie charts on this page show programme expenditures by sector in 1982 and 1986, by amount and proportion respectively.



Financial plan and prospects

At a time when support to multilateral agencies is falling below previous modest expectations, UNICEF is striving to maintain the level of its resources in real terms and is endeavouring to persuade donor governments to maintain their social development assistance. The success of this is demonstrated by the increase in real terms of pledges made at the 1986 Pledging Conference referred to earlier. UNICEF is also encouraging the non-governmental sector, through the National Committees and non-governmental organizations (NGOs), to further expand their important contributions.

At the April 1987 session of the Executive Board, proposals for new or extended multi-year programme co-operation in 25 countries will be submitted. UNICEF currently co-operates in programmes in 119 countries. The proposed new recommendations total US$130 million from UNICEF's general resources and US$120 million for projects deemed worthy of support if supplementary funds are forthcoming. Programme recommendations from general resources for all countries, including those for which recommendations from general resources are being proposed at the 1987 Executive Board session, are shown on pages 30 and 31. A Medium Term Plan covering the years 1986-1990 will be submitted to the Executive Board at its April 1987 session.

The revised biennium budget for 1986-1987 and the proposed biennium budget for 1988-1989

The budget process commenced with a through review of UNICEF's overall financial situation. Due to a shortfall in

general resource income from the 1985 medium-term plan that was used as the framework for the 1986-1987 proposed budget and due to the need to build up general resources cash, it was necessary to make significant budget savings. Because of the magnitude of the required budget reductions and because commitments to certain activities such as strengthening of UNICEF capacity in Africa had already been made, it was also necessary to focus on staff savings.

The Budget Planning and Review Committee conducted a very thorough review at the headquarters and field level and examined the staffing requirements of each UNICEF office. The overall objective of this exercise was to consolidate and streamline as many functions as possible to achieve the greatest savings and yet maintain effective delivery of programmes.

The revised budget for 1986-1987 represents a significant reduction of 150 core posts (34 international professional, 30 national professional and 86 general service) from all offices. The 1988-1989 proposed budget represents an additional 30 core post reductions (two international professional, a reinstatement of two national professional and additional reductions of 30 general service). Thus, 180 core posts are being abolished for both biennia. The revised budget for 1986-1987 has been reduced by US$4.3 million from the approved level and the proposed 1988-1989 budget is US$244.2 million. The 1988-1989 proposed budget represents a nominal growth of seven per cent from the 1986-1987 revised budget. As global annual inflation in US$ has been projected to be five per cent, there is actually a decrease of three per cent in real terms from the 1986-1987 revised budget to the 1988-1989 proposed budget.

The budget proposals represent a major attempt to significantly cut budget expenditures in spite of growing programme requirements.

Liquidity provision

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

UNICEF's attempts to maintain the level of general resource programme assistance in real terms has in the past led to relatively constant cash balances. Although the liquidity provision has been adequate up to now, the latest 1987 Medium Term Plan allows for an increase so that programme assistance can be protected against future income uncertainties. □

Programme funding

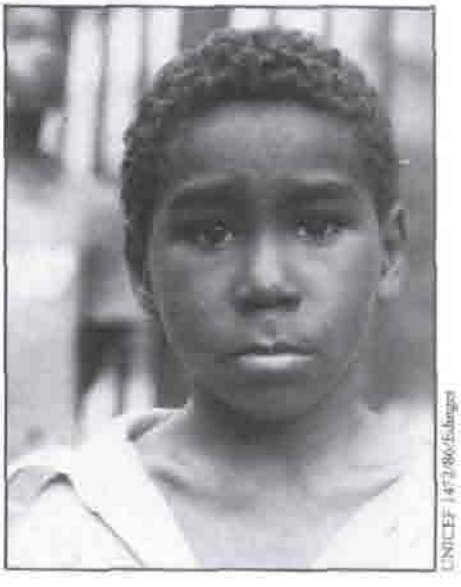
Support for children's programmes remained strong in 1986, with some governments increasing their contributions to UNICEF dramatically. This was true both for funds that can be used for general resources and for supplementary funding of 'noted' projects. National Committees continued to provide major support, and a heightened response was received from public appeals through such global events as *Sport Aid* and *First Earth Run* (*see pages 42 and 44*). However, at the close of the year, the appeal for funds to sustain the humanitarian and rehabilitation effort in Africa fell far short of what will be needed. While public response to the global events during 1986 for aid to Africa was impressive, donor contributions lagged, with only US$17 million having come in by the end of the year to the appeal for US$102 million.

Finland, Italy, Japan, Norway and Sweden are among the nations that greatly increased their donations to general resources over the last few years. In pledges for 1987 the largest percentage increase came from the German Democratic Republic, which stepped up its donation nearly 200 per cent.

At the same time, developing countries provided strengthened support, with Bolivia, Botswana, Cameroon, Cyprus and Guatemala making increases of 100 per cent or more in their general resources contributions for 1987. A large number of other developing countries continued stable support, in spite of difficult economic conditions.

Supplementary funds exceeded the 1986 target by 12 per cent, amounting to US$145 million. These are playing a

UNICEF 1624/86/Watson



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Supplementary funds strengthen efforts towards CSD.

major role in strengthening UNICEF's efforts towards child survival and development (CSD), particularly in seeking to attain the goal of Universal Child Immunization by 1990 (UCI/1990).

The Italian Aid Fund pledged more than US$130 million over a five-year period for a programme jointly developed with UNICEF to accelerate CSD measures and UCI/1990 in 26 African and seven Central American Isthmus countries.

The United States Government created a special Child Survival Fund, with which UNICEF is co-operating closely through USAID. In addition, the US Committee for UNICEF, together with 11 non-governmental organizations, launched a two-year child survival campaign across the United States.

In Canada, a Commonwealth Fund has been created for immunization programmes in Commonwealth nations, and a similar fund has been established for French-speaking countries. Some of these funds are being channelled via UNICEF. A significant initiative by Canada has been the establishment of the Africa 2000 Fund for economic and social development on that continent over the next 15 years.

Sweden and the United Kingdom are also providing strong support to immunization programmes through contributions for 'noted' projects.

The European Economic Community contributed over US$12 million for water projects during 1986.

Norway has also set up a special five-year programme to assist selected African countries, focusing mainly on sustainable agricultural production systems. □

Human resources management

During 1986, UNICEF maintained 88 field offices, serving more than 110 countries, with 509 professional posts (international and national), and 1,143 clerical and other general service posts. During the year, 203 professional and 344 general service posts were maintained in the headquarters locations of New York, Geneva, Copenhagen, Tokyo and Sydney.

Limitations on financial resources have made efficient use of human resources a higher priority than ever before. Work towards development of an overall human resource planning process continued during the year. The total personnel information base is being computerized so that key information on the profile of each staff member's background and qualifications will be readily available when candidates are being matched with vacant posts. A survey of staff attitudes was carried out in 1986.

In staff training, particular emphasis is being given to accelerating the development of skills, such as social mobilization, which will be needed in UNICEF's work even more during the coming years. Due to the overall reduction in the number of newly created and vacant posts, it was necessary to postpone the first planned exercise of global rotation of staff, intended to take place this past year, until 1987.

The trend towards increasing the percentage of women in professional posts has been positive since the recommendations made by the Women's Task Force in 1985. The proportion of women in international core posts increased from 24.8 per cent to 29.1 per cent. The proportion of women in the senior professional category has increased through appointment of seven women as representatives and appointment or promotion of two women to the level of director. □

Information resources management

The new office of Information Resources Management (IRM) was established in May 1986. This brings together previously existing functions, including Data Processing, Telecommunications and Records Management. It will co-ordinate more effectively the different information management responsibilities and ensure that information systems are responsive to the needs of the organization.

The IRM office, since its inception, has already assisted in launching the Revised Programme Coding Scheme and related computer system support. An exercise has been started to identify more clearly information requirements; when the results have been analysed, an IRM development plan will be formulated for UNICEF's operations.

The first standard computer software for field offices, covering programme management and accounting, has been distributed to many offices. □

Strengthening UNICEF's delivery capacity

UNICEF-supported programmes in developing countries are provided with supplies and equipment through the Supply Division, located in Copenhagen and New York. Standard items—such as essential drugs, refrigerators, and syringes for vaccinations—are stocked and packed at the UNICEF Procurement and Assembly Centre (UNIPAC) in Copenhagen. Other items, for example vaccines and rigs for drilling water wells, are purchased from suppliers for direct shipment to the countries in which they will be used.

Purchases during 1986, for direct shipment or for warehouse stocks, totalled more than US$200 million, an increase of 15 per cent over the previous year. Approximately US$35 million was procured in developing countries. Purchases of essential drugs and vaccines totalled US$47 million, 24 per cent more than in 1985.

To meet the increasing demand placed on the organization by further expansion of essential drugs programmes and the target of achieving Universal Child Immunization by 1990, the Supply Division this past year continued to refine its purchasing procedures and stock composition. UNIPAC continues to deliver supplies, on a reimbursable basis, to other UN agencies, governments and NGOs, both for regular programmes benefiting children and for emergency situations. □

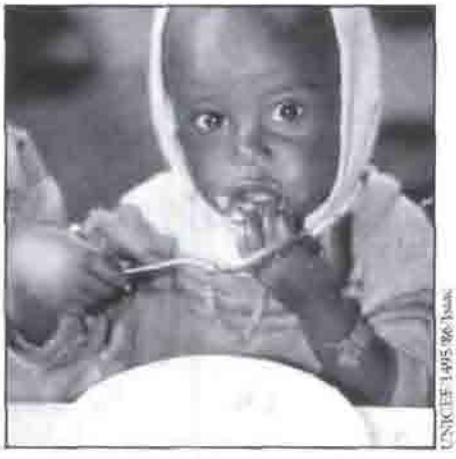
What UNICEF is and does

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.



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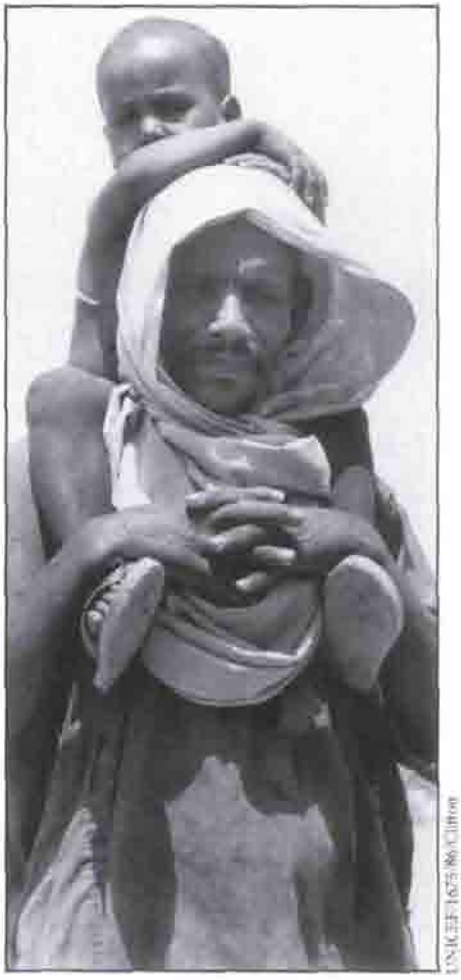
UNICEF 1734/86 Hakeem



UNICEF 1625/86 Clifton

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 Ata, 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 defence. 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.

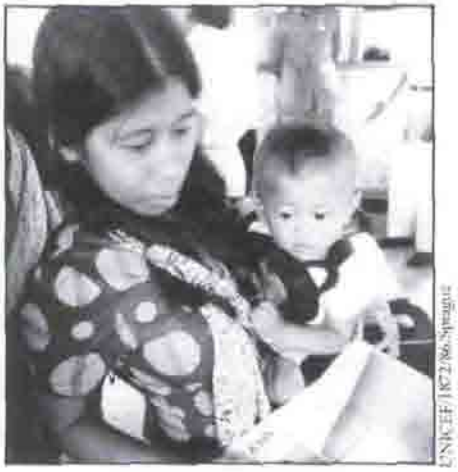
The strategy has worked and is working in numerous communities, even among large populations. Extending the effort to the national scale requires the full commitment of the national government.

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



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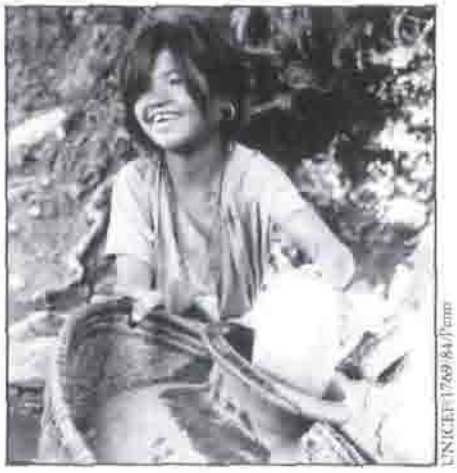

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The parents and the local community are the child's most dependable line of defence.

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 under five mortality rate (U5MR) 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 34, 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.

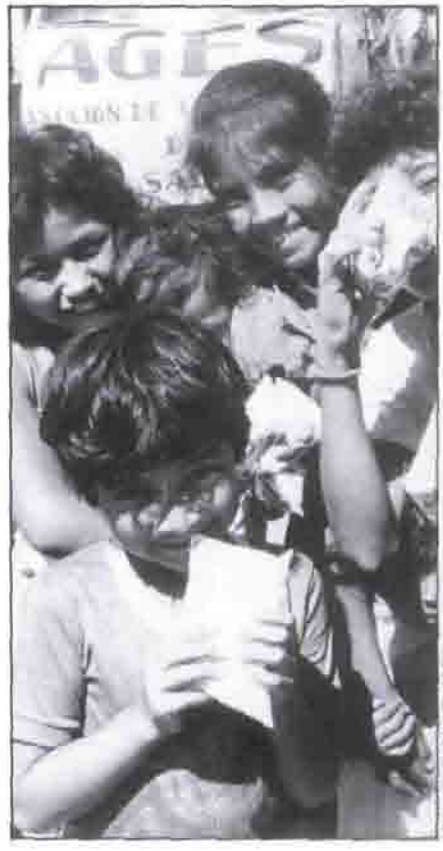
Non-governmental organizations

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

UNICEF/1514/86/Wright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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), mega-events (*Sport Aid* and *First Earth Run*), 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. □

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

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

UNICEF Geneva Headquarters
Palais des Nations, CH-1211
Geneva 10, Switzerland

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

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

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

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

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

UNICEF Regional Office for South Central Asia, UNICEF House
73 Lodi Estate, New Delhi 110003, India

UNICEF Office for Australia and New Zealand
G.P.O. Box 4045
Sydney, N.S.W. 2001, Australia

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

Information may also be obtained from the following Committees for UNICEF

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

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

Belgium: Belgian Committee for UNICEF
1, rue Joseph II-Boîte 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 - 118 00 Praha 1

Denmark: Danish Committee for UNICEF
Billedvej 8
Frihavnen
DK - 2100 Copenhagen Ø

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

Finland: Suomen UNICEF—yhdistys r.y.
Finnish Committee for Unicef
Perämiehenk. 6, SF - 00210 Helsinki

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
Wallstrasse Strasse 8
DDR—1034 Berlin

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

Hong Kong: Hong Kong Committee for UNICEF
20-30 Morrison Hill Road, Ground floor
Hong Kong

Hungary: Az ENSZ Gyermekalap Magyar Nemzeti Bizottsága
P.O. Box 440
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Ireland: Irish National Committee for UNICEF
4, St. Andrew Street, IRL - Dublin 2

Israel: Israel National Committee for UNICEF
P.O. Box 8009
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Italy: Italian Committee for UNICEF
Piazza Mastai 20
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Luxembourg: Luxembourg Committee for UNICEF
99, Route d'Arlon, L - 1140 Luxembourg

Netherlands: Netherlands Committee for UNICEF
Postbus 85857
NL - 2508 CN's-Gravenhage

New Zealand: New Zealand National Committee for UNICEF
P.O. Box 347
NZ - Wellington

Norway: Norwegian Committee for UNICEF
Olaf Ryes Plass 8
N - 0552 Oslo 5

Poland: Polish Committee of Co-operation with UNICEF
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PL - 00551 Warsaw

Portugal: Portuguese Committee for UNICEF
Praça Dr. Fernando Amado,
Lote 566, 1 Andar Zona J, de Chelas
P - 1900 Lisbon

Romania: Romanian National Committee for UNICEF
8-8, Strada Onesti
R - 7000 Bucharest 1

San Marino: National Committee for UNICEF of San Marino
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Palazzo Begni
I - 47031 San Marino

Spain: Spanish Committee for UNICEF
Apartado 12021
E - 28080 Madrid

Sweden: Swedish Committee for UNICEF
Box 151 14
S - 104 65 Stockholm

Switzerland: Swiss Committee for UNICEF
Postfach
CH - 8021 Zürich

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

United Kingdom: United Kingdom Committee for UNICEF
55 Lincoln's Inn Fields
GB - London WC2A 3NB

United States of America: United States Committee for UNICEF
331 East 38th Street
USA - New York, N.Y. 10016

Yugoslavia: Yugoslav National Committee for co-operation with UNICEF
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YU - 11070 Belgrade

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Government House 22
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U.S.S.R. Alliance of Red Cross and Red Crescent Societies of the USSR (Soyuz Obshchestv Krasnogo Kresta i Krasnogo Polumesyatsa)
1, Cheremushkinsky Proezd, 5
SU - Moscow 117036

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