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1982

UNICEF
Annual Report

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Introduction

From the Executive Director, James P. Grant

In the year covered by this *Annual Report* UNICEF has been hard at work promoting basic services for children and their families in need in 111 countries around the world. There are some easy ways to measure what UNICEF achieves: last year, for example, more than 300,000 institutions and centres received UNICEF equipment and supplies; nearly 900,000 national personnel received training or orientation with UNICEF stipends; nearly 20 million people benefited from water and excreta disposal systems installed with UNICEF assistance. These kinds of measurable results are what the new Secretary-General of the United Nations, Mr. Javier Pérez de Cuéllar, meant when he said in his statement to our Executive Board on May 21, 1982: "For many millions of people, UNICEF is the first and possibly the only hand of the United Nations which reaches directly into their everyday lives."

The yearly enumeration of the people and institutions we have touched represents UNICEF's continuing reality. But in 1981 this reality was all the more remarkable in that this was a year in which UNICEF's Executive Board had to meet on three separate occasions to address the concurrent challenges of emergency situations and budget constraints. We were compelled, several times, to reduce and revise the levels of authorized programme spending, feeling—as did governments of developing and industrialized countries alike—the full force of global economic recession.

These difficulties notwithstanding, UNICEF's income for 1981 (Kampuchea aside) rose by 10 per cent in real terms over 1980, allowing programme expenditures to increase in real terms by some six per cent. Here, too, is a reality of UNICEF: the fact that even in the most difficult times, people and governments are prepared to support UNICEF—and even to increase their support—because they know two truths about us: first, that the subjects of UNICEF's attention are those people—and essentially, those children—who most need help, especially in difficult times; and second,

that UNICEF will put donors' money to its best possible use.

There can be no argument about our protection of the first of these truths. But the second truth contains an ongoing challenge, which it is our business to live up to as yet another part of our reality. It is the business of our Executive Board whenever it meets; it is the business of UNICEF's secretariat throughout the year. Obtaining a high level of benefit for children from each dollar invested through UNICEF, and raising that level even higher, is a full-time concern for all of us. We have intensified our search for ways to increase effectiveness and efficiency throughout our organization in order to maximize the application of our resources to the needs of children.

Much of the past year's administrative activity could be characterized as "adjusting to reduced expectations", as was the case for most governments and, indeed, for most people. UNICEF in 1981 "lost" some \$40 million in anticipated value of pledged contributions and its working reserves, due to changes in exchange rates, and to the fact that several projections of income did not materialize at the levels we had anticipated. This prevented us from expanding our capacity in certain areas; it also required us to defer certain programming commitments.

Fortunately, subsequent developments have allowed us to restore many of the reductions, and prospects for the net restoration of many others seem good. The countries affected by

James P. Grant, UNICEF's Executive Director, visiting Nobel Laureate Mother Teresa at the Shishu Bhavan children's home in Calcutta. Together they publicly appealed for support for breastfeeding and better child nutrition.



these reductions have themselves responded well to the adjustments required of them. I am confident that the adjustments we were compelled to make have now laid a healthy foundation for steady advance in the years ahead.

The adjustments which were required in the past year would have had far more severe consequences for children had it not been for the extraordinary response of donor countries to our difficult circumstances. Pledges for 1982 contributions to general resources exceed estimates by some \$32 million. In addition, several donors have indicated the intention of contributing significantly to "noted" projects for about half of those countries whose programme plans funded by general resources were reduced. UNICEF is deeply grateful to those governments which have stepped forward so helpfully in this crisis.

Since UNICEF is a partnership of governments and people working with governments and people, it would be a glaring omission if I failed to take note also of the support which we have enjoyed in the past year from the non-governmental sector: our National Committees for UNICEF, other NGOs, and the public at large.

In previous years we have noted encouraging trends and forecasts, such as the statement by the World Bank that investment in children can be among the best investments that any country can make. We hailed the incorporation of social development concerns within the International Development Strategy for the 1980s and beyond. Other sources have described how relatively inexpensive successful attacks on humanity's more tragic "people problems" could be. The World Health Organization tells us that merely \$2.5 billion could save the lives of two to three million children through immunization; the Food and Agriculture Organization reports that to bridge the calorie gap the additional food production needed is "almost minuscule"; and the World Food Council tells us that with an additional \$4 billion a year over the next 15 years it would be possible to break the back of large-scale hunger and malnutrition.

But there have also been other projections. The World Bank and a United Nations study now predict that the number of people living in absolute poverty is likely to increase throughout this decade and the next,

rather than decrease as had been predicted only two years ago. And the same FAO report which tells us how relatively inexpensive it could be to reduce hunger also reports that, on current trends, the number of hungry and malnourished—mostly children and mothers—will *increase* by about 150 million people by the end of the next decade.

Providing a safety net

These projections are the arithmetic of squalor and human degradation; they are about the conditions in which so many people live. Not for a generation have expectations of world development, and hopes for an end to life-denying mass poverty, been at such a low ebb. The conviction growing so rapidly since the tragedy of World War II—of which the establishment of UNICEF was a part—that the blessings of this earth ought to be extended to all its inhabitants is under challenge. Ironically, the determination to make that conviction a living reality—at least to provide a "safety net" to protect the most vulnerable of the world's children and their mothers—is increasingly under challenge at the very time that the means to accomplish this are relatively ready to hand.

Devoting an additional amount equivalent to ten per cent or less of the expenditures on arms to waging war for human decency—a war which is now being lost in many countries—could not only save the lives of millions of children, but also give dignity and purpose to the lives of a billion more. And we must fight this war on poverty now because, if we fail, what happens in future decades will compound and multiply that failure for future generations.

We cannot allow the largest generation of children ever to occupy the earth to grow up malnourished, unhealthy and uneducated in order to become the parents of another generation of malnourished, unhealthy and uneducated and more numerous children. Instead we must accord our children—and their future children—the priority that they deserve.

A significant improvement in the lives of children by the end of this century will certainly require a significant increase in resources and in the effec-

tiveness of their deployment. Yet it is a question not of possibilities, but priorities, a matter of choice in which both reason and emotion argue for children. That is an argument which UNICEF and its colleagues in National Committees for UNICEF and NGOs independently around the world are determined to assert in every forum open to us.

I would characterize the past year as one in which UNICEF, once again, proved its mettle. It was a year in which UNICEF staff, National Committees for UNICEF, UNICEF contributors—both individuals and donor governments, confronted with a situation of special need, proved both compassionate and resourceful. In the midst of so much adversity, the continuing reality of UNICEF's effectiveness enabled us to weather the storm and intensify our efforts on behalf of children.



James P. Grant
Executive Director



At a time of global recession, resources for social services programmes were under pressure. But it also became harder for the poor to support themselves.

UNICEF's work in 1981-82 was carried out against a background of global recession that had severe repercussions on the well-being of children in the developing countries—so much so that in reporting to the May 1982 session of the executive board, James P. Grant, UNICEF's Executive Director, felt obliged to note that: "the condition of the world's poorest children is almost certainly worse in many countries than a year ago."

At the same time, the wider adoption of a basic services strategy in national programmes for children and women, based on popular participation and the development of resources within poor rural and urban communities themselves, gave grounds for encouragement over the longer term. Indeed, the very difficulties most countries experienced in financing traditional "top-down" development efforts may have hastened the acceptance of this approach.

Impact of the Recession

The global recession—the deepest since the Great Depression of the 1930's—had three prime consequences for disadvantaged children and mothers.

First, government resources for social services were reduced. Even in the richer countries there were cuts in support to nutrition, health care, and education. In the poorer countries the recession's effects were much more severe: there were drastic reductions in foreign exchange for vital drugs and medical supplies; it was frequently impossible to provide spare parts and fuel for public works such as water supply and sanitation; transport and distribution systems were impaired, and in some cases even crippled.

Second, while the richer countries were cutting their own social services budgets, they were less willing to in-

crease their assistance to other countries. There was thus a levelling out in the scale of foreign aid contributions, especially for projects in social services, a sector which is traditionally regarded as economically non-productive.

Third, and most important, the worldwide recession not only reduced the resources available for government programmes which chiefly benefit the poor, but it became even harder for the poor to support themselves. Employment opportunities, whether in industry or agriculture, decreased almost everywhere. As the earning power of the poor declined, so did the state of health and nutrition of the most vulnerable groups, the young children and pregnant and nursing mothers who, predictably, were the most severely affected.

For the developing countries as a whole, there was an actual fall in real per capita income in 1981 for the first time since the 1950's. The food situation remained precarious, particularly in sub-Saharan Africa. Reports from UNICEF field offices indicated that the general economic situation in many countries, especially the poorest, critically worsened.

Besides all this, in a handful of countries, as had been the case for a number of years, man-made or natural emergencies threatened the very survival of millions of children.

From UNICEF's point of view, the encouraging trend in 1981-1982 was the adoption of new approaches by many developing countries that should establish programmes for children on a firmer foundation in the years to come.

The 111 countries with which UNICEF co-operated in 1981 had a child population (0-15) of about 1.3 billion. UNICEF's programme expenditure in 1981 was \$218.3 million, a considerable sum, perhaps, but one only amounting to about \$0.23 for each of these children: clearly not enough to make much difference: if disbursed merely as budgetary assistance. The real test of UNICEF's activities was the extent to which they could selectively support initiatives which might have an impact on child welfare proportionately higher than

their actual cost implies.

To do this, UNICEF actively encouraged initiatives within developing countries to develop a "basic services" strategy for meeting children's needs. Basic services are what every child must enjoy, in terms of health care, nutrition, water supply, and education, to survive and develop as a productive human being. The strategy for basic services sees a better life for children in poor rural and urban communities as stemming from activities undertaken

Commission on Child Welfare which will serve as a forum for formulating policies of benefit to children.

In the Republic of Korea, the Korea Development Institute and the Economic Planning Board, with UNICEF assistance, developed a strategy for young human resource development for the next decade. The country's four previous development plans had focussed almost exclusively on industrial development.

In a number of countries successor

participatory planning models. In some instances help was provided in the training of community members to diagnose and analyze their problems, and to design measures to deal with them. UNICEF also co-operate in the training of government officials in participatory methods; support was given to participatory research in Latin America, community project management and development in Ethiopia, and co-operative planning for basic services in the Philippines.

UNICEF's own resources did not increase significantly in 1981. The world-wide recession had its effect on voluntary government contributions, which are UNICEF's mainstay, and exchange rate fluctuations nullified some actual increases in foreign currency contributions. Expenditures on programmes and budgetary support remained at about \$265 million, excluding Kampuchean relief, though on the average this \$265 million went about 10 per cent farther in real terms in the recipient countries owing to the sharp run-up of the dollar. About 55 per cent of country programme expenditures went to 63 "least developed" and small countries.

Support for basic child health remained the largest category of programme expenditure, with water and sanitation a close second. Support for basic services—health, water and sanitation, and education—were found in virtually every country programme, while applied nutrition and non-formal education played a role in about four out of every five country programmes. About two-thirds of UNICEF's actual assistance was in the form of supplies and equipment and a third in the form of training grants, project personnel, and local costs.

The following sections of this chapter describe in brief the progress which took place in the principal areas of UNICEF's co-operation in the expansion of basic services. None of these should be regarded as complete in itself. The needs of children and of the communities in which they are born and brought up are so closely interrelated that genuine progress in one sector is impossible without progress in others. In certain cases the assignment of a given programme to one particular sector is arbitrarily decided according to the sectoral government ministry through which co-operation is extended.

UNICEF 8094/Mackenthum



UNICEF programme co-operation continued to emphasize the establishment of basic services to bring children and mothers within reach of health care, clean water, and education.

within the communities themselves. The role of "outside" assistance is to help the community identify children's needs and problems, and to help them meet as many needs as possible on their own, while at the same time strengthening supporting technical and administrative infrastructures.

To work, a strategy for basic services depends on three general pre-conditions: a government policy that gives high priority to the basic needs of children and mothers; a willingness on the part of the government to accept a degree of decentralization in project planning and implementation; and a genuine commitment to popular participation in development. In 1981 considerable progress was seen in all of these.

In the Sudan, a presidential decree of June 1981 established a National

organizations to the national commissions formed for International Year of the Child (IYC), 1979, contributed to national policies affecting children. In Thailand, for example, the IYC Commission's "Study of Thai Children: National Policy and Perspective Plan for Child Development" was used by the Government in formulating its fifth five-year plan. In Sri Lanka the IYC Commission has been converted into an official National Children's Secretariat which has been instrumental in establishing a national children's policy.

In several parts of the world, in Indonesia, Pakistan and Zimbabwe for example, there were moves to strengthen local councils. UNICEF co-operated with a number of countries in the study of local community participation and in working out par-

Progress in primary health care

One major cause of high child and infant mortality and morbidity is malnutrition linked with diarrhoeal diseases and infections. Around 90 per cent of young child deaths in the developing world could be prevented by immunization, prenatal and child care, clean water supply, environmental sanitation and the nutritional and health education of mothers.

Co-operation in maternal and child health services continues to be UNICEF's largest field of activity. In 1981, UNICEF expenditures on health programmes in 107 countries were more than \$47 million.

Since 1975, working with WHO, UNICEF has promoted primary health care (PHC) services in the developing countries as a means of extending basic health services nationwide. PHC uses health workers chosen by the community for curative, preventive and promotional tasks. These health workers are trained to diagnose and treat some four-fifths of children's ailments, and to refer problems outside their competence to health centres and hospitals.

PHC gains support

The PHC approach has gained a fairly wide degree of support, although its acceptance and application has been an uneven and gradual process. To develop the PHC approach, the first action taken by countries, with support from WHO, UNICEF and other organizations, has been to convene national workshops and exchanges of experience with other countries.

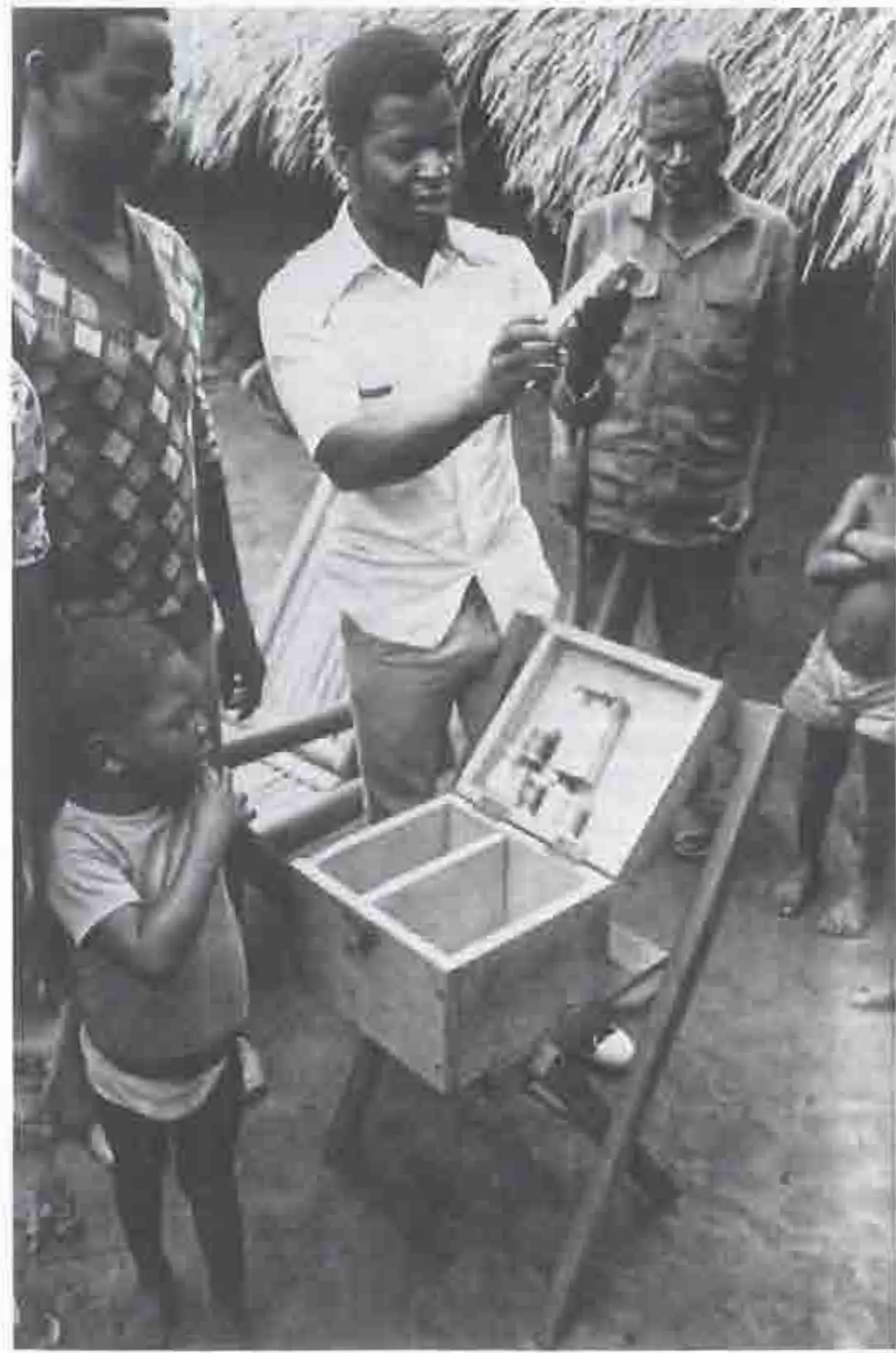
PHC can be fully realized only through policy direction and resource allocation at the highest level of government. In 1981 Ethiopia laid the foundations for an intersectoral national health development network, along the lines recommended by WHO and UNICEF. In Nigeria, an intersectoral national health council decided that the conventional health services will be transformed along the lines of the PHC approach. In Sri Lanka, a national health council, chaired by the Prime Minister, has been established and some initial steps have been taken in the direction of

shifting resources from expenditure on hospitals and prestige institutions to the training of front-line health workers.

An essential dimension is added to the health system when communities are encouraged to be active in improv-

ing their health. In Madagascar, village health committees selected 1,500 villagers for training as village health assistants in 1981. Villagers in Zambia are giving enthusiastic support to their community health workers through payment in cash or in kind. Nicaragua launched its PHC programme in 1981 with strong popular support.

In Central African Republic, a village level health worker transports his medical "kit" from place to place and holds his consultations where people have no difficulty in finding him.



Salih Hamshaly is a "health guide" in the village of Mareeb in the Republic of Yemen—South Yemen—one of the poorest Arab countries in the world. In the narrow fields along the *wadi*—or seasonal stream—where he lives, he earns his family's keep growing crops like maize and tomatoes.

Three years ago his baby daughter died of a simple complaint: diarrhoea. Salih Hamshaly was elected by his community to be their health guide, and received three weeks training at the nearest health centre. Now he can save the children of others. When he was called away from his farming one day last year to help a baby girl suffering from severe diarrhoea, for example, Salih gave the mother a sachet of salts and sugar and showed her how to administer it dissolved in a litre of boiled water to counter dehydration. The baby's life was saved.

Salih Hamshaly is not paid for his primary health care work. He does it voluntarily. When he first went around with his bag containing first aid materials, anti-malaria drugs and other medicines, the villagers used to laugh at him: "Does he think he's a doctor with three-week's training?" they said. He replied, "I'm not a doctor; I'm just a health guide, but I can be useful to you." And useful he has been, encouraging members of the community to burn their rubbish to deny breeding places to flies, to dig into the hillside for clean water, and to use the government's referral services for critically-ill infants rather than lose them fatalistically as was done in the old days. The simple preventive measures promoted by Salih Hamshaly are the true value of this function: the number of patients in Mareeb needing outside treatment went down from 100 a month to fewer than 20 in the first year he was on the job.

The Democratic Republic of Yemen was one of the first countries to enthusiastically adopt the primary health care approach

recommended by WHO and UNICEF. Dr. Amin Nashar, Deputy Minister of Health, puts it in a nutshell: "Before independence, it was health services for the minority—those in the towns. The objective of our new primary health care services is to save people on the spot and then, if necessary, refer them up the line when they are in a better position to be moved." Malaria, pneumonia, infantile diarrhoea: "You can train anybody who can read and write and handle a few items of medicine to diagnose and treat these at an early stage. Our priority is to save the 80 to 95 per cent of the population, not the one or two per cent. All the infectious diseases, the diseases of malnutrition, these are still killing thousands every year. And we can treat them without sophisticated medical

equipment or the ivory towers of teaching hospitals. We can treat them in tents, in very simple health units. That is primary health care."



Health ministries are approaching PHC with varying degrees of understanding. Even when they are strongly committed to the approach, tremendous difficulties arise in reorienting conventional systems. Doctors and nurses must be convinced of PHC's validity, and many need to develop new skills and attitudes for working with the community. The functions of existing health centres and district hospitals need to be redefined so that they can become principally referral centres—a task of reorientation requiring enormous time and effort.

Paradoxically, present economic circumstances favour an accelerated acceptance of PHC. There is no doubt that PHC is the best health system bargain. If applied correctly, it can stem the vast flow of preventable illnesses now inundating health centres and hospitals at a comparatively low per capita cost. But the saving does not mean reduction in overall expenditures on health: a major PHC objective is to reach the millions of people outside existing health structures, which will inevitably mean a rise in overall expenditures.



CHILD HEALTH In 1981 UNICEF

- co-operated in child health programmes in 107 countries: 46 in Africa, 24 in the Americas, 29 in Asia and 8 in the Eastern Mediterranean region, including Turkey;
- provided grants for training, orientation and refresher courses for 286,900 health workers—doctors, nurses, public health workers, medical assistants, midwives and traditional birth attendants;
- provided technical supplies and equipment for 43,000 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.

In Nepal a young boy with a hearing and speech impairment feels for himself how his teacher uses his muscles to make certain sounds.



ICJEF 8176/10/81

Immunization and disease control

While emphasizing the primary health care approach in its country programming activities, UNICEF continued to support health efforts of vital importance to children independently of whether they had yet been integrated into a genuine PHC framework. UNICEF strongly supported WHO's expanded programme of immunization as well as a major diarrhoeal disease control programme, and efforts to make developing countries more self sufficient in the supply of essential drugs. Vaccination against DPT, polio and measles (still a major killer in developing countries) spearheaded the immunization programme—with emphasis on the problem of maintaining the "cold chain" for live virus vaccines such as measles, that must be kept at low temperatures, and "appropriate technology".

UNICEF supported the diarrhoeal control programme by providing millions of packages of an oral glucose-saline rehydration mixture and by helping countries set up their own facilities for formulating and distributing the mixture. In Bangladesh, the work is being done by local women's groups.

Most developing countries have long been dependent for their supplies of essential drugs on international companies, sold under trade names at a handsome profit. UNICEF and WHO have been helping countries produce their own essential drugs, or where this is impracticable, to compound them from imported ingredients. This has yielded great savings to the financially hard-pressed health services.

Childhood disabilities

World-wide, it is estimated, one child in ten is born with or acquires a serious impairment. 1981 was the International Year of Disabled Persons. UNICEF worked closely with the IYDP Secretariat and with Rehabilitation International and other non-governmental organizations to promote better programme co-operation for disabled children, particularly within the framework of primary health care.

The great percentage of childhood disabilities in the developing world are preventable; they result from inadequate nutrition, problems during pregnancy and birth, infections, diseases and accidents. UNICEF's chief emphasis has therefore been on the preventive side, particularly on immu-

At Al-Amin Mosque, in the village of Sadang Serang in Bandung, Indonesia, a 30-year-old Islamic preacher called Buchori Muslim addresses 200 women who have gathered for their Qur'an recital classes. He talks about the moral and physical needs of the family, referring to a verse in the Qur'an: "When you leave this world do not leave behind children morally and physically deficient." He quotes another verse: "Eat all the things God has provided for you that are lawful and good—*halalan thayyibah*!" Then he stresses the importance of mothers monitoring their children's nutritional status through monthly weighing under the government's Family Nutrition Improvement Programme, known throughout the country by its Indonesian acronym, UPGK.

Malnutrition is one of Indonesia's gravest problems. Of children under five, 30 per cent suffer from various degrees of pro-

tein-energy malnutrition. An estimated 100,000 young children go blind each year because of vitamin A deficiency; and nutritional anaemia affects 30 per cent of school children and 70 per cent of pregnant women.

In a religious culture like Indonesia's, where about 90 per cent of the people are Moslems, religious leaders play an important role in activities requiring community participation. For leading the promotion of better nutrition they are ideal: the Indonesian word for nutrition, *gizi*, is derived from the Arabic word in the Qur'an, *gizal*, meaning food. A UNICEF-financed study conducted by well-known Moslem scholars found numerous references to nutrition in the Holy Qur'an and in the Al-Hadits, the discourses of the Prophet as related to his disciples. These were published in a handbook, "Islamic Views about Nutrition", which is now being

used by the Religion Department in its involvement—along with Health, Agriculture, and the Family Planning Board—in the integrated UPGK scheme.

Islamic leaders are trained in nutrition and family welfare work through special learning groups set up in each sub-district. Around 20 participants take part in a series of two-hour sessions over a period of around five weeks; and the courses eventually will include all the religious leaders in each area. The participants are taught to recognize prevailing nutritional problems and to play a leadership role in their communities, helping people overcome these problems. Once training is completed, the religious leaders meet periodically to discuss their experiences and work out ways in which they can improve their work.

Not all Islamic leaders are preachers like Buchori Muslim. Among those with whom he trained was a husband and wife team, Mr. and Mrs. Jaswar, who both carry the title Haji because they have made the pilgrimage to Mecca.

How successful are they? Dr. Aida Adi Subagio, Head of Nutrition in the Health Office in Bandung, thinks they are very successful as motivators, particularly among families who have previously failed to join in nutrition programmes. Buchori Muslim says that coverage of the baby weighing programme in his area has increased by 60 per cent, and the Jaswars proudly report that in their village 90 per cent of pre-school children are now weighed regularly.

In the Al-hadits, it is related that the Prophet once said: "Muslims are like a body of which the organs support each other. If a part is in pain, it is felt by the others as well." Today in Indonesia, Islamic leaders are calling on the people to maintain good nutrition, not only as individuals, but also as a common responsibility. Through this, it is said, they are obeying the will of Allah.



ICEF 9175/Natunigawa

age group could be met through redistribution of less than five per cent of the total household food supplies. The best approach to better nutrition for this vulnerable group, it was concluded, is through the health sector, particularly through primary health care.

To cope with malnutrition among children over three, among pregnant and nursing mothers, and among families in which there is an overall shortage of food, it will be necessary as well to concentrate on the production side, through community and family food production and, where necessary, supplementary food distribution programmes using national food surpluses and international food aid. Here the health sector must work with others such as agriculture and education.

Breastfeeding

If any particular aspect of the nutritional problem received special attention from UNICEF in 1981/82, it was the question of breastfeeding. UNICEF continues to give high priority to the promotion of breastfeeding as a means of improving and even saving the lives of children. In some countries the decline in breastfeeding has continued.

Early in 1982 UNICEF issued detailed policy and programme directives to all its field offices on the promotion of breastfeeding and improved weaning food practices. These were incorporated in ongoing programmes in many countries, including the Philippines, the Republic of Korea, and Sri Lanka. In Thailand the promotion of breastfeeding is a major element in the primary health care programme.

Many UNICEF offices were active in advocacy and promotion for breastfeeding. In India a series of UNICEF publications on breastfeeding and young child nutrition were sent to all the country's medical and health institutions and practitioners. In the Philippines the Nursing Mothers Association has actively promoted breastfeeding with UNICEF support, and a slide set "Mother's Milk is Best" being produced with UNICEF support. An Arabic kit on breastfeeding has been widely circulated in the Arab world, and media have co-operated

For several years Brazilian health officials had been alarmed by a precipitous decline in breastfeeding. Almost universal in the 1960s, breastfeeding by the end of the 70s had plummeted. Even in the relatively underdeveloped northeast, in Pernambuco, the number of mothers breastfeeding for more than four weeks had dropped to 12 per cent. In the country as a whole, termination of breastfeeding usually occurs within 15 days to two months. One major cause was rapid urbanization—Brazil is now two-thirds urban—and its powerful impact on the traditional extended family structure. The effect was aggravated by practices entrenched in the health services.

Then in 1980, the Government launched a nationwide programme, led by Dr. Waldyr Arcoverde, Minister of Health, to inform and convince mothers, health workers and policy makers of the benefits of breastfeeding. Breastfeeding's particular importance among low-income families lacking clean water,

proper housing and an adequate diet was emphasized.

Scientific ammunition was not hard to come by. Studies in São Paulo, Ribeirão Preto and Recife established that 96 per cent of infant deaths were among babies breastfed for less than six months. Babies exclusively breastfed accounted for only four per cent of the mortality rate.

In 1981-82 the programme moved into high gear, with wide coverage by tv, radio and the press. Equally important was the work with health professionals, training them to play, through pre- and post-natal counselling, a more supportive role. Modification of hospital practices to establish immediate breastfeeding as the norm and to make arrangements for its continuation to be as convenient as possible—by "rooming in", for example—has been an important part of the programme.

Ultimately, of course, the strength of the mother's convictions are a vital determinant. But there are numerous factors that can neutralize even high levels of maternal motivation: family and community support, and for the working mother, job security, and the availability of crèches. The mother's own nutritional status is also an important consideration. Brazil's campaign is addressing all these problems. As one UNICEF official noted: "Such a programme must be comprehensive or it is not a programme."

The forces now ranged on the side of breastfeeding are impressive: four ministries; three major public sector organizations; health and social welfare departments in all of Brazil's states and territories; medical societies; religious agencies; and a growing battalion of legislators and officials. This year, on the anniversary of the programme's launching, the country's leading manufacturer of infant food announced that it would abide by the internationally adopted "Geneva Code" on the marketing of breast-milk substitutes.

**Alimento completo
Proteção contra
doenças
Limpo e pronto
Amor e carinho**



*"The complete food
Protection against illness
Clean and quick
Love and caring."*

The message comes from a flip-chart on the values of breastfeeding which forms part of Brazil's infant nutrition campaign.

tions govern people's attitudes towards the use of water, and more particularly the use of sanitation facilities. Intense health education, especially in schools, can make a great deal of difference, especially if a liberal supply of water has first been provided so that it is possible to keep these facilities clean.

Great difficulties remain with communal latrines used in schools, health centres or marketplaces. These often fall rapidly into misuse and neglect. The problem is not insoluble however. One approach that has worked is to install washing facilities along with latrines. In northern India voluntary organizations provide communal latrine and shower facilities for a small fee. This fee provides the user with a piece of soap and helps pay for the services of latrine-bathhouse attendants. These nearly maintained facilities are gaining great popularity in otherwise underserved communities.

Ideally, water supply and sanitation should be closely integrated with primary health care, nutrition, family food production and community development. UNICEF is working closely with government and administrative institutions at all levels to achieve this. It takes time to achieve the desired integration, since government services tend to function sectorally, but there are beginning to be are promising results. □

Reaching children and women of the urban poor

Since most developing countries are predominantly rural, and it is in the countryside that most of the disadvantaged low-income populations are to be found, there has been a tendency for many years to give a lower priority to the problems of the urban poor. But urban problems no longer affect a proportionately low number of children and women in developing countries. Already, two-thirds of the annual population increase in the third world takes place in urban areas; by the year 2000 the proportion will be four-fifths.

Although much attention has been focussed on migration from the rural areas, the new city dwellers actually account for only 39 per cent of urban population growth; 61 per cent of the increase is accounted for by children born in urban areas. The developing world's urban population is expected to increase from 840 million in 1975 to 2.1 billion by the year 2000.

Children and women in poor urban communities are the most susceptible to the ill-effects of living in crowded and insanitary conditions. Malnutrition levels can be very high, and in the absence of family support systems

which rural life normally provides, urban children are particularly vulnerable. Survival in the city requires cash to a much greater extent than in rural areas, and incomes in the informal sector, which most of the urban poor depend on, have been sharply reduced in these times of world economic recession.

UNICEF began to focus its attention on the specific needs of children in urban slums and shanty towns in 1971. Relatively slow progress was made however until, through a process of trial and error, methods could be worked out with governments whereby basic services in urban areas could be provided at an acceptable cost. From the beginning, these methods incorporated the principle of maximum community participation. By 1977 UNICEF was collaborating on urban programmes in seven countries, and by 1982 in 43 countries.

In 1981 UNICEF carried out a review of urban basic services, based on information solicited from 70 countries and detailed case studies from nine countries: Brazil, Ecuador, Ethiopia, India, Indonesia, Malaysia, Mexico, Peru and Sri Lanka.



WATER AND SANITATION: In 1981 UNICEF

- co-operated in programmes to supply safe water and improved sanitation in 94 countries: 43 in Africa, 19 in the Americas, 26 in Asia and 6 in the Eastern Mediterranean region;
- completed approximately 70,404 water supply systems, including 64,595 open/dug wells with handpumps, 2,201 piped systems, with 750 motor-driven pumps and 2,858 other systems such as spring protection, rain water collection and water treatment plants;
- benefited some 17.7 million persons (40 per cent of them children) from its rural water supply systems;
- completed 166,418 excreta disposal installations benefiting some 2,219,100 people.

UNICEF/017/N-SPAR/84



Tucked away from the great human ebb and flow of Hyderabad's main thoroughfares in a corner of the old city is a modest white-washed house, the headquarters of a women's co-operative, the Shri Mahila Griha Udyog Lijjat Papad (Registered). The neighbourhood is by no means grand, but neither is it one of those neglected corners of the city's landscape where the inhabitants have a hard time even maintaining a foothold.

The lease on this house, therefore, reflects the hard-won commercial standing of the co-operative, whose members make and market *papads*, the delicate thin and crispy pancakes well-known to any devotee of Indian cuisine.

The co-operative was started in 1974 at the suggestion of the project officer for the urban community development (UCD) programme run by Hyderabad's municipal corporation and assisted by UNICEF since 1976. The leader is Mrs. Jaya Preada, wife of a local teacher, who was originally the moving force of the women's group or *mahila mandal*. "We wanted to do something to earn some money. But the wages in this area were very low, only Rs. 1.50 a day (US 19 cents)." Training was provided for

Jaya Preada and five of her *mahila mandal* sisters—as she calls them—at the parent enterprise in Bombay, with expenses paid by the UCD project.

The Lijjat Papad co-operative now has 150 women members in Hyderabad, and a turnover of around Rs. 80,000 (US\$10,000) a month. For Jaya Preada and her sisters, this represents big business indeed. Mrs. Preada receives a salary of Rs. 1,000 per month, and the co-operative also employs two clerk/accountants, two men to mix the *papad* dough, and four women who pack the finished *papads* into plastic packets and put in the labels. There are two salesmen who earn their living on commission, and as well as renting the white-washed house, the co-operative owns two vehicles, a van and a three-wheeler, for which the loans have been fully paid off.

The working day begins at 6 a.m. when the women members come to the house to collect the freshly-mixed dough, flavoured with spices. The dough is given out in one kilo bags, and a woman will take between three and eight bags, although a few really energetic members take as many as 15. Each member has at home two round metal rolling plates of standard size, and a wooden rolling pin, purchased from the co-operative for a few rupees. She kneads the dough carefully, and forms it into a tube. Then with a piece of string she cuts off exactly the right amount of dough for a small, or a larger, *papad*, and places it in the sun to dry. According to Jaya Preada: "The rolling is very easy if the kneading is done properly. Sometimes they hold competitions, and some women can roll half a kilo of *papad* easily within 15 minutes." The members' earnings are Rs. 1.25 per kilo.

Jaya Preada is pleased that the co-operative has been able to expand its membership. "When a new sister joins, she spends her first four days here at the house, learn-

ing all about the co-operative and seeing the dough being made, the women coming, the packing, the weighing. Then she is trained in someone's household, alongside a woman already in the scheme, and taught the knack of rolling to the right texture and thinness." Quality control is important and women who bring *papads* that are broken or too thick are not paid the full amount. They take the piles of sun-baked pancakes into the co-operative the following day, when they once again collect their dough.

To begin with, the Hyderabad Lijjat Papad co-operative struggled hard to make a profit, and members were discouraged by the lack of interest from storekeepers. But now their product is well-recognized and widely sold. Their loan capital, provided by the parent enterprise in Bombay, is paid off, and out of the sale price of each packet (Rs. 4.50 for 400 grams, Rs. 2.40 for 200 grams) they retain a proportion to build up their own capital. "We are not wage-earners here," says Jaya Preada proudly. "We are proprietors. We are not at the mercy of anybody. We are not at the charity of anyone. We work hard, and we earn good money."

The Lijjat Papad enterprise is one of the many small-scale ventures helped to get off its feet by the urban community development project in Hyderabad. It is something of a show-piece perhaps, not every laundry business, tailoring class, or cardboard box-making group yet shows the "good money" of Jaya Preada and her sisters. They no longer need the visits of the UCD project staff and social workers, except for friendship and well-deserved attention. It is to help those more marginal members and groups of the city's population, seemingly becalmed in backwaters rather than part of its economic mainstream, that the UCD workers now bend their efforts. Even a backwater contains energy, the task is to release it. Then in these places, too, such ventures can have their day.



Lessons learned

- All programmes reported in the case studies were characterized by a strong community approach, recognizing the potential of low-income families to solve their own problems. Formal services played an important supportive role, but they were systematically linked with community efforts.
- Services and facilities can reach the poorest families. In Addis Ababa, Ethiopia, there were famine conditions in some areas of the city in 1978. UNICEF's first collaboration was through an emergency feeding programme. With support from international voluntary organizations, this programme was extended to include nutrition education, pre-school centres for 29,000 children, and self-help projects, including poultry and market-gardening run by urban dwellers associations.
- The urban basic services approach responds to community problems. UNICEF has been assisting the Department of Social Welfare of Rio de Janeiro, Brazil, to establish a basic services programme in the city's largest *favela*. In response to community-articulated needs, three demonstration projects were selected: a community motivation and education project; a sanitation project; and community schools. There was a high degree of community participation in all aspects of the work involved, including selection of persons to work on the projects, development of work plans, and division of labour.
- The basic services approach enables services to be better understood and utilized by communities. In Hyderabad, India, the urban community development (UCD) project proceeded on the assumption that a low-income neighbourhood should ask for outside help only after it had exhausted its own resources. Project staff recognized people's right to identify their own needs and to be fully involved in meeting them. The UCD project has encompassed a whole range of activities from neighbourhood and housing improvements, to day-care, health and water supply services and income-generating for women. (See profile on page 15.) This same

Children and women in poor urban areas, such as this one in an Indonesian city, are very susceptible to the ill-effects of living in crowded and insanitary conditions.



UNICEF 0110/Sprague

- approach is now being used in programmes in 14 other urban areas.
 - Services and facilities are better maintained when the community is directly responsible. In Colombo, Sri Lanka, where the environmental and community development project in crowded low-income areas is being carried out through locally elected councils, there has been marked improvement in environmental conditions, maintenance of stand-pipes and community latrines.
 - The per capita lower cost of urban services integral to this approach also permits broader coverage. The case study from Guayaquil, Ecuador, suggested that the UNICEF-supported programme cost about one quarter the amount of conventional alternatives. An integrated programme for children and their families in low-income areas of Lima, Peru—including primary health care, environmental sanitation, nutrition, pre-school education, and income-generating activities for women—costs approximately \$2.80 per person per year. Perhaps the clearest indication of the effectiveness of the urban basic services approach which UNICEF has promoted has been the degree of community acceptance of the various projects; and government decisions to replicate them more widely, often with only their own resources.
- UNICEF aid to urban projects has largely taken the form of support for the mobilization of communities in the identification of their own problems and the organization of their own and external resources to solve those problems. Where community services and mini-enterprises have been set up, UNICEF has assisted with the provision of supplies and equipment for schools, day-care, and women's centres, and cash grants for self-help activities. Actual up-grading of slum areas through site-and-service housing schemes, provision of access roads and the larger physical inputs, have conventionally been provided by government agencies with the help of loans and grants, the World Bank being the largest external source of support. UNICEF's task has been to focus on the social aspects of the development of poor urban areas as part of, or in some cases separate from, the upgrading of housing and the physical environment.
- Following the presentation of the urban services review to the 1982 session of the Executive Board, decisions were taken as to new levels of UNICEF emphasis in its urban services assistance. □

Formal and non-formal education

In developing countries, only four children out of ten complete primary education. Enrollment for girls is markedly lower than for boys and illiteracy among women is still proportionately very high. Co-operation in formal primary education is a continuing UNICEF concern, but co-operation in schooling is being increasingly dovetailed with non-formal education programmes, particularly for women and girls, in such fields as health education, nutrition, child care, and income-earning skills. There is increasing recognition of the link between female literacy and the use of health and social service amenities and its impact on infant mortality, fertility and child nutrition and child health.

Policy guidelines given by the Executive Board of UNICEF have put emphasis on expanding learning opportunities for out-of-school children, qualitative reorientation of primary schools, literacy and post-literacy activities in conjunction with provisions for other basic services and the exploration of new solutions for the care and development of the young child—all within the framework of a comprehensive approach to meeting the needs of children.

In 1981 UNICEF co-operated with 96 countries in the field of formal education, including primary teacher training in 76 countries, and with 87 countries in non-formal education. While formal education accounted for about three-quarters of the \$32.3 million in UNICEF aid to education in 1981, commitments for future years approved by the 1981 Board gave a slightly higher proportion to non-formal than to formal education than in previous years. In a number of countries with which UNICEF co-operated in 1981, considerable progress was made in non-formal approaches. In Haiti, the Department of Community Development runs a network of family education centres emphasizing health and nutrition education and environmental sanitation. Here UNICEF supports the training of women and family education agents. Zimbabwe has a well-developed system of non-formal education for women including child care, health and nutrition. In Sri Lanka an International Year of the Child project, now



UNICEF 9/78/Guab

In post-independence Zimbabwe, efforts are being made to bring schooling even to those in far-flung rural neighbourhoods.

taken over by the Society for Rural Reconstruction, shows how young children can serve as change agents in the community. It is basically a child care project, in which the buildings are built by the community through self-help; parents make cash contributions and mothers provide midday meals. Children are asked to carry basic health messages back to their parents, and discussions with parents reveal that the child-to-parent message transmission works.

During 1981 UNICEF continued to support national efforts to reform and reorient primary education. In Viet Nam, 1981 was the first year of an educational reform programme designed to relate curricula to the future needs of children. Community resources were used for educational improvement, and for the preparation of textbooks, particularly for minority groups; teachers were trained to work in small multigrade schools, and the children's environment was used as a learning resource.

There is encouraging progress in improving pre-school education in several countries. In the Dominican Republic, for example, the pre-school education project launched in 1979 by the Ministry of Education, with UNICEF assistance, has been termed by UNESCO a "model" project. (See profile on page 19). □



EDUCATION: In 1981 UNICEF

- co-operated in primary and non-formal education in 102 countries: 46 in Africa, 22 in the Americas, 26 in Asia and 8 in the Eastern Mediterranean region, including Turkey;
- provided stipends for refresher training of some 65,100 teachers including 37,500 primary-school teachers;
- helped to equip more than 68,600 primary schools, and teacher-training institutions and 1,900 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.

It is June 1981. In the small town of Endeber, southwest of Addis Ababa, 21 women and five men are attending the early morning shift of the literacy class, from 6 to 8 a.m. The volunteer instructor is a 17-year-old student from the local high school. He has received a one-week orientation course from the Ethiopian Adult Education Department and is equipped with a wall chart of printed Amharic characters, some booklets, and two boxes of chalk.

Tayetch Haile Gabriel, 35, mother of eight, is an earnest student at the morning session at Endeber. She supplements her day-labourer husband's meagre earnings by selling *injera* (a pancake-like flat bread) which brings about 25 cents extra income a day. Ethiopia Astaw, 46 and mother of three grown children, is another member of the class. Her husband has a small tailoring shop and she earns a little extra by selling home-brewed beer. Twenty-four-year-old Martha Gizaw is another classmate. She has three little girls, aged one, three and four, and also bakes *injera* to supplement the small irregular earnings of her husband, a casual labourer.

The early morning literacy class in Endeber is part of a national literacy drive launched by the Ethiopian Government in 1979. Every year, from June to September, hundreds of thousands of young students and other volunteers conduct literacy classes in schools, community centres and private homes. By the end of 1981, some 10 million people, of whom the majority were women, had participated and the country's literacy rate had risen from 13 per cent in 1974 to 35 per cent.

The campaign's success is only a beginning, though: maintaining people's literacy and helping them use this new skill to improve their daily lives is still a challenge.

A return visit to Endeber in early 1982 revealed some of the difficulties. For Tayetch Heile Gabriel

not much has changed. Attending the course every morning for several months was a heavy burden. Her baking suffered and she had difficulty caring for her children. She completed the course through determined perseverance, but she has no time or energy to go to the local reading room to find the written material which might contain information useful for helping her improve her family's life. Of the three, Ethiopia Astaw drew the most benefit from the class. She completed the course without problem and joined a follow-up course. Now she borrows booklets from the town reading room and has even set up a rudimentary book-keeping system for her little beer-making business. And like mothers everywhere, complains that her sons, in Addis, do not write to her often enough.

Martha Gizaw's story was sad. Her husband fell ill and she had to work extra hours to provide for the

family. When all three of her little girls got chicken-pox, she had no choice but to drop out of the course. She hopes to try again next summer.

UNICEF is helping the national literacy drive with the preparation of reading materials for the newly-literate.

A basic education project, also assisted by UNICEF, has been carried out mainly in resettlement villages in the southern region of Bale. Farmers' associations are encouraged to undertake various self-help and community development activities, which include strong literacy and adult education components. These approaches, small-scale, fitted to the situation of particular communities, lack the simplicity, visibility and force of a campaign. But the struggle for education in Ethiopia is a slow, hard route on which the literacy campaign itself is just the first staging point.



ICEF 9086/Campbell



JCF/E 9179/black

Except for the intrusion of hurricanes, life in the southwestern region of the Dominican Republic might seem from the outside as if it had been monotonously repetitious for generations. People still eke out a meagre living from the unyielding soil, or travel miles to seek work in the towns or on large plantations. Yet unfolding in this region is a pre-school education and nutrition programme that is remarkably successful. Launched in 1979 by the Dominican Government, with UNICEF co-operation, the programme has, within two years, reached 30 per cent of the children aged three to six and is running well ahead of schedule.

In 1977 the Government began to discuss with UNICEF on assistance to a multi-sectoral regional project covering health, sanitation, nutrition and pre-school education. The southwest region was selected because of its high rates of infant mortality, childhood malnutrition

and communicable diseases. Moreover, 72 per cent of children dropped out of school before finishing sixth grade, the highest drop-out rate being in the first two years. As project plans were worked out they came to centre on non-formal pre-school education as the entry point for other community based services. It was a happy choice; community response was enthusiastic.

Previously only very limited pre-school facilities had been available in the Republic, and the Government's first step was to create a pre-school department in the Ministry of Education. Field supervisors met with community residents to discuss the problems of young children, and in communities which showed keenest interest, arrangements were worked out for selecting community promotion workers or *promotores*.

The *promotores* were chosen by open ballot, taking into account

their level of education, their disposition for work with children, and their ability to mobilize others. The next step was the training of the pre-school *promotores*, which took place within the communities of the project areas, often with parents sitting in on the sessions. Today, homes of community members, existing community centres, refurbished sheds or thatched enclosures serve as pre-school centres. Parents have prepared play areas, constructed kitchens, and assisted in the preparation of meals. Fe Maria Rosario, Director of the pre-school department, recalls that when she and her team paid unannounced visits to villages in the early days of the project, they found entire communities at work on the centres. On one occasion, when the *promotore* was ill, they found his brother taking over: he knew all the songs and routine for the day.

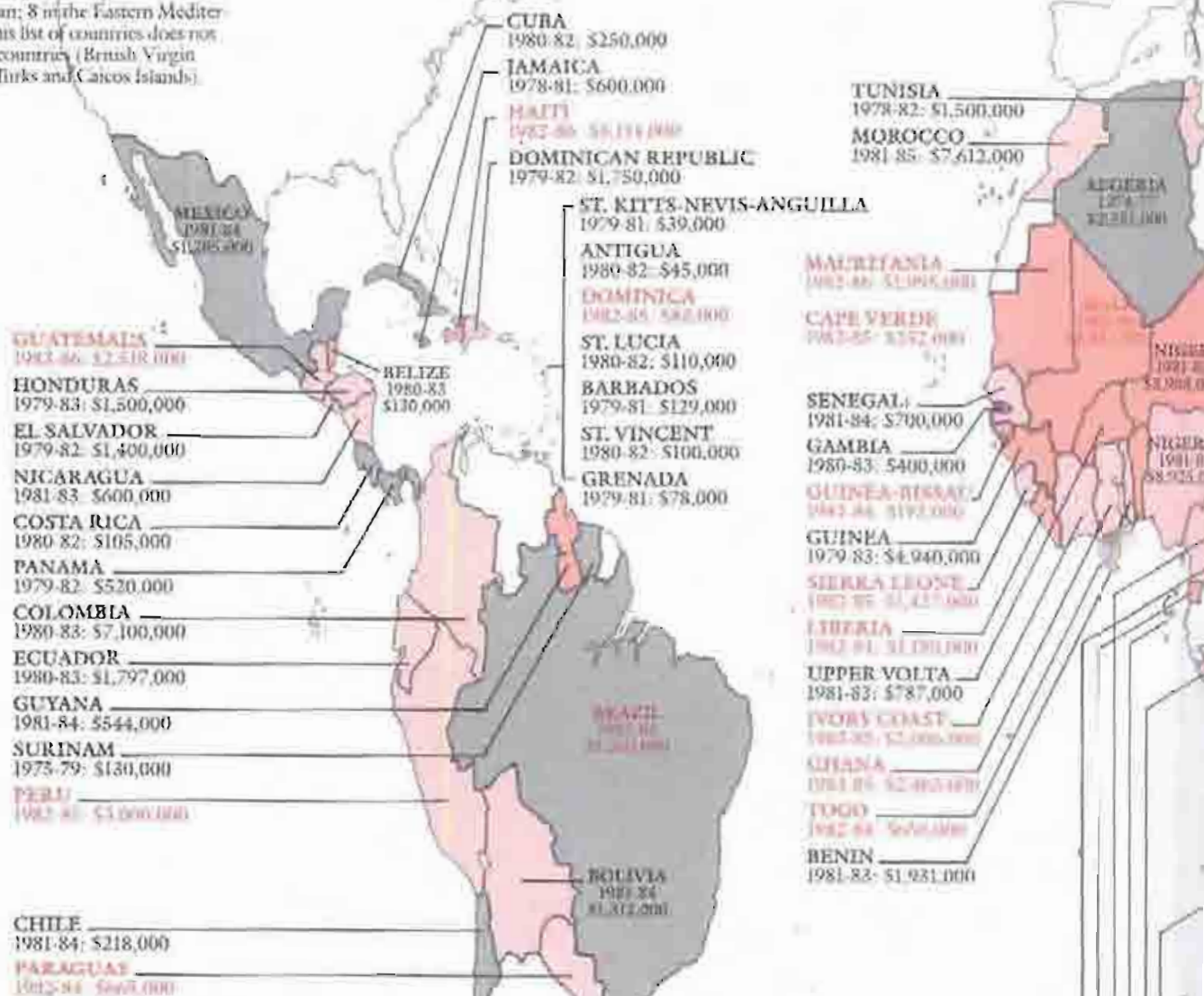
Since the project began in 1979, original projections for extending the service have been surpassed. At the end of 1981, nearly 20,000 children were recorded as "direct beneficiaries". In this amazingly short time, moreover, all the supporting structures were developed: surveys, curricula, methodological guidelines, and training aids. The pre-school centres have become vital services in the "multi-sectoral" approach as well. It is now comparatively easy to immunize the children in the south-west and to monitor their health and nutritional status. It is known, for example, which homes have no sanitary facilities, for it is one of the jobs of the *promotores* to record such data. The project has made community members begin to feel positive towards change, preparing them to respond to other development challenges.

When UNICEF's commitment to the project ends this year, the Government will absorb all continuing costs not provided by the communities themselves. Such a pattern of clearly-defined and duly followed co-operation is itself no small part of this success story.

UNICEF in action: programme com

The programme commitments shown on this map are for multi-year periods, as indicated. Those commitments approved at the 1982 Executive Board session are indicated in colour. Commitments shown are exclusively those from UNICEF's general resources.

Altogether, UNICEF co-operates in programmes in 112 countries: 46 in Africa, 19 in Asia; 28 in Latin America and the Caribbean; 8 in the Eastern Mediterranean; 11 in Oceania. This list of countries does not include three Caribbean countries (British Virgin Islands, Montserrat and Turks and Caicos Islands).



- low-income developing countries where UNICEF accords a high priority for programme expenditure (least-developed countries, countries in special circumstances, and small countries with an at-risk child population) (62 countries);
- middle-income developing countries, which receive the normal level of UNICEF co-operation (38 countries);
- high-income developing countries, which receive advisory and technical services rather than programming support from UNICEF (12 countries).

Women's activities

Within the recent past, UNICEF's policy towards women in developing societies has undergone an important evolution. Recognizing the increasing numbers of women who are heads of households in the poorer parts of the world, and the vital economic role which women play in many societies, UNICEF's policy is now to co-operate in national services in which women are viewed in their multiple roles: as mothers, home managers, producers, providers for the family, and community leaders. In the past, programmes based on the participation of the community have often in effect drawn exclusively on the participation of men, even where the users and beneficiaries of new services were mainly women. Experience has shown that the participation of women in the identification of problems and as full partners in the decision-making process at community level can have a significant impact on the quality of life for children and families.

Women are also given special attention by UNICEF in their critical and often undersupported role as mothers. Recognizing that mothers have the primary responsibility for the nurture, well-being, and in many cases the education, of their children, UNICEF's initial involvement in efforts for women focussed on pregnant and nursing mothers, and support went chiefly to the expansion of maternal and child health services. Later this was extended to activities connected with education and literacy, better home management, improved child-rearing, the relief of daily drudgery through village technology, leadership training, and the development of income-earning skills. Support to women's activities, including that in related fields such as pre-school, makes up a large part of the category of UNICEF co-operation described budgetarily as "social welfare services for children", amounting to \$17.6 million in 1981. Other support is budgetarily hidden in the health, water supply and education categories.

Since the extensive reviews carried out in UNICEF field offices during 1979 and the establishment of new guidelines for programmes benefitting women at the 1980 Executive Board session, UNICEF has given more emphasis to income-generating activities,

particularly in urban areas. It has become clear that the poverty-stricken living conditions in slums and shanty towns make children particularly vulnerable to infection; and that when women are able to supplement the family income, they tend to use their earnings to improve their domestic environment in ways that directly improve their children's well-being and their school-going opportunities. Women thus add to the family's self-reliance and self-respect, improving their own status in the process.

UNICEF's increased involvement in "area development" programmes—programmes which are concentrated in specific geographic, administratively self-contained areas—has offered an excellent opportunity to support women's multiple roles in health, education and economic activity. Programmes such as the one at Ratnagiri in Maharashtra, India, are tackling a number of interrelated problems. Ratnagiri is an area where women and children comprise 77 per cent of the population, the menfolk

having migrated to Bombay in search of work. The project began with a workshop attended by village *panchayats* (councils), women's organizations and district administrators. Using basic data and case histories collected in a cluster of villages, the workshop drew up a programme based on "core" activities, among which income-generating activities for women were high on the list. In many countries, activities involving women tend to be developed in isolation from other development programmes, which reinforces the exclusion of women from the mainstream of development. Since the launch of the International Decade for Women in 1975, an important aspect of UNICEF's co-operation in women's activities has been the advocacy and strengthening of institutional structures which can help to rectify this imbalance. Government ministries or commissions for women in Ethiopia, Indonesia, Thailand and Zimbabwe have been supported with staff training, or resources for research activity.





SOCIAL SERVICES: In 1981 UNICEF

- co-operated in social services for children in 92 countries: 40 in Africa, 26 in the Americas, 18 in Asia and 8 in the Eastern Mediterranean region, including Turkey;
- supplied equipment to more than 17,800 child welfare and day-care centres, 3,400 youth centres and clubs and 7,400 women's centres;
- provided stipends to more than 18,400 women and girls for training in child care, handicrafts, food preservation and income-earning skills;
- provided stipends to train some 34,200 local leaders to help organize activities in their own villages and communities;
- provided equipment and supplies to 400 training institutions for social workers, and training stipends for 5,600 child welfare workers.



In most parts of Africa, most of the cultivation of food is carried out by women. In Liberia, a women's co-operative venture grows cabbages, to provide nutritious greens for their children and produce to sell in the market.

UNICEF 792/0005/81

Appropriate technology

The concept of "appropriate technology" gained currency in the early and mid 1970s as an antidote to the prevailing practice of basing economic development projects on imported technology. This had often turned out to be inappropriate both because of its design and its high installation and maintenance costs. For about eight years UNICEF has been concerned with the promotion of appropriate technology at village level, in particular the use of low-cost devices manufactured from locally available materials using local skills, which help relieve women's domestic burdens and allow them to make improvements in their family life-style. UNICEF's involvement in appropriate technology has therefore been focussed on the social rather than the economic aspects of life, including water supply, food conservation and storage, and energy and fuel saving.

UNICEF has prompted considerable exchange of ideas and designs among different developing countries and regions. For example, low-cost cement water jars for storing run-off rain water from roofs, first developed in Thailand, have now come into wide use in eastern Africa, where a type of traditional woven basket is used as the armature. Sturdy handpumps developed in India, Bangladesh and Uganda have been widely introduced into other countries. Simple improved cooking stoves developed in West Africa and India, which can cut the consumption of firewood by more than half, are being introduced to other countries.

As part of its basic services strategy, UNICEF has been responding to increased government requests for appropriate technology assistance.

One major emphasis of the UN Conference on New and Renewable Sources of Energy, held in Nairobi in August 1981, was the firewood crisis now facing most developing countries. The problem of obtaining adequate fuel for domestic purposes in rural areas is sometimes referred to as "the other energy crisis"; but in terms of the numbers of persons affected, it is the major energy crisis. Women and children in poor communities spend a large part of the day collecting branches, twigs, leaves, animal dung

and agricultural wastes for their cooking fires.

One of the most promising sources of domestic energy is biogas—methane gas produced by the fermentation of dung and other wastes. The residue can be used as fertilizer. UNICEF is currently assisting with biogas projects in three countries: India, Peru and Turkey. The largest of these is in Turkey, a country that experiences severe winters and where a low-cost source of energy for heating rural homes could contribute greatly to reducing the toll of broncho-pneumonia among young children. □



The traditional method of cooking in many parts of the rural third world is on a fire built between three stones (above). Concern about desertification in West Africa has encouraged the promotion of fuel-saving closed stoves, such as the Bin ak Suuf—sand and clay—model (below).



Emergency relief and rehabilitation

Kampuchean operation

UNICEF ended its key role as lead agency of the United Nations system in the humanitarian assistance programme for the Kampuchean people on December 31, 1981. The assistance programme, in which other major UN organizations, the International Committee of the Red Cross and many non-governmental organizations participated, provided some \$634 million in assistance between October 1979 and December 1981, and was one of the most massive and complex relief efforts ever mounted. UNICEF's own expenditures on Kampuchean relief within the overall programme amounted to \$49 million in 1980 and \$22.7 million in 1981.

When the programme began in October 1979, the most elemental functioning of Kampuchea's village society was in jeopardy; most of the population was on the move and an estimated 650,000 sick and hungry people had fled to the Thai border. The programme provided food, shelter, water, health care, basic education and other services to the refugees encamped along the border and in the holding centres run by the Office of the UN High Commissioner for Refugees (UNHCR); as well as many thousands of Thai villagers living near the border and dislocated by the refugee influx. Inside Kampuchea, the programme saved many lives and helped avert large scale hunger. It included the distribution of 300,000 metric tons of food aid as well as thousands of tons of rice seed, fertilizers and pesticides. Key logistical support included the supply of motor vehicles and river transport, handling equipment, and fuel. Medical supplies, and a modest level of school equipment and supplies were provided for the rehabilitation of primary education services.

The programme was very successful in helping to restore the basic conditions of survival for the Khmer people. By the end of 1981, two-thirds of those who had fled to the border with Thailand had returned to their villages, where near normal conditions had been restored. More than 6,000 schools and 1,000 clinics and hospitals

had been re-opened. The diligence of the Khmer farmers, supported by external assistance, increased the 1980-81 monsoon harvest to more than double the previous year's, thus making it possible to reduce the amount of food aid in 1981.

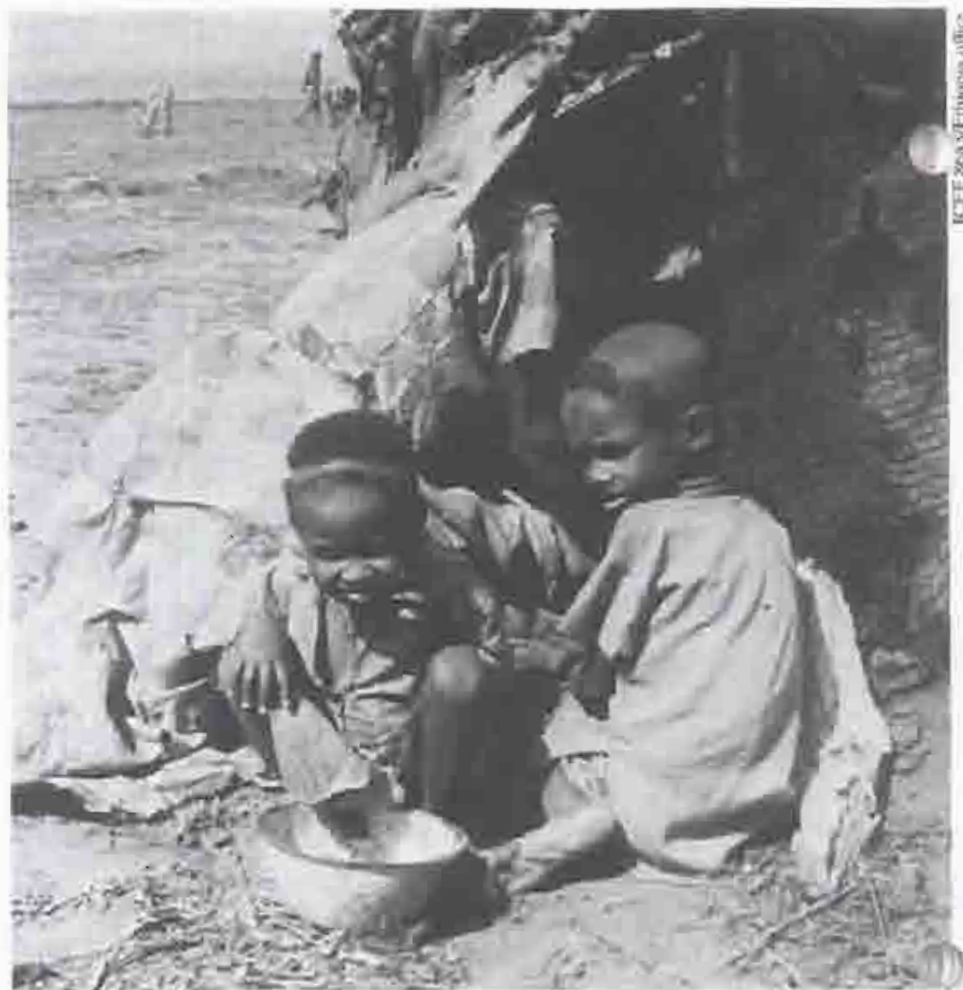
At the end of December 1981, when UNICEF withdrew from its lead agency role, the co-ordinating function within the UN system, for the provision of relief supplies to the refugees still encamped along the Thai border was assumed by the World Food Programme (WFP). Within Kampuchea, UNICEF continued to provide a legal umbrella for WFP and FAO activities.

One of the most important results of the relief operation was the rebirth of hope among the Kampuchean peo-

ple. But while the country has staged a remarkable recovery, reconstruction still has a long way to go. The 1981-82 monsoon was uneven; there were floods in some parts of the country, drought in others. FAO and WFP missions estimated the country's food deficit for 1982 would be in the range of 278,000 metric tons. At a meeting of donor governments in February 1982, contributions were pledged toward food aid for vulnerable groups and seed rice for the next.

African emergencies

The other main theatre of emergency assistance in 1981/82 was Africa. There were dangerous signs that food



Child victims of turmoil and drought in southeast Ethiopia receive a meal of cooked maize at the Sheik Sherif shelter for displaced persons.

"I have lots of ideas; we just don't have the means." Mrs. Jeanne Ahmed, Deputy Director of Chad's Social Affairs Department gestured toward some pitted walls, all that remain of the social welfare centre, the Centre de Repos, where she has worked for 20 years. With a cessation in Chad's second civil war in January 1981, refugees—mostly women and children—who had crossed the river from Ndjamena, the capital, to Kousseri, in northern Cameroon, returned to find little but ruins. Mrs. Ahmed insisted that the Centre de Repos should re-open; the women of the area needed its help. And re-open it did, in November 1982, in two tents and a lean-to.

All corners of the centre's grounds bustle with activity. At 7:30 in the morning, Jeanne Ahmed gathers the women in the lean-to for a lesson in hygiene and nutrition. Then babies are weighed, with those found to be malnourished becoming eligible for a full meal six times a week. Cooking is done under a tree which provides a little shade. A health section operates under a tent every day, treating children and mothers for common ailments and giving vaccinations and anti-malaria drugs. Six such centres have now been opened in Ndjamena, many staffed with workers trained in the old refugee camp across the river. All are doing similar work.

A programme close to Jeanne Ahmed's heart—and one given priority in all the centres—is the promotion of income-generating activities for women. As a result of the outbreaks of fighting, women often found themselves faced with having to raise families alone, their husbands missing or dead. The first measure each centre took was to create a kitchen garden. Jeanne Ahmed is proud of that garden in her centres. Its first aim was to grow vegetables to supplement the children's meals and for the women to take home, but in the first two months the women made a profit of

about \$107 from sales on the local market, which they set aside.

UNICEF has made provision for the reconstruction of all of Ndjamena's welfare centres and for others outside the capital. Given all the uncertainties of the Chadian

situation, this is one of the soundest possible investments, for the women of Ndjamena have made a concerted effort and demonstrated their determination to improve the situation of themselves and their families.

UNICEF 9069/Murray-Lee



production was not keeping pace with population growth in the continent as a whole. In many countries economic and social problems were compounded by man-made and natural disasters: border problems, political instability and drought. In 1981 UNICEF approved a three-year programme of \$97.5 million in "accelerated assistance"—a step-up both in amount and timetable in regular aid—to 14 African countries: Angola, Central African Republic, Chad, Djibouti, Ethiopia, Mali, Mauritania, Senegal, Somalia, Sudan, Uganda, Upper Volta, Zaire and Zimbabwe. In all of these countries, the problems faced were by no means exclusively associated with refugees. It was among internally displaced or otherwise affected women and children that UNICEF concentrated its assistance.

Emergency related programmes in four of the countries illustrate UNICEF's activities.

In Angola, fighting in the southern provinces swelled the number of displaced persons and refugees, while drought struck the 1981 crop, creating severe food shortages. As a result of the escalated level of fighting, migration to urban areas quickened placing an overwhelming burden on the country's already overstretched service infrastructure. UNICEF, while working with UNHCR in providing assistance to refugee children, also extended co-operation to the Ministry of Health in training programmes for traditional birth attendants, in immunization programmes, and in water supply and sanitation.

In Ethiopia, food shortages were severe owing to late and erratic rains and pest attacks, while inflation and internal migrations of displaced persons and refugees as a result of conflict continued to tax the country's resources. UNICEF logistical and personnel support helped the Relief and Rehabilitation Commission reach 200,000 people with relief assistance, and supplementary food for 125,000 children and mothers.

In Somalia the general situation in the refugee camps improved in 1981/82, although no permanent solution to the refugee problem could be foreseen. UNICEF assisted the refugee unit of the Ministry of Health to step up the training of child health workers, and to carry out extensive immunization programmes. A major problem tackled by the Government

with UNICEF aid was to provide primary education to the children in the 35 main refugee camps. Supplying safe water to the camps continued to be a very difficult problem.

In the Karamoja region of northeast Uganda, where a combination of drought and the breakdown of law and order had threatened the very survival of the Karamajong people, emergency measures in which UNICEF cooperated with other UN bodies and non-governmental organizations helped to stave off the worst effects of famine at least temporarily. From April 1 to the end of August 1981 UNICEF assumed responsibility for the transportation of WFP food for distribution by the voluntary agency teams operating in the field. Despite bottlenecks and security problems, the target of distributing 2,599 tons of food per month was met. The number of children discharged from feeding centres rose sharply, and by the end of July 1981 most of the centres could be closed. By the end of the year, however, the harvest in Karamoja was exhausted and the voluntary agencies agreed to maintain their aid until the July 1982 harvest, distributing 2,100 tons of food per month from March through July. □

The 1982 session of the Executive Board



UNICEF 9180/Mex

The UNICEF Executive Board, in its May 1982 session, chaired by Dragan Mareljak of Yugoslavia, approved in principle new or extended multi-year support totalling \$479 million to programmes for children in 43 of the 112 countries with which UNICEF co-operates. This total includes \$227 million in commitments from UNICEF's general resources and \$252 million in projects that the Board considers worthy of support if additional contributions for specific purposes are forthcoming. At a special session in October 1981 the Board approved a two-year budget of \$171 million for administrative and programme support services at Headquarters and in UNICEF's 131 field offices around the world.

In major policy decisions, the Board decided to expand support for basic services programmes for the rapidly growing numbers of children in urban areas of the developing countries; to launch a new attack on childhood malnutrition in a number of countries,

mostly in Africa, in collaboration with the World Health Organization; and to continue extending UNICEF's co-operation within countries to intermediate and local levels, where basic services programmes are actually implemented.

Medium term workplan

In the face of persistent global economic recession, the effects of which bear hardest on the children of poor families in the developing countries—while at the same time reducing the flow of development assistance—the board adopted a medium-term workplan, 1981–85, designed to maximize the impact of UNICEF's assistance. The generous response of donors to UNICEF's appeal for support raised UNICEF's anticipated income for 1982 to \$385 million, an increase of

UNICEF's main session of the Executive Board met in May 1982 in a climate of global recession and concern for mothers and children.

22 per cent in real terms over 1981. Smaller increases are foreseen through 1985, with growth of real income (adjusted for inflation) running at about one per cent annually. UNICEF accordingly will focus its efforts on the most disadvantaged children, particularly in the poorest countries. In order to maximize the effect of these efforts, UNICEF will promote low-cost but effective interventions in such areas as infant and child feeding, child immunization, provision of essential drugs, diarrhoeal disease control, women's functional literacy and the education of girls. UNICEF will continue to promote the provision of clean water as a critical entry point for basic services, and the provision of sanitation facilities. There will be increased emphasis on the dissemination of child welfare messages through the mass media.

In terms of expenditure, the medium term plan foresees the largest increases in basic child health and water supply and sanitation which, taken together, will continue to account for well over half of UNICEF's assistance. Staffing policy will remain tightly constrained, with no overall growth at Headquarters and the Office for Europe in Geneva and only modest growth in core posts in the field.

Urban basic services

The urban strategy for the 1980s approved by the Board is a broad-based integrated approach to the problems of urban children through community participation. The situation has reached a critical point: for the first time in history, urban population growth in the developing world exceeds rural population growth in absolute terms. In the next twenty years the number of urban children in developing countries will almost double, from

369 million to 666 million, and large numbers of these children will live at the margins of existence, lacking the simplest, most basic services which might allow them a reasonable chance of breaking out of the cycle of poverty and developing their own potential.

UNICEF's basic services strategy for the urban poor places special emphasis on childhood malnutrition; the situation of women; pre-school and day-care services; responsible parenthood and family planning; abandoned and disabled children; and the provision of adequate water supply and sanitation. UNICEF is presently cooperating with 43 countries in urban programmes, and the Board's action opens the way for more extensive cooperation.

In the debate several delegates emphasized that increased assistance to the urban poor should not be at the expense of programmes for the rural poor. At the same time, as others pointed out, the amounts UNICEF was devoting to urban programmes

were still relatively small. National governments and the whole international community, as well as UNICEF itself, should spare no efforts to find increased resources for such programmes.

The fact that the urban basic services approach offers a viable low-cost alternative to traditional sectoral approaches was noted as "most encouraging" as was the spread of this idea through "advocacy by doing". The Board accordingly recommended that the urban basic services strategy, with its community-based emphasis, should be continued and supported in additional countries. UNICEF should support incorporation of the urban basic services approach into projects of which the main concern was improving the physical environment of a community, such as slum upgrading, or the provision of water and sanitation, or post-disaster settlements. UNICEF's task in these projects should continue to be to promote community involvement and the systematic linking of social with physical development.

Opportunities for exchange of experiences in urban basic services among responsible officials, professionals and

non-governmental organizations should be increased, the Board also agreed, both within countries and between countries.

Hunger and malnutrition

The Board approved a major initiative under which UNICEF will collaborate with WHO to help reduce hunger and malnutrition among children and mothers. The Italian Government will contribute \$100 million to the five-year joint programme (1982-86). Of this \$85 million will be spent on health and nutrition programmes in at least 15 countries and \$15 million will go to essential drugs for hard-pressed African countries.

The undertaking comes at a time of growing need. It is estimated that of the 17 million children who died in 1981, at least half died from malnutrition and associated causes.

The WHO/UNICEF support is based on an integrated approach recognizing that malnutrition results from a number of factors, of which

An integrated approach to malnutrition is required: lack of food is only one factor. In an Indian village, the nutritional value of green leafy vegetables is explained to mothers.



lack of food is but one. It stresses activities within the health sector, including prevention and early treatment of debilitating diseases, control of diarrhoea, promotion of breastfeeding, better weaning practices, and nutrition education. The effort includes provision of essential drugs, better environmental health, increased household food production, and provision of food on a selective basis to the neediest communities.

Within the health sector, the core activities to be emphasized, besides the protection and promotion of breastfeeding, will include—during the weaning period—appropriate complementary feeding based on local foods; monitoring the weight growth of children through their first three years; and the treatment and rehabilitation of malnourished children, at home in most cases but in referral centres where necessary. Where required, there will be distribution of iron-folate preparations to combat anaemia in young women, and distribution of vitamin-A capsules to young children. Better care for pregnant and nursing women, including improved diets, is also stressed.

WHO and UNICEF will work with other international organizations and national institutions to develop effective methods to improve food availability for nutritional needs at family level and other means by which nutritional improvement may be stimulated. These include rural, agricultural and area development; irrigation schemes; urban programmes; dissemination of information through the mass media; formal and non-formal education; and the multifarious programmes carried out through non-governmental channels.

Co-operation at the local level

The Board noted with approval the continuing effort to strengthen UNICEF's field operations at the local level. New country offices have been opened in small countries previously served by area offices, and in large countries sub-national offices have been opened at intermediate and local level. Support to intermediate and local institutions becomes particularly important as more governments at-



In the fight against malnutrition, core activities in the health sector need to be emphasized. At a health centre in rural Tanzania, a UNICEF-provided baby scale is used to weigh a child: weight records are an essential gauge of a child's nutritional development.

tempt to serve larger proportions of their populations. UNICEF's activities at sub-national level are carried out in agreement, and close collaboration, with national governments.

The Board noted with approval UNICEF's increasing co-operation with the non-governmental sector to reach underserved families and children. As well as the traditional voluntary organizations, this sector includes universities, development institutes and semi-autonomous authorities. The non-governmental sector includes many of the most effective channels for promoting community involvement in programmes to improve the condition of children and mothers, and many programmes initiated by voluntary organizations lend themselves to replication by government. This is particularly so when the organizations are rooted in the local culture, have close and long-standing com-

munity connections, and are experienced in organizing people at the grass-roots level.

The Board felt that there should be greater use of national staff in sub-national offices and noted the need for great flexibility in the approach to this complex and sensitive issue. Co-operation at these levels, it was observed, "requires close understanding of local traditions and cultural patterns."

Other programme issues

Other main programme issues discussed by the Board included primary health care; increased co-operation with NGOs, other United Nations organizations, and bilateral aid programmes; more systematic monitor-

ing and evaluation of UNICEF's co-operation; the needs of abandoned children; and programmes benefiting women. On primary health care, the Board felt that while UNICEF had made commendable efforts to promote primary health care, it should increase its efforts and assist Governments, particularly in the training of health personnel, to adopt alternative systems for the delivery of health care to neglected areas.

Disarmament message

The Board appealed to the UN General Assembly to take whatever steps it could to ensure a reduction in armaments "so that a part of the savings can be channelled through national or multinational programmes toward meeting the minimum requirements of children everywhere—adequate nutrition, safe water, primary health care and suitable education."

The appeal was the subject of a message, adopted by consensus, to the second special session on disarmament at United Nations Headquarters, 7 June to 9 July. The Board, recalling that it had sent a message to the first special session on disarmament in 1978, noted that "the waste of technical, financial, human and natural resources for armaments to the detriment of solving urgent social and economic problems, particularly in the developing countries, appears intolerable against the background of hardships and suffering of children in most developing countries."

At UNICEF's Executive Board meeting in May, the new UN Secretary-General Javier Pérez de Cuéllar delivers a statement, flanked by Executive Director James P. Grant (left) and Chairman Dragan Mateljuk (right).



Secretary-General's statement

United Nations Secretary-General Javier Pérez de Cuéllar, addressing the Board on the final day of its session, said the plight of children and mothers whom UNICEF serves continues to grow more acute each day. He asked governments to contribute generously on behalf of UNICEF's efforts. "Our tangible support for UNICEF's work is the only measure of our true determination that children should suffer no more," the Secretary-General said adding: "For many millions of people, UNICEF is the first and perhaps the only hand of the United Nations which reaches directly into their everyday lives." □

Officers of the Board for 1982-83

- Chairman (Executive Board)*
H. E. Mr. Hugo Schellekens (Netherlands)
- Chairman (Programme Committee)*
Mrs. Seela Grewal (India)
- Chairman (Committee on Administration and Finance)* / Mr. François Nothmann (Switzerland)
- First Vice-Chairman*
Dr. Haydee Martínez de Ocarino (Venezuela)
- Second Vice-Chairman*
Mr. Mihály Simai (Hungary)
- Third Vice-Chairman*
H. E. Mr. Anura Tassy (Ivory Coast)
- Fourth Vice-Chairman*
Dr. Bahariz Jazbi (Pakistan)

Members of the Board, 1 August 1982 to 31 July 1983

Algeria	Madagascar
Austria	Mexico
Bahrain	Nepal
Bangladesh	Netherlands
Barbados	Norway
Belgium	Palau
Botswana	Panama
Brazil	Somalia
Canada	Swaziland
Central African Republic	Sweden
Chad	Switzerland
China	Thailand
France	Togo
German Democratic Republic	Union of Soviet Socialist Republics
Germany, Federal	United Arab Emirates
Republic of	United Kingdom of Great Britain and Northern Ireland
Hungary	United States of America
India	Upper Volta
Italy	Venezuela
Ivory Coast	Yugoslavia
Japan	

Maurice Pate Memorial Award

Every year the Maurice Pate Memorial award, established to commemorate UNICEF's first Executive Director, is given to a training institution in a developing country that has done outstanding work to further programmes for children and mothers. The Board made the 1982 award (\$15,000) to the University of the West Indies for its Department of Social and Preventive Medicine. The Depart-

ment has been involved in training activities over the past two decades, including outreach programmes of training for paramedical personnel and the training of medical personnel in community medicine, and has pioneered an innovative programme in community health in the countries of the English-speaking Caribbean. The Department has also developed the first community health aid training programme in these countries. The award will help support the Department's continued activities in these fields.

UNICEF's finances: income, commitments, and expenditure 1981-82

Income

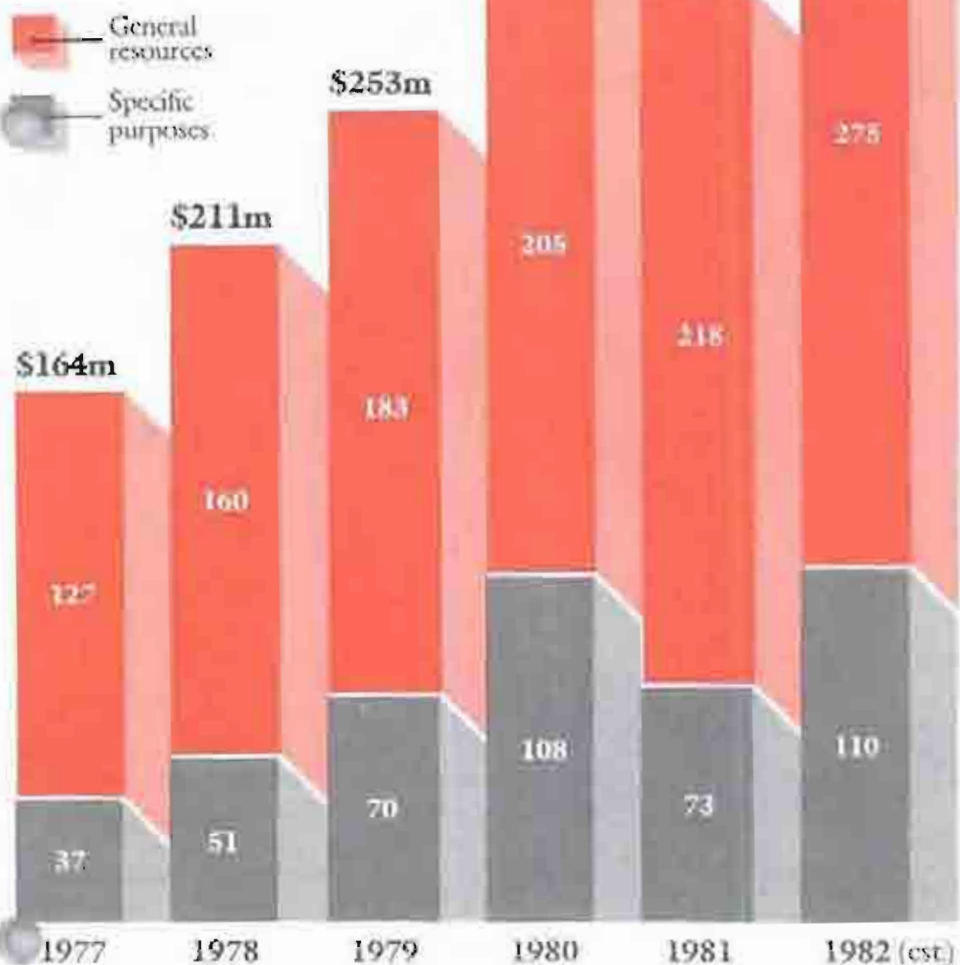
UNICEF's income comes as voluntary contributions from governments and individuals. The latter includes fund-raising campaigns by National Committees for UNICEF, the sale of greeting cards, and individual donations.

Income in 1981 came to \$291 million. This included \$23 million for the final year of the special Kampuchean relief operation. Exclusive of Kampuchean relief, income was \$268 million, representing a small increase over the comparable figure of \$259 million for 1980, and considerably lower than projected. However an exceptional response by many donors to a special

appeal for funds, has suggested a total income in 1982 will reach an estimated \$385 million.

Income from governments and intergovernmental organizations accounted for 77 per cent of UNICEF's total income of 1981, with non-governmental income accounting for 23

per cent. The pie charts on page 34 show the division between governmental and non-governmental income for the years 1977 and 1981. The maps on pages 32-33 show individual government contributions by country for 1981 along with a list of non-governmental contributions by country.



UNICEF Income 1977-82 (In millions of US dollars)

Contributions for general resources

UNICEF's income is divided between contributions for general resources and contributions for specific purposes. General resources are the funds available to the organization to fulfill assistance commitments to country programmes approved by the Executive Board and to meet budgetary and programme support expenditures. General resources include contributions from more than 150 governments, the net income from the Greeting Cards Operation, funds contributed by the public, and other income.

Contributions for specific purposes

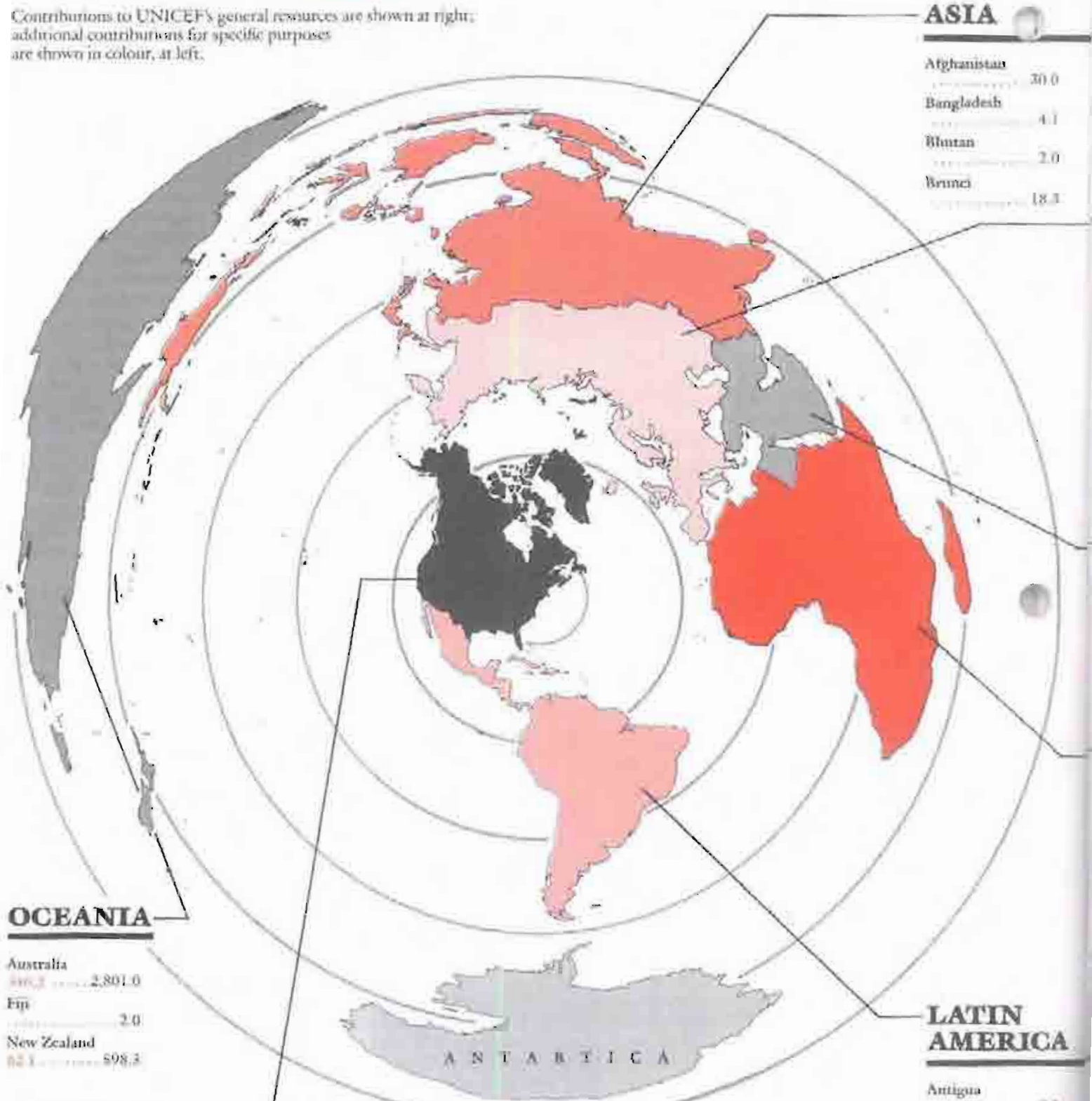
For some years UNICEF has appealed to governments and non-governmental organizations for contributions to long-term projects for which UNICEF resources are insufficient, and for relief and rehabilitation in emergency situations. In the period 1977-1981, about 28 per cent of UNICEF's total income was contributed for specific purposes.

Projects funded by specific-purpose contributions are prepared in the same way as those funded from general resources. Most are in countries classified by the United Nations as "least developed" or "most seriously affected".

UNICEF income for the years 1977-1981 and projected income for 1982 is shown in the bar chart on page 31 divided between general resources and specific purposes.

1981 governmental contributions (in thousands of US dollars)

Contributions to UNICEF's general resources are shown at right; additional contributions for specific purposes are shown in colour, at left.



ASIA

Afghanistan	30.0
Bangladesh	4.1
Bhutan	2.0
Brunei	18.3

OCEANIA

Australia	2,801.0
Fiji	2.0
New Zealand	598.3

NORTH AMERICA

Canada	8,368.4
United States of America	35,972.7

LATIN AMERICA

Antigua	0.3
Argentina	103.4
Bahamas	0.0
Bolivia	16.0

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

Burma	256.9	India	1,976.3	Laos	5.0	Mongolia	3.5	Philippines	512.9	Sri Lanka	10.9
China	212.5	Indonesia	664.9	Malaysia	364.9	Nepal	8.8	Republic of Korea	128.0	Thailand	292.9
Hong Kong	6.9	Japan	6,191.2	Maldives	3.0	Pakistan	159.3	Singapore	1.4	Viet Nam	5.0

EUROPE

Austria	764.4	European Economic Community	6,509.5	Germany, Federal Republic of	4,856.7	Italy	4,832.7	Norway	12,420.8	Sweden	24,299.7
B.S.S.R.	79.3	Finland	2,098.8	Greece	120.0	Liechtenstein	2.0	Poland	209.2	Switzerland	3,507.4
Belgium	880.0	France	1,774.5	Holy See	1.0	Luxembourg	25.4	Portugal	15.0	U.S.S.R.	880.4
Bulgaria	58.7	German Democratic Republic	133.3	Hungary	16.9	Malta	5.2	Romania	12.5	Ukrainian S.S.R.	158.7
Czechoslovakia	85.2	Iceland	18.4	Ireland	424.9	Monaco	4.2	San Marino	2.5	United Kingdom	11,620.8
Denmark	5,136.7	Ireland	424.9	Netherlands	8,130.0	Netherlands	8,130.0	Spain	228.0	Yugoslavia	235.0

MIDDLE EAST

Arab Gulf Fund	22,000.0	Egypt	72.1	Israel	45.0	Lebanon	21.7	Saudi Arabia	1,000.0	United Arab Emirates	823.9
Bahrain	7.5	Iran	342.8	Jordan	29.0	Oman	50.0	Syrian Arab Republic	25.6	Yemen	50.9
Democratic Yemen	5.1	Iraq	122.0	Kuwait	200.0	Qatar	200.0	Turkey	162.2		

AFRICA

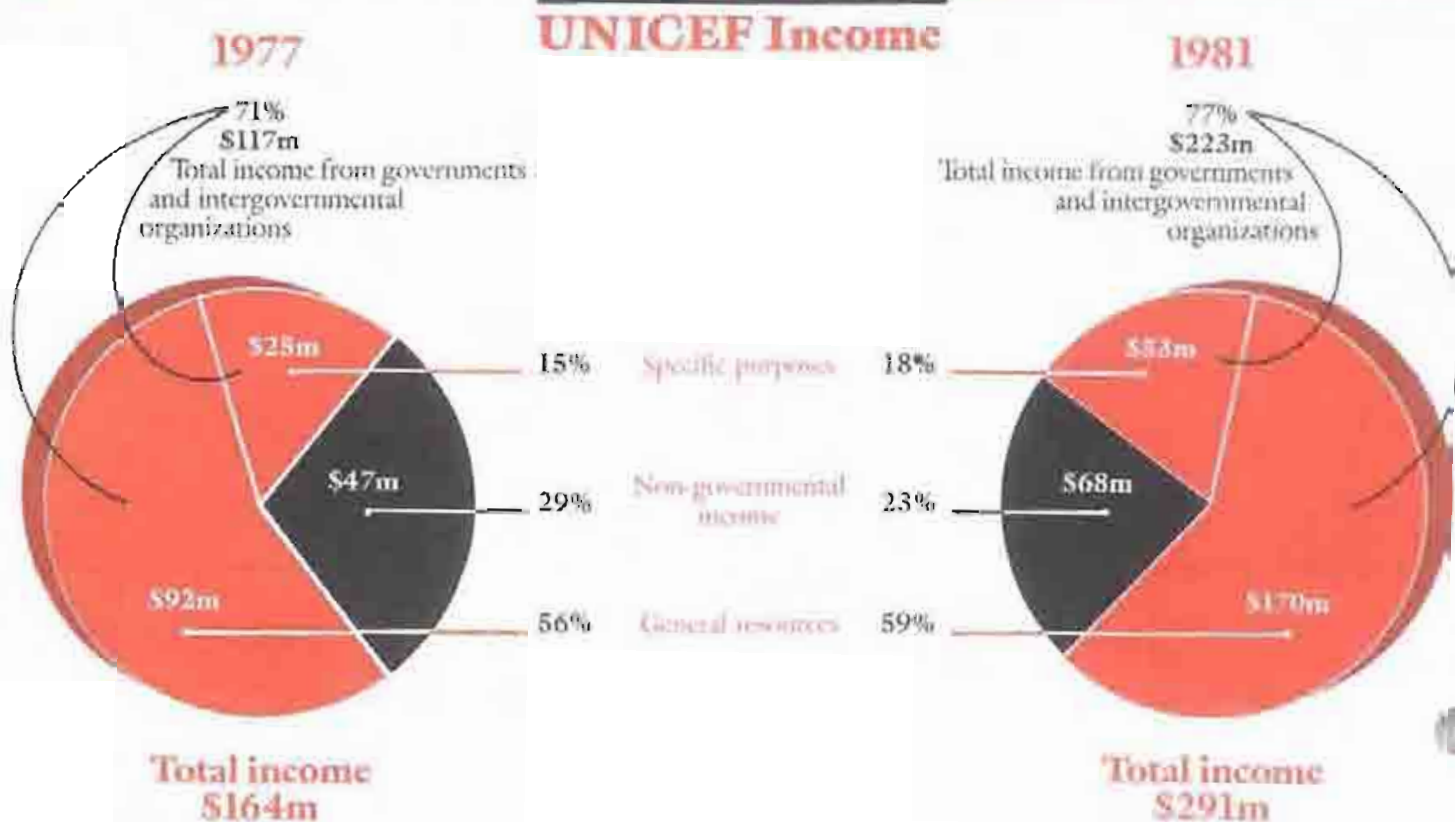
Algeria	113.1	Ethiopia	49.7	Kenya	24.8	Mauritania	2.0	Seychelles	1.0	United Republic of Cameroon	85.8
Benin	10.6	Gambia	5.3	Lesotho	2.1	Mauritius	4.0	Somalia	19.3	United Republic of Tanzania	53.9
Botswana	11.2	Ghana	9.6	Libyan Arab Jamahiriya	75.0	Morocco	100.0	Sudan	35.0	Zaire	102.0
Congo	16.5	Guinea-Bissau	0.4	Madagascar	10.6	Nigeria	197.3	Swaziland	6.9	Zambia	44.6
Djibouti	2.0	Ivory Coast	93.1	Malawi	4.3	Rwanda	4.1	Tunisia	79.5		

Brazil	85.0	Cuba	93.1	Grenada	3.8	Honduras	20.0	Panama	22.0	Saint Vincent and the Grenadines	1.5
British Virgin Islands	0.3	Dominica	1.0	Guatemala	30.6	Jamaica	15.2	Paraguay	7.0	St. Kitts-Nevis-Anguilla	0.8
Chile	220.0	Dominican Republic	10.0	Guyana	4.5	Mexico	286.5	Peru	120.0	Trinidad & Tobago	10.4
Colombia	359.1	Ecuador	37.3	Haiti	7.5	Montserrat	0.2	Saint Lucia	2.6	Venezuela	200.0

1981 non-governmental contributions (in US dollars)

Countries where non-governmental contributions exceeded \$10,000 (figures include proceeds from greeting card sales)

Algeria	243,500	Germany, Federal Republic of	9,212,500	Nigeria	42,300
Angola	21,200	Ghana	37,250	Norway	958,300
Argentina	283,100	Greece	275,500	Pakistan	74,453
Australia	775,000	Guatemala	14,100	Panama	18,353
Austria	999,450	Guyana	11,800	Paraguay	35,900
Bangladesh	25,400	Hungary	369,980	Peru	107,300
Belgium	1,529,650	Iceland	19,150	Philippines	36,700
Bolivia	23,000	India	512,250	Poland	489,400
Brazil	1,960,500	Indonesia	50,200	Portugal	40,900
Bulgaria	149,650	Iraq	11,000	Romania	27,000
Canada	7,184,900	Ireland	199,100	Saudi Arabia	79,600
Chile	344,300	Italy	1,043,000	Senegal	21,300
Colombia	158,600	Ivory Coast	23,400	Singapore	17,100
Costa Rica	16,100	Japan	4,881,300	Spain	1,342,000
Cuba	26,700	Kenya	16,300	Sri Lanka	13,450
Czechoslovakia	231,100	Lebanon	25,950	Sweden	1,038,000
Denmark	710,500	Luxembourg	96,650	Switzerland	3,566,500
Dominican Republic	18,950	Malaysia	29,100	Thailand	45,400
Ecuador	35,600	Mexico	79,400	Trinidad & Tobago	10,450
Egypt	25,250	Monaco	14,800	Turkey	96,150
El Salvador	15,350	Morocco	24,100	Uganda	38,130
Ethiopia	11,950	Mozambique	11,550	United Arab Emirates	14,600
Finland	3,107,450	Netherlands	4,317,300	United Kingdom of Great Britain and Northern Ireland	638,650
France	9,506,850	New Zealand	175,300		
German Democratic Republic	62,500				



United Republic of Tanzania	33,900
United States of America	11,344,000
Uruguay	147,600
Venezuela	80,000
Yugoslavia	234,700
Zambia	36,300

Contributions under
\$10,000

TOTAL

Less costs of
Greeting Card
Operation*

Net available for
UNICEF assistance

*Costs of producing cards, brochures,
freight, overhead

Pledging Conference

As a result of pledges at the United Nations Pledging Conference for Development Activities in November 1981 and announced later, UNICEF's income for general resources in 1982 was expected to total \$275 million. Some of the larger increases pledged, in percentage terms based on national currency, were Italy 100%; France 64%; Australia 46%; Netherlands 42%; Finland 35%; Japan 32%; Norway 29%; Denmark 18%; Austria 17%; United States of America 15%; Switzerland 14%; Canada 10%; and Sweden 8%.

Commitments

The use of UNICEF resources is decided by the Executive Board through its approval of commitments for programme co-operation and for budget support. Programme commitments

are usually approved for several years, matching where possible the period of a country's current development plan, to support long-term efforts to improve the condition of children. The map on pages 20-21 shows existing programme commitments from general resources for each of the 112 countries currently assisted by UNICEF.

Expenditures

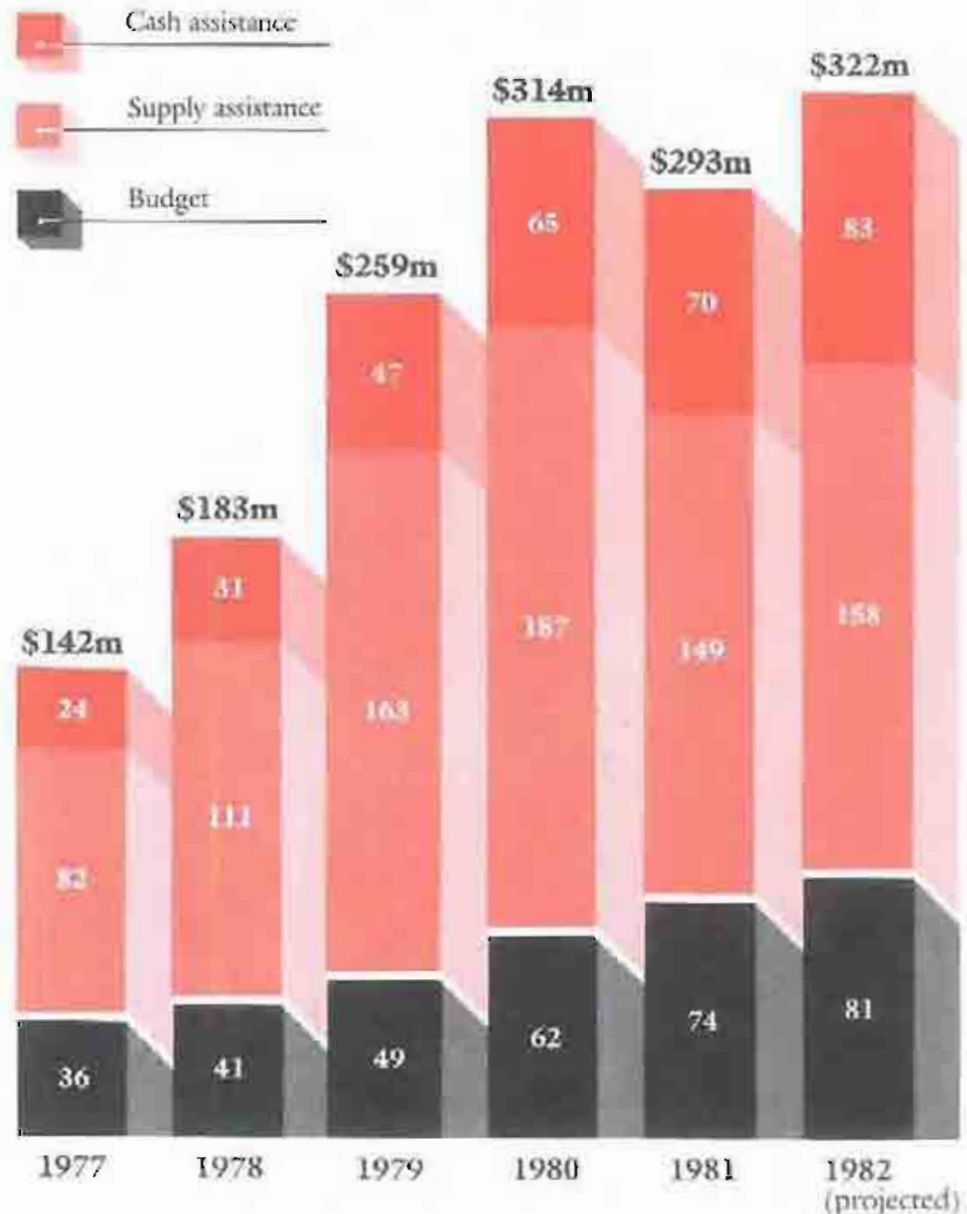
The Executive Director authorizes expenditures to fulfill commitments approved by the Board for programme

assistance and for the budget. The pace of expenditure on a country programme is based on requirements, as these result from programme implementation by national agencies concerned.

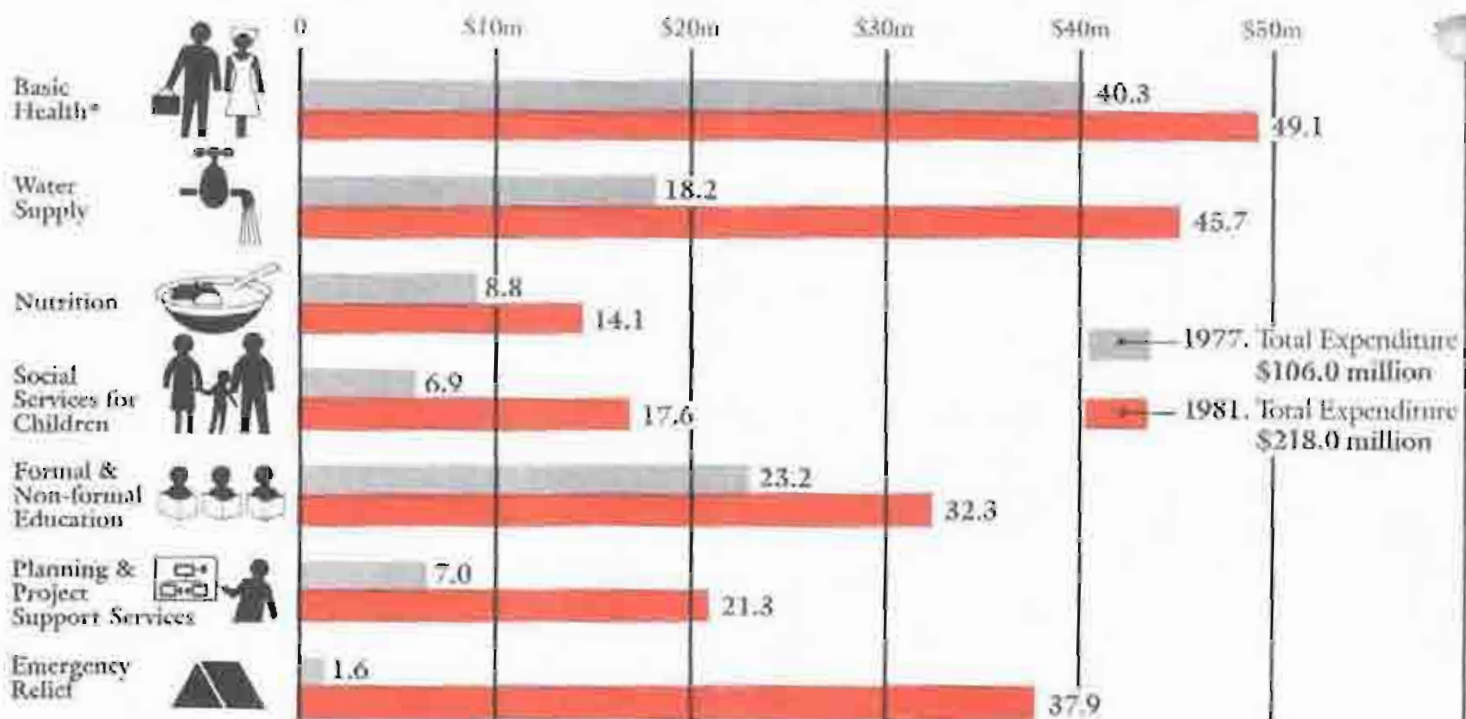
In 1981, UNICEF's total expenditure for programmes came to \$293 million, including \$70 million in cash assistance for training costs and other local expenses, \$149 million in supply assistance, and \$74 million in programme support and administration at field level.

The bar chart on this page shows expenditures on programme assistance for 1977-1981 and projected expendi-

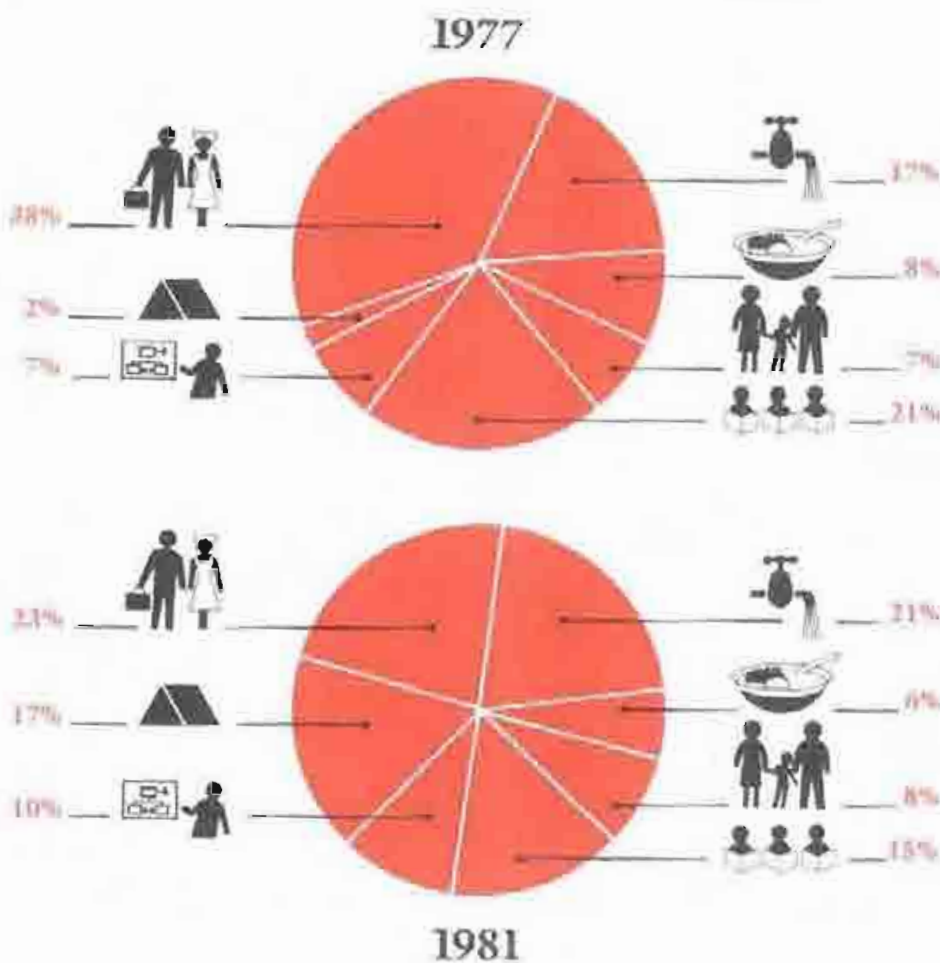
UNICEF Expenditures (In millions of US dollars)



Expenditure on Programmes by Sector



* Family planning component is included in basic health.



tures for 1982. The bar and pie charts on this page show programme expenditures by sector from 1977-1981, by amount and by proportion respectively.

Liquidity provision

UNICEF works with countries to prepare programmes so that commitments can be approved by the Executive Board some two or three years in advance of major expenditures on these programmes. UNICEF does not hold resources to cover the cost of these commitments, but depends on future income to cover expenditures from general resources. The organization does, however, maintain a liquidity provision to cover temporary imbalances between income received and spent, as well as to absorb differences between income and expenditure estimates. The present liquidity policy is to hold a cash balance sufficient to cover at least one month commitments from general resources at the lowest point of the contributions cycle.

What UNICEF is and does

Origins and current mandate

The United Nations International Children's Emergency Fund was created on 11 December 1946 by the General Assembly of the United Nations during its first session. In its first years, the Fund's resources were largely devoted to meeting the emergency needs of children in post-war Europe and China for food, drugs and clothing. In December 1950, the General Assembly changed the Fund's mandate to emphasize programmes of long-range benefit to children of developing countries. In October 1953, the General Assembly decided that UNICEF should continue this work indefinitely and its name was changed to United Nations Children's Fund, although the well-known acronym "UNICEF" was retained.

In 1976, the General Assembly proclaimed 1979 as the International Year of the Child (IYC) and designated UNICEF as the lead agency of the United Nations system responsible for co-ordinating support for the Year's activities, mainly undertaken at national level. In 1979, at the end of the Year, the General Assembly made UNICEF lead agency of the United Nations system for IYC follow-up. UNICEF thus took on a responsibility for drawing attention to needs and problems common to children in both developing and industrialized countries. Although this extended UNICEF's area of concern, it did not diminish the Fund's over-riding pre-occupation with the problems of children in developing countries.

Combining humanitarian and development objectives, UNICEF co-operates with developing countries in their efforts to protect their children and to enable them to fulfill their potential. This co-operation takes place within the context of national development efforts. Its ultimate goal is to enable every child to enjoy the basic rights set out in the International Declaration of the Rights of the Child.

UNICEF is unique among the organizations of the United Nations system in having a concern for a particular age-group rather than a par-

ticular sectoral investment such as health or education. A large measure of public support is essential for the realization of UNICEF's objectives because of the high level of national and international priority UNICEF tries to secure on behalf of children. For this reason, UNICEF places great importance in its relationships with the National Committees for UNICEF and with non-governmental organizations.

Organization

UNICEF is an integral part of the United Nations but it has a semi-autonomous status, with its own governing body, the Executive Board, and its own secretariat. The Board, establishes UNICEF's policies, reviews programmes and commits funds for projects and the work of the organization. To assist it in its work the Board



In 1950, UNICEF's mandate was changed in order that the long-term needs of women and children in the developing countries could be emphasized. A Masai mother in southern Kenya with her firstborn baby.

UNICEF 8486/black

has a Programme Committee and a Committee on Administration and Finance. The Board has a regular main annual session and its reports are reviewed by the Economic and Social Council and the General Assembly.

From 1957 to 1982 the Board had a 30-nation membership, 10 members being elected each year for a three-year term by the UN Economic and Social Council. Following agreement reached at a special Board session in April 1982, membership has been enlarged to 41 countries — also to be elected by rotation for three-year terms — to include nine members from Africa, nine from Asia, six from Latin America, 12 from Western Europe and other areas, and four from Eastern Europe. The 41st seat will rotate among these regional groups.

The Executive Director, who is responsible for the administration of UNICEF, is appointed by the United Nations Secretary-General in consultation with the Board.

UNICEF field offices are the key operational units for advocacy, advice, programming and logistics. Under the overall responsibility of the UNICEF Representative, programme officers assist relevant ministries and institutions with the preparation and implementation of programmes in which UNICEF is co-operating. In 1982 UNICEF maintained 39 field offices serving 112 countries, with 609 professional and 1,253 clerical and other general service posts. Additional programme staff undertake procurement in New York, Geneva, and Copenhagen where UNICEF maintains a packing and assembly centre. These staff and office facilities were provided for in 1981 under UNICEF's programme support budget.

In 1982, 199 professional and 322 general staff were maintained in New York and Geneva, for service of the Executive Board, policy development and direction, financial and personnel management, audit, information, and

relations with donor governments, National Committees for UNICEF, and non-governmental organizations. These staff were provided for in 1981 under the administrative services budget. In 1982-83 these services are being provided under a unified biennial budget.

UNICEF co-operation with developing countries

UNICEF co-operates in programmes in a country only in consultation with the government. The actual administration of a programme is undertaken by the government, and is the responsibility of the government, or of organizations designated by it.

The problems of children require a flexible, country-by-country approach. No one formula applies equally in countries at different levels of development, with cultural, geographical and economic diversities, and widely varying administrative structures. UNICEF seeks to adjust the pattern of its co-operation to correspond to national and sub-national variations.

UNICEF co-operates with developing countries in several ways. It assists in the planning and extension of services benefiting children, and in the exchange of experience between countries. It provides funds to strengthen the training and orientation of national personnel, and it delivers technical supplies, equipment and other aid for extending services.

Co-operation is extended to programmes through a number of sectoral ministries, such as health, education, social services, agriculture and those ministries or other authorities responsible for rural development, community development, and water supply and sanitation.

However, in communities these problems are usually not perceived or experienced by sector, and technical support is often needed from several ministries. The problem of child malnutrition, for example, is usually a combined problem of poverty, inadequate health services, and food shortages; it may also stem from lack of birth spacing and clean water and sanitation, or from dietary ignorance. Efforts in any one sector may fail if corresponding efforts in others are not made simultaneously. UNICEF therefore recommends a multisectoral



Problems in their communities are rarely perceived or experienced by people as belonging to a particular sector. Women bring their children to a class in Chad, and learn about health, nutrition, and child care simultaneously.

approach encompassing both the technical and the social elements of programmes.

Basic services

Community participation is the key element of the "basic services strategy" advocated by UNICEF. This strategy, evolved through experience in many countries with differing economic and political systems, is an alternative to relying on the slow spread of conventional health, education and social services to meet the urgent needs of children and mothers.

The approach perceives social and economic improvement in low-income rural and urban communities as heavily dependent on the involvement and participation of the communities themselves.

The role of government, non-government organizations and external co-operation is, first, to stimulate assessment by the community of its children's needs and its agreement to participate in meeting some of them; second, to strengthen the technical and administrative infrastructure through which family and community efforts can be supported; third to provide through this infrastructure cash supplies and training opportunities which match the community's capacity to absorb them.

An essential feature of the approach is the selection by the community of one or more of its members to serve as community workers after brief practical training, repeated and extended through refresher courses. These workers are then on hand to deal with community needs and can refer problems beyond their competence or resources to the relevant services at the next level of the system. To support the community workers, the peripheral and intermediate-level government services often have to be strengthened, particularly with para-professionals.

Given enough support from outside the community, a great deal can be done within it to improve services which affect the well-being of children. By mobilizing hitherto unused competence within the community, this can be done at recurrent costs which the country and the community can afford.

Criteria for co-operation

UNICEF is primarily concerned with the long-term priority problems of children. It tries to encourage governments to undertake a regular review of the situation of their children and to include a national policy for children in their comprehensive development plans.

UNICEF's criteria in working with governments on development of national services include the following:

- as a fundamental objective, the strengthening of the country's capacity to deal progressively with the needs and problems of its children;
- priority to strengthening services benefiting children in low-income or other deprived groups, aiming eventually at universal rural and urban coverage;
- support for innovative and "pre-investment" projects in order to test methods that may subsequently be used on a large scale;
- emphasis on the use of national or regional expertise;
- the strengthening and extension of in-country efforts to train and provide orientation for personnel involved in services benefiting children;
- evaluating continuing costs to the country as carefully as those to UNICEF;
- viewing the cost of UNICEF co-operation benefits to children (direct or indirect), irrespective of any additional benefits to other age groups;
- giving relatively more support to programmes benefiting children in the least developed and other low-income countries.

Relations within the United Nations System and with other agencies

UNICEF is part of a system of co-operative relationships among the various organizations of the United Nations system. It also works with bilateral aid agencies and non-governmental organizations, recognizing that the impact of programmes intended to benefit children can be substantially

increased when a combination of financial resources, and of technical and operating skills, is applied to their design and implementation. This system of relationships helps UNICEF avoid spreading its co-operation too thinly among different sectoral concerns in developing countries. In certain countries, UNICEF's contribution towards dealing with a particular problem may be small in money terms, but catalytic in effect, providing a nucleus of preparation for larger-scale co-operation whereby an approach may be tested and proven before substantial investments are made by other organizations with far greater resources.

Within the United Nations system, collaboration ranges from the sharing of expertise at the country level in developing programmes which require an interdisciplinary approach, to systematic exchanges between organizations on policies and relevant experience. These exchanges occur both through the machinery of the Administrative Committee on Co-ordination (ACC), and through periodic inter-secretariat meetings held with other United Nations organizations such as the World Bank, the United Nations Development Programme (UNDP), the Food and Agriculture Organization (FAO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO). Agencies also discuss common concerns through the Consultative Committee on Policies and Programmes for Children, the successor to the inter-agency advisory group established during the International Year of the Child (IYC) 1979.

UNICEF's policies for co-operation in country programmes benefit from the technical advice of specialized agencies of the United Nations such as the World Health Organization (WHO), FAO, UNESCO, and the International Labour Organization (ILO). At the country level, UNICEF does not duplicate services available from the specialized agencies, but works with them to support programmes, particularly where ministries such as health and education are involved, with which the relevant specialized agency has relations. In addition, the specialized agencies from time to time collaborate with UNICEF in preparing joint reports on particular programme areas. In particular there is a Joint UNICEF/WHO Committee on Health Policy

(JCHP) which advises on policies of co-operation in health programmes and undertakes periodic reviews.

UNICEF representatives in the field work with the UNDP Resident Representatives, most of whom are designated by the Secretary-General as Resident Co-ordinators for operational activities. Although UNICEF is not an executing agency of UNDP, it exchanges information with all the agencies involved in UNDP country programme exercises.

UNICEF co-operates in country programmes together 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). It also works with regional development banks and regional economic and social commissions on policies and programmes benefiting children. Increasingly, UNICEF has sought collaboration with bilateral agencies at field level to channel more of their resources into programmes which UNICEF cannot fund by itself.

In the case of emergencies, UNICEF works with the Office of the United Nations Disaster Relief Co-ordinator (UNDRO), the United Nations High Commissioner for Refugees (UNHCR), and other agencies of the United Nations system such as the World Food Programme, the League of Red Cross Societies and the International Committee of the Red Cross.

Relations with non-governmental organizations

UNICEF has always worked closely with the voluntary sector. Over the year UNICEF has developed close working relationships with international non-governmental organizations (NGOs) whose work bears on the situation of children. Many of these organizations (professional, development assistance, service, religious, business, trade and labour organizations) have become important supporters of UNICEF, both by providing a channel for advocacy on behalf of children, and by their participation in fund-raising and in programmes.



National and local non-governmental organizations are also playing an increasingly important role in UNICEF's programme co-operation in developing countries in the light of UNICEF's emphasis on community participation in basic services. Many NGOs have a flexibility and a freedom to respond to neglected problems, or have a presence in remote and deprived areas where little or no other service infrastructure yet exists. Such NGOs can act as vital links between the community and government authorities and unlike UNICEF can work directly with local communities to help them mobilize their own resources and plan basic services. In certain situations, NGOs are designated by governments to carry out part of the programmes with which UNICEF is co-operating. Through innovative projects, NGOs can experiment with models for development co-operation which UNICEF and others can subsequently adapt in other areas or undertake on a wider scale.

Non-governmental organizations also provide UNICEF with information, opinion and recommendations in fields where they have special competence, and in some cases undertake studies on behalf of, or in co-operation with, UNICEF. Following one such special study on childhood disability undertaken by Rehabilitation International, an ongoing partnership has been developed between the two organizations to reinforce mutual efforts.

Children in developing countries take part in performing household chores from an early age. A little Somali girl brings water from the well.

As a result of the International Year of the Child (IYC), many non-governmental organizations expanded their activities, fund-raising and advocacy efforts, on behalf of children. Among them were some organizations not traditionally concerned with children. UNICEF is continuing to foster these relationships providing information, and encouraging joint programmes on issues affecting children in developing and industrialized countries, between NGOs, governments and UNICEF.

National Committees for UNICEF

The National Committees for UNICEF, normally organized in industrialized countries, play an important role in helping to generate a better understanding of the needs of children in developing countries and of the work of UNICEF. The Committees of which there are now 33, are concerned with increasing financial support for UNICEF, either indirectly through advocacy, education and information, or directly through the sale of greeting cards and other fund-raising activities.

In 1981, UNICEF received \$34.5 million collected under the auspices of the National Committees. Also, in 1981, \$18.4 million in net income was received from the Greeting Card Operation for which the committees were the main sales agents. The increasing activism of National Committees has brought notable results, particularly in fund-raising, promotional and informational activities, and development education. A number of committees have been instrumental in drawing wide public attention to emergency situations affecting children as well as to the "silent emergencies" confronting the children of the developing countries year-in, year-out. In recent years, there has been a closer relationship between National Committees and UNICEF's field operations, with committee members from a number of countries undertaking collective study tours to the field to enhance their knowledge of the needs of children in

the developing countries. An important function of the committees is advocacy with their own governments for increased assistance to meet these needs.

Greeting Cards

UNICEF's world famous greeting cards and calendars are a significant source of income for the organization's activities on behalf of children. The designs are contributed without payment by artists of distinction around the world and by leading museums. The collaboration of thousands of volunteers, working under the auspices of National Committees for UNICEF or other NGOs, plays a vital role in the success of the annual sales campaigns around the world—campaigns which give both the volunteers and the general public an opportunity to support personally the work of UNICEF.

During the season ending 30 April 1981, 117 million cards, 478,000 calendars, 347,000 packs of stationery and other related items were sold in 132 countries. Net income to UNICEF was \$18.4 million, representing a 7.6 per cent increase over the previous year's \$17.1 million.

Funding

In 1981 UNICEF received a total of US\$291 million, including \$268 million for regular operations and \$23 million for the special Kampuchean relief operation.

All of UNICEF's income comes from voluntary contributions—from governments, from organizations, and from individuals. Most contributions are for UNICEF's general resources, or they may be for supplementary projects "noted" by the Board for support as resources become available, or for emergency relief and rehabilitation operations.

Although most resources come from governments, UNICEF is not a "membership" organization with an "assessed" budget; it cannot charge governments a share of its expenses. In

1135 governments of both industrialized and developing countries voluntarily contributed to UNICEF, providing about 75 per cent of its total

income (excluding contributions for Kampuchean relief).

For many years, ten countries accounted for almost 90 per cent of government contributions. Disturbed by this imbalance, the United Nations General Assembly has called for a more equitable distribution of governments' voluntary contributions. Similarly, the Executive Board appealed to all governments, especially those that were not contributing to UNICEF in relation to their financial capacity, to increase their contributions.

Individuals and organizations are also essential sources of UNICEF's income, accounting for about 16 per cent in 1981. As what is often described as the "people to people" arm of the United Nations, UNICEF enjoys a unique relationship with private organizations and the general public throughout the world. Public support is manifested not only through greeting card sales, but through individual contributions, the proceeds from benefit events ranging from concerts to football matches, grants from organizations and institutions, and collections by school children. Often these fund-raising efforts are sponsored by National Committees for UNICEF.

Despite the modest volume of its financial resources, UNICEF is one of the largest sources of co-operation in national services and programmes benefiting children. Fund-raising for UNICEF is part of a larger objective of encouraging the greater deployment of resources for services benefiting children.

UNICEF's fund-raising strategy aims at meeting the financial projections in its medium-term work plan by actively working to increase contributions from its traditional major donors while developing support from other potential sources.

For 1981 the newly created Arab Gulf Programme for United Nations Development Organizations (AGFUND) pledged \$22 million toward UNICEF's general resources. The moving force behind AGFUND is its president, UNICEF's Special Envoy, H.R.H. Prince Talal Bin Abdul Aziz Al Saud of Saudi Arabia. □

The following documents and publications provide additional information about the needs of children and the work of UNICEF:

An overview of UNICEF policy, organization and working methods—C.E.F.R.S. (E/ICEF/670/Rev. 1)*

Report of the Executive Director, 1982—C.E.F.R.S. (E/ICEF/690), including: Introduction; National policy development and people's participation; Highlights of 1981 activities; Emergency relief and rehabilitation and External relations.*

Report of the Executive Board on its 1982 session—C.E.F.R.S. (E/ICEF/695)*

UNICEF programme co-operation at intermediate and local levels—C.E.F.R.S. (E/ICEF/L.1439)*

Urban basic services: reaching women and children of the urban poor—C.F.F.R.S. (E/ICEF/L.1440); A summary of two case studies—C.E.F.R.S.* (E/ICEF/L.1440 Add. 1)*

June: WHO/UNICEF support for the improvement of nutrition: proposed five-year programme of work, 1982-86—C.E.F.R.S. (E/ICEF/L.1441)*

Maintenance of community water supply and environmental sanitation facilities—C.E.F.R.S. (E/ICEF/L.1442)*

Medium-term work plan, 1981-1985—C.E.F.R.S. (E/ICEF/691)*

Kampuchean emergency relief operations—C.E.F.R.S. (E/ICEF/L.1449)*

Progress report on UNICEF co-operation with African countries in special operations—C.E.F.R.S. (E/ICEF/L.1450)*

*Proposals for supplementary funding, vol. 9—E**

Financial report and statements for the year ended 31 December 1981—C.E.F.R.S. (E/ICEF/AB/L.239)*

*Les Carnets de l'Enfance/Assignment Children, a quarterly review (published by UNICEF)—E.R.**

*UNICEF News, published quarterly by UNICEF—E.G.G.S.**

*Fact sheet about UNICEF, 1982-1983 (leaflet)—E.F.S.**

*Idea Forum, published four times a year—E.F.**

*State of the World's Children report and press kit, published annually by UNICEF—A.E.R.S.**

*UNICEF Films, a catalogue of films that UNICEF has produced or co-produced—E.R.S.**

*UNICEF Catalogue of Information materials, revised annually—E.J.S.**

* Documents and publications are available from the UNICEF offices listed overleaf in the languages indicated: A/Arabic, C/Chinese, E/English, F/French, R/Russian, S/Spanish.

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

UNICEF Headquarters
United Nations, New York 10017

UNICEF Office for Europe
Information Division
Palais des Nations, CH 1211, Geneva 10,
Switzerland

UNICEF Office for North Africa
B.P. 800, Algiers Gare, Algeria

UNICEF Regional Office for East Africa
P.O. Box 41145, Nairobi, Kenya

UNICEF Regional Office for West Africa
08—P.O. Box 443, Abidjan 04
Ivory Coast

UNICEF Regional Office for the Americas
Calle 76 No. 10-02, Bogotá, Colombia

**UNICEF Regional Office for East Asia
and Polynesia**
P.O. Box 2, 154, Bangkok, Thailand

**UNICEF Regional Office for the Eastern
Mediterranean**
P.O. Box 5902, Beirut, Lebanon

**UNICEF Regional Office for South Central
Asia**
74 Lodi Estate, New Delhi 110003, India

**UNICEF Office for Australia and
New Zealand**
P.O. Box 4045, G.P.O., Sydney, Australia

UNICEF Office for Tokyo
c/o United Nations
Information Centre, 22nd floor
Shin-Aomiya Building, Nishi-Ku,
1-1, Minami-Aoyama 1-Chome
Minato-Ku Tokyo 107
Japan

**Information may also be obtained
from the following Committees
for UNICEF**

Australia: UNICEF Committee of Australia
180 Cammerguy Street
A.L.S. Sydney N.S.W. 2060

Austria: Austrian Committee for UNICEF
Vienna International Centre
(UNO-City)
22 Wagramer Strasse 9
A-11400 Vienna

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

Bulgaria: Bulgarian National Committee
for UNICEF
c/o Ministry of Public Health
5, Lenin Place
BG-2604

Canada: Canadian UNICEF Committee
443, Mount Pleasant Road
C.D.N.—Toronto, Ontario M4M 1L8

Czechoslovakia: Czechoslovak Committee
for Cooperation with UNICEF
Directorát dětské výchovy a výchovné
oprávnění ČSAV
51 Democentie 2
CS-128 08 Prague 2

Denmark: Danish Committee for UNICEF
Rindög, 8
Eskovæge
DK-2100 Copenhagen

Federal Republic of Germany:
German Committee for UNICEF
Sandfelder Gasse 9
D-7000 Coblenz 1

Finland: Finnish Committee for UNICEF
Pieni Ruokobernkatu 11
SF-00100 Helsinki 11

France: French Committee for UNICEF
42, rue Pelissier-Duval
F-75781 Paris Cedex 16

German Democratic Republic:
National Committee for UNICEF
c/o the German Democratic Republic
Wassilauer Strasse 5
DDR-1024 Berlin

Greece: Hellenic National Committee
for UNICEF
Aexou Street 1
GR-Athens 611

Hungary: Hungarian National
Committee for UNICEF
Belvidék Rakpart, 24
H-1056 Budapest

Ireland: Irish National Committee
for UNICEF
6, St. Andrew Street
IRL-Dublin 2

Israel: Jewish National Committee
for UNICEF
P.O. Box 3489
IL—Jerusalem

Italy: Italian Committee for UNICEF
Piazza Marconi
I-00194 Rome

Japan: Japan Association for UNICEF, Inc.
102, Aoshima 4-Chome, Minato-Ku,
1—Tokyo

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

Netherlands: Netherlands Committee
for UNICEF
Binkhoeven, 123
Vesting 82M7
NL-2508 CNV-Groenwijk

New Zealand: New Zealand National
Committee for UNICEF Inc.
5-7, Wilkeson Street, G.P.O. Box 122
NZ—Wellington 1

Norway: Norwegian Committee for UNICEF
Olaf Ryes Plass 4
N—Oslo 5

Poland: Polish Committee of Cooperation
with UNICEF
ul. Mokotowska, 30
PL-00631 Warsaw

Portugal: Portuguese Committee for UNICEF
Rua Almeida e Sousa 26, 11
P-Lisbon

Romania: Romanian National Committee
for UNICEF
B-9, Strada Ouzii
E-7800 Bucharest 1

Sao Marino: National Committee for
UNICEF of San Marino
c/o Segreteria di Stato per gli Affari Esteri
SM-47151 San Marino

Spain: Spanish Committee for UNICEF
Mauricio Laguarda, 36
Avenida 1212
E—Madrid 16

Sweden: Swedish Committee for UNICEF
Skötselväg, 2
Box 151 15
S-104 65 Stockholm

Switzerland: Swiss Committee for UNICEF
Wydlerstrasse 36
CH-8001 Zurich 1

Tunisia: Tunisian Committee for UNICEF
Le Capitan
Eskaher E—Beyrou 123
TN—Tunis

Turkey: Turkish National Committee
for UNICEF
Agnatik Bul. No 223/1
TB—Kızılköyü Sokak

United Kingdom: United Kingdom
Committee for UNICEF
46-48 Osnaburgh Street
GB—London NW1 3PD

United States of America: United States
Committee for UNICEF
131 Box 24th Street
USA—New York, N.Y. 10016

Yugoslavia: Yugoslav National Committee
for UNICEF
Lazarski Bulevar, No. 2, 5IV 1
YU-1070 Novi Beograd

Liaison Offices

Cyprus: United Nations Association
of Cyprus
Sub-Committee for UNICEF
16, Makarios III Avenue, 2nd floor
Mikis Hagi, No. 2, Office No. 3
CY-Box 1018
CY—Nicosia

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

U.S.S.R.: Alliance of Red Cross and Red
Crescent Societies
Obshchestvo Krivogo Kroma 1
Kromskoye Zhenitskoye 1,
Cheremushkinskaya Street, 5
SU—Moscow, U.S.S.R.